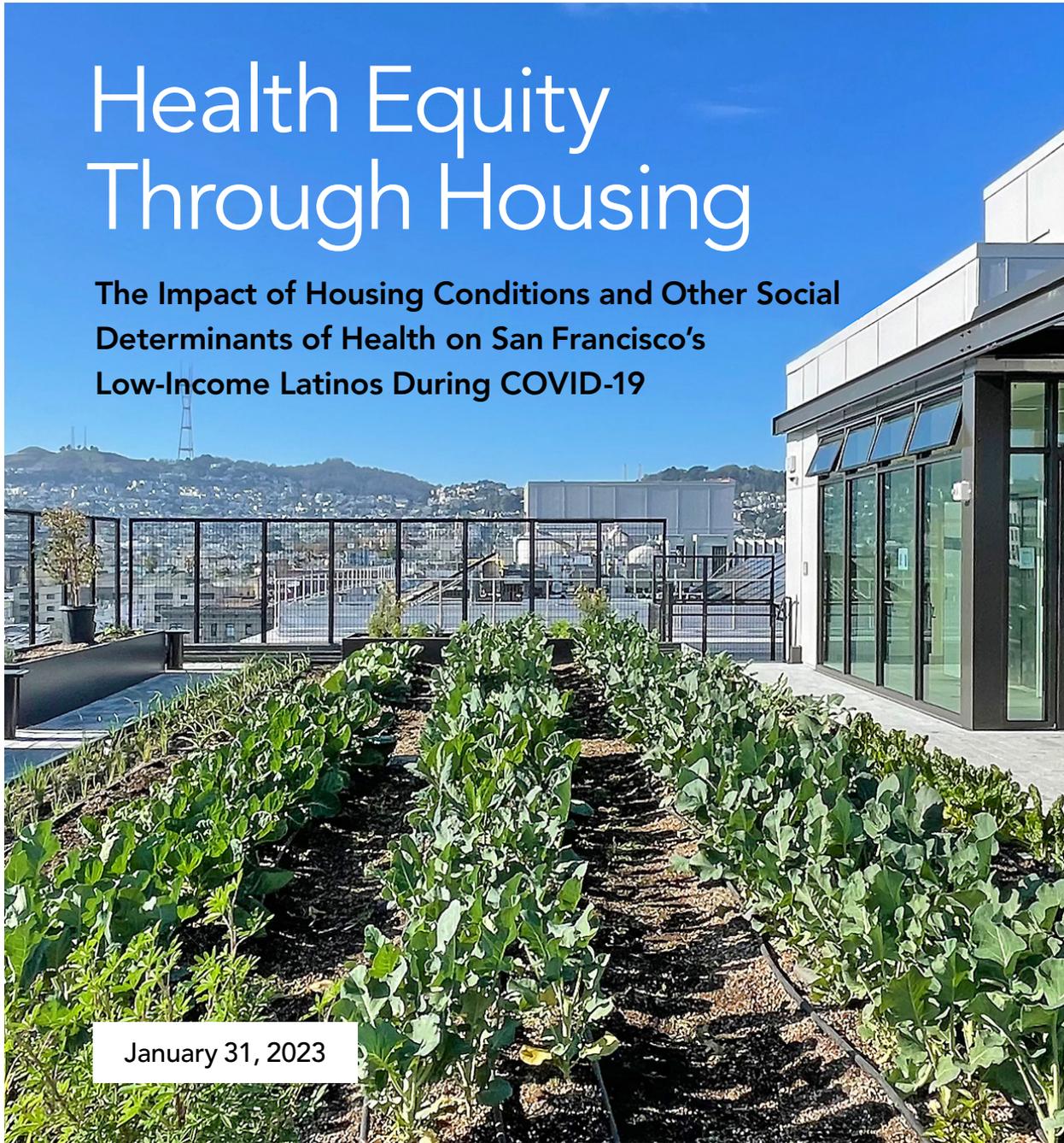




Health Equity Through Housing

**The Impact of Housing Conditions and Other Social
Determinants of Health on San Francisco's
Low-Income Latinos During COVID-19**



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About MEDA: Rooted in San Francisco’s Mission District, MEDA is advancing a national equity movement by building Latino prosperity, community ownership and civic power.

We envision generations of Latino families choosing where to call home, thriving economically, succeeding in learning opportunities, and leading policy and social change toward a more equitable society.

Learn more about MEDA: <https://medasf.org/strategic-plan-2021-2024>

Executive Summary

Health Equity means increasing opportunities for everyone to live the healthiest life possible, no matter who they are, where they live, or how much money they make.



Mission Economic Development Agency (MEDA) is honored to present the findings of our project entitled, Health Equity Through Housing, undertaken with the support of a grant from the California Department of Public Health.

The purpose of this project is to understand the nexus between housing, and related social determinants of health, and the disproportionate impact of COVID-19 on San Francisco’s low-income Latino¹ population. While this project examines the experience of this specific population, its findings should be relevant to a broad set of community stakeholders and across sectors, including public, private, philanthropic, academic and others engaged in centering equity in housing and health policy.

For the reasons explained in this report, we conclude that housing availability, affordability, and quality are intimately linked to health equity for San Francisco’s low-income Latinos. Health disparities linked with these factors were further exacerbated during the pandemic. Looking forward, the recommendations proposed will build upon efforts that have already shown evidence of success.

COVID-19 hit San Francisco’s low-income Latino community especially hard. As the pandemic events of 2020 unfolded, it became abundantly clear that this community was in the midst of an unprecedented and catastrophic crisis.

Despite comprising only 15 percent of San Francisco’s population, the city’s Latinos were disproportionately impacted by COVID-19, relative to their population, in a number of concerning ways that are detailed in this report’s findings. MEDA staff, our clients, and our community partners could all see firsthand that the crisis situation was growing. Our early observations were confirmed when in April 2020 a study conducted by University of California, San Francisco (UCSF) of Mission District residents found that Latinos accounted for 44% of all people tested, but 95% of those who tested positive.

When COVID-19 struck San Francisco’s Latino community, dozens of community-based organizations launched into action and worked tirelessly to provide assistance and care. The Mission District based Unidos en Salud,² a collaboration between the Latino Task Force and the Univer-

While this project examines the experience of this specific population, its findings should be relevant to a broad set of community stakeholders and across sectors, including public, private, philanthropic, academic and others engaged in centering equity in housing and health policy.

1 Throughout this report we use the term “Latino” to describe a group of female, male, and non-binary individuals who identify with origins in Latin America. We are aware that there are other terms in use and that the term may not be inclusive of all with origins in Latin America. We acknowledge that there is no agreement within the community about which term should predominate. At MEDA, we depend on our clients’ views in determining which term to use and “Latino” is the term they prefer, among the several in use. Where this report includes quoted material from a different source that uses a term other than Latino, we retain the term used by the source in the quoted material.

2 <https://unitedinhealth.org/> Unidos en Salud was recently honored at the White House to share its community-led health solutions at the White House’s Covid-19 Equity and What Works Showcase. Read more at: <https://missionlocal.org/2022/11/the-white-house-welcomed-mission-community-members-docs/>. Accessed January 1, 2023.

sity of California, San Francisco, and the Mission Food Hub³ quickly established themselves as critical community infrastructure for COVID-19 response for the Latino community. Wrap-around support systems existing in Mission Promise Neighborhood⁴ schools were another critical touch point for dispersing information and aid. These efforts and more helped to prevent a catastrophic collapse of San Francisco's Latino community and to mitigate the impact of COVID-19.

COVID-19 amplified many of the negative health consequences of a pre-existing and systemic underinvestment in the community, and other conditions, as described more fully in this report.

Even so, the pandemic hit the community with a vengeance. COVID-19 amplified many of the negative health consequences of a pre-existing and systemic underinvestment in the community, and other conditions, as described more fully in this report.

Documentation: Surveys, Interviews, Community Meetings

The Health Equity Through Housing project endeavored to document the experience of the community's most impacted members. To learn more about how the community was affected, we conducted a survey involving 261 respondents and performed in-depth interviews involving 46 participants from five San Francisco neighborhoods. We also held community meetings involving multiple stakeholders.

Summary of Key Findings

The five San Francisco neighborhoods surveyed included the Mission, Excelsior, Bayview, Tenderloin and Visitacion Valley. Of the low-income San Francisco Latinos we surveyed from the five target neighborhoods:

- 79 percent had COVID-19 or lived with someone who tested positive for COVID.
- 91.3 percent lived in overcrowded conditions.
- 56 percent borrowed money during COVID-19 to cover rent.
- 74.9 percent worked in low-wage, non-union jobs, in conditions that made them more vulnerable to the pandemic and in "frontline" worker roles.

3 <https://www.missionfoodhub.org/>. Accessed January 1, 2023.

4 <https://missionpromise.org/>. Accessed January 1, 2023.

Across the five neighborhoods, survey respondents reported several recurring themes:

- Overcrowded housing conditions that were a result of housing unaffordability made it difficult to isolate and quarantine.
- Significant illness, stress and anxiety due to housing instability during the crisis, especially for children.
- Low-wage jobs requiring in-person presence exposed them to greater risk of infection.
- Economic circumstances, exacerbated by illness, layoffs or shut downs, necessitated difficult tradeoffs between income for survival and increased risk of infection.
- MEDA distributed close to \$1 million relief funds to families who did not qualify for federal relief. Yet the survey results revealed that due to a fear of being labeled as a “Public Charge,” many respondents were reluctant to obtain services or assistance to which they were entitled.

