



Improving the Health of Bay Area Families

Health Analysis and Recommendations for the CASA Compact

BARHII is the coalition of the 11 Bay Area public health departments, founded to address the preventable decade-long differences in life expectancy that exist by race, income, and neighborhood. Health departments across the Bay Area have raised housing as the primary challenge to their clients' health. Maternal and Child Health Directors and home visiting staff report that dangerous overcrowding, increased family homelessness, and increasingly tight budgets have forced families to forego food and medical care and created increasingly desperate health situations. Our asthma, lead, and code enforcement staff note their clients are forced to endure (or are pushed out by) unsafe conditions that exacerbate health conditions, and that families face eviction when they try to make their homes healthier. These challenges compromise the gains of our health programs.

As one of our Health Officers and Supervisor and CASA Steering Committee Member, Keith Carson, recently noted in *The San Francisco Chronicle*ⁱ, solving the housing crisis may be the single greatest opportunity to improve health in the Bay Area. If we get it right, CASA can be the catalyst to set us in this new direction. BARHII has been an active participant in the CASA process—working to bring the health perspective and supporting co-chair Fred Blackwell in improving the wellbeing of low-income communities and communities of color across the region. To strengthen the potential health benefits of the compact, we applied health equity criteria drawn from BARHII's research on health and housing to each of the proposed CASA compact strategies. This analysis suggests specific improvements that CASA can make to improve health in each compact strategy and offers eight cross-cutting recommendations. We will continue to work alongside other partners in CASA to ensure we deliver a compact that

PRIORITY ACTIONS TO ADVANCE HEALTH THROUGH THE CASA COMPACT

- 1. Keep Solutions at Scale:** Continue to prioritize and fund strategies at the scale of the health and housing crises, including a \$3-4 billion yearly financial package across all three Ps.
- 2. Improve Housing Quality While Allowing Residents to Stay in Their Homes:** Improve health and maximize resources by targeting CASA preservation dollars alongside health programs (like asthma, lead, code enforcement, etc), expanding proactive code enforcement, and developing subsidized amnesty/safety upgrade programs for ADUs/garage conversions.
- 3. Continue to Prioritize Tenant Protections:** Retain CASA's strong protections package including Just Cause Eviction, an Anti-Gouging Cap, Right to Legal Counsel, and No Net Loss/Demolition.
- 4. Stabilize Middle- and Working-Class Communities:** Target a portion of CASA Preservation programs to areas outside the urban core where housing is still less expensive and align these programs with efforts to increase healthy, living-wage jobs in these communities.
- 5. Engage the Health Sector as Part of the Solution to Housing Stability and Homelessness:** Incentivize collaboration with Whole Person Care and other health resources, invite health sector participation in housing pilots like the CZI/TSFF/Ford funds, and target programs to people with particular health needs.

More detail on these recommendations on page 5.

moves the needle and to offer health department partnership in refining strategies to maximize health for all Bay Area residents.

METHODOLOGY

Most CASA compact policies are in the conceptual stages and are still in flux and under development, meaning we are trying to analyze a moving target. Despite these limitations, we are releasing this analysis in the hope that it provides a starting point for discussion and refinement of the CASA compact to improve health and equity. The analysis is summarized in Appendix 1.

We have relied on the best available published research and the professional judgement of BARHII staff and public health membership (including experts in the housing and health fields) to identify possible impacts and unintended consequences. This analysis is designed to complement and inform the more quantitative impact analysis currently being conducted by the CASA consultant team and the racial impact analysis being conducted by MTC staff.

