



San Francisco Public Housing Redevelopment HIA

Mixed quantitative/qualitative HIA methods for housing redevelopment

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Introduction

The availability of quality affordable housing is an important determinant of health. Homes provide shelter, safety, and a place to rest, belong, and to be with family and friends. While there are many health benefits associated with quality housing, there are also numerous problems associated with poor housing. Substandard or unaffordable housing is associated with injury, poor mental health, lead poisoning, and chronic diseases such as asthma. Overcrowding, insect and rodent infestation, mold, and the presence of old peeling lead-based paint are all housing hazards. Social factors may also contribute to unhealthy housing, including the fear of crime and violence, and social isolation. A homes surrounding neighborhood can also impact health depending on the access it provides to goods, services, transportation options, opportunities for exercise and a healthy diet, and exposures to environment hazards. Recent reviews have evaluated the strength of evidence for the impact of these housing factors on health (1-5) and for the efficacy of healthy housing interventions (6-7).

Low income populations are especially vulnerable to poor housing conditions. Public housing programs and other affordable housing opportunities act as a "safety net" for low income populations (8). Such programs may help those individuals from falling into relatively poor health that is associated with homelessness. Homelessness is a serious and growing problem in the United States, with an estimated 2.3 to 3.5 million Americans becoming homeless each year (9). Homeless people have many of the same health problems as people with homes, but at rates three to six times greater than housed people (10). Evidence from San Francisco is especially disheartening – from 1990 to 2003 surveys of the city's homeless population found that the duration of time spent homelessness increased from 12 to 40 months, along with increased hospital emergency room visits, hospital admissions, and chronic health conditions (11).

Public Housing Redevelopment Policy: HOPE VI and HOPE SF

The city and county of San Francisco is currently developing new policies for public housing redevelopment, called HOPE SF.

To inform these policies, a community-based Health Impact Assessment was conducted jointly with input from researchers and students from a local university and community groups at two previously redeveloped public housing sites to assess local evidence of the positive and negative health impacts of past public housing redevelopment in San Francisco. Previous redevelopment had been completed at these sites in 2001 and 2004 under the federal Housing and Urban Development's HOPE VI program.

Methods

SCREENING

Screening identified the need for health in assessment of HOPE VI/HOPE SF policy, and interested local stakeholders:

- Mayor's Office of Housing
- Public Housing Authority
- Dept of Public Health
- Dept of Children Youth and Families
- Onsite community centers

SCOPING

Focus group meetings with community partners and residents identified the scope of the project to include:

- Housing conditions
- Displacement
- Crime and safety
- Social cohesion
- Onsite services and programming
- Healthy eating and active living