Recommendations

Community stakeholders recommended interventions over several key areas detailed in the report’s Community Roadmap for Recovery and Greater Health Equity:

- Prioritize affordable housing and create more housing for low-wage workers.
- Provide permanent housing for unhoused individuals and families.
- Ensure resident input into what is developed in their communities (built environment).
- Protect tenant rights and increase access to information.
- Establish living wage policies and programs for today’s low-wage workers.
- Align workforce development with the future of work after COVID-19.
- Support community based organizations, healthcare workers, and others who coordinate to provide culturally competent essential services to vulnerable populations.

March 2020 marked a point in time that few of us will forget. But in order to understand what happened to the Latino community when COVID struck, it is important to look backwards. When COVID-19 arrived, the community was already suffering from some significant conditions, non-medical factors, that ultimately influenced its negative health outcomes related to COVID-19. Besides inadequate housing, many of San Francisco’s low-income Latinos were already experiencing traumas related to race, migration status, limited access to health care, food insecurity and economic precarity. In retrospect, the gears for the disproportionate impact of COVID-19 on this community were set into motion long before the pandemic arrived. COVID merely lifted the veil.

Now, as the pandemic enters its fourth year, the toll that prolonged stress is taking on the low-income Latino community in San Francisco has grown increasingly evident. The physical and

mental health impacts and housing and food insecurity continue to loom large. Every year, MEDA secures hundreds of job placements for its clients and we are aware that economic strife continues to increase due to lost jobs and lost income. Though MEDA supported 671 families with submitting California Rental Relief applications, eviction moratoria and rental relief assistance have expired. Children and families have suffered. And another disproportionate impact and related crisis has emerged. Recent data from the City of San Francisco revealed that the number of unhoused Latinos in San Francisco increased by 55 percent since the pandemic began, an unprecedented surge. Latinos are now 33 percent of the City's total unhoused count, even though Latinos are just 15 percent of the city's population. As access to safe and affordable housing diminishes, it appears that the equity gap is widening for San Francisco's low-income Latino residents.

Yet, there is hope. San Francisco's Latino community is one built of resilience and action. Through targeted vaccination outreach campaigns launched by joint community efforts, San Francisco's Latino community went from having the highest positivity rate to having a 95% vaccination rate.

MEDA appreciates the California Department of Public Health's confidence in our work. We hope that our community's experience and recommendations will inform intentional, community-driven policies to advance health equity by increasing affordable housing and spurring economic stability, now and into the future, for all vulnerable communities in California and elsewhere.

We submit this report in remembrance of those we've lost, and for those who continue to suffer from what COVID-19 has placed before us. We would also like to express our gratitude to all those who bravely stepped in to respond and continue to do so today.

Adelante en Salud,

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Part I. COVID-19: The Pandemic in Perspective



“COVID-19 has harmed communities of color more than other groups. This is a result of institutionalized racism and structural inequities. There is no biological or genetic difference in COVID-19 risk by race. In general, people of different races engage in the same prevention measures.”⁵

— CITY AND COUNTY OF SAN FRANCISCO



To understand the severe impact of COVID-19 on San Francisco’s low-income Latino community, it is important to realize that the gears for what unfolded were set into motion long before the pandemic arrived. We now know that COVID-19 merely lifted the veil on what happens when the social determinants of health are stacked against a vulnerable community in the face of a fierce disease.

In this section, we discuss the community conditions at different phases of the pandemic, all with the related origins of socioeconomic inequities which ultimately influenced the community’s negative and disproportionate health outcomes:

1. Before COVID-19
2. COVID-19 Arrives, 2020
3. Recent COVID Consequences, 2022-2023

We now know that COVID-19 merely lifted the veil on what happens when the social determinants of health are stacked against a vulnerable community in the face of a fierce disease.

5 City and County of San Francisco, Part of COVID-19 data and reports, COVID-19 population characteristics, Race or ethnicity. <https://sf.gov/data/covid-19-population-characteristics> Accessed January 1, 2023.

1. Before COVID-19: How the Social Determinants of Health Were Already Stacked Against a Community



Source: Center for Disease Control & Prevention (CDC) <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

The Centers for Disease Control and Prevention (CDC) Social Determinants of Health framework is critical for understanding the experience of San Francisco’s low-income Latinos with COVID-19, but also the impact of the conditions that existed before COVID-19 arrived. This framework looks at non-medical factors that influence health outcomes and includes socio-economic conditions such as access to quality healthcare, education and access to safe housing as part of the neighborhood built environment.⁶ What happened for San Francisco’s low income Latino population is a case study in how such non-medical factors influenced health outcomes and undermined the community’s ability to avoid such outsized and dire consequences when COVID-19 struck.

For this community, the pandemic amplified many of the negative health consequences of a longstanding legacy of socio-economic inequities, some of which are described below.

Exclusion, Marginalization, Discrimination

Long before COVID-19, members of the Latino community have been the targets of racial discrimination and political scapegoating and these dynamics continue today. Examples of hostile experiences include governmental efforts to eliminate DACA, the imposition of regulations declaring individuals who apply for benefits for which they are entitled as a “Public Charge,” as a way to deny access to citizenship, the debate around demanding the inclusion of a citizenship question on the 2020 Census to discourage undocumented individuals from counting themselves, and in 2020, the announcement about undocumented immigrants not counting in the 2020 Census for purposes of apportionment. All of these racially motivated transgressions force many Latinos to operate in the shadows and in fear, which in the context of COVID-19 can drive catastrophic consequences.

⁶ CDC, Social Determinants of Health <https://www.cdc.gov/about/sdoh/index.html>. Accessed January 1, 2023.

Displaced and Dispersed, Poor Jobs-Housing Fit

The history of displacement, growing housing unaffordability and overcrowding had been forged in the decades before COVID-19. While San Francisco's Latino population has grown in the past 30 years, so have racial income gaps.⁷ Since the 1990s, gentrification (through market-rate housing overdevelopment, commercial growth catering to high-wage earners, new, wealthier residents taking advantage of historically low-cost neighborhoods) has displaced Latino families from historically Latino-heavy neighborhoods on the city's Eastside and Southside, such as the Mission District and Bernal Heights. However, the Latino population has increased in the vast majority of San Francisco neighborhoods. Between 1990 and 2020, the Mission District's Latino population decreased by 32 percent. Over the same time period, the citywide Latino population increased by 36 percent.

MEDA is acutely aware that affordable housing is severely limited and has worked diligently to be part of the solution. MEDA's Community Real Estate (CRE) program was launched in summer 2014 as an urgent response to stem the displacement happening to low-income and working-class families in the Mission District. Since then, MEDA has accrued a total of 2,034 units in its affordable real estate portfolio through a combination of strategies which include, among others, purchasing small apartment buildings to preserve affordable rent controlled units for existing tenants, and new construction. Additionally, between 2020 and 2021 alone, MEDA helped 4,008 clients complete 13,859 Below Market Rate (BMR) rental housing lottery applications. (Clients often complete multiple applications as separate applications are required for each available housing opportunity). In that same timeframe, MEDA successfully placed 200 families in below market rate affordable housing.

With affordable housing in scarce supply, for San Francisco's Latino low-wage workers, the choices became stark and ultimately consequential to their health: Stay in San Francisco, close to work, family and services and face expensive, overcrowded or substandard housing conditions. Alternatively, relocate to the suburbs away from the job opportunities, with fewer opportunities to work, incurring a commute to and from work, lost time with family and the health implications from these difficult choices. Living farther away from work, for example, means longer commute times, which can leave less time for sleeping, physical activity, and preparing healthy foods. Over time, these behaviors can lead to obesity and other poor health outcomes.⁸

Faced with the difficult choices, the housing that most of San Francisco's low-wage workers need and can afford is not there for them. This is evidenced in the responses to the survey and interviews conducted as part of this project. However, this problem existed before COVID-19 arrived. According to a 2017 analysis from the Center for American Progress (CAP) in examining the jobs housing fit in the San Francisco and San Jose metropolitan areas, "Large clusters of low-wage jobs are in the core cities of San Francisco and San Jose, and several smaller clusters are scattered

7 All data from this section comes from: 2020 U.S. Census, 2015-2019 American Community Survey Five Year Estimates.

8 Christian, Thomas J., "Trade-offs Between Commuting Time and Health-Related Activities." *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 89 no. 5 (2012): 746-757, DOI: 10.1007/s11524-012-9678-6

throughout the region” however, San Francisco is one of several Bay Area jurisdictions featuring a poor jobs-housing fit.⁹

Soaring Rents, Diminished Affordability, Growing Income Inequality, Lack of Access to Living Wage Jobs

The U.S. Department of Housing and Urban Development (HUD) defines “cost-burdened” families as those who pay more than 30 percent of their household income on housing.¹⁰ Per the 2019 American Community Survey (ACS), nearly 20 million rental households across the country are cost-burdened, and this number is only projected to increase because incomes have not kept up with rising rents.¹¹ Rent burden is a particularly acute issue in California. Before the COVID-19 pandemic, about half of the state’s residents were rent-burdened, and this number has only increased.¹² The state’s housing costs are among the highest in the United States, and many Californians struggle to find affordable housing.¹³ Although median earnings for Californians are higher than the national average, incomes have not kept up with skyrocketing rents.¹⁴

In San Francisco, between 1990 and 2019, the median rent rose by 41 percent — in other words, rents have increased at a significantly higher rate than the increase in Latino household incomes. Between 1990 and 2019, the gap between the median household income for white families and Latino families in San Francisco grew by a factor of five. These rising economic disparities seen citywide have been even more pronounced in the Mission District. That is, not only has the Mission witnessed a net loss of nearly 10,000 Latino residents in the past generation; but the Latino households who have managed to stay face steeper financial disparities on a local level. Between 1990 and 2019, Latino median household incomes in the Mission rose by 24 percent, compared to a 118 percent rise in Median Household Income (MHI) for all Mission households. The gap between Latino and white median household incomes grew by a factor of 20 over the same period. While the COVID-19 pandemic created disproportionate financial impacts for Latino workers, between 1990 and 2019 Latino unemployment rates fell by 60 percent.¹⁵ In other words, **these rising income disparities cannot be explained by a rise in unemployment, but rather a widespread lack of access to jobs with living wages and other necessary family financial support.**

9 Zonta, Michela, Expanding the Supply of Affordable Housing for Low-Wage Workers, Center for American Progress, August 10, 2020, <https://www.americanprogress.org/article/expanding-supply-affordable-housing-low-wage-workers/>. Accessed January 23, 2023.