For each of the proposed 11 elements in the CASA meeting packet distributed November 6th, 2018, we classified its potential impacts on each health indicator as:



HOUSING AND HEALTH EQUITY INDICATORS

A Growing Regional Crisis

As detailed in previous BARHII research (see BARHII’s [Displacement Brief](#), and BARHII and the Federal Reserve Bank of San Francisco’s [Housing Stability and Family Health](#)), the recent Bay Area housing crisis poses significant threats to the health of the region’s residents and families. Homeless rates have jumped by at least 20-40% in some cities in recent yearsⁱⁱ, and over a third of Bay Area families with young children pay more than they can afford for their housing.ⁱⁱⁱ More than half of low-income Bay Area households live in neighborhoods at risk of or already experiencing displacement and gentrification pressures. Displacement disproportionately affects low-income households and people of color. While every county and most cities in the region – including 60% of the

Health Equity Indicators

1. Reduce Displacement Pressures
2. Increase Housing Affordability for All
3. Improve Housing Quality
4. Increase Neighborhood and Financial Opportunity
5. Build Community Voice

region's neighborhoods^{iv}— are affected by displacement, displacement is concentrated among approximately 350,000 low-income renter households collocated within specific neighborhoods in the San Francisco Bay Area.^v

Access to safe, affordable, and stable housing is a crucial determinant of health for individuals and communities. There is a growing body of research exploring the multiple pathways between housing affordability, building and neighborhood conditions, displacement, and health equity outcomes. The section below summarizes the research base behind the 6 Indicators we've used in this analysis.

Health Indicators

1. Reduce Displacement Pressures

Displacement and Health: Extensive research illustrates the serious health consequences that gentrification and displacement can have on displaced residents, families in gentrifying neighborhoods, and the broader region.^{vi} Displacement has significant, negative health impacts on individuals and families, including a) financial distress and relocation costs; b) decreased academic performance of children; c) loss of social support and community cohesion; d) disruptions to health care and prescription medications; e) increased likelihood of living in overcrowded and substandard housing conditions; f) loss of community services; and g) direct impacts on mental and physiological wellbeing. Displacement also increases the likelihood that residents who are forced into more affordable areas will need to start driving or drive more to reach their jobs, social activities, and essential services, contributing to an increase in VMT, GHG, and worsening air-quality for everyone in the region.^{vii}

"I've seen many families receive evictions and have to move to places they don't know. Our children are being uprooted and having to move from schools and leave their friends behind."

— Bay Area community leader whose family was displaced due to rising housing costs³⁶

Researchers have identified a complex set of factors leading to gentrification and displacement. Many of these factors have their own health impacts that can exacerbate the health impacts of displacement. Displacement associated with housing affordability, for instance, can bring the health outcomes described above, but can also be compounded by the health impacts associated with poverty.^{viii} Likewise, the mental and respiratory health conditions triggered by substandard housing conditions may be magnified by elevated stress that renters experience related to high housing cost burden; what's more, renters in these conditions may avoid reporting substandard housing conditions to landlords or authorities for fear of being evicted.^{ix} At the household level, displacement, health, and poverty are also entangled among the effects of a long history of systematic exclusion from the housing market: housing discrimination, civic engagement, and intergenerational wealth.^x At the community level, increased housing prices and the redevelopment of existing neighborhoods (often under noble aims, such as reducing greenhouse gas emissions) can increase displacement pressures.^{xi}

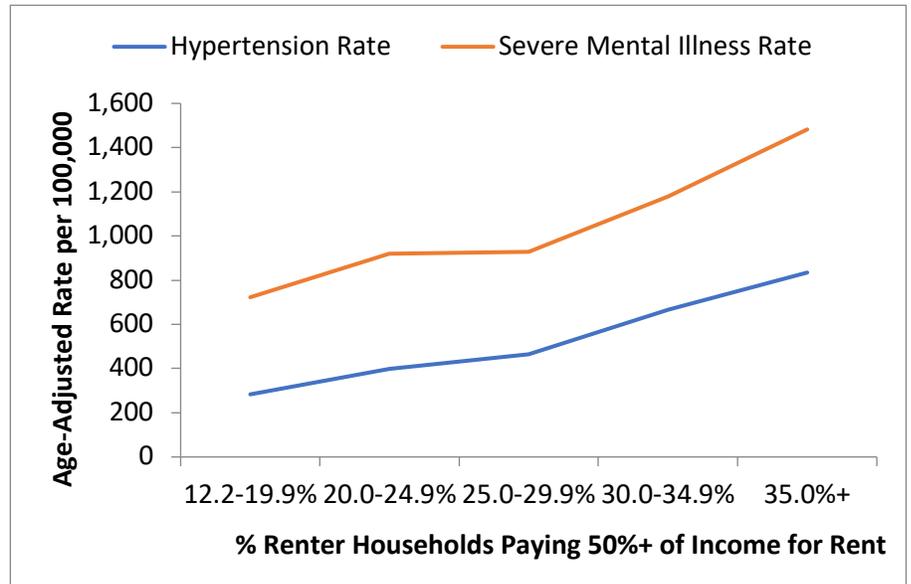
2. Increase Housing Affordability for All

