Campaign for HOPE SF

Health Task Force

Recommendations to the
Campaign for HOPE SF
Steering Committee

Report compiled December 2011, on behalf of the Campaign for
HOPE SF Health Task Force, by:

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HOPE SF seeks to transform eight of San Francisco’s most distressed public housing sites into vibrant, thriving communities.

HOPE SF will accomplish this by following a principled approach to development.

Campaign for HOPE SF Health Task Force Members

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Campaign for HOPE SF

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Executive Summary: HOPE SF Health Task Force Recommendations

HOPE SF is the nation’s first large-scale public housing revitalization project to invest in high-quality, sustainable housing and broad scale community development without displacing current residents. HOPE SF will transform eight highly distressed public housing sites in San Francisco into vibrant neighborhoods with over 6,000 new public, affordable and market-rate homes. HOPE SF is led by the San Francisco Mayor’s Office of Housing with dozens of public and private sector partners. Enterprise Community Partners, The San Francisco Foundation and the Mayor’s Office launched the Campaign for HOPE SF with a goal to raise $25 million for a major HOPE SF evaluation and programs and services over the next five years. Governed by a Steering Committee and a national Leadership Committee, the Campaign is mobilizing local and national philanthropic investment - and leveraging public dollars - to ensure that HOPE SF has the resources necessary to create diverse, thriving communities for all residents.

The Campaign for HOPE SF Health Task Force is a cross-sector coalition of 20 Bay Area community leaders and health experts that met five times in the Fall of 2011 to identify areas of opportunity for the Campaign to improve the health of HOPE SF residents in the next five years. The Task Force’s recommendations will guide Campaign fundraising and grant-making decisions. They were reviewed by other groups including residents.

The Task Force researched a range of place-based interventions in the social, service and built environments, and they drew from a wide body of public health literature that included the Social Determinants of Health and Healthy People 2020. They reviewed community feedback and data from a number of sources, which showed that the leading issues of concern for residents are drugs and substance use, safety and violence, health care services, emotional stress, mental health conditions and grief management. Other areas of interest include access to healthier food, nutrition classes, exercise, healthy indoor air quality, and parenting and family support.

Based on their research, experiences and discussions, the Task Force members determined a Vision and Goals for the Campaign for the next five years, as well as five Strategic Priorities (to achieve these goals) that are listed in order of recommended implementation schedule. Each has a menu of possible investments, interventions and programs for the next 1-2 years and 3-5 years.

Vision for Health: HOPE SF will help create communities and homes in which individuals and families reach and maintain health and wellness.

Goals for Health: Together with the residents of HOPE SF communities, the Campaign for HOPE SF seeks to build social, service and built environments where:

- Residents live in socially-cohesive communities that support meaningful community engagement, and resident leadership.
- Residents are safe from violence and unintended injuries, and the resulting emotional trauma in their homes and in the community, and healed from intergenerational trauma.
- Residents live in communities free from substance use and the impact of untreated mental health conditions.
- Residents have health coverage and are well-connected to preventative and primary healthcare services.
- Residents engage in increasingly healthy behaviors, and participate in self-
management of their chronic diseases and other health conditions.

- Children and youth develop in healthy and resilient ways, supported by their families and their neighbors to become the next generation of hope.
- Residents live in homes that are healthy and built or maintained with safe materials.

**Strategic Priorities for achieving our goals in the next five years:**

1. **Strategic Priority #1:** Organize and empower residents to lead and participate actively in community activities that build a strong and cohesive neighborhood.
2. **Strategic Priority #2:** Prevent exposure to stress and emotional trauma through a reduction in violence and unintended injuries, and provide social support to address trauma.
3. **Strategic Priority #3:** Create community-wide support for an environment that encourages early intervention and treatment of addiction and mental health conditions, and reduces the impact of both on individual, family, and community health.
4. **Strategic Priority #4:** Promote healthy living behaviors and conditions (including access to healthy food and physical activity) to improve rates of chronic disease, access to health care and prevention services, and healthy child development and family relationships.
5. **Strategic Priority #5:** Ensure safety and health standards are maintained in the demolition and reconstruction of HOPE SF sites so that the physical environment before and during construction is healthy.

**Implementation Principles:**

The Task Force believes that investments in the strategic priorities will be maximized if implementation is rolled out in accordance with the following principles:

- **Focus on the children, especially the youngest of them, and make every step taken toward youth and adulthood a healthy one.**
- **Build on existing opportunity windows including transition moments from revitalization efforts and other community incidents and events to reach and motivate residents.**
- **The work of the Health Task Force, Education Task Force and Economic Mobility Task Force are completely interwoven and must be achieved together in order to build truly healthy communities.**
- **Acknowledge the constant challenges faced by HOPE SF residents, including emotional trauma and violence, which may impact their participation and engagement in health activities and healthy behaviors. Ensure consistency and predictability over time implementing strategies.**
- **Organize and engage community members in planning and implementation. Seek to have investments that are responsive to resident needs and concerns.**
- **Build on assets and strengths that currently exist in HOPE SF communities, including what’s working with existing programs and what can be learned from lapsed or unsuccessful programs.**
- **Allow for flexibility in implementation at each HOPE SF site and over time. Ensure that all efforts are regular, consistent, positive activities that encourage and incentivize residents to contribute to their building a strong and proud community. Promote resident-led activities wherever feasible. Engage in ongoing evaluation and learning to change course if necessary.**
- **Promote the long-term retention of service connection and community building staff as an important community asset.**
HOPE SF Health Task Force Recommendations

• Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
• Promote quality of life, healthy development, and healthy behaviors across all stages of life.

HOPE SF

HOPE SF is the nation’s first large-scale public housing revitalization project to invest in high-quality, sustainable housing and broad scale community development without displacing current residents. In eight highly distressed sites across San Francisco, HOPE SF will create thriving, mixed income communities that provide healthy, safe homes for current and future residents.

To be successful, HOPE SF must advance a public-private partnership to attract more than two billion dollars in capital investment for housing development costs over the next decade, while also providing over $100 million for intensive workforce training, education, and human services for existing residents and their families. HOPE SF will rebuild all 2,500 existing public housing units, and create 1,000 new affordable units and 2,500 new market rate units. Since the phased reconstruction of most HOPE SF sites will not begin for about five years (two to four sites will have begun within the next five years), the near-term focus of the Campaign for HOPE SF is on preparing the current residents and community for the transformation. Eventually, there will be a broader focus on mixed-income community building and social cohesion.