10 U.S. Department of Housing and Urban Development, “Rental Burdens: Rethinking Affordability Measures.” https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html. Accessed January 1, 2023.

11 National low-income Housing Coalition, “Census Bureau Releases Data from 2019 ACS,” September 28, 2020, <https://nlihc.org/resource/census-bureau-releases-data-2019-acs>). Accessed January 1, 2023.

12 Tobias, Manuel, Levin, Matt and Christopher, Ben, “Californians: Here’s why your housing costs are so high,” CalMatters, September 28, 2021, <https://calmatters.org/explainers/housing-costs-high-california/>. Accessed January 1, 2023.

13 Legislative Analyst’s Office, “California’s High Housing Costs: Causes and Consequences.” March 17, 2015, <https://lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.aspx>. Accessed January 1, 2023.

14 Tobias, et. al., op. cit.

15 All data from this paragraph comes from: 2020 U.S. Census, 2015-2019, American Community Survey Five Year Estimates.

The increase in the Latino population, and the geographic dispersal of Latino families, has presented additional challenges for service providers and advocates: even as the population has increased, Latino families' financial circumstances have not improved much during a generation of rapid economic growth in the Bay Area.

2. COVID-19 Arrives, March 2020

In early March 2020, the alarm was sounded. The low-income Latinos served by MEDA and other community non-profit partners were reporting in larger numbers that they were sick and hungry, that they felt fearful, and that community members among them were dying. Many had lost their jobs and didn't know how they would provide for and keep their families housed. Others continued to work in their jobs as essential workers, and found themselves choosing their livelihoods over their lives, having to make the extremely difficult choice between a greater risk of contracting COVID-19 as they left home to work, or the loss of a paycheck to sustain their families.

In response to this crisis, dozens of community-based organizations launched into action and worked tirelessly to provide assistance and care. For example, as part of San Francisco's Right to Recover Program, MEDA disbursed \$3.8 million among 2946 clients who tested positive — as income replacement subsidies to enable them to quarantine at home. Additionally, MEDA helped local small business owners obtain \$9 million in relief loans and grants. The Mission District based Unidos en Salud,¹⁶ a collaboration between the Latino Task Force and the University of California, San Francisco, and the Mission Food Hub¹⁷ quickly established themselves as critical community infrastructure for COVID-19 response and prevention for the Latino community. Wrap-around support systems existing in Mission Promise Neighborhood¹⁸ schools were another critical touch point for dispersing information and aid. These efforts, and more, helped to prevent a catastrophic collapse of San Francisco's Latino community and helped to mitigate the impact of COVID-19.

Nonetheless, the pandemic hit the community with a vengeance and it continued to amplify many of the negative health consequences of a systemic underinvestment in the community.

Then, in April 2020, a study conducted by UCSF of Mission District residents,¹⁹ primarily living within one census tract, confirmed that the neighborhood's Latinos were being disproportionately impacted by COVID-19 and cited longstanding socioeconomic inequities as a contributing factor.

16 <https://unitedinhealth.org/> Unidos en Salud was recently honored at the White House to share its community-led health solutions at the White House's Covid-19 Equity and What Works Showcase. Read more at: <https://missionlocal.org/2022/11/the-white-house-welcomed-mission-community-members-docs/>. Accessed January 1, 2023.

17 <https://www.missionfoodhub.org/>. Accessed January 1, 2023.

18 <https://missionpromise.org/>. Accessed January 1, 2023.

19 Fernandez, E., Weiler, M. (UCSF), Initial Results of Mission District COVID-19 Testing Announced; Latinx Community, Men and Economically Vulnerable Are at Highest Risk. <https://www.ucsf.edu/news/2020/05/417356/initial-results-mission-district-covid-19-testing-announced>, Accessed January 1, 2023.

The study revealed:

- Latinos accounted for 44% of all people tested, but 95% of those who tested positive.
- Among those who tested positive, 90 percent reported being unable to work from home. In contrast, among those who tested negative, 53 percent reported no impact on their work or financial stability.
- Nearly 89 percent of those who tested positive earn less than \$50,000 a year and most live in households of 3 to 5 people (59.6 percent) or larger (28.8 percent).
- Notably, people who lived outside the census tract but who go there for work were much more likely to test positive (6.1 percent) than residents (1.4 percent).
- “The COVID-19 prevalence among Latinos was about 5%. By contrast, the prevalence among their white neighbors was 0%.”²⁰
- “Project leaders estimate that infection rates are considerably higher in the area [of the study], due to the long-standing legacy of socioeconomic inequities that contribute to the continued spread of the virus.”²¹

On May 8, 2020, The San Francisco Chronicle reported that “the vast majority of people so sick that they needed to be hospitalized at San Francisco General Hospital were Latino.” As the hospital “was prepared to see an influx of low-income Latino patients, many of whom continued to work essential jobs and had been pushed into crowded homes due to the city’s high cost of living” the stunning numbers defied expectations. “Of the first 103 people admitted to S.F. General for the disease, more than 80% were Latino.”²² Then, preliminary data from a May 26, 2020 testing of 567 Mission Neighborhood Health Center (MNHC) patients (mostly low-income Latino individuals and their families) revealed that of those tested, 25% tested positive for COVID-19.²³

As the pandemic progressed, community-based efforts continued to inform and protect the low-income Latino population hard hit by COVID-19. For example, between 2020 and 2021, MEDA reached 1,200 individuals by connecting them to supportive services and by performing contact tracing and case investigation. MEDA also launched the Vaccine Outreach Project. From July 2021 through July 2022, in partnership with local community based organizations and health agencies, MEDA led a vaccine outreach effort to raise awareness of the COVID-19 vaccine amongst Latino immigrant communities in San Francisco. We augmented this approach with individualized outreach and education provided by Promotoras (community health outreach workers), who helped facilitate enrollment in vaccination appointments and access to supportive services. The

20 Testimony of Alicia Fernandez, MD. before the United States House of Representatives, Ways and Means Committee, May 27, 2020, The Disproportionate Impact of COVID-19 on Communities of Color, p.2.; Video testimony available at <https://www.youtube.com/watch?v=XZnFhSUMFFY>, time marker 1:02:05 / 4:38:40. Accessed January 1, 2023.

21 Unidos en Salud study. <https://www.ucsf.edu/news/2020/05/417356/initial-results-mission-district-covid-19-testing-announced>. Accessed December 29, 2022.

22 Palomino, J., Sanchez, T., Troubling upward trend in Latino COVID-19 cases, May 08, 2020, San Francisco Chronicle. <https://www.sfchronicle.com/bayarea/article/Bay-Area-Latinos-hit-hardest-by-coronavirus-15252632.php>, Accessed December 29, 2022.

23 Unpublished data from Mission Neighborhood Health Center.

project, supported by Health Resources & Services Administration (HRSA), reached more than 64,000 community members and resulted in more than 1300 vaccinations.

A highly noteworthy result of this work is that Latinos went from being the population with the highest positivity rate to having a 95% vaccination rate. This is evidence of how community action and support can turn the tide.



3. Recent COVID Consequences, 2022-2023

Latino Homelessness Grows by 55 Percent Since Pandemic Began

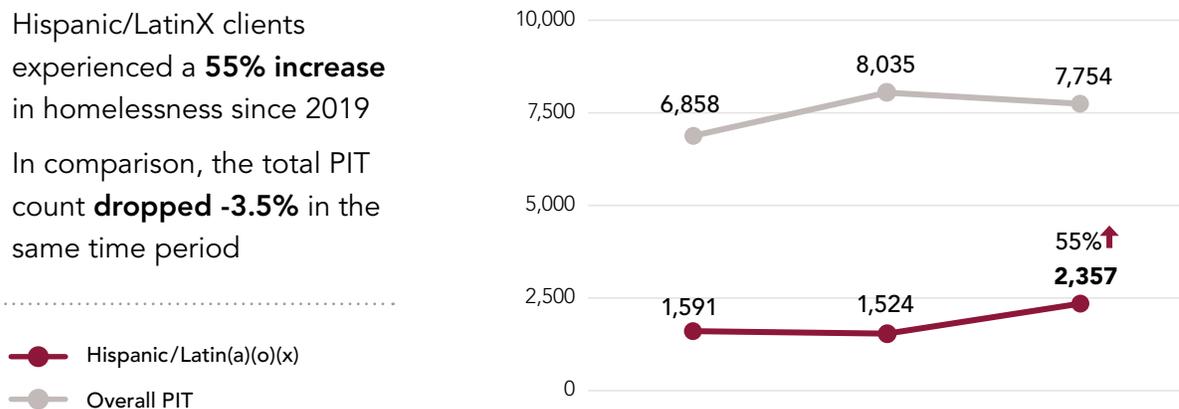
The COVID-19 pandemic also put an increasing number of Americans at risk of eviction. As people lost their jobs, millions of households nationwide were unable to keep up with rent payments. Although federal, state, and local agencies coordinated rental relief programs, many of them have already exhausted their funds. In addition, a limited number of people were able to access these funds. For example, — by December 2020, San Francisco had allocated \$6.3 million in rental assistance to about 1,500 people, but the program received about 9,000 applications for a total requested assistance amount of \$42 million.