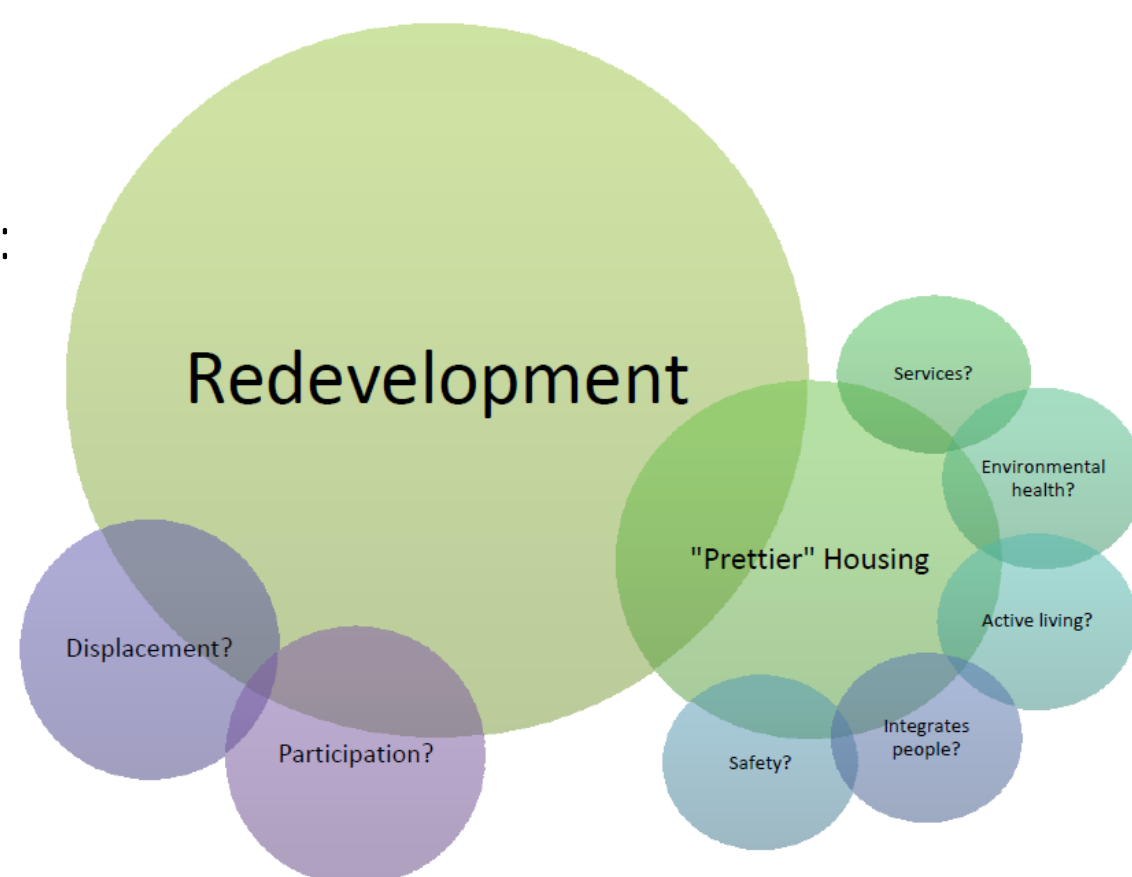
ASSESSMENT

Assessment included both quantitative and qualitative methods:

- Literature review of public housing redevelopment and health
- For each scoping issue, pathway diagrams were developed
- Key informant interviews of residents and persons involved in housing management and redevelopment to elicit firsthand stories of how redevelopment impacted health
- Resident survey
- Existing conditions assessment using GIS
- VideoVoice to help teen residents document health issues at both sites