Campaign for HOPE SF Health Task Force

The Campaign for HOPE SF Health Task Force is a cross-sector coalition of 20 Bay Area leaders and experts including doctors, philanthropic leaders, service providers, community builders and housing experts, which met five times in the Fall of 2011 to identify the areas of opportunity to improve the health status of residents for the Campaign at the five active HOPE SF sites. The Task Force’s recommendations were reviewed by other groups, including a group of HOPE SF residents from the HOPE SF Leadership Academy, HOPE SF developer teams, HOPE SF City Services team and other Campaign stakeholders.

The Task Force adopted the goals of Healthy People 2020 as its overarching framework and philosophy:

• Create social and physical environments that promote good health for all.
• Achieve health equity, eliminate disparities, and improve health of all groups.
**HOPE SF Vision:**

Rebuild our most distressed public housing sites, while increasing affordable housing and ownership opportunities, and improving the quality of life for existing residents and the surrounding communities.

**HOPE SF Principles:**

- Ensure no loss of public housing, minimize displacement of existing residents
- Create economically integrated communities
- Maximize creation of new affordable housing
- Involve residents at all levels
- Provide economic opportunities
- Integrate development with existing neighborhood plans
- Create environmentally sustainable, accessible communities
- Build a strong sense of community

**HOPE SF Goals:**

- Replace obsolete public housing within mixed-income developments.
- Improve social and economic outcomes for existing public housing residents.
- Create neighborhoods desirable to both low and middle-income individuals and families.

**HOPE SF Communities**

The majority of the HOPE SF sites are located in the southeast sector of the city. They were initially developed mid-century at one-half or one-third the density of San Francisco’s more transit-oriented and pedestrian-friendly neighborhoods, and the buildings have been falling apart for decades. They make up about 40% of the San Francisco Housing Authority’s existing homes.

In the next five years, the revitalization of Hunters View will be nearly complete and Alice Griffith will have completed phase 1 of its reconstruction. One or both of Potrero Terrace/Annex and Sunnydale will be on track to begin construction soon, or will have just begun construction. The Health Task Force recommendations were developed within this schedule.

HOPE SF seeks to minimize displacement of current residents through a process of phased construction and on-site relocation, through which current residents remain living on-site during the rebuilding process. For example, Hunters View residents in the “phase 1” portion of the site moved – just prior to demolition – into existing vacant public housing units in the phase 2 and 3 areas. When phase 1 construction is complete, residents of the phase 2 and 3 areas will move into the new units alongside new community members in the public housing replacement, affordable and market rate units. The five active HOPE SF sites are here:
## Projected Activity at HOPE SF Community Sites

<table>
<thead>
<tr>
<th>Name</th>
<th>Neighborhood</th>
<th>Current Phase</th>
<th>Lead developer</th>
<th>Replacement Public Housing</th>
<th>Total Housing Proposed</th>
<th>Net New Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active Currently</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hunters View</td>
<td>Bayview Hunters Point</td>
<td>Construction</td>
<td>John Stewart Co and Devine &amp; Gong</td>
<td>267</td>
<td>740</td>
<td>473</td>
</tr>
<tr>
<td>Alice Griffith</td>
<td>Bayview Hunters Point</td>
<td>Predevelopment</td>
<td>McCormack Baron/Urban Strategies</td>
<td>256</td>
<td>1210</td>
<td>954</td>
</tr>
<tr>
<td>Potrero Annex and Terrace</td>
<td>Potrero Hill</td>
<td>Planning/Entitlement</td>
<td>Bridge Housing</td>
<td>606</td>
<td>1604</td>
<td>998</td>
</tr>
<tr>
<td>Sunnydale</td>
<td>Visitacion Valley</td>
<td>Planning/Entitlement</td>
<td>Mercy Housing &amp; Related Co</td>
<td>785</td>
<td>1700</td>
<td>915</td>
</tr>
<tr>
<td>Westside Courts</td>
<td>Western Addition</td>
<td>Feasibility</td>
<td>UrbanCore</td>
<td>136</td>
<td>205</td>
<td>69</td>
</tr>
<tr>
<td><strong>Longer Term</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hunters Point</td>
<td>Bayview Hunters Point</td>
<td>No developer yet</td>
<td>n/a</td>
<td>133</td>
<td>274</td>
<td>141</td>
</tr>
<tr>
<td>Westbrook/Hunters Point East</td>
<td>Bayview Hunters Point</td>
<td>No developer yet</td>
<td>n/a</td>
<td>306</td>
<td>1012</td>
<td>706</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td>2,489</td>
<td>6,745</td>
<td>4,256</td>
</tr>
</tbody>
</table>
**HOPE SF Leadership**

HOPE SF is led by the San Francisco Mayor’s Office of Housing (MOH) with dozens of partners including: San Francisco Housing Authority (SFHA); Redevelopment Agency; SF Unified School District; Department of Public Health; Human Services Agency; Department of Children, Youth & Their Families; Office of Economic and Workforce Development; many other City departments; resident leaders and tenant associations; Enterprise Community Partners; The San Francisco Foundation; Walter & Elise Haas Fund; Center for Cities & Schools at UC Berkeley; Annie E. Casey Foundation; Ford Foundation; Living Cities; Butler Family Fund; Bank of America; Citi; other foundations and financial institutions, and more. To manage the reconstruction process for each HOPE SF site, the City brought on a team of knowledgeable local nonprofit and for-profit developers who have extensive experience building and managing affordable housing, listed in the above table.

**Campaign for HOPE SF**

The City has committed $95 million in public housing finance, as well as Section 8 funding, Redevelopment funds and Affordable Housing funds to HOPE SF, and secured some state and federal dollars for HOPE SF. Yet federal money for public housing revitalization has decreased in recent years. In response, Enterprise Community Partners (a national nonprofit intermediary for affordable housing) partnered with The San Francisco Foundation, the Mayor and the City of San Francisco to launch an innovative fundraising Campaign to raise funds separate from the $2 billion in housing development costs. The Campaign will mobilize and align local and national philanthropic investment and leverage public dollars to ensure that HOPE SF has the resources necessary to create diverse, thriving communities for all residents. The Campaign is governed by a Steering Committee and a national Leadership Committee, and is aiming to raise $25 million to invest in a major HOPE SF evaluation and programs and services over the next five years.