Affordability and Health:

Housing affordability is linked with physical, social, mental and emotional wellbeing. When people lack essential resources, like affordable housing, stress levels rise. Associated pressures can trigger a chronic stress response (or allostatic load) that can wear down body systems and increase risks of physical and mental health conditions like hypertension,

depression, and anxiety. In Alameda County, our health department has examined neighborhood-level rates of hypertension and mental illness, finding significant increases in rates of both as rent burden increases (see Figure 1 above).^{xii} Affordable housing ensures that families can live in stable environments that reduce stress and related adverse health outcomes. With access to stable, affordable housing, families are not forced to choose to live in poor-quality housing or without a roof in order to pay for needed health essentials, such as healthy foods, physical activity, and health care.^{xiii}

Figure 1: Hypertension and Severe Mental Illness Rates by Rent Burden



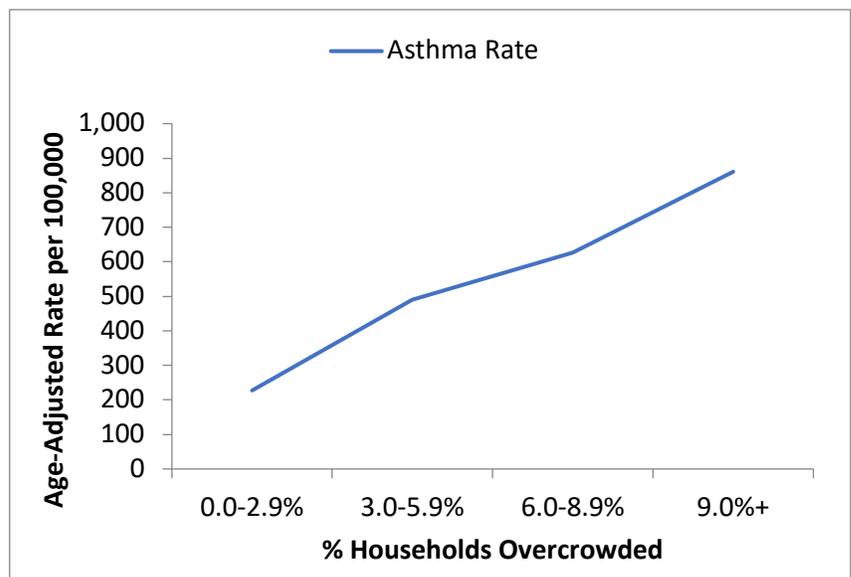
*ACPHD CAPE, with data from the California Office of Statewide Health Planning and Development, 2012-2014, and American Community Survey 2014 5-Year Files.

3. Improve Housing Quality

Safe, Quality Housing and Health:

The many links between housing conditions and health are well established. Housing provides shelter from the physical threats of nature. Safe, quality housing conditions—free of dampness, mold, old carpeting, and pest infestation—prevent respiratory conditions, such as asthma, and the risk of lead poisoning or injury. Exposure to stressors and infectious

Figure 2: Asthma Rates by Overcrowding



*ACPHD CAPE, with data from the California Office of Statewide Health Planning and Development, 2012-2014, and American Community Survey 2014 5-Year Files.

disease can be prevented when housing conditions limit overcrowding. For instance, the Alameda County health found significant increases in Asthma rates

"I don't want to stay in the apartment because they allegedly made many inspections and it has lead, mold, I don't know how many things...they say that it's very dangerous to keep on living there, but I have nowhere to go. Even though I'm searching, I find nothing."