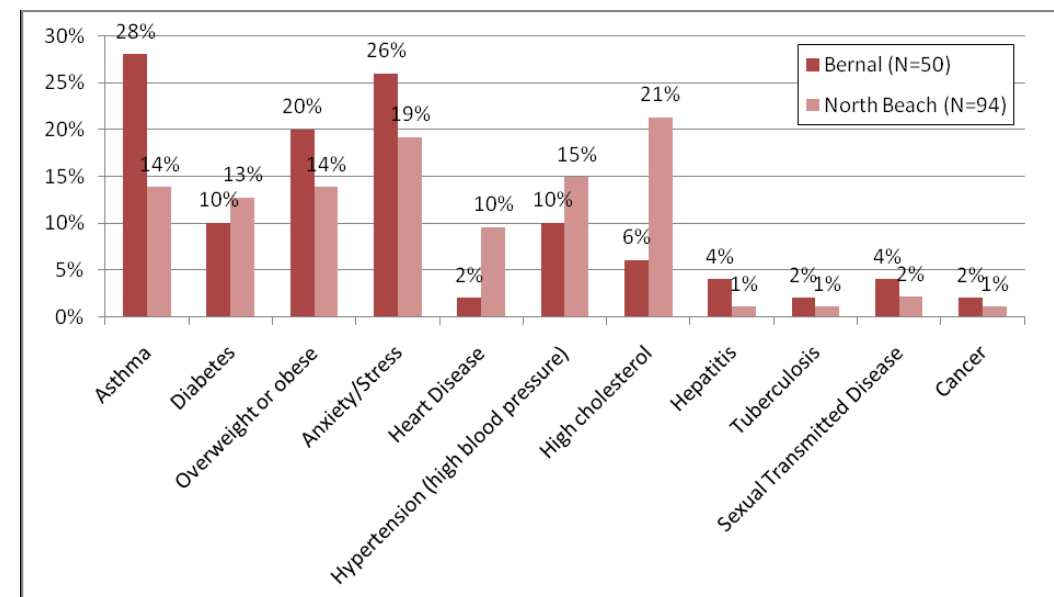
COMMUNICATION AND EVALUATION/MONITORING

- Report of findings and recommendations for both improving health of current HOPE VI and future HOPE SF residents.
- Evaluation is underway to compare the process originally proposed versus the process actually followed, assess the participation of stakeholders, and monitor ongoing influence of the HIA on HOPE VI/SF policy.