In addition to the Health Task Force, the Campaign for HOPE SF also convened an Economic Mobility Task Force and an Education Task Force. The three task forces each created strategies for HOPE SF and the Campaign to implement over the next five years, based on the current needs at HOPE SF sites and informed by best practices in the field. These reports – one generated by each task force – are designed to serve as a tool for Campaign fundraising and to help the Steering Committee develop priorities for fundraising and grant-making. The task forces build broader knowledge of - and investment in - HOPE SF outcomes, increase political will and support for HOPE SF, and expand engagement in HOPE SF outcomes across sectors. These reports are living documents, and by regularly evaluating the dynamic changes that occur in the housing developments and updating the recommendations, HOPE SF hopes to achieve continuous improvement and learning.

The implementation of these strategic priorities will align with the HOPE SF evaluation that is led by LFA Group under contract with the Campaign and Enterprise. The evaluation will provide a real-time assessment of specific outcomes such as resident retention or the number of community members with stable employment and healthcare, to allow HOPE SF’s leadership team to refine its approach as the initiative proceeds. The three overarching HOPE SF goals outlined above translate into levels of analysis for the evaluation, around which process measures and outcome indicators are organized. Additionally, the initiative as a whole is a fourth level of analysis, looking at the systems change level. HOPE SF will undergo continuous evaluation by national experts, allowing it to leverage newly available research and best practices to improve each
phase of development for all its sites—and be more effective supporting residents to improve their lives. These improvements will also inform other public housing revitalization projects around the country.

What follows is an overview of the primary factors currently affecting the health of HOPE SF residents and communities, based on analysis of Mayor’s Office of Housing data, survey data compiled from HOPE SF sites, and the work of the Community Building and Service Connection teams at Potrero Terrace/Annex, Sunnydale, Alice Griffith, and Hunters View. This is followed by a health environments framework within which the task force set its strategic priorities.

**Current Situation**

While each HOPE SF site is a distinct community with its own strengths and challenges, some significant statistics across all HOPE SF sites include:

- Large numbers of children under 18 (50% or more), while the citywide average is 14%, and six-times the citywide rates of child and family poverty, with many households experiencing multi-generational poverty;
- A large number of families engaged with child welfare, juvenile probation or mental health programs;
- High representation of African American residents (48%-75%), alongside a decline in the African American population citywide (now at 4.9%); and
- Five-times more unemployment than citywide rates and an average annual income of $13,000.

In addition, some features are common to each neighborhood, including:

- Run-down housing past its useful life;
- Social and geographic isolation from surrounding communities, retail, healthy food, safe parks, and more;
- A number of residents who live in the community but are not on San Francisco Housing Authority leases;
- Tight-knit families and strong cultural traditions, with a diversity of cultural backgrounds (the most common languages are English, Spanish, Samoan, Cantonese, and Vietnamese);
- A desire by a high percentage of residents to be engaged as community leaders in the planning process;
- A foundation made of serpentine rock, which has naturally-occurring asbestos when agitated; and
- Sites close-by that contain toxic waste and contaminated land that are scheduled for mitigation, including a Superfund site at the Hunters Point shipyard.
Studies of HOPE SF sites also show following recurring issues across the sites, leading to increased burdens of acute and chronic illness and shortened life expectancy:

<table>
<thead>
<tr>
<th>High rates of:</th>
<th>Low rates of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community violence and gang activity</td>
<td>Connection to prevention activities</td>
</tr>
<tr>
<td>Pervasive trauma, depression and other behavioral health conditions</td>
<td>Health coverage (80% despite the city’s universal coverage efforts)</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Connection to work, education and other positive life opportunities</td>
</tr>
<tr>
<td>Chronic disease such as diabetes, asthma, hypertension, and heart disease</td>
<td>Connection to primary care</td>
</tr>
<tr>
<td>Social and geographic isolation</td>
<td>Social cohesion and civic engagement</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>Pre-natal and post-natal care</td>
</tr>
<tr>
<td>Developmental disability</td>
<td>Access to healthy foods</td>
</tr>
<tr>
<td>Toxic health concerns</td>
<td></td>
</tr>
<tr>
<td>Incarceration</td>
<td></td>
</tr>
<tr>
<td>Overcrowded apartments</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
</tr>
</tbody>
</table>

Concerns from HOPE SF residents have supported these findings:

- The wide availability of drugs and other substances as well as the common visibility of drug dealers in the communities. Some have requested on-site substance abuse services.
- Violence as a major barrier to physical and emotional safety. Some have requested de-escalation strategies.
- Lack of sufficient connection to health care services to address chronic issues such as heart disease, diabetes, hypertension, and asthma;
- Unhealthy and unjust environmental conditions inside and outside the home, leading to serious early childhood and adult diseases and other health conditions;
- Inadequate support to manage stress and grief, often associated with personal loss and community violence;
- Too few positive opportunities for children and adults in or near the community for recreation, exercise, gardening and other social activities;
- Not enough access to parenting and family support;
- Poor access to comprehensive food markets with affordable, fresh and healthy food; and
- Unhealthy environmental conditions created by the construction occurring through the HOPE SF redevelopment process.
- High rates of resiliency and creative problem solving in challenging conditions with multiple stressors.
Almost half the residents at one HOPE SF site reported that someone in their household went to the emergency room within the past year, and one out of seven reports that they currently need urgent medical attention. Almost one in ten had serious complications during pregnancy and did not receive prenatal care. While over two-thirds report having regular medical checkups, over half do not have a dentist or an eye doctor.⁵

Recent data shows the leading cause of “preventable years of life lost” in Bayview Hunters Point (where HOPE SF sites Hunters View, Westbrook/Hunters Point, and Alice Griffith are located) for men were violence and assault, followed by ischemic heart disease and drug overdose. For women it was heart disease, followed by cerebrovascular disease and lung, bronchus and trachea cancers.⁴ Bayview Hunters Point residents also have the highest rates of preventable emergency department visits and hospitalizations due to congestive heart failure of any group in San Francisco.⁵ In many cases, these higher rates are due to inadequate management of chronic conditions and diseases such as hypertension, exposure to violence and stress, exposure to respiratory toxins (ranging from cigarette smoke to air pollution), and diabetes.⁶ In other cases, they are due to environmental concerns that have not been addressed for decades. During site visits to three HOPE SF sites, the Department of Public Health examined environmental health conditions and confirmed numerous building hazards, including peeling paint and plaster, water leaks, broken stairs and concrete areas, exposed wiring and plumbing, graffiti, trash and boarded-up windows. These HOPE SF presents a unique opportunity to impact individual, family and community health outcomes through place-based interventions, since the vast majority of current residents will continue to live in the revitalized communities through and after reconstruction. The HOPE SF developers and leaders have crafted comprehensive site plans for the reconstructed communities, which include a range of healthy, sustainable, transit-oriented design components and opportunities for increased physical activity, recreation, mobility and safety. With this knowledge, the HOPE SF Health Task Force focused on the environment in HOPE SF communities within the next five years, which at most sites involves preparing