Based on feedback from MEDA's clients, we are aware that people living in informal housing arrangements, non-native English speakers, and undocumented immigrants had the most difficulty receiving this rental assistance. The nationwide eviction moratorium ended in August of 2021, and the California statewide and San Francisco eviction moratorium both expired on September 30, 2021. We understood that a looming eviction crisis could force countless families from their homes and lead to a massive spike in the unhoused population.

A few months after the eviction moratoria expired, in February and March 2022, the City and County of San Francisco conducted the bi-annual homeless "point-in-time" count which, among other findings, revealed that homelessness among the city's Latinos (described as "Hispanic/LatinX") increased by an astonishing 55 percent.

Ethnicity: Latinx Homelessness Increased

- Hispanic/LatinX clients experienced a **55% increase** in homelessness since 2019
- In comparison, the total PIT count **dropped -3.5%** in the same time period



Source: Chart — City and County of San Francisco, Department of Homelessness and Supportive Services, 2022 Point-in-Time Count, Key Briefing Slides, <https://hsh.sfgov.org/get-involved/2022-pit-count/>

These findings were covered by several media sources. On August 18, 2022 The San Francisco Standard reported that “the unhoused Latino population has seen a particularly alarming uptick in numbers.”²⁴ noting that, “researchers tallied 833 more Latino people living on the city’s streets and in shelters than were counted in 2019.”²⁵ In examining reasons why this surge is occurring, the reporting includes these insights from a city official that confirms the community experience:

“The Latinx community is now overrepresented in our point-in-time count,” said Sarah Locher, a data manager for the Department of Homelessness and Supportive Housing. **“This is in line with what our community has suspected in terms of this being a hard-hit community during COVID.”**²⁶ (Emphasis added.)

In related stories, on October 22, 2022, NPR reported the same grim statistic and added, “Latinos now make up 30% of the unhoused people in San Francisco, though they’re only 16% of the overall population, according to the city’s most recent count.”²⁷ and that this increase in Latino homelessness exists “despite an overall drop in the city’s homeless population.” NPR’s reporting also points to the growing regional crisis in Latino homelessness, noting, “In neighboring Alameda County, Latino homelessness rose an astonishing 73%.”²⁸

Based on the 2022 point-in-time count, 55 percent more Latinos are now living under another level of increased vulnerability in San Francisco. Living unhoused exposes individuals to a myriad of health crises including increased vulnerability to communicable diseases. Eating healthy foods and managing chronic conditions becomes more difficult and those living unhoused are at higher risk of overall mortality.²⁹

24 Sjostedt, David and Baustin, Noah, August 18, 2022, The San Francisco Standard, “20K People Will Experience Homelessness in SF This Year, With the Latino Unhoused Population Surging” <https://sfstandard.com/public-health/latino-homelessness-surged-in-sf-during-covid-according-to-new-data/>. Accessed December 30, 2022.

25 Ibid.

26 Ibid.

27 Rancaño, Vanessa, Oct 18, 2022, What’s Driving the Spike in Homelessness for Latinos in San Francisco?, KQED, <https://www.kqed.org/news/11929283/whats-driving-the-spike-in-homelessness-for-latinos-in-san-francisco>. Accessed January 1, 2023. Note, descriptions vary on the size of the Latino population in San Francisco, with 15 - 15.4 percent being the most common range cited.

28 Rancaño, Vanessa, October 22, 2022, NATIONAL: Homelessness among Latino residents has spiked in San Francisco, NPR, <https://www.npr.org/2022/10/22/1130725544/homelessness-among-latino-residents-has-spiked-in-san-francisco>. Accessed January 1, 2023.

29 Liu, CY, Chai, SJ, and Watt, JP, “Communicable Disease Among People Experiencing Homelessness in California.” *Epidemiology and Infection*, 148, no. 85 (2020), DOI: 10.1017/S0950268820000722

The 2022-2023 Winter Surge Threatens Another Disproportionate Impact

As San Francisco approaches a winter surge, the San Francisco Chronicle reported on December 7, 2022, “Once again, San Francisco’s COVID-19 case rates are spiking right before the winter holidays. And once again, the city’s lower-income, heavily Black and brown neighborhoods are bearing the burden.”³⁰

Two of the five neighborhoods included in our surveys and interviews (Bayview and Visitacion Valley) are included among the top four San Francisco neighborhoods with the highest confirmed case rates as of early December. According to the San Francisco Chronicle, “The neighborhoods with the highest confirmed case rates as of early December are in the city’s southeastern quadrant, and include the Bayview, Oceanview, Portola and Visitacion Valley. These neighborhoods all have median incomes lower than the city average, and have larger Black and Latino populations than many other neighborhoods in the city.”³¹

Being housed is an indicator of health, thus the growing numbers of homelessness among San Francisco’s Latinos is an indication that the health equity gap is growing larger.

These statistics indicate a concerning trend. Being housed is an indicator of health, thus the growing numbers of homelessness among San Francisco’s Latinos is an indication that the health equity gap is growing larger. That the 2022-2023 winter surge is taking a heavier toll in San Francisco neighborhoods with larger Black and Latino populations should be a wake up call as well,³² indicating that health equity for communities of color is heading in the wrong direction calling for immediate and effective interventions.

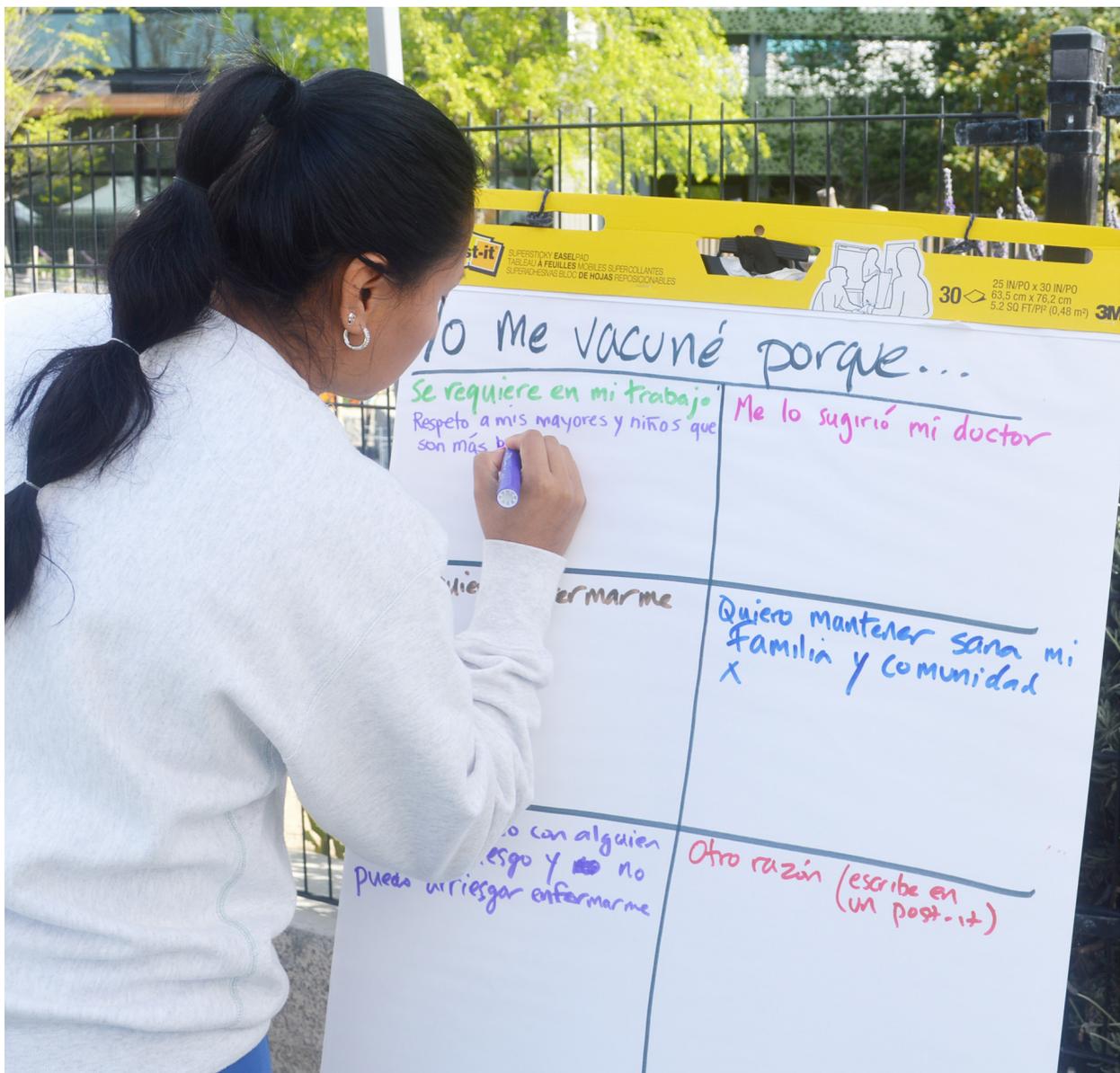
30 Neilson, Susie, December 7, 2022, updated December 8, 2022, San Francisco Chronicle “San Francisco COVID-19 cases are spiking again, especially in these neighborhoods” <https://www.sfchronicle.com/health/article/sf-covid-cases-rising-17638808.php>. Accessed December 30, 2022.

31 Ibid.

32 See Daube, Elizabeth, An Epidemic of Inequality, UCSF Magazine, Summer 2020, <https://magazine.ucsf.edu/epidemic-inequality>. Accessed January 1, 2023.

Part II.

Examining COVID-19 Impacts on San Francisco's Low-Income Latinos: Surveys and Interviews



Such significantly higher infection and hospitalization rates among San Francisco’s low-income Latinos, occurring as a result of longstanding social inequities, heightened vulnerability. These conditions, and their resulting circumstances impacting community health, were confirmed in the responses we received from the community members who participated in our surveys and interviews.