— A San Francisco resident facing housing insecurity⁴⁹

as overcrowding rates increased (see Figure 2 above).^{xiv} Access to safe, affordable housing can help keep survivors of trauma (such as domestic violence or community violence) safe and improve mental health and physical wellbeing. Fear of eviction due to landlord retaliation, immigration status, or exposing the number of occupants living in shared housing situations can also keep residents living in deteriorating housing conditions.^{xv,xvi}

4. Increase Neighborhood and Financial Opportunity

Where we live determines the jobs, education, public services, infrastructure, medical services, environmental quality, and other conditions we have access to, shaping dramatic differences in health outcomes and life expectancy by neighborhood.^{xvii} Throughout U.S. history, housing discrimination has profoundly influenced health—excluding people of color (especially African American/Black people) access to healthy neighborhoods and safe, high-quality housing; limiting options for affordable, stable housing and opportunities to build wealth; and stripping investments, services, and environmental protections from neighborhoods of color. In some cases, this has involved explicit discrimination like racially restrictive covenants, redlining, or biased leasing practices leading to foreclosure. In others, officially color-blind housing policies such as prohibiting multi-family apartments in high opportunity neighborhoods, redevelopment projects and highways, or city-sponsored revitalization/gentrification, have disproportionately exposed people of color to health hazards.^{xviii} Many Bay Area communities remain functionally closed for low-income families due to restrictive zoning and limits on housing growth. These exclusionary patterns are exacerbated by displacement, which has pushed dramatic numbers of low-income families and people of color have relocated to outer suburban areas in the region,^{xix} leading to what some have dubbed the resegregation of the Bay Area.^{xx}

5. Build Community Voice and Power

Community power, voice, and cohesion are all essential for health. More specifically, public health research suggests that communities with more social and political power are better positioned to positively improve the local conditions that affect health.^{xxi} Social organization has also been found to be protective during disasters, improving preparation, response, and recovery.^{xxii} Yet in the Bay Area, past and present decisions have limited social power in many low-income communities and communities of color. The policies and practices noted in indicator #4 above, such as racially restrictive covenants, redlining, and discriminatory subprime mortgages, have drained resources from communities of color, while redevelopment efforts have dramatically changed (or in some cases razed) many Bay Area neighborhoods for freeways, downtown expansion, or transit-oriented developments with little input from

affected residents.^{xxiii} The participation of these communities in the decisions that impact their future and housing conditions leads to healthier outcomes.

6. Lead with Health Equity

We all need safe, affordable, stable housing in order to be healthy but it is especially important for people facing special or acute health needs, such as pregnant people and families of young children, homeless people, people with medical and mental health needs, undocumented families, and incarcerated people. Across the region, our health department staff report difficulty in keeping these groups healthy due to unstable housing conditions.

As noted in the indicators above, a growing body of research shows that housing can influence positive health outcomes when displacement pressures are reduced, housing is affordable, and housing quality supports physical mental and social wellbeing. Health is supported when housing is located in neighborhoods that promote access to opportunity and civic engagement for residents; neighborhoods with supportive and inclusive leadership. The recommendations we offer in this memo draw from this body of research through an assessment of how each compact policy addresses each condition.

ANALYSIS

Our analysis found that CASA compact policies have the potential to positively influence the 6 Indicators we considered—likely translating into health gains around the region. However, most policies could be improved to maximize health benefits, and some could potentially have significant unintended consequences if not properly altered or mitigated. The recommendations below synthesize the primary steps that CASA can take to improve the compact’s impacts on population health in the Bay Area.

See Appendix 1 for Detailed Analysis by Compact Element

RECOMMENDATIONS FOR THE CASA COMPACT

- 1. Keep Solutions at Scale:** Continue to prioritize and fund strategies at the scale of the health and housing crises, and meet CASA’s Protection, Preservation, and Production goals. Other regions have passed funding measures at this scale (like LA’s measure M) and so can the Bay Area.
 - The compact should identify \$3-4 billion annually, including a significant portion (far more than the 10 and 20% currently proposed) for protections and preservation. CASA should support a mega-measure as part of this funding plan.