Environmental Factors that Affect Health

Where people live has an important influence on their health. Studies show, for instance, that only 15% of an individual’s health is determined by access to health care. The health of an individual is also determined by genetics, health care, behavior and lifestyle, environmental exposure, and social factors such as race, ethnicity, income and wealth.⁸
residents for construction, revitalization, and the many changes associated with this process.

The HOPE SF Health Task Force brought this place-based understanding of the combined health impacts of place, access to services and resources, and social connectedness. They viewed possible Campaign interventions through three environmental domains: social, services, and built and natural environment (before and during reconstruction) and the hazards that can result. “Factors” in each of the three domains do not necessarily imply “hazards,” but they can lead to these hazards. Where factors are strengths, they can increase resiliency and improve outcomes.

HOPE SF residents participate in leadership development training
<table>
<thead>
<tr>
<th>Domains</th>
<th>Factors that Can Impact Health</th>
<th>If Factors are Negative, Hazards that can Result</th>
</tr>
</thead>
</table>
| **Social Environment**     | • Neighborhood stress and support  
• Conditioned responses to multiple stressors  
• Enforcement of common rules for public behavior  
• Inter-generational transmission of behavioral norms  
• Neuro-chemical/physiological link to behavior  
• Beliefs  
• Family dynamic  
• Isolation of seniors and mentally ill  
• Community incarceration, police presence  
• Relationship with housing authority and understanding of eviction policies | • Violence  
• Crime  
• Social isolation  
• Low levels of interpersonal trust  
• Public disorder  
• Anxiety/fear/hyper-vigilance  
• Depression  
• Over-eating/smoking/addiction  
• Lack of self-efficacy or self-management of chronic conditions |
| **Service Environment**    | • Connection to Primary Care, Medical homes, Clinics, effective community-based organizations, local service providers  
• Use of preventative programs  
• Use of services provided by local public institutions like churches, schools, recreational facilities and libraries  
• Childcare and afterschool programs  
• Family and parenting support  
• Job training  
• Programs for seniors | • Increase in – and poor management of – rates of chronic disease, including asthma, hypertension, heart disease and substance use, and rates of communicable disease  
• Missed opportunities to address other health concerns like maternal and child, mental health, or substance use. |
| **Built & Natural Environment** | • Housing- or industry-related environmental toxins or allergens  
• Access to healthy food (or fast food, alcohol, tobacco)  
• Quality of air, water and soil  
• Exposure to tobacco smoke  
• Access to public transportation  
• Street design  
• Access to commercial establishments  
• Access to parks, gardens, farmers markets and other community resources  
• Access to public recreational areas and facilities  
• Noise, or waste and litter  
• Population density or overcrowding  
• Access to jobs, retail, services and city-wide amenities | • Asthma  
• Obesity (can lead to hypertension)  
• Diabetes  
• Alcohol and tobacco addiction (can lead to liver, lung and cardiovascular disease)  
• Compromised immune system  
• Respiratory disease  
• Hearing loss  
• Sleep deprivation  
• Developmental delays  
• Impaired cognition |
Health Task Force Priorities for Investment

Keeping this environmental domains framework in mind to ensure a comprehensive approach to improving health, the HOPE SF Health Task Force created a vision and a set of key goals for the Campaign in the next five years. To work toward achieving these goals, the Task Force recommends five strategic priorities in order of suggested implementation schedule. Each has a menu of possible investments, interventions and programs in the next 1-2 and 3-5 years, from across the spectrum of the social, service and built environments.

Strategic Priorities for Achieving Our Goals in the Next Five Years

1. **Strategic Priority #1:** Organize and empower residents to lead and participate actively in community activities that build a strong and cohesive neighborhood.

2. **Strategic Priority #2:** Prevent exposure to stress and emotional trauma through a reduction in violence and unintended injuries, and provide social support to address trauma.

3. **Strategic Priority #3:** Create community-wide support for an environment that encourages early intervention and treatment of addiction and mental health conditions, and reduces the impact of both on individual, family, and community health.

4. **Strategic Priority #4:** Promote healthy living habits and behaviors (including access to healthy food and physical activity) to improve rates of chronic disease, access to health care and prevention services, and healthy child development and family relationships.

5. **Strategic Priority #5:** Ensure safety and health standards are maintained in the demolition and reconstruction of HOPE SF sites so that the physical environment before and during construction is healthy.

---

**Vision for Health**

HOPE SF will help create communities and homes in which individuals and families reach and maintain health and wellness.

**Goals for Health**

Together with the residents of HOPE SF communities, the Campaign for HOPE SF seeks to build social, service and built environments where:

- Residents live in socially-cohesive communities that support meaningful community engagement, and resident leadership.
- Residents are safe from violence and unintended injuries, and the resulting emotional trauma in their homes and in the community, and healed from intergenerational trauma.
- Residents live in communities free from substance use and the impact of untreated mental health conditions.
- Residents have health coverage and are well-connected to preventative and primary healthcare services.
- Residents engage in increasingly healthy behaviors, and participate in self-management of their chronic diseases and other health conditions.
- Children and youth develop in healthy and resilient ways, supported by their families and their neighbors to become the next generation of hope.
Approaches to Consider

The Task Force identified dozens of potential strategies, or ways to achieve our stated goals, over the next five years. Every strategic priority included in this report was tested against the following criteria:

- aligns with HOPE SF Vision and Principles,
- leverages resources already in place,
- is feasible to implement,
- is evidence-based, and
- is sustainable for the long term.