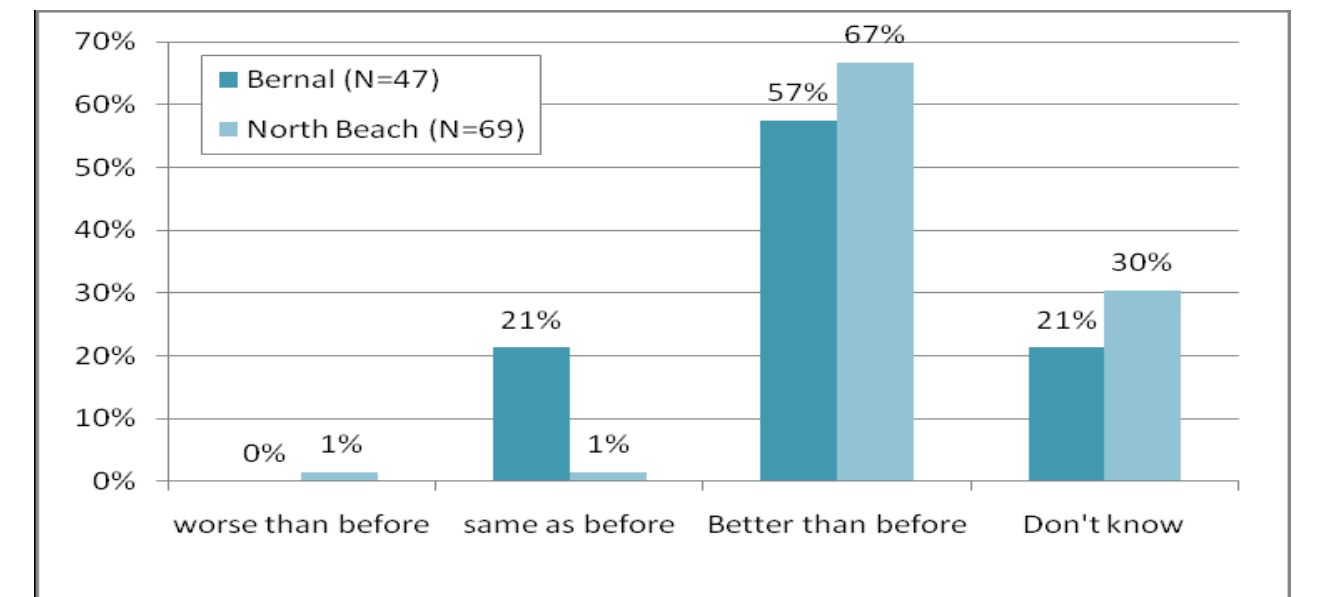


Findings

Despite redevelopment health, conditions remain poor

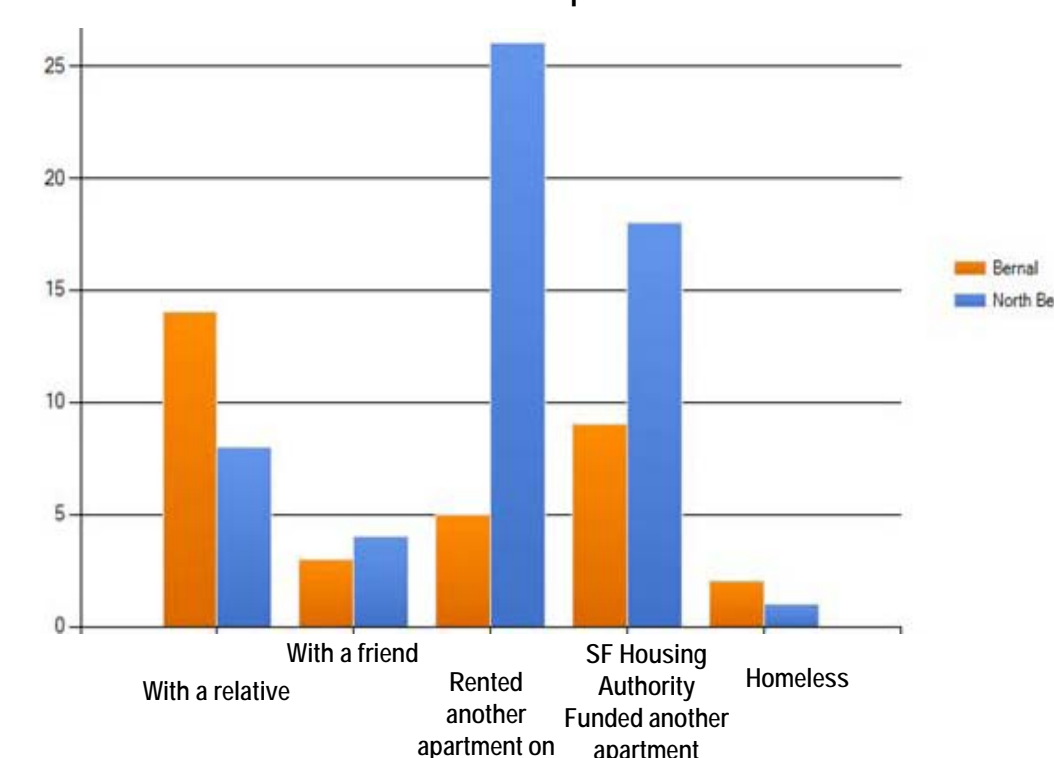