- 2. Improve Housing Quality While Allowing Residents to Stay in their Homes:** As highlighted by CASA’s community outreach meetings, housing conditions can negatively impact health, are often a key cause of displacement, and a key community priority: ^{xxiv}
- Improve health outcomes and maximize resources by targeting a portion of the preservation dollars within CASA’s financial package to address currently unhealthy housing and incentivize partnership with health-focused programs like proactive code enforcement, weatherization, asthma and lead programs, and resilience efforts like soft-story retrofit.
 - Include proactive rental inspection/code enforcement without displacement within the preservation dollars of CASA’s financial package and grant the proposed regional housing entity the responsibility to survey and address housing quality—in partnership with local health departments and jurisdictions.
 - Refine CASA’s ADU proposal to further develop amnesty and health and subsidized safety upgrade programs for code violations in the case of ADUs and garage conversions.
 - Focus new affordable housing out of areas of elevated air quality health risks, or where not possible integrate best practices from BAAQMD’s Planning Healthy Places guidance.
- 3. Continue to Prioritize Tenant Protections:** Retain CASA’s strong protections package including Just Cause Eviction, an Anti-Gouging Cap, Right to Legal Counsel, and No Net Loss/Demolition Controls to reduce the health harms of unstable housing or having to move, especially as other compact elements—such as minimum zoning near transit and streamlining—increase development pressure in low-income communities and communities of color.
- 4. Stabilize Middle-and Working-Class Communities:** Target a portion of CASA Preservation programs to areas outside the urban core where they will have the highest health benefits per dollar. This includes places like Fairfield, Vallejo, and Eastern Contra Costa County that are increasingly home to residents of color, and where it is especially hard to provide adequate resources to keep families healthy. Align these programs with efforts to increase healthy, living-wage jobs in these communities.
- 5. Engage the Health Sector as Part of the Solution to Housing Stability and Homelessness:** The health sector is changing fast. We are increasingly financially responsible for patient/resident health outcomes (not just providing services) and are shifting attention and resources to address housing and other root causes of health. For instance, each Bay Area county was recently awarded Whole Person Pilot grants (over a billion dollars for the next five years), which help coordinate social services and address needs like housing. These

grants cannot pay for brick and mortar housing, but they can cover the wrap-around-services that ensures housing meets health needs.

- CASA's production and preservation funding strategies should incentivize collaboration with these health programs.
- CASA should also work with the health sector to fund and pilot innovative housing strategies. For instance, CASA could ask health plans and hospitals to help expand the CZI/TSFF/Ford fund to cover implementation efforts in Solano County (which is not currently covered).
- Each program created as part of the CASA financial package should be open to—and in some cases targeted to—people facing special or acute health needs, such as pregnant people and families of young children, homeless people, people with medical and mental health needs, undocumented families, and incarcerated people.

Appendix 1: Analysis of Potential health Impacts of CASA Compact Strategies as of 11/6/18

For each of the proposed 11 elements in the CASA meeting packet distributed November 6th, 2018, we classified its potential impacts on each health indicator as potentially negative, mixed, irrelevant or neutral, or potentially positive. For each strategy we asked what an action’s potential impacts were likely to be and identified potential opportunities to improve these impacts.

Compact Policy	Reduce Displacement Pressures	Increase Housing Affordability for All	Improve Housing Quality	Increase Neighborhood and Financial Opportunity	Build Community Voice and Power	Lead with Health Equity	RECOMMENDATIONS
PROTECTION STRATEGIES							
1. Just Cause Eviction	Potentially Positive: <i>Reduce No Cause Evictions</i>	Irrelevant or Neutral	Potentially Positive: Reduce tenant fear of reprisals for reporting housing conditions	Irrelevant or Neutral	Irrelevant or Neutral	Irrelevant or Neutral	<ul style="list-style-type: none"> - Necessary to include if CASA adopts market rate policies that may increase displacement pressure - Create Rent and Evictions Database and connect it to code enforcement data and efforts conducted by local health departments/jurisdictions. - Should be applied in combination with Ant-Gouging Cap (otherwise landlords can simply raise the rent to compel tenants to move).
2. Anti-Gouging Cap	Potentially Positive: <i>Reduce displacement</i>	Potentially Positive: <i>Limits rent increases for current tenants</i>	Potentially Mixed: <i>Mixed evidence in the literature^{xxv} Should be</i>	Potentially Positive: Allows tenants to stay in higher-	Irrelevant or Neutral	Irrelevant or Neutral	<ul style="list-style-type: none"> -Crucial if CASA adopts market rate policies that may increase displacement pressure - Important to limit things that can undermine program, such as owner