Each strategic priority and its related activities will seek to reach individuals and families ‘where they are’, as all HOPE SF residents are at different places on the continuum of health and self-sufficiency. There is a lot to be learned from those residents in HOPE SF communities who are able to successfully manage their health needs, respond to stressful community situations, and maintain regular employment and engagement. Implementing these priorities will require altering community norms on a range of issues, attitudes, and behaviors. This will call on those funding and implementing the strategies to take risks. Both existing approaches as well as new pilot programs will be required to “test out” and sustain effective activities in the social, service and built environments. Investments should scale-up what is working and alter those programs that can be improved.

At the same time, the government agencies involved in HOPE SF must continue to expand efforts to work together in new ways to ensure the improved health of HOPE SF communities over a long period of time. The City must continue to achieve better organization of its agencies, services and programs that work in or near HOPE SF neighborhoods.

The Task Force also seeks to leverage the established HOPE SF Community Building and Service Connection programs, the HOPE SF Service Provider Network of community based organizations which have committed to serving residents, and the HOPE SF Leadership Academy connections. Successful implementation of the strategic priorities will require very well-trained, creative and communicative HOPE SF service connection and community building staff, and a strong support system for these staff members.

The HOPE SF Community Building program, in place in Potrero Hill and Sunnydale, provides an on-site community center with partners and activities that build and strengthen a lasting sense of community by engaging residents and neighbors on issues of shared interest and importance. The HOPE SF Service Connection program, in place in Hunters View and forming in Alice Griffith, provides multi-disciplinary Service Connection teams comprised of peer-to-peer resident outreach workers, case managers, and professional staff. They seek to reach every HOPE SF household with voluntary, strengths-based, holistic family support services at an intensive ratio of 1:50 for an anticipated redevelopment period of five years. While these site-based teams have had success connecting residents to some services, there are still major challenges in transforming these needs and interests into deeper engagement. The Campaign must work closely with the Mayor’s Office to support their understanding of which components of this model are successful and which must be improved.

The HOPE SF Leadership Academy (the “Academy”) is a leadership training course taught by the San Francisco Housing Authority, Enterprise, and the Mayor's Office of Housing to enhance public housing resident involvement in the HOPE SF redevelopment process. HUD recognized the Academy as a national best practice in resident engagement, and the National Association of Housing and Redevelopment Organizations gave it a
national award of merit in resident and client services.\textsuperscript{9} Currently in its fourth year, the Academy has over 35 graduates who are engaged community leaders at all five HOPE SF sites and many of whom will continue to be leaders in implementing the task force recommendations. The Academy alumni reviewed the task force strategic priorities in this report and felt they captured the types of health concerns their communities are facing, while they also provided constructive feedback on areas to include, remove or emphasis.

In the next five years, one HOPE SF site will have completed construction, another will have done phase 1 of construction, and a third or fourth site will have just started - or will be ready to begin - construction. The strategic priorities were developed with this timeframe in mind.

The following strategic priorities are listed in order of recommended implementation schedule, although the Campaign may choose to make grants in any of these areas at any time. For instance, it may be important to begin investing in community organizing and empowerment (strategic priority #1) and/or improving community safety (strategic priority #2) in order to build a successful, sustainable healthy living program that engages large numbers of residents (strategic priority #4). There is not, however, a linear progression from each strategic priority to the next, as they are all interconnected and dependent upon each other to be successful over time in improving health. The Campaign can determine over time where to focus investment within these priorities, based on an understanding of grant opportunities, existing or new programs, and resident interests and needs at each individual HOPE SF site.

Following the strategic priorities is a list of overarching implementation principles to guide the Campaign through this process, as well as a series of suggested next steps in the near term.

**Achieving the Strategic Priorities**

**Priority 1**

*Organize and empower residents to lead and participate actively in community activities that build a strong and cohesive neighborhood.*

Evidence shows that residents can be engaged at the deepest levels through independent community organizing, which can bring residents and the broader community together to be empowered on a range of issues. Currently, there are some small external organizing groups that work in HOPE SF neighborhoods, although the majority of residents feel disempowered and disenfranchised. The HOPE SF Leadership Academy and other local programs are simultaneously strengthening resident leadership skills to eventually organize and empower their neighbors around issues that are important to them. The HOPE SF Service Connectors and Community Builders are also sharpening resident leadership skills through co-ordination of positive community activities and events. Although HOPE SF developers and City leaders are committed to engaging residents in the highest levels in the process, residents would like to have their voices heard to an even greater extent on particular issues of importance. This will require a multi-pronged approach to the development of resident leadership and engagement.

It has been shown that public participation and organizing can impact the policies and environmental conditions that affect health.\textsuperscript{10} At the same time, studies show that membership in political participation can also improve an individual’s health. It can provide someone with a greater sense of belonging,
purpose, and confidence thereby improving mental and emotional health. Joining fellow community members to advocate for a concern about which many people feel passionately can provide a reason – like employment – to get up in the morning for someone facing depression, for instance. On the community level, civic participation can enforce norms of reciprocity and trust in others, which facilitates cooperation for mutual benefit, improving the health of the community as a whole.11

The next 1-2 years – opportunities for Campaign for HOPE SF funding:

- Identify and support engagement of independent organizing groups to negotiate relationships, build trust, and engage with existing power structures to improve residents’ lives. They can motivate, train, support and employ residents to participate in, lead, and develop new programs and initiatives. They provide residents with an independent voice in articulating concerns and being part of solutions.
- Continue and expand the HOPE SF Leadership Academy, reconvene the HOPE SF Youth Academy, and include a component on health empowerment, safety and health status.
- Enhance and improve existing service connection and community building efforts to organize positive, consistent community activities. Make available flexible funding to support this programming. Social and cultural events co-led by residents can build strong relationships and trust, while lowering stress. They can help to reduce the isolation of seniors and enhance the healthy development of children (especially those recovering from trauma). Some examples of activities include: regular weekly community dinners, music events, art events, or creating or improving community spaces where residents can congregate and socialize.

The next 3-5 years – opportunities for Campaign for HOPE SF funding:

- Develop policies and approaches to engage residents to create an environment wherever possible that reflects their priorities and needs. Acknowledge and recognize residents who are building community spirit and community engagement. Publicize the role of residents in crafting health strategies along with the health activities.
- Identify positive role models in the community and develop approaches to learn from them. This could include: people who go to work every day, athletes, ministers, children who are achieving in school, actively engaged resident leaders.