In 2022, MEDA’s Health Equity Through Housing project embarked on surveying San Francisco’s low-income Latino community to better understand how housing and related social determinants of health contributed to the disproportionate impact of COVID-19 they suffered.

MEDA’s Evaluation Team examined MEDA’s client data and population statistics (included below) to identify the five neighborhoods in San Francisco with the highest concentration of low-income Latino residents. Next, MEDA created a survey and administered it to 261 low-income Latino community members residing in those five San Francisco neighborhoods. We then conducted in-depth interviews with 46 of the survey respondents to gain greater insights to their survey responses. The surveys were administered and the follow-up interviews were conducted in Spanish with the assistance of Promotoras Activas SF (PASF).³³

MEDA Client Data

MEDA serves a predominantly low-income Latino population, the same population that was negatively and disproportionately impacted by the COVID-19 pandemic:

- Among the 10,216 clients who MEDA has served since the start of 2020, 85 percent are Latino, and 74 percent prefer to speak Spanish.
- Only 1.4 percent live in households that are **not** low-income, per HUD standards.
- By contrast, 82.5 percent of clients live in households that are extremely low-income (between zero and 30 percent of the Area Median Income).
- 23.5 percent of clients reside in San Francisco’s Mission District, with about 20 percent of clients living in other San Francisco neighborhoods (Bayview/Hunters Point, Tenderloin, Visitacion Valley) with high concentrations of Latinos.
- Between the beginning of 2020 and the end of 2021, 65 percent of MEDA’s clients lost their job and only 10 percent reported losing no income at all. In addition, 75 percent reported being ineligible for federal relief funds during the COVID-19 pandemic.

33 PASF <https://medasf.org/programs/promotoras-activas-sf/> Promotoras are community-based health outreach workers.

Population statistics confirmed the choice of neighborhoods surveyed.³⁴

NEIGHBORHOOD DISTRICT	PERCENTAGE LATINO RESIDENTS	LATINO POPULATION ESTIMATE
Mission	34.4	19,620
Excelsior	31.0	12,436
Bayview	22.3	8,738
Tenderloin	23.3	7,263
Visitacion Valley	22.2	4,123

MEDA Survey Respondents by Zip Code

ZIP Code of Residence (261 responses)

ZIP CODE	NUMBER OF RESPONDENTS	PERCENTAGE OF TOTAL RESPONDENTS
94110 & 94103 (Mission/SoMa)	58	22.2%
94124 (Bayview Hunters Point)	56	21.5%
94112 (Excelsior/Outer Mission/OMI)	54	20.7%
94102 (Tenderloin/Hayes Valley)	53	20.3%
94134 (Visitacion Valley)	40	15.3%

MEDA Survey Respondents by Occupation

Occupation by Industry (251 responses)

OCCUPATION	NUMBER OF RESPONDENTS	PERCENTAGE OF TOTAL RESPONDENTS
Domestic work (housecleaning, childcare, etc)	78	31.1%
Service, hospitality, restaurants/bars	75	29.9%
Other industries (retired, landscaping, Uber/Lyft Doordash, cosmetic services)	35	13.9%
Construction	33	13.1%
Retail / small business	13	5.2%
Transportation, manufacturing, warehousing	9	3.6%
Social services, healthcare, education	7	2.8%
Tech	1	0.4%

³⁴ Jiyun Tsai, One in Three Homes in This San Francisco Neighborhood Lives Below the Poverty Line, San Francisco Standard, December 8, 2022, <https://sfstandard.com/research-data/san-francisco-neighborhood-new-census-data-maps/>, citing data from the American Community Survey, <https://www.census.gov/programs-surveys/acs>. Accessed January 1, 2023.

Notably, 74.9 percent of respondents indicated employment in non-union, low-wage work where their duties often exist in conditions that make them vulnerable to the pandemic. Their work regularly involved face to face contact with others and could not be performed remotely. Many are among the category of workers described as “frontline workers” as discussed in the May 2020 analysis produced by the Bay Area Equity Atlas, *A Profile of Frontline Workers in the Bay Area*.³⁵

How Housing Impacts Health: What our **survey respondents** told us

The housing, health and socio-economic conditions that existed for the individuals we surveyed and interviewed created “The Perfect Storm” for disproportionate impacts from COVID-19.

Housing Survey Responses

1. Lack of affordable housing

The rent-burdened individuals we spoke to described having difficulty paying for their everyday needs and basic necessities including healthy foods or other health supports, such as doctors visits and medical care. They said this is because much of their income is going towards rent. Research shows that those who struggle to pay for housing face increased barriers to meeting their medical needs.³⁶

Here are some comments from the survey respondents regarding the difficult tradeoffs they have made as a result of lack of housing affordability and how this has impacted their lives during the pandemic.

- “Food keeps running out and children eat a lot.”
- “I’m still in debt. I owe my PG&E and I worry.”
- “I had to do the family laundry at home, by hand, to save money.”
- “I stressed about how to feed my three children.”
- “I have no savings, no money. At my job I was the only one to return.”

The housing, health and socio-economic conditions that existed for the individuals we surveyed and interviewed created “The Perfect Storm” for disproportionate impacts from COVID-19.

35 Henderson, Jamila, McCullough, Eliza and Treuhaft, Sarah, *A Profile of Frontline Workers in the Bay Area*, Bay Area Equity Atlas, May 13, 2020, <https://bayareaequityatlas.org/essential-workers>. Accessed January 1, 2023. See also Center for Economic and Policy Research (CEPR), *A Basic Demographic Profile of Workers in Frontline Industries*, <https://cepr.net/a-basic-demographic-profile-of-workers-in-frontline-industries/>. Accessed January 1, 2023.

36 Chen, Katherine L. et al., “Unmet Medical Needs Among Adults Who Move Due To Unaffordable Housing: California Health Interview Survey, 2011–2017.” *Journal of General Internal Medicine*, 36 no. 8 (2021): 2259–2266, DOI: 10.1007/s11606-020-06347-3

- “How will I survive this?”
- “I had no additional income. Everything went to bills.”
- “I applied for all the aid I could, but I didn’t get any.”
- “I had to look strong for my children, but inside I felt heartbroken.”
- “The pandemic was a lesson for saving, living more economically.”
- “I don’t have a medical provider, it’s too expensive.”
- “I relied on nonprofits to get any type of help I needed.”
- “The community [support] hub assisted me to get help paying my cell phone bill.”

“How will I survive this?”

— SURVEY RESPONDENT

“I’m always afraid of getting or giving COVID.”

— SURVEY RESPONDENT

2. Living in an overcrowded household

An overcrowded household is defined as more than one person per room. Overcrowding is a frequent consequence of high housing costs which makes it difficult to afford housing that is big enough to accommodate its residents for their living and sleeping activities. Families forced to live in overcrowded households due to high housing costs had to contend with the difficulty of physical distancing. Living in tightly packed homes and not being able to isolate means the risk of COVID-19 exposure is exacerbated. Many essential workers who face heightened risk of exposure at work live in overcrowded households, leaving their housemates especially susceptible should they become infected at work.³⁷ Research shows that addressing overcrowding directly impacts quality of life — it has been associated with higher rates of infectious diseases and poor rates of mental health.³⁸

Our survey respondents shared how housing overcrowding has impacted them and their families:

- “I’m always afraid of getting or giving COVID.”
- “There is a lack of space to quarantine.”
- “There’s no space in San Francisco. Everyone lives overcrowded. Moms have to be in the same room as their children.”
- “I need space for me and my children; it is hard to find spaces for big families.”
- “Overcrowded neighbors impact utilities, 12 people in a studio means less water pressure.”
- “My diagnosed mental health issues were exasperated because six people live in the room.”

37 Kate Cimini and Jackie Botts, CalMatters, “Close Quarters: California’s overcrowded homes fuel spread of coronavirus among workers,” December 10, 2020, <https://calmatters.org/projects/overcrowded-housing-california-coronavirus-essential-worker/>

38 WHO Housing and Health Guidelines. Geneva: World Health Organization; 2018. 3, Household crowding. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535289/>. Accessed January 1, 2023.

- “I don’t qualify for a place with multiple rooms.”
- “We all live overcrowded. My husband and I sleep in the same room as my kids.”
- “It is hard to share a room with a 15 year old teenager; they need their own space.”
- “I would cry because of stress.”

3. Living in substandard housing

Living in a space such as a garage, service porch or hallway, for example, or in a home that is in disrepair or presents danger to health and safety, would be considered substandard. For low-income families living in substandard housing, the shelter-in-place order required people to stay in conditions that could contribute to poor health.

As COVID-19 is an airborne virus, poor ventilation in a home facilitates the spread of the virus. Preexisting airborne toxins could also endanger residents suffering from the respiratory symptoms of COVID-19.

Our survey respondents shared these experiences with substandard housing and how it has impacted them during COVID:

- “I live in a space that is not meant for people to live in. No kitchen, no stove. I cook on a hot plate. I don’t have a heater and there’s a lot of water damage.”
- “We need buildings with good maintenance, dignified living, not this.”
- “It feels like we can’t request building upkeep, and rent keeps increasing.”

These responses are important because being housed is just one important step in having good health. A large body of evidence also links housing quality and conditions with residents’ health:

- Older and poorly maintained buildings with plumbing leaks and poor ventilation, may lead to mold formation, and exposure to mold can lead to pulmonary issues such as asthma.³⁹
- Lead exposure can also severely impact health; homes built before 1978 may still contain lead-based paint. Even very low levels of lead exposure can have serious consequences on children’s cognitive development and behavior.⁴⁰
- Poor or outdated building materials can cause an array of respiratory issues. Asbestos exposure, a potential risk in older buildings, can cause mesothelioma and lung cancer. Poorly functioning plumbing, heating, and air conditioning has been linked to airborne illnesses.

