PLANNING COMMISSION MEETING
THURSDAY, DECEMBER 15, 2016

DOCUMENTS RECEIVED AFTER PUBLISHED AGENDA
FOR

WS Item #1

17-025

COMPLETE STRATEGIC INITIATIVE

HEATHER ENDERS

PROGRAM ON HEALTH, EQUITY AND SUSTAINABILITY
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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NEWS

November 19, 2015
SF Health Dept featured in Cities100
Publication.

April 09, 2015
Local Health Department Kicks Off
National Public ...

Neighborhood Completeness Indicator

Introduction

The Neighborhood Completeness Indicator (NCI) is a quantitative spatial assessment tool measuring the proximity of San Francisco residents to daily goods and services in their neighborhoods. It was created as part of the Healthy Development Measurement Tool to advance the Public Infrastructure objective of assuring access to daily goods and service needs.

Included in the NCI are 11 key public services and 12 key retail services, necessary for meeting the daily needs of neighborhood residents. Although geographic distance is one dimension of accessibility, proximity to services promotes increased walking and biking, reduced daily vehicle trips and miles traveled, increased possibilities for healthful and meaningful work, and increased interactions among neighbors and others on the street.

Key Public Services	Key Retail Services
Child care centers	Auto Repair Shops
Community centers	Banks
Community gardens	Beauty and barker shops
Public health facilities	Bike repair shops
Libraries	Dry Cleaners
Open space	Eating establishments
Parks 1/2 acre or larger	Gyms
Post offices	Hardware stores
Public art installations	Laundromats
Public schools	Pharmacies
Recreational facilities	Retail food markets
	Video rental stores/movie theaters

Background and Development

In November 2004, SFDPH convened over 20 organizations to carry out the Eastern Neighborhoods Community Impact Assessment (ENCHIA), an 18-month process to analyze how development in several San Francisco neighborhoods affected attributes of social and physical environments that are most important to health. Recognizing that there were no mandates, tools, or guidelines to systematically consider and mitigate health impacts in planning processes, the ENCHIA process conceived and advanced the concept of the Healthy Development Measurement Tool as a standard assessment tool to assess "health" impacts.

Participants in ENCHIA also identified the need for an HDMT indicator specifically looking at the provision of key retail and public services at the neighborhood level. To gather data for this indicator, a literature review was conducted to identify research related to neighborhood completeness, and to understand the experience of other municipalities where such an indicator was being studied and/or implemented. Drawing from this literature, a student intern collected and sorted services data and assisted in map development and validation. Data on retail and public services were obtained from a variety of resources, including Dun and Bradstreet; Garden for the Environment; State of California Department of Consumer Affairs; SF Arts Commission; SF Department of Children, Youth, and Their Families; SF Food Systems; SF Recreation and Park Department; and SF Department of Public Health. These data are disaggregated by neighborhood and illustrated spatially to highlight disparities in key retail and public services, and point the way toward actionable solutions.

Collaborations/Constituencies Involved

The content of the NCI reflects the ENCHIA Community Council's vision for a healthy city. The multi-stakeholder Community Council that guided the ENCHIA process consisted of over 20 diverse organizations whose work was affected by urban development. As the NCI is further developed, there will be additional outreach to the Planning Department, community organizations, and other city agencies to review the indicator.

Relevance to Health and Health Equity

The fundamental vision of the Community Council, and subsequent framework of the NCI, is that all communities should have equal access to health resources. The more key public and retail services a neighborhood has, the greater the chance for residents and workers to walk or bike to access those services, increasing physical activity, social interactions, and "eyes on the street".