Examples of Key Relevant HOPE SF Activities:

- Established, consistent community centers, asset mapping, and a core of involved residents at four active sites.
- Positive community building activities at four sites including dinners, gardening, holiday celebrations, social action and larger-scale events a few times a year.
- Partnerships with community organizations at four sites for on-site informational fairs and workshops, and programs such as nutrition, financial literacy, and summer recreation.
- Some early organizing work around issues of concern for residents at HOPE SF sites.
- HOPE SF Leadership Academy at SFHA, with over 35 adult alumni from five HOPE SF sites; and 20 youth alumni from 4 sites.

**Priority 2**

*Create opportunities to decrease exposure to stress and emotional trauma through a reduction in violence and unintended injuries.*

Neighborhood and household violence has been shown to have negative health outcomes and can have an exponentially detrimental impact when combined with living in poverty. Decreased physical activity as a result of limited access to safe recreational places has been cited extensively, but neighborhood violence also affects health by leading to isolation and decreased social supports. Individuals may cope with the increased stress of exposure to violence by increasing risk-taking behaviors such as substance use, sexual risk-taking, and smoking. Adolescents and adults living in violent neighborhoods have a greater risk for mental health disorders. Additionally, chronic stress can increase an individual’s vulnerability to disease, and has been suggested as a possible reason for the increased prevalence of upper respiratory illness and asthma in neighborhoods with high levels of violence. Efforts to minimize any additional trauma created by the redevelopment effort and the on-site construction that will be taking place over many years in HOPE SF communities will be a high priority. The Campaign can improve

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**Recommended Investments to Achieve Strategic Priority #2**

1-2 years:
- Safe passage and transportation options
- Support for HOPE SF community builders and service connectors
- Transition moments for positive engagement
- Safety strategy and visible violence response
- Support for trauma recovery

3-5 years:
- Relationships with new community facilities for positive programming

HOPE SF residents’ ability to prevent, manage and be resilient to the multiplicity of stressors through its investments.

HOPE SF developers should seek to limit the stress that can come from transitions during redevelopment, such as when residents are relocated. At the same time, they can utilize transitions and moves as positive opportunities to engage residents to strengthen their resiliency and self-efficacy, and to build positive social support networks and connect them to services.

*The next 1-2 years – opportunities for Campaign for HOPE SF funding:*

- Facilitate safe passage and transportation options that encourage movement within and outside of public housing for shopping, social activities, educational access and encourage employment opportunities for residents. This might include a shuttle service using trained residents as drivers, cab co-op organized and staffed by residents, or a youth shuttle to organized social and sports activities.
- Create new, effective supports for HOPE SF Community Builders and Service
Connection staff who are vulnerable to vicarious trauma. Draw from social work or case management models to provide increased supervision, case conferencing, and mental health consultation as necessary for sustained work.

- Build the capacity of the Housing Authority and HOPE SF developers to effectively engage residents prior to and at critical development transitions, such as relocation commencement and construction commencement. SFHA and HOPE SF staff must also have rapid-response capacity for unexpected incidents such as acts of violence in the community and move-in schedule changes. This could involve communicating new information about changes, holding meetings in advance to discuss relocation and construction schedules, building new relationships with service providers, engaging in grief counseling, or providing service connection information.

- Build a partnership between community, law enforcement, and human service agencies to implement a comprehensive HOPE SF ‘safety strategy’ across sites including prevention, intervention and suppression strategies to create safer environments on HOPE SF developments. Essential to this is creating a visible, ongoing systematic response to violent incidents and drug dealing activities in close coordination with law enforcement (not immigrations or customs enforcement). Possible strategies to be employed include youth employment programs and site-specific neighborhood watch groups. Collaborative efforts include a call-in strategy with SF Police Department and Community Justice Center court access through the Superior Court, District Attorney’s office, and Police Department’s office, among other City agencies.

- Build the capacity of existing local service providers to better address trauma recovery and to acknowledge and respond to crisis as a normal course of events, in order to prevent further stress and anxiety.

**The next 3-5 years – opportunities for Campaign for HOPE SF funding:**

- Support and expand the HOPE SF Community Building and Service Connection teams to collaborate with local schools, churches, mental health facilities, and community-based organizations to expand and enhance easily accessible, on-site or off-site, developmentally and age appropriate activities for children, youth and seniors. Prioritize programming based on local data and needs, as well as on level of primary interest or perceived need by the residents. Examples of some positive stress-reduction events, many of which are already occurring in HOPE SF sites: volunteer events, mentoring for children, meal programs for seniors, home visiting programs for new parents and home-bound seniors, field trips for children and teens, play groups for babies and toddlers.

**Examples of Key Relevant HOPE SF Activities:**

- Developers and residents express a desire to further address safety and violence, as they believe these are key obstacles to achieving other community and individual health and wellness goals.
- Periodic SFHA, police, and public agency enforcement strategies at peak times of violence across HOPE SF sites.
- Incident response and de-escalation strategy developed and implemented in one HOPE SF site by developer, residents, and community organizations.
- SF SAFE resident training and programs at two sites.
Priority 3
Create community-wide support for an environment that encourages early intervention and treatment of addiction and mental health conditions, and reduces the impact of both on individual, family, and community health.

This critical strategic priority should be integrated into all components of HOPE SF community development in the near term. Experience has shown that packaging and promoting services as “mental health and substance abuse treatment” is not as effective at engaging individuals. Stigma, repercussions, backlogs, and “office hours” create so many barriers that residents will not participate. A Campaign priority would be to view all investment activities, including workforce development and education initiatives, through the filter of “how might this interaction with residents provide an opportunity to integrate mental health and substance use interventions within the framework of the “obvious” service?”

Efforts must be heightened to prevent and reduce substance abuse as follows:
- reduce access to alcohol, especially inexpensive, high alcohol content beverages, reduce access to and sales of illicit drugs,

Recommended Investments to Achieve Strategic Priority #3

1-2 years:
- Community centers as “safe hubs” of activity
- Integration of mental health and substance abuse treatment with other programs

3-5 years:
- Financial incentives for program participation
- Resident employment in community health
- Substance- and violence-free programming
- Parenting groups and education

- increase individual and community awareness of the risks of use, the consequences of unhealthy substance use,
- implement and reinforce evidence-based, age-appropriate prevention and treatment programs,
- build the skills of those who are at risk of unhealthy choices related to use to make healthy choices, and
- strengthen community assets that have been proven to reduce substance use and promote recovery.