“I live in a space that is not meant for people to live in. No kitchen, no stove. I cook on a hot plate. I don’t have a heater and there’s a lot of water damage.”

— SURVEY RESPONDENT

39 Rauh, Virginia A., Landrigan, Phillip J., and Claudio, Luz, “Housing and Health: Intersection of Poverty and Environmental Exposures,” *Annals of the New York Academy of Sciences*, 1136, no. 1 (June 2008): 276-288, DOI: 10.1196/annals.1425.032

40 Ibid.

How Housing Impacts Health:

What our **interview participants** told us

Housing Interview Responses

All 46 individuals interviewed claimed that their housing situation had some adverse effect on their health. For them, substandard housing conditions create health risks, worry and sadness and may be impacting preexisting conditions. Overcrowding affects health risks during COVID-19, and makes it difficult for children. Lack of affordability leaves them worried and in fear of eviction. Most feel unstable in their housing situations.

All 46 individuals interviewed claimed that their housing situation had some adverse effect on their health.

We asked:

1. How does your current housing situation (e.g., cost, location, safety, quality, accessibility) impact your health?

- **7** out of 46 people said they live in places that are too old and have mold.
- **20** out of 46 people said they feel stress, worry and/or are sad due to their housing situation. Impacts:
 - Affects sleep
 - They worry about cost, quality, work, leaving their kids there when they go to work, lack of childcare, worried about someone getting sick, fear of displacement, inadequate wages, need to borrow money to pay rent or use savings, can't talk to landlord, children can't make noise.
- **10** out of 46 people said they feel overcrowding affects their health, noting that during COVID-19 this was one of the biggest problems. They also noted that overcrowding created problems because it makes it difficult to keep a home clean and it is hard for their children to have their own space to play and study.
- **9** out of 46 people said that their housing situation has not helped their preexisting health conditions.

2. How stable do you feel with your housing situation?

- **8** out of 46 people said feel stable with their housing situation.
- **14** out of 46 people said they only feel stable because they have a job that helps pay the rent.
- **15** out of 46 people said rent is too high (data subset, not part of the 8+14+24=46)

- Of the **24** people who said they feel unstable with their housing situation:
 - 8 out of 24 people said they feel unstable because they don't get paid enough to pay the whole rent amount or don't have enough hours at work to pay.
 - 6 out of 24 said they feel unstable in their homes due to overcrowding.
 - 8 out of 24 people said they feel unstable because they have issues with their landlord (owed rent, threatening to displace, overcrowding).

3. What makes your housing situation stable or unstable?

- All participants said that they think that rent is too high and they depend on a stable job to pay rent.
- Many mentioned that while they may feel stable, they feel that they live in conditions that could be improved.
- Most live in old homes that need repair or in overcrowded situations.
- Many mentioned lack of safety as another reason why they feel unstable. They perceive their neighborhood as dangerous due to the presence of illegal drug activity.⁴¹

Health Interview Responses

To gain a better understanding of how our interview participants access healthcare, we asked a series of questions. Half of the interviewees obtain healthcare services from San Francisco General Hospital; most do not seek preventative care; most do not have a regular healthcare provider; and all have some form of health insurance.

We asked:

1. Where do you go for healthcare services?

Half of the participants (23 out of 46) indicate they attend San Francisco General Hospital for medical services; 14 out of 46 seek services from a neighborhood clinic or organization; most do not have a regular healthcare provider; 9 said they obtain services from private hospitals like Kaiser or UCSF.

2. When do you seek services? For preventative care or only when you or your family members are sick?

- **30** of the 46 interviewed said they seek health services only when they need it.
- **16** out of 46 said they seek or have preventative care.

⁴¹ Real and perceived threats to safety in the neighborhood can impact health. A neighborhood with higher rates of crime and violence may lead to higher rates of physically inactive children because it is not safe for them to play outside. See: Harvard T.H Chan School of Public Health, "Environmental Barriers to Activity: How Our Surroundings Can Help or Hinder our Lifestyles." <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/physical-activity-environment/>. Accessed January 1, 2023.

3. Where do you typically go for healthcare services?

- **23** out of 46 attend San Francisco General Hospital for medical services.
- **14** out of 46 seek services from a neighborhood clinic or organization.
- **9** people said they attend services from other hospitals such as Kaiser or UCSF.

4. Do you have a regular healthcare provider that you usually see? Or is it usually different providers whenever you go?

- **26** out of 46 said they have a different doctor every time they seek services.
- **16** out of 46 said they have the same doctor every time.
- **4** out of 46 said they do not have one doctor, but that their children do.

5. Do you have health insurance or are you paying out of pocket?

- **20** out of 46 have Healthy San Francisco.
- **9** out of 46 have insurance through their jobs.
- **9** out of 46 have MediCal.
- **8** out of 46 have Emergency MediCal.

Part III.

Community Roadmap for Recovery and Greater Health Equity



As the project survey and interview findings demonstrate, the pandemic and the conditions that preceded it brought severe challenges and hardships, especially for those San Francisco Latino residents denied an equitable pathway to fully access the social determinants of health.

Through this project, MEDA supported our cohorts of community leaders, residents, housing and health partners and policymakers in developing a plan for policy changes that address housing-related health disparities tied to the increased vulnerability to COVID-19 infection for low-income Latino families.

Their recommendations focus on issues raised by the community and informed by their experiences. This is a robust community-driven list and is offered to advance greater health equity through a variety of approaches. It is meant to contribute to the body of thought for driving more equitable health outcomes. However, it does not attempt to cover the entire landscape of ideas.

This is a robust community-driven list and is offered to advance greater health equity through a variety of approaches.

The community generated recommendations offer a starting point for a better future. They are a beginning and undoubtedly the community will add to this list and adapt as needed.

Generating community-led solutions is consistent with the position of the Center for Disease Control & Prevention (CDC) which recognizes the power of communities to forge a new destiny that can eliminate health disparities. The CDC notes, “Communities can prevent health disparities when community- and faith-based organizations, employers, healthcare systems and providers, public health agencies, and policymakers work together to develop policies, programs, and systems based on a health equity framework and community needs.”⁴²

The community recommendations included below incorporate this framework and emphasize interventions in these seven areas:

1. Prioritizing affordable housing and creating more housing for low-wage workers
2. Providing permanent housing for unhoused individuals and families
3. Ensuring community voice in what is built in their neighborhood (built environment)
4. Protecting tenant rights and increase access to information
5. Establishing living wage policies and programs for today’s low-wage workers
6. Aligning workforce development with the future of work after COVID-19
7. Supporting community based organizations, healthcare workers, and others who coordinate to provide culturally competent essential services to vulnerable populations

42 Center for Disease Control & Prevention (CDC), What is Health Equity? <https://www.cdc.gov/healthequity/whatis/?CDC> Accessed December 10, 2022.

Recommendation 1

Prioritize the preservation and development of affordable housing, and create more for low-wage workers

Strategies:

Prioritize Affordable Housing:

- Prioritizing affordable housing should be viewed as a pro-equity, anti-poverty, public health imperative. As the following statement underscores, prioritizing affordable housing can have an impact across generations — and for generations to come.

“The lack of affordable housing is a matter of public policy because overspending on housing reduces the financial resources available to families for purchasing health care, investing in their children’s futures, saving for retirement, and addressing the severe hardships associated with a pandemic, other natural disasters, and sudden economic downturns such as the current one.”⁴³

Finance Affordable Housing Preservation and Production:

- States, including California, through their housing finance agencies, should continue to distribute federal Low-Income Housing Tax Credits and grow this funding source capacity to advance more development of affordable housing units.
- County and city housing departments should prioritize the distribution of state and federal funding to support the development of local housing plans.

Remove Barriers:

- Local governments should review their protocol for qualifying individuals for affordable housing opportunities keeping in mind the challenges posed by the impact of COVID-19 on income and credit qualifications. Reasonable adjustments should be made to qualify as many people as possible for financial eligibility.
- Local governments should provide vouchers for priority access to affordable housing opportunities for low-wage workers and their families.

Close the Gap Between Low-Wage Jobs and Affordable Housing:

- Make it possible for low-wage workers who work in San Francisco to live here. Using the low-wage jobs-affordable housing fit metric,⁴⁴ close the gap between the number of low-wage workers who work in San Francisco and the number of housing units affordable to them.

43 Zonta, Michela, Expanding the Supply of Affordable Housing for Low-Wage Workers, Center for American Progress, August 10, 2020, <https://www.americanprogress.org/article/expanding-supply-affordable-housing-low-wage-workers/>, Accessed January 1, 2023.

44 Ibid.

- This strategy could promote better access to affordable housing in conjunction with greater proximity and connectivity to job opportunities. This could be feasible if San Francisco had sufficient housing units available at all affordability levels and not an overabundance of market rate and luxury units. Per the San Francisco 2022 Housing Element, the State of California has mandated that San Francisco build 82,000 new housing units in the City in the next eight years, including 46,000 affordable housing units available to workers with extremely low- through moderate-incomes. This provides an opportunity to address the undersupply of affordable housing units for low-wage workers. Achieving parity will require that the affordability of the units that are actually constructed corresponds to the incomes of low-wage workers who work in San Francisco.⁴⁵

Recommendation 2

Provide permanent housing and support for unhoused individuals and families

Strategy:

Local governments can promote and adopt Housing-First programs to provide permanent housing for unhoused people.

- The philosophy behind a Housing First approach is that an unhoused person must first have a stable, safe place to live before resolving other issues. The best way to help a person struggling with homelessness is to first get them housed. Housing is a fundamental need that must be met before a person can begin to address health issues. Programs using the Housing First approach fall into two models: supportive housing, which is affordable housing paired with on-site services, and rapid re-housing, which connects a family or individual to affordable housing through rental assistance.⁴⁶ Housing First programs offer housing without preconditions — they do not require sobriety or absence of criminal history.