Compared to before redevelopment, how are housing conditions?



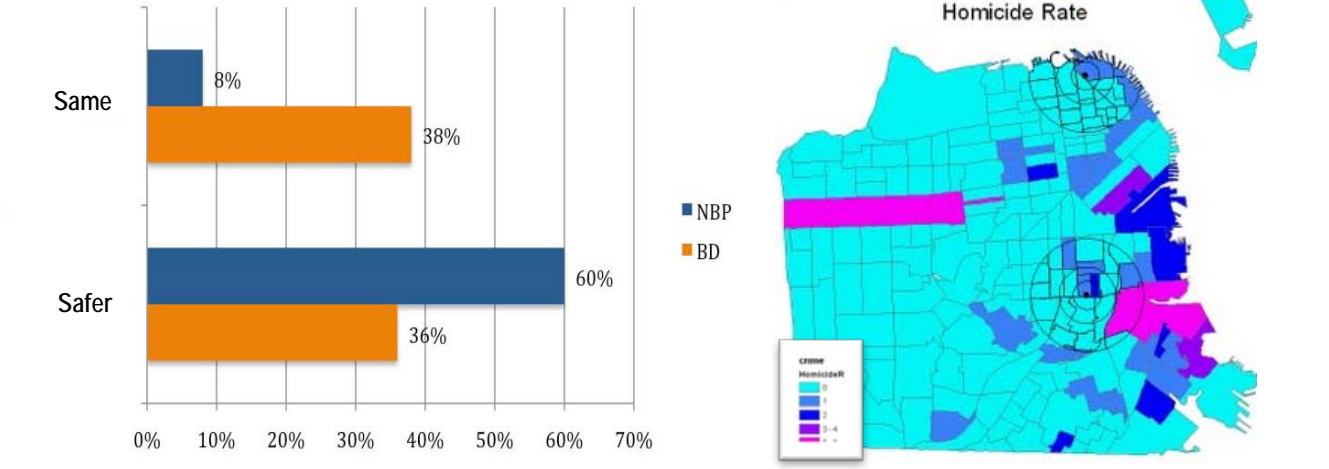
Displacement

If you lived here before redevelopment, where did you live during redevelopment?