Compact Policy	Reduce Displacement Pressures	Increase Housing Affordability for All	Improve Housing Quality	Increase Neighborhood and Financial Opportunity	Build Community Voice and Power	Lead with Health Equity	RECOMMENDATIONS
	<i>due to rapidly rising rents</i>		<i>paired with proactive code enforcement or other habitability efforts</i>	opportunity neighborhoods			move-in, harassment or rehabilitation. Otherwise landlords likely to try to convert apartments or compel tenants to leave. ^{xxvi}
3. Right to Legal Counsel	Potentially Positive: <i>Reduce Evictions and Displacement</i>	Potentially Positive: <i>Reduce illegal rent increases</i>	Potentially Mixed: <i>Policy does not currently address housing quality, but could be adjusted to do so</i>	Potentially Positive: <i>Allows tenants to stay in higher-opportunity neighborhoods</i>	Potentially Positive: <i>Allows tenants more agency in housing situation</i>	Irrelevant or Neutral	<ul style="list-style-type: none"> - Important for Legal Counsel to include education and outreach so tenants understand their rights. - Important for Legal Counsel to address renters' rights (such as habitability), in addition to threat of eviction.
4. No Net Loss	Potentially Positive: <i>Could help displaced residents return to their homes/neighborhoods (although many factors make it hard for some to return once displaced)</i>	Potentially Positive: <i>Help retain affordable homes</i>	Potentially Positive: <i>Could help improve housing quality without displacement if applied to housing being rehabilitated after code violation</i>	Potentially Positive: <i>Could help tenants to stay in higher-opportunity neighborhoods, even as neighborhood change takes place</i>	Irrelevant or Neutral	Irrelevant or Neutral	<ul style="list-style-type: none"> - Some tenants will have trouble returning even with relocation assistance. This policy could be strengthened by limiting demolition of current housing (for instance as was proposed by SB 827). - Should be applied during quality/habitability upgrades that may not be considered full demolition but nonetheless displace existing tenants. - Stronger if applied to both deed-restricted and non deed-restricted units.

Compact Policy	Reduce Displacement Pressures	Increase Housing Affordability for All	Improve Housing Quality	Increase Neighborhood and Financial Opportunity	Build Community Voice and Power	Lead with Health Equity	RECOMMENDATIONS
PRODUCTION STRATEGIES							
5. Remove Barriers to ADUs	Potentially Positive: <i>Could help low/moderate income homeowners pay their mortgages</i>	Potentially Positive: <i>Could help provide low-cost housing (especially if coupled with affordability requirements/support for low-income homeowners)</i>	Potentially Positive: <i>Non-safety code forgiveness could help ensure safety in garage conversions/other informal ADUs (especially if coupled with support, education and incentives)</i>	Potentially Positive: <i>Could help provide lower-cost housing in high opportunity neighborhoods</i>	Irrelevant or Neutral	Irrelevant or Neutral	<ul style="list-style-type: none"> -Improve affordability by providing incentives and supports for low-income homeowners to construct ADUs—tied to affordability requirements. -Improve housing quality and health by providing amnesty, incentives and supports to bring garage conversions and other informal units up to safety standards.
6. Minimum Zoning Near Transit	Potentially Negative: <i>Likely to increase displacement pressure in lower-income neighborhoods of color. Restrictions on demolitions and proactive planning/deferral in these communities could help mitigate</i>	Mixed: <i>Likely to lower regional housing costs, while raising local costs in some rezoned neighborhoods</i>	Mixed: <i>While it can improve access to opportunity, some transit-adjacent areas have poor air quality, which needs to be avoided or mitigated to ensure health</i>	Potentially Positive: <i>Could help open new housing opportunities and reduce housing pressures in high opportunity neighborhoods</i>	Potentially Negative: <i>Could undermine the self determination of communities already left out of planning processes. Proactive planning could help mitigate</i>	Irrelevant or Neutral	<ul style="list-style-type: none"> -Proactive community planning/engagement processes and open-ended deferral of state imposed upzoning is important for self-determination in communities of color and low-income communities that have historically been denied agency and voice. - Should be coupled with strong anti-demolition, 1-1 replacement and tenant protection policies to mitigate displacement pressures. - Incentives for jurisdictions may make implementation easier in traditionally exclusionary neighborhoods/jurisdictions.