45 For a closer look at low-wage workers across the country, including the Bay Area, see <https://www.brookings.edu/interactives/low-wage-workforce/>. Accessed January 2, 2023.

46 California Department of Housing and Urban Community Development, “What is Housing First?”, <https://www.hcd.ca.gov/grants-funding/active-funding/docs/housing-first-fact-sheet.pdf>

Recommendation 3

Ensure that residents have input and control over their built environment as a matter of health equity.

Strategies:

Take steps to ensure that policies and practices support retaining community voice in decisions impacting their neighborhoods.

- City planners and other decision-makers should promote health equity by ensuring that historically marginalized communities, and those who have suffered disproportionately due to health inequities during COVID-19,⁴⁷ continue to have input into their built environments.
- These stakeholders must have an opportunity to be heard and their views considered and integrated into final outcomes on such matters. Municipal officials must conduct meaningful outreach in the affected communities to solicit community input.
- Use health impact assessments to inform planning and policies.
 - City planners and other decision-makers (local, regional, national) can use health impact assessments and community health needs assessments to understand how populations (racial, income, geographic or other) are disproportionately affected by particular health challenges or could be affected by new developments or policies and programs.

Recommendation 4

Local and county governments can protect tenant rights, access to information and services, and promote housing quality and maintenance

Strategies:

Streamline assistance:

- Create Navigation Centers for one-stop assistance for tenants, those seeking affordable housing, and members of the public seeking other city services. Inventory, coordinate and marshall all of the resources and services available in the City of San Francisco and take these to the neighborhoods in a coordinated manner. Consider placing such community access points in key San Francisco Unified School District sites using the schools as a hub for service delivery access and coordination.

⁴⁷ City and County of San Francisco, Part of COVID-19 data and reports, COVID-19 population characteristics, Race or ethnicity. The City notes: "COVID-19 has harmed communities of color more than other groups. This is a result of institutionalized racism and structural inequities. There is no biological or genetic difference in COVID-19 risk by race. In general, people of different races engage in the same prevention measures." <https://sf.gov/data/covid-19-population-characteristics> Accessed January 1, 2023.

Ensure rental housing quality and maintenance:

- Ensure the habitability of rental housing units through local government enforcement of building code regulations.
- Ensure landlords are informed of their housing quality and maintenance obligations by instituting minimum education requirements for all landlords to be administered through the San Francisco Rent Board Housing Inventory registry.
- Create housing remediation programs for landlords to bring their properties up to code, without passing remediation costs to tenants.

Recommendation 5

Establish living wage policies and guaranteed minimum income programs for today's low-wage workers

Strategies:

Review and incorporate data from living wage studies to establish living wage amounts.

- For example, the Living Wage Calculator provided by the Massachusetts Institute of Technology⁴⁸ helps to identify living wage amounts necessary to sustain individuals and households of various types. These data can be used to determine how to ensure that the minimum wage is adequate to provide the income needed to achieve a living wage.

Establish a program of guaranteed income to assist low-wage workers.

- Such a program can support San Francisco's low-wage workers who provide essential services, modeled after the new guaranteed income pilot program funded by the State of California. The first state-funded guaranteed income program launched in November 2022 that will "provide unconditional, individual, regular cash payments intended to disrupt poverty, advance equity, and support the basic needs of recipients."⁴⁹ Among the recipients, the San Francisco Human Services Agency was awarded \$3,300,000 to pilot a program which will provide 150 former foster youth with \$1,200 per month for 18 months. A similar intervention for the City's low-wage workers from vulnerable communities could result in increasing their ability to afford adequate housing to avoid overcrowding and the circumstances described earlier that contributed to poor health outcomes for San Francisco's Latinos during COVID-19.

48 Living Wage Calculation for San Francisco County, California, Original author Carey Anne Nadeau. Updated by Stephanie Moser 05/10/2022 Department of Urban Studies and Planning, Massachusetts Institute of Technology, <https://livingwage.mit.edu/counties/06075>. Accessed January 1, 2023.

49 San Francisco Human Services Agency, News Release, First State-Funded Guaranteed Income Program, 11/21/2022 <https://www.sfhsa.org/about/announcements/first-state-funded-guaranteed-income-program>. Accessed January 1, 2023.

Recommendation 6

Foster robust workforce development and job opportunities aligned with the future of work after COVID-19

Based on the community responses to MEDA's survey and interviews, the respondents' ability to afford the housing they need to live healthy lives is tied not only to the availability of affordable housing, but also to their job opportunities and the larger economy.

Strategies:

Consider a global landscape and the future of work after COVID.

- As policymakers consider what steps should be taken to retain a diversified workforce to support San Francisco, it is useful to examine global, national, and local labor trends. Nationally, the low wage workforce is over-represented among the population of displaced workers in a majority of metropolitan areas due to COVID-19.⁵⁰ Thus far, their job categories are also slower to recover than those categories representing mid to high range wage earners.⁵¹ Moreover, considering the future of work after COVID-19, the McKinsey Institute predicts that there will be little job growth in the low wage job sectors through 2030 which include, among others, community services, builders, mechanical installation and repair, customer service and sale, food services, production and warehousing, and office support.

"Because of the pandemic's impact on low-wage jobs, we now estimate that almost all growth in labor demand will occur in high-wage jobs. Going forward, more than half of displaced low-wage workers may need to shift to occupations in higher wage brackets and require different skills to remain employed."⁵²

The respondents' ability to afford the housing they need to live healthy lives is tied not only to the availability of affordable housing, but also to their job opportunities and the larger economy.

50 Bateman, Nicole and Ross, Martha, The pandemic hurt low-wage workers the most—and so far, the recovery has helped them the least, July 28, 2021, Brookings Metro Covid 19 Analysis Series, <https://www.brookings.edu/research/the-pandemic-hurt-low-wage-workers-the-most-and-so-far-the-recovery-has-helped-them-the-least/>. Accessed January 1, 2023.

51 Ibid.; Lund, Susan et al., The future of work after COVID-19, February 18, 2021, McKinsey Global Institute, <https://www.mckinsey.com/featured-insights/future-of-work/the-future-of-work-after-covid-19>. Accessed January 1, 2023.

52 Ibid.

Consider occupational interventions to prepare today's low wage workers for the future of work after COVID. As outlined in the McKinsey Institute study,⁵³ businesses and governments can:

- Support additional training and education programs for workers in line with predicted occupational growth areas some of which include, health aids, techs and care workers, creative and arts management, property maintenance, and transportation.
- Businesses can start with a granular analysis of what work can be done remotely by focusing on the tasks involved rather than whole jobs.
- Enlist businesses to play a larger role in retraining workers
- Facilitate occupational shifts by focusing on the skills needed, rather than on academic degrees.
- Policymakers could support businesses by expanding and enhancing the digital infrastructure.
- Governments could also consider extending benefits and protections to independent workers and to workers working to build their skills and knowledge mid-career.
- Both businesses and policymakers could collaborate to support workers migrating between occupations.

⁵³ Ibid.

Recommendation 7

Support community-based organizations, healthcare workers and others who coordinate to provide essential services for vulnerable populations

Strategy:

Invest in community-based organizations that deliver culturally-competent frontline services to vulnerable communities.

- The enormity of COVID-19 has required a culturally competent, multi-partner frontline response involving community based organizations, healthcare professionals, city agencies, public health officers and more to ensure health equity for vulnerable Latinos in San Francisco. Initiatives such as the Mission District based Unidos en Salud,⁵⁴ a collaboration between the Latino Task Force and the University of California, San Francisco, and the Mission Food Hub⁵⁵ are stellar examples of community initiated and highly effective interventions in response to the COVID-19 disproportionate impact on San Francisco's Latino community. These initiatives, and others like them to ensure that much needed aid is distributed to the most vulnerable, are still needed as a public health intervention to COVID-19. They should receive continued support for their critical and highly successful results. For the community they serve, the impact of COVID-19 is far from over. These organizations and their delivery systems are proven to work. Moreover, they have gained community trust, an essential component in advancing community health.

54 <https://unitedinhealth.org/> Unidos en Salud was recently honored at the White House to share its community-led health solutions at the White House's Covid-19 Equity and What Works Showcase. Read more at: <https://missionlocal.org/2022/11/the-white-house-welcomed-mission-community-members-docs/>, Accessed January 1, 2023

55 <https://www.missionfoodhub.org/>, Accessed January 1, 2023

Part IV. Conclusion



For San Francisco’s low-income Latino community, the COVID-19 pandemic has been a stark reminder of the linkages between health and housing affordability, quality, and location, and the related social determinants of health.

Although the pandemic brought attention to the ways in which housing influences health outcomes, it has also revealed how it is intimately tied to economic stability, job opportunities and basic human dignity. Now and beyond COVID-19, we must take action to treat housing as the critical social determinant of health that it is. Policy reforms, planning assessment tools, and permanent housing programs for unhoused people, providing pathways to the better paying jobs of the future, are just a few interventions that have the potential to impact housing access and improve health outcomes, but further action is needed at the federal, state, and local levels.

During one of the community meetings we held for this project, a community member spoke eloquently about the inevitability of the impact of COVID-19 due to housing overcrowding, lost jobs and income, and risks of eviction. Her comment encapsulates the experience of so many. She remarked:

“It’s not surprising, it’s an old problem. It’s just that the pandemic pierced the veil of the impact and fragility of the Latinos. The frustration of living in a small place affects one’s [physical] health, and mental health. I know someone who had a stroke. People live to work to pay the rent. Restaurant jobs are not the same because people lost seniority and they had to start over. Landlords don’t collaborate. We need solutions now. We don’t know what will happen when rental assistance ends in San Francisco. We need to freeze rent increases, and eliminate late fees. The buildings have a lot of problems and that affects health. Families should have secure housing.”⁵⁶

This community member’s wisdom highlights the many challenges before us, illustrating the precarity in the social determinants of health for San Francisco’s low-income Latino community, and others similarly situated. We’d like to close by honoring her brave words and by challenging others to turn them into solutions for a more equitable and healthy future for all vulnerable communities. This is a public health imperative.