Community leaders and families must be encouraged to engage in these efforts; this is a dynamic process often requiring mental health services and effective case management to be available for individuals at any stage of treatment. Successful programs must activate and encourage individuals and families to participate in and manage their own health and support others in their quest for health. Programs that are multi-year and small group or one-on-one are most likely to have the greatest impact.
The next 1-2 years – opportunities for Campaign for HOPE SF funding:

- Support and expand the role of existing on-site community centers to host regular and consistent positive activities by building capacity to make these centers trusted and welcoming ‘safe hubs’ of community activity and ‘go to’ places to find and use supportive resources when residents are ready.
- Integrate mental health and substance abuse treatment strategies with other services and programs in an interdisciplinary way, so they are seamlessly woven in. Some examples could include: service-enhanced family resource centers, peer-led mental health programs, 12-step programs for different age and gender groups, study sessions for children, art programs, job readiness and training sessions, and other stress reduction activities. These can also help empower community members to address their neighbors’ and family members’ challenges with substance use and drugs.

The next 3-5 years – opportunities for Campaign for HOPE SF funding:

- Research possibilities to build a program within a community based organization or City agency to provide financial incentives for completing pre-natal care, well-child visits, parenting classes, health education activities, physical activity programs, increased school attendance and achieving good grades.
- Capitalize on opportunities for residents to be employed in community health and change, and for incentives to positively recognize participation in healthy behaviors. This could include employment as shuttle drivers or cab cooperatives for in-community transportation options, trash and recycling collectors, and event organizers.

- Enhance community builders’ programming work to be able to host more events and activities – in existing, on-site, safe community centers – that enforce substance-free and violence-free communities.
- Bring in effective, on-site parenting groups and educational programs for parents of children of different ages, along with incentives for regular participation. Consider including free or very low-cost child care as an incentive.
- Develop policies at the Housing Authority level to promote age-appropriate programs and activities that enforce substance-free and violence-free communities.

Examples of Key Relevant HOPE SF Activities:

- HOPE SF learnings to date suggest that mental health should be a greater area of focus going forward.
- On-site community builders and service connectors provide formal and informal support to residents and connect them to offsite mental health and recovery services.
- Medi-Cal pilot designed with DPH to provide Service Connection teams with on-site mental health clinician to weave mental health assessment, support and short-term treatment into on-site programming.

Priority 4

Promote healthy living habits and behaviors (including access to healthy food and physical activity) to improve rates of chronic disease, access to health care and prevention services, and healthy child development and family relationships.

Many residents identify chronic diseases as among their major health problems. Most of these chronic health conditions (i.e. diabetes, high blood pressure, obesity, and
heart disease) can be prevented or limited in impact through a number of healthy living habits. Generally those habits need a positive and conducive environment in which to occur. Physical activity - at even the most modest level - is key to healthy development and it requires safe and violence-free activity areas, others with whom to engage in recreational activities and to learn from, and incentives to continue the behaviors. The availability of affordable, fresh and healthy food is another critical component. In many HOPE SF communities, there is much greater access to prepared foods and fast food, which are high in salt and fats and do not usually contribute to a healthy diet. Regular on-going encouragement for residents to eat healthy, exercise moderately and engage in healthy activities is an important foundational concept that needs constant reinforcement community-wide for children, adults and older adults.

In addition, substantial research demonstrates that healthy behaviors – coupled with accessible, high quality child care - positively affect childhood growth, physical development, and physical health, cognitive, behavioral and school outcomes. By providing access to healthy options – for food, recreation, hobbies, etc – children will also begin to set examples in their families and communities. HOPE SF seeks to build a two-generation strategy to break the cycle of inter-generational poverty, and this will require investing in the healthy development of babies and children.16

The next 1-2 years – opportunities for Campaign for HOPE SF funding:

- Build the capacity of community builders and local community based organizations to provide regular opportunities to learn healthy living habits on-site and seeks to set new community norms around healthy habits for children and adults. Healthy living programming could include cooking demonstrations and cooking and nutrition classes, coaching sessions for sports, regular sports teams, stress reduction programs like yoga and meditation, and all types of physical activity programs for children and adults.

- Develop a program to employ residents as “Promotores de Salud”, who provide health education, services and support to community members, and are generally from the community they serve. They can help address multiple barriers to accessing services, such as those related to transportation, availability, culture, language, stigma, and mistrust.

- Recruit local pediatric health care providers to come on-site to HOPE SF community meetings, events, educational sessions, and physical activity programs to build trusting relationships that may facilitate healthcare utilization.

- Build the capacity of Service Connectors to connect infants and children with these providers and with medical homes. Medical
homes can offer a range of information to parents, as well as health coverage enrollment, preventive medical care, immunizations, dental and vision screening, and developmental screening. Some provide access to other services like legal counseling, mental health, healthcare, housing support, food stability, and more.17

The next 3-5 years – opportunities for Campaign for HOPE SF funding:

- Determine and invest in the most appropriate way to increase healthy food access and choices. This could include incentivizing the development of full-service grocery stores, attracting mobile markets and farmers markets, providing transportation to grocery stores and guided shopping tours, working with corner stores to provide healthy food options, providing shuttle services to healthy food outlets, building community gardens, creating a common kitchen that hires residents to cook, and new relationships with accessible food banks.
- Support service connection teams to connect all youth and adult residents to a medical home.
- Organize consistent weekly dinner events with healthy food, music and opportunities for residents to gather and build social relationships.
- Enhance the capacity of HOPE SF schools to provide health and other on-site child and community development programming as part of their community school strategy. Ensure services are easily accessible based on their location in safe settings and their hours.
- Encourage joint-use agreements with on- or near-site schools for recreational use in off-hours.

Examples of Key Relevant HOPE SF Activities:

- Services and healthy living opportunities are brought on-site at four HOPE SF sites to connect residents to local opportunities.
- Positive, on-site programming and events are organized for youth and adults at four HOPE SF sites. Some sites host regular weekly walks and gardening events.
- Healthy Generations peer to peer child development program in development in Potrero.
- Community Health Outreach Worker (CHOW) cohort for HOPE SF being planned for HOPE SF Bayview residents (Alice Griffith and Hunters View) with federal Choice Neighborhoods funding.

Priority 5

Ensure safety and health standards are maintained in the demolition and reconstruction of HOPE SF sites so that the physical environment before and during construction is healthy.