Compact Policy	Reduce Displacement Pressures	Increase Housing Affordability for All	Improve Housing Quality	Increase Neighborhood and Financial Opportunity	Build Community Voice and Power	Lead with Health Equity	RECOMMENDATIONS
							<ul style="list-style-type: none"> - Incorporate best practices (siting and mitigations where necessary) from BAAQMD’s Planning Healthy Places guidance.
7. Improve State Streamlining (SB 35)	Potentially Negative: <i>May increase displacement pressure in lower-income neighborhoods of color</i>	Mixed: <i>Likely to lower regional housing costs, while raising local costs in some neighborhoods. As written, would undermine local and state affordability requirements</i>	Potentially Negative: <i>Bypassing CEQA requirements could allow unsafe housing to be constructed</i>	Potentially Positive: <i>Could help open new housing opportunities and reduce housing pressures in high opportunity neighborhoods</i>	Potentially Negative: <i>Could undermine the self determination of communities already left out of planning processes. Proactive planning could help mitigate</i>	Irrelevant or Neutral	<ul style="list-style-type: none"> - Proactive community planning/engagement processes and open-ended deferral of state imposed upzoning is important for self-determination in communities of color and low-income communities that have historically been denied agency and voice. - Should be coupled with strong anti-demolition, 1-1 replacement and tenant protection policies to mitigate displacement pressures. - Incentives for jurisdictions may make implementation easier in traditionally exclusionary neighborhoods/jurisdictions. - Locking in community benefits will only work with proactive processes to define neighborhood or jurisdiction-scale community benefits (Redwood City has piloted this kind of approach). - Ensure that CEQA exceptions do not apply where projects may cause/be impacted by health, safety concerns, and environmental justice concerns. - Do not lower affordability/inclusionary zoning

Compact Policy	Reduce Displacement Pressures	Increase Housing Affordability for All	Improve Housing Quality	Increase Neighborhood and Financial Opportunity	Build Community Voice and Power	Lead with Health Equity	RECOMMENDATIONS
							requirements, especially in communities already meeting their market rate RHNA.
8. Promote Public Land for Affordable Housing	Irrelevant or Neutral	Potentially Positive: <i>Help lower the costs of constructing affordable housing</i>	Irrelevant or Neutral	Potentially Positive: <i>Could help provide affordable housing in high-opportunity areas with high land costs</i>	Irrelevant or Neutral	Irrelevant or Neutral	
9. Amend Permit Streamlining, Mitigation Fee Act, and CEQA to Create Fair Process	Potentially Negative: <i>May increase displacement pressure in lower-income neighborhoods of color</i>	Mixed: <i>Likely to lower regional housing costs, while raising local costs in some neighborhoods. As written, would undermine local and state affordability requirements/fees</i>	Potentially Negative: <i>Bypassing CEQA requirements could allow unsafe housing to be constructed</i>	Potentially Positive: <i>Could help open new housing opportunities and reduce housing pressures in high opportunity neighborhoods</i>	Potentially Negative: <i>Could undermine the self determination of communities already left out of planning processes. Proactive planning could help mitigate</i>	Irrelevant or Neutral	<ul style="list-style-type: none"> - Proactive planning and open-ended deferral important for self-determination in communities of color and low-income communities that have historically been denied agency and voice. - Should be coupled with strong anti-demolition, 1-1 replacement and tenant protection policies to mitigate displacement pressures. - Incentives for jurisdictions may make implementation easier in traditionally exclusionary neighborhoods/jurisdictions. - Locking in community benefits will only work with proactive processes to define neighborhood or jurisdiction-scale community benefits (Redwood City has piloted this kind of approach).