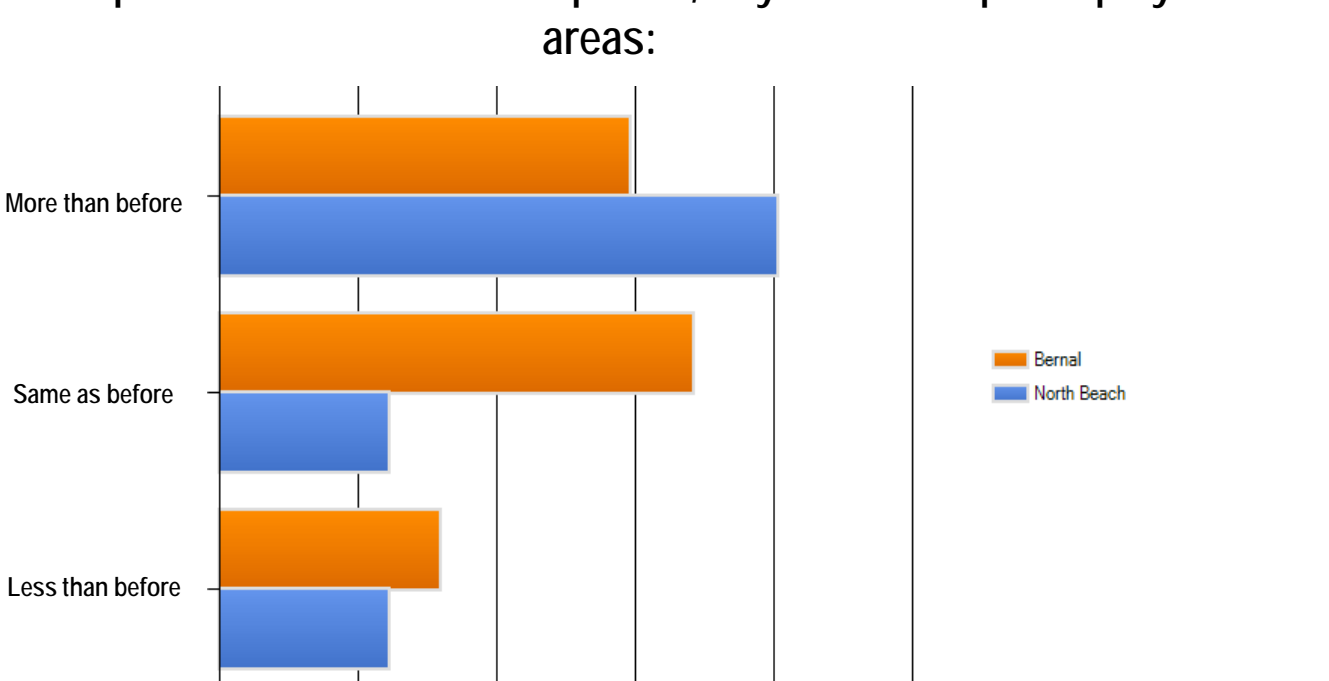


Crime and safety

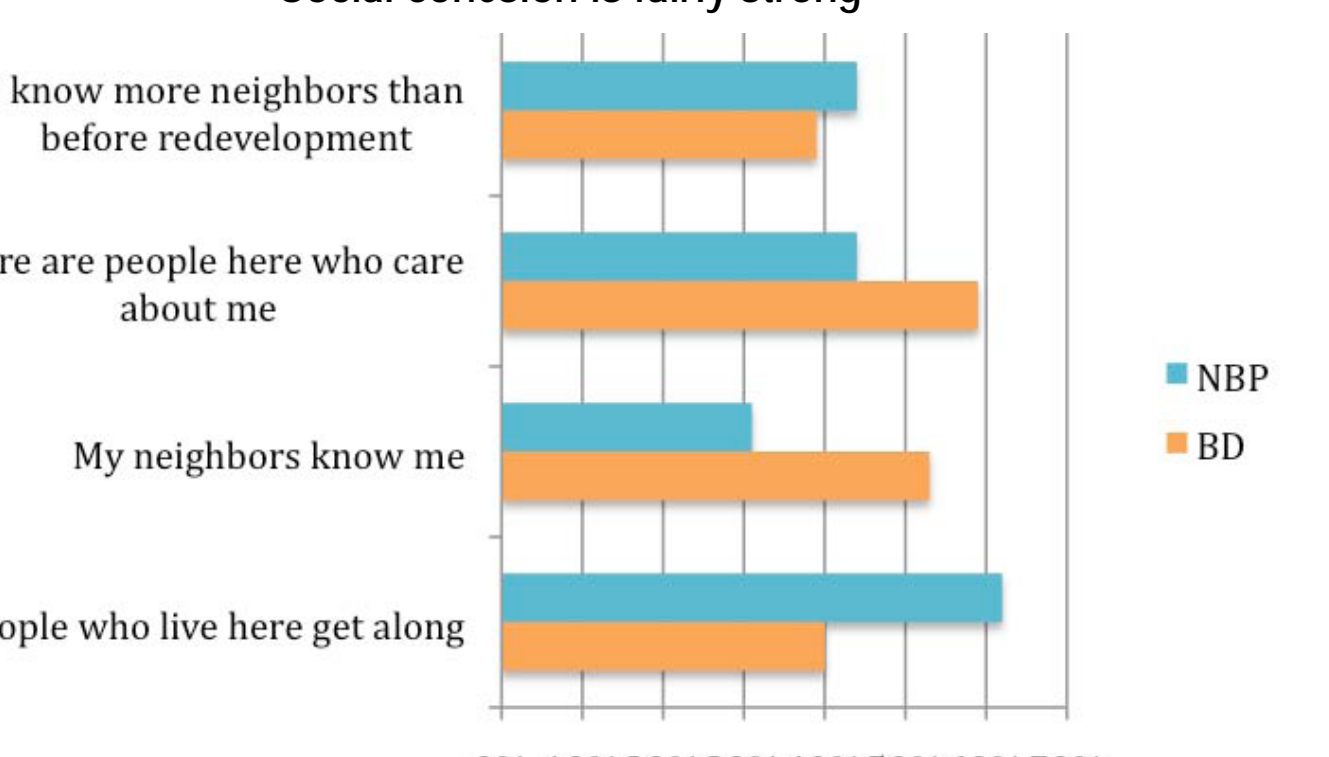
Compared to before redevelopment, how safe do you feel?