HOPE SF sites face many built and natural environmental health hazards, and resident health will be improved exponentially through the revitalization process as a result of a healthier internal and external environment. HOPE SF public housing was built mid-century as temporary shipworker housing and intended to last for about one decade. Despite SFHA’s best efforts to address upkeep, it is run-down housing with mold, lead, and other toxins. HOPE SF neighborhoods are close to areas that contain toxic waste and contaminated land that are scheduled for mitigation, including a Superfund site at the Hunters Point shipyard. They are set on a foundation made of serpentine rock, which has naturally-occurring asbestos when agitated. While this has already contributed to the challenges of healthy development, the construction through the redevelopment has the potential to exacerbate emotional and physical stress.
The next 1-2 years – opportunities for Campaign for HOPE SF funding:

- Enhance developer and SFHA communications with residents about the regulatory directives they are following for hazard mitigation and on-going testing throughout the construction process, and the standards to which the new developments will adhere (i.e.: LEED ND, Green Communities).
- Support developers in improving their communication tools around construction timelines so that residents will be even more aware of all construction activity ahead of time.
- Increase resident awareness and education of how to improve child development and prevent childhood exposure to environmental hazards that occur from toxic chemicals, smoking, household pesticides, lead paint and other products.
- Explore the creation of a Citizens Health Advisory Group to advocate for, monitor and organize around government policies and programs that ensure resident health through the revitalization process.

Recommended Investments to Achieve Strategic Priority #5

1-2 years:
- Communications with residents around developers’ construction safety precautions
- Communications with residents around construction timelines
- Resident education on household toxins
- Consider resident advisory group for health through revitalization

3-5 years:
- Physical activity programs
- Residents promote use of green materials (before and during construction)

Examples of Key Relevant HOPE SF Activities:

- SFHA is taking extensive precautions and complying with regulations in the relocation process, and addressing health concerns in existing units and when fixing vacant units.
- Interagency coordination - including Muni and MTA - addresses mobility, transportation access, and integrated neighborhood planning in the near-term in HOPE SF neighborhoods, prior to reconstruction.
- HOPE SF developers and architects have been working closely with residents to design the new, redeveloped sites plan in accordance with Greenpoint and LEED goals as well as larger regulatory frameworks and the Healthy Development Measurement Tool. This includes building them with safe and healthy materials, and providing opportunities for on-site physical activity programming and recreation, amongst many other qualities conducive to healthy living and prevention of disease.
Implementation Principles

The Task Force believes that investments in the strategic priorities will be maximized if implementation is rolled out in accordance with the following principles:

- Focus on the children, especially the youngest of them, and make every step taken toward youth and adulthood a healthy one.
- Build on existing opportunity windows including transition moments from revitalization efforts and other community incidents and events to reach and motivate residents.
- The work of the Health Task Force, Education Task Force and Economic Mobility Task Force are completely interwoven and must be achieved together in order to build truly healthy communities.
- Acknowledge the constant challenges faced by HOPE SF residents, including emotional trauma and violence, which may impact their participation and engagement in health activities and healthy behaviors. Ensure consistency and predictability over time with the implementation of any strategies.
- Organize and engage community members in planning and implementation. Seek to have investments that are responsive to resident needs and concerns.
- Build on assets and strengths that currently exist in HOPE SF communities, including what’s working with existing programs and what can be learned from lapsed or unsuccessful programs.
- Allow for flexibility in implementation at each HOPE SF site and over time. Ensure that all efforts are regular, consistent, positive activities that encourage and incentivize residents to contribute to their building a strong and proud community. Promote resident-led activities wherever feasible. Engage in ongoing evaluation and learning to change course if necessary.
- Promote the long-term retention of service connection and community building staff as an important community asset.

Next Steps in the Near Term

The Campaign for HOPE SF Steering Committee should focus in the near term on the following:

- Gain a basic understanding of the existing programs, resources and initiatives currently available in or near HOPE SF communities (or at the City that can be leveraged), which have an impact on HOPE SF residents. Connect with HOPE SF developers, community builders and service connectors, residents, and City agencies to obtain this information in order to determine where Campaign grants can have the greatest impact, fill gaps, and push the envelope to pilot new programs to achieve the strategic priorities and work toward the goals.
- Collaborate with the Campaign for HOPE SF Steering Committee and HOPE SF Oversight Committee at the City to
determine a timeline and funding plan for translating strategic priorities into initial grants.

- Continue to engage residents in a variety of ways to align implementation of these recommendations with what they believe will be most successful. Determine or create new community based organizations that can empower a broader scope of residents to engage in the process of determining their own health needs.

- Work with DPH and MOH to implement the planned partnership with the San Francisco State University Master’s of Public Health program and Health Equity Institute. This will help to guide implementation of the recommendations by providing more local context at each site, undertaking site-level analysis, conducting key stakeholder interviews to understand resident preferences, and determining next steps.

- Determine how to leverage the institutional support of the task force members themselves to support implementation of these strategic priorities.

Conclusion

While the Campaign for HOPE SF Health Task Force recommendations are on a five-year horizon, increasing the physical and mental health and safety of HOPE SF residents will require a long-term commitment by the Campaign. Success will necessitate sustained planning, partnerships with the public and private sector, and capacity building with residents and local community based organizations. Given various starting points and obstacles, it may take years for the progress made by some residents to translate to improved health at the individual, family or community level.

Ultimately, the Campaign can seek continuous evaluation and learning to upgrade goals and strategic priorities as necessary to ensure the best outcomes for residents at each HOPE SF site. To support this process, the Campaign for HOPE SF Health Task Force members will continue to engage with HOPE SF leaders in a variety of ways through their resources, connections, and programs to help create communities and homes in which individuals and families reach and maintain health and wellness.
References


2 San Francisco Department of Public Health’s Healthy Development Measurement Tool research process and site visits. San Francisco HOPE VI Study by UC Berkeley Health Impact Group, 2009. San Francisco Health Authority data on resident income and employment.

3 October 2011 Alice Griffith and Hunters View surveys

4 Analysis of YLL for zip codes containing other HOPE SF sites were not included as they are considerably larger geographical areas with more diverse SES.


6 Health Matters in SF:


8 Adler NE and Newman K. Socioeconomic disparities in health: Pathways and policies. Health Affairs. 2002; 21(2)


17 A patient-centered medical home is a health care setting that provides comprehensive primary care including behavioral health services, facilitates partnerships between individuals and their regular health care providers through easy access to care, a whole person orientation, coordinating and integrating all aspects of services and supports needed by the individual and family through age-appropriate, culturally and linguistic care.