Compact Policy	Reduce Displacement Pressures	Increase Housing Affordability for All	Improve Housing Quality	Increase Neighborhood and Financial Opportunity	Build Community Voice and Power	Lead with Health Equity	RECOMMENDATIONS
							- Ensure that CEQA exceptions do not apply where projects may cause/be impacted by health, safety concerns, and environmental justice concerns.
IMPLEMENTATION							
10. Creation of New Regional Housing Enterprise	Potentially Positive: <i>new entity could be charged with programmatic, policy, and enforcement duties to prevent displacement</i>	Potentially Positive: <i>new entity could be charged with programmatic, policy, and enforcement duties to prevent displacement</i>	Potentially Positive: <i>new entity could be charged with improving housing quality and resilience alongside its other duties</i>	Potentially Positive: <i>new entity could be charged with improving housing opportunities across the region</i>	Mixed: <i>Depending on governance, new entity could improve or undermine the participation of low-income communities of color in housing decision making</i>	Potentially Positive: <i>new entity could help coordinate resources and efforts with the health sector</i>	<ul style="list-style-type: none"> - Important opportunity to coordinate regional efforts to protect renters and promote habitability. - Important to ensure equitable governance, with proportional representation and community voices. - Ensure new leadership at Bay Area Metro has experience and expertise on housing quality, affordability, and protection and health equity.

Compact Policy	Reduce Displacement Pressures	Increase Housing Affordability for All	Improve Housing Quality	Increase Neighborhood and Financial Opportunity	Build Community Voice and Power	Lead with Health Equity	RECOMMENDATIONS
11. Funding and Financing the CASA Compact	Potentially Positive: <i>new funding directed at programs and enforcement to keep people in their homes. Currently proposed levels inadequate to meet need</i>	Potentially Positive: <i>new funding to produce and preserve affordable housing. Currently proposed preservation funding inadequate to meet need</i>	Potentially Positive: <i>new preservation funding could support rehabilitation and upgrades as well as proactive code-enforcement efforts</i>	Potentially Positive: <i>in conjunction with other CASA policies, could help fund new development in high-opportunity neighborhoods</i>	Potentially Positive: <i>Funding decisions could involve the participation of local residents/com munities</i>	Potentially Positive: <i>new preservation and affordable housing programs could align with health programs like Whole Person Care, and target people with special or acute health needs</i>	<ul style="list-style-type: none"> - Important to bring funding solutions of the CASA compact to scale to realize sizable impacts for Protection, Preservation, and Production. Funding should meaningfully consider the magnitude and persistence of the current housing crisis, and the scale of funding needed to increase affordability and stabilize the region’s residents enough to impact population health. - Flexible preservation funding, aligned with health programs is important for plugging gaps in other programs (like weatherization, asthma, and lead) - A portion of preservation funding should be targeted ahead of the market and include places with relatively low-cost markets and relatively poor health outcomes. Keep some for preserving housing in higher cost/opportunity areas, or in pockets of vulnerability within gentrifying areas.

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- ^v Bay Area Regional Health Inequities Initiative, "Displacement Brief" (Oakland, February 2012), <http://barhii.org/wp-content/uploads/2016/02/BARHII-displacement-brief.pdf>.
- ^{vi} Centers for Disease Control and Prevention, "Health Effects of Gentrification," Health Effects of Gentrification, 2009, <https://www.cdc.gov/healthyplaces/healthtopics/gentrification.htm>.
- ^{vii} "Alameda County Public Health Department examined three key health indicators closely tied to housing: hypertension hospitalization rates, severe mental health emergency department visits, and asthma emergency department visits. We use two different ways of looking at how these health issues are connected to housing: looking at 1) the percent of households experiencing overcrowding and 2) the percent of households facing severe housing cost burden. In all three cases of asthma, mental health and hypertension, the data show a steep social gradient, meaning that for every increase in overcrowding and severe housing cost burden, there is a corresponding increase in these adverse health outcomes." *Excerpted from ACPHD letter to California State Assembly hearing on AB 1506.*
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