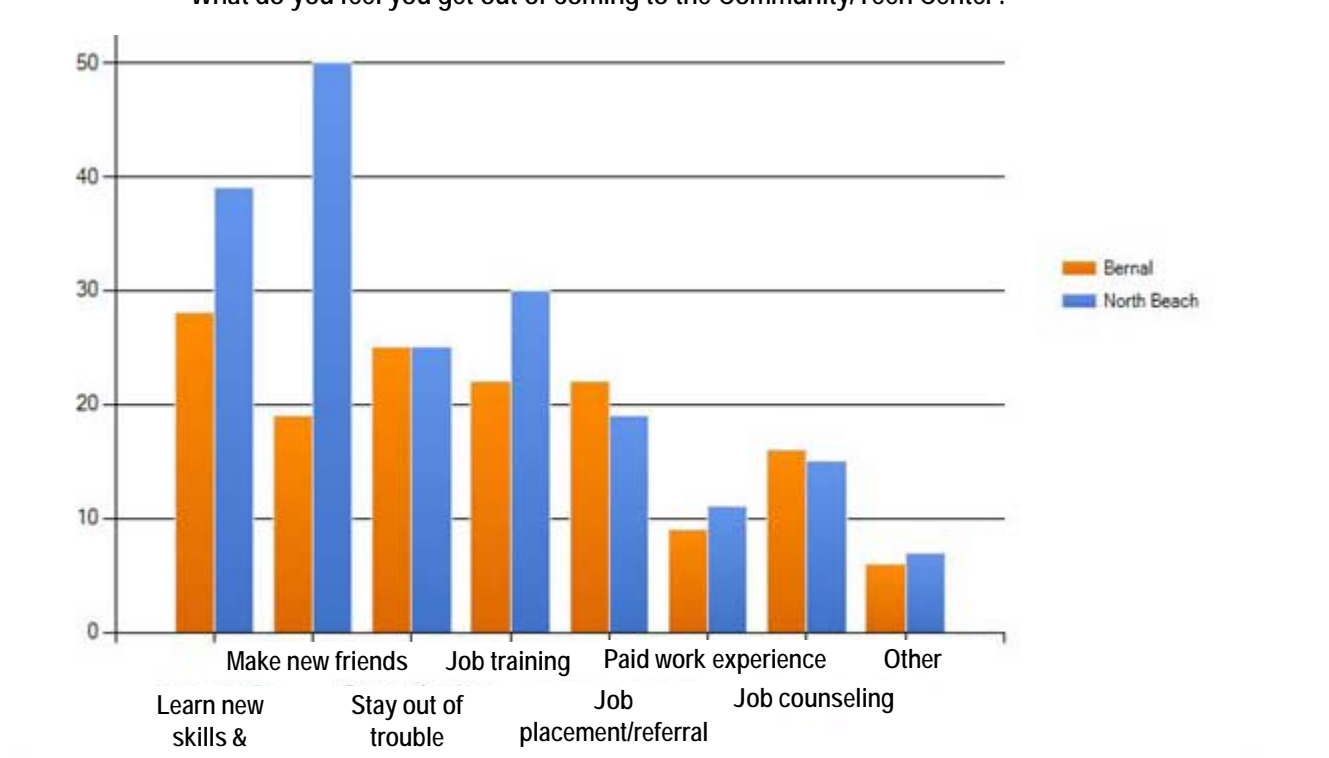
Compared to before redevelopment, is your use of parks/play areas:



Social cohesion is fairly strong



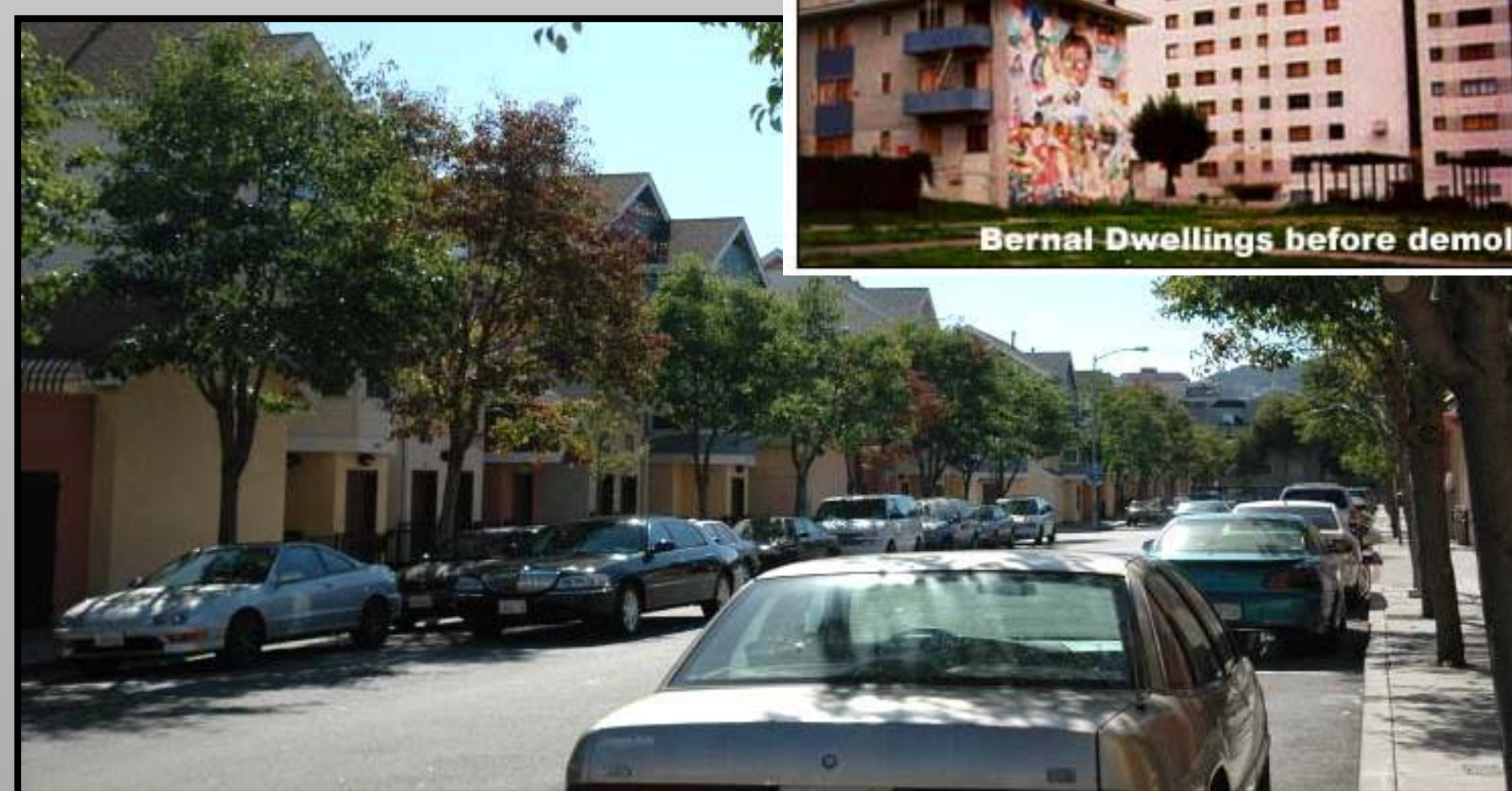
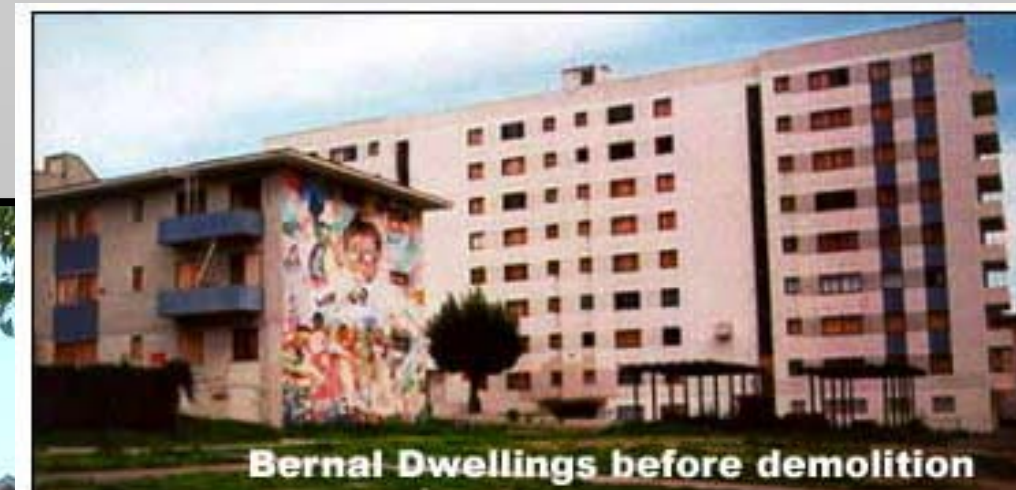
Making use of community resources



North Beach Place



Bernal Dwellings



Communication and Recommendations

Our findings from San Francisco mirror the evidence of HOPE VI studies conducted across the U.S. that suggest that while redevelopment has resulted in improvements to housing conditions and social factors, current health conditions remain poor in public housing sites (12-13).

While the practice of HIA is still developing in the United States, this case study is notable in that it involved the participation of public housing community groups and residents, explicitly acknowledged residents as experts in defining health issues, and provided an opportunity for them to communicate their experiences to inform ongoing housing redevelopment policy.

Acknowledgements

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