⁵⁶ Community meeting participant, August 4, 2022.

APPENDIX

Advancing Health Equity Through Housing Project

Survey Questions

To be administered in five San Francisco Neighborhoods: Mission, Excelsior, Tenderloin, Bay View, Visitacion Valley

Sample Size: Approximately 50-60 Respondents per Neighborhood

Script:

Who My name is _____ and I am Promotora working with MEDA.

What We hope you can help us by participating in a 15 minute survey.

Why The purpose of this survey is to hear from community members about their first hand experience with the conditions of housing and health during COVID and to help shape a healthier future. Your responses will help inform public health officials, city agencies, community organizations and others. We believe affordable and safe housing is at the forefront of community health and this survey will help us document your experience and put the power of the community's experience at the forefront of the conversation.

How I will ask you some questions and in some cases give you some options. You can answer based on your experience.

Survey Goals:

- Get an overview of our participants: who they are, where they live, and what their housing situation is.
- Understanding the specific housing challenges that people experienced before and during COVID-19, and how those challenges, real or perceived, impacted their safety and security for themselves and their household.
- People who participate feel it's meaningful and feel heard. They understand that their participation is a critical part of solutions recommended.
- People understand that this is confidential information and we will not attribute their responses to them by name.

Timeline:

- January 15th – February 15th: Survey Administration
- February 15th – 1st week of March: Phone interviews
 - Goal: 50 interviews. 10 interviews per neighborhood
- March: Focus groups start

Survey:

Getting to Know You Questions

1. What ZIP code in San Francisco do you live in?
2. How long have you lived in your current residence?

Housing Affordability and Stability

1. Income monthly: 2019, 2020, 2021
2. Employment: 2019, 2020, 2021
 - a. Full time
 - b. Part-time
 - c. Not working, and looking for work
 - d. Not working, and not looking for work
3. What's your monthly rent?
4. Have you borrowed money to stay current on your rent? How much approximately? What source?
 - a. Landlord
 - b. Friends or family
 - c. Bank or nonprofit organization loan
 - d. Credit card debt
 - e. Pay day loan, cash advance, etc.
 - f. Other

Housing Density and COVID-19 Impact

1. How many people do you share a home with?
2. How many rooms are there in your home, not including the bathroom or kitchen (living room ok to include)?
3. Are you able to work from home?
4. What type of job do you do? List of occupations:
 - Domestic Work: cleaning, child care
 - Technology
 - Transportation Manufacturing and Warehousing
 - Education
 - Health Care and Social Assistance
 - Legal Services
 - Finance, insurance, real estate
 - Construction
 - Retail
 - Service and Hospitality: restaurants, bars
 - Arts, Media, Entertainment, and Recreation
 - Government and Public Administration
 - Scientific Services
 - Other Industry

5. Have you or a member of a household ever tested positive for COVID-19?
 - a. I have tested positive
 - b. Others in my household have tested positive
 - c. I and others in my household have tested positive
 - d. No one has tested positive (not self or others)
 - e. Decline to answer

Demographics

6. Ethnicity
7. Gender
8. Age

Spanish **Encuesta:**

Equidad de Salud por Medio de Acceso a Vivienda

Se administra en cinco vecindarios de San Francisco: Mission, Excelsior, Tenderloin, Bay View, Visitacion Valley

Tamaño de la muestra: Aproximadamente 50-60 encuestados por vecindario

Objetivos de la encuesta:

- Obtener una descripción general de quiénes son nuestros participantes, dónde viven y cuál es su situación de vivienda.
- Comprender las barreras de vivienda específicas que las personas experimentaron antes y durante el covid-19 y cómo esas barreras, reales o percibidas, afectaron la salud del hogar.
- Las personas que participan sienten que es significativo y se sienten escuchadas y entienden que su participación es una parte fundamental de las soluciones recomendadas que vamos a crear por medio de este estudio.
- La gente entiende que su información es confidencial.

Guión:

Quién: Mi nombre es _____ y soy Promotora trabajando con MEDA.

Qué: Esperamos que pueda ayudarnos participando en una encuesta de 15 minutos.

Por qué: el propósito de esta encuesta es escuchar a los miembros de la comunidad de su experiencia sobre sus condiciones de vivienda y la salud durante COVID y ayudar a dar forma a cualquier respuesta futura de funcionarios de salud pública, agencias de la ciudad, organizaciones comunitarias y otros. Creemos que las viviendas asequibles y seguras están a la vanguardia de la salud comunitaria y esta encuesta nos ayudará a documentar su experiencia y poner el poder de la experiencia de la comunidad al frente de la conversación.

Cómo: le haré algunas preguntas, algunas preguntas tienen opciones. Usted puede responder basado en su experiencia.

Preguntas para familiarizarse con el participante

1. ¿En qué código postal de San Francisco vive?
2. ¿Cuánto tiempo ha vivido en su residencia actual?

Asequibilidad y estabilidad de la vivienda

1. ¿Cuáles son sus ingresos mensuales? 2019, 2020, 2021
2. ¿Qué tipo de empleo tenía durante estos años? 2019, 2020, 2021
 - a. Trabajo tiempo completo
 - b. Trabajo medio tiempo
 - c. No trabajo y estoy buscando
 - d. No trabajo y no estoy busca
3. ¿Cuál es su alquiler mensual?
4. ¿Ha pedido prestado dinero para mantenerse al día con su alquiler? ¿Cuánto aprox?
Cuál fue la fuente del préstamo:
 - a. Propietario de vivienda (le debo alquiler)
 - b. Amigos o familia
 - c. Préstamo bancario u organización sin fines de lucro
 - d. Deuda de tarjeta de crédito
 - e. Préstamo de día de pago, anticipo en efectivo, etc.
 - f. Otro

Densidad de viviendas e impacto de COVID-19

1. ¿Con cuántas personas comparten una casa?
2. ¿Cuántas habitaciones hay en su casa, sin incluir el baño o la cocina (se puede incluir la sala)?
3. ¿Puedes trabajar desde casa?
4. ¿Qué tipo de trabajo haces? lista de ocupaciones
 - Trabajo doméstico: limpieza, cuidado de niños
 - Construcción
 - Tecnología
 - Venta minorista
 - Transporte Fabricación y almacenamiento
 - Servicio y Hostelería- restaurante y bares
 - Educación
 - Arte, medios de comunicación, entretenimiento y recreación
 - Asistencia sanitaria y social
 - Gobierno y Administración Pública
 - Servicios jurídicos
 - Servicios Científicos
 - Finanzas, seguros, bienes raíces
 - Otra industria

5. ¿Alguna vez usted o un miembro de su hogar dieron positivo por COVID-19?
- a. He dado positivo
 - b. Otros en mi hogar dieron positivo
 - c. Yo y otras personas en mi hogar hemos dado positivo
 - d. Nadie ha dado positivo (ni él mismo ni los demás)
 - e. Negarse a contestar

Demografía

- 6. Etnicidad
- 7. Género
- 8. Edad

QUALITATIVE DATA

Advancing Health Equity Through Housing Project

Interview Questions

Housing conditions

1. How stable do you feel in your current housing situation?
 - a. What makes it stable or unstable? Probe for affordability, location, safety, overcrowding, etc
 - b. Have you moved neighborhoods in the last 2 years? If yes, why?
 - i. If you moved neighborhoods in the last 2 years, which neighborhood did you live in and where did you move?

Health

2. Where do you typically go for healthcare services?
 - a. Do you only seek services when you or your family members are sick? Or do you also seek preventive care?
 - b. Do you have a regular healthcare provider that you usually see? Or is it usually different providers whenever you go?
 - c. Do you have health insurance or are you paying out of pocket?
 - i. If you have insurance, do you find it to be affordable? Why or why not?
3. How does your current housing situation (e.g. cost, location, safety, quality, accessibility) impact your health?
4. How long does it typically take for you to get to work each way? Are you satisfied with the mode of transportation you use to get to work in terms of cost, commuting time, convenience, etc?

Preguntas de Entrevista

Vivienda

1. ¿Qué tan estable se siente en su situación actual de vivienda?
 - a. ¿Qué lo hace estable o inestable? Ejemplo el costo de renta, la ubicación, la seguridad, vivir con muchas personas, etc.
 - b. ¿Se ha mudado de barrio o vecindad en los últimos 2 años? ¿Si es así por qué?
 - i. Si se mudó de vecindario en los últimos 2 años, ¿en qué vecindario vivió y adónde se mudó?

Salud

2. ¿Dónde suele acudir para obtener servicios de atención médica?
 - a. ¿Solamente busca servicios cuando usted o los miembros de su familia están enfermos?
¿O también busca atención preventiva?
 - b. ¿Tiene un proveedor de atención médica regular al que suele ver? ¿O suele ser de diferentes proveedores cada vez que va?
 - c. ¿Tienes seguro médico o lo estás pagando de su bolsillo? Si tiene seguro, ¿lo encuentra asequible? ¿Por qué o por qué no?
3. ¿Cómo afecta su salud su situación actual de vivienda (por ejemplo, costo, ubicación, seguridad, calidad, accesibilidad)?
4. ¿Cuánto tiempo le toma normalmente llegar al trabajo? ¿Está satisfecho con el medio de transporte que utiliza para llegar al trabajo en términos de costo, tiempo de viaje, conveniencia, etc.?



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