Research has found the presence of a supermarket in a neighborhood predicts higher fruit and vegetable consumption and a reduced prevalence of overweight and obesity. Neighborhoods with diverse and mixed land uses can create closer proximity between residences, employment, and goods and services, thereby reducing vehicle trips and miles traveled and as a result, reducing air and noise pollution.
**Need to get maps from old site –
"http://www.sfphes.org/HIA_Tools/Neighborhood_Completeness_1.png" and
"http://www.sfphes.org/HIA_Tools/Neighborhood_Completeness_2.png"

Applications and Policy Targets

Application of the Neighborhood Completeness Indicator is appropriate for urban land and community plans in dense, socially, and economically diverse settings. It is also relevant to new residential, commercial, mixed-use, and industrial development projects. Application of the NCI may occur as part of a larger HDMT application or independently on its own. An application of the NCI asks the following questions:

1. Does a place have all of the key public and retail services that contribute to neighborhood completeness?
    - NCI data are used to assess baseline conditions

2. Does a plan or project advance neighborhood completeness?
    - Plans/projects are assessed to evaluate the extent to which they meet NCI development targets

3. What recommendations for planning policies, implementing actions, or project design would advance neighborhood completeness?
    - Concrete, specific recommendations are provided to the plan/project based on the evaluation

The NCI was piloted in summer 2009 on the five San Francisco HOPE SF projects to help identify service gaps in each neighborhood. To learn more about HOPE SF, click here.

Credits | Contact

PROGRAM ON HEALTH, EQUITY AND SUSTAINABILITY
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

SFDPH
Environmental HEALTH
improving environments
protecting health

OUR VISION:
All Southern California communities are
healthy, vibrant and sustainable
places to live, work and play.

Our Work   California Health Disadvantage Index   Healthy Transportation

Healthy Food Systems   Data in Action

Healthy Communities Indicator Project

Background: The Healthy Communities Indicator (HCI) Project is a 2-year collaboration of the California Department of Public Health (CDPH) and the University of California, San Francisco (UCSF) to create and disseminate indicators linked to the Healthy Communities Framework. This framework was developed by the State Strategic Growth Council's Health in All Policies Task Force with extensive public discussion and input from community stakeholders and public health organizations. The framework identifies 20 key attributes of a healthy community through all stages of life, clustered in five broad categories: meets basic needs of all (housing, transportation, nutrition, health care, livable communities, physical activity), environmental quality and sustainability, adequate levels of economic and social development, health and social equity, and social relationships that are supportive and respectful.

- Click here for a 1-pager from CDPH describing the project.
- Click here for the preliminary list of indicators developed to reflect the Healthy Communities Framework.
- Click here for more information on the Healthy Communities Framework/ Health in All Policies Task Force.

Scope of the HCI Project: The project includes developing the list of potential indicators, building out the data for selected indicators across the state, refining the indicators based on local feedback, and developing narratives, maps, and technical guides for the use of this information.

Alliance Pilot: The Public Health Alliance and partners are focused on indicators related to transportation/built environment, food systems, and equity. At the beginning of the pilot, Data Committee members voted on which indicators they were most interested in piloting.

Status of Indicators Selected in the Alliance Pilot:

Indicator: Neighborhood Completeness Index (<½ mile radius for 8 out of 11 common public services and 9 of 12 common retail services).

Status: Under development.

Indicator: Percent of households within ½ mile of a full-service grocery store, fresh produce market, or store with fresh produce.

Status: Under development.

Indicator: Severe and fatal road traffic injuries (rate per mile traveled).

Status: Available on CDPH website under "Meets Basic Needs of All". Future Data Committee work will focus on how better data can be collected for miles traveled by active transport (bike/walk) modes.

Indicator: Percent of residents mode of transportation to work.

Status: Available on CDPH website under "Meets Basic Needs of All".

Indicator: Percent of population residing within ½ mile of a major transit stop.

Status: Available on CDPH website under "Meets Basic Needs of All".

Indicator: Percent of household income spent on travel.

Status: Under development.

Indicator: Retail Food Environment Index (ratio of healthy to unhealthy food outlets).

Status: Available on CDPH website under "Meets Basic Needs of All".

Indicator: Miles per capita by car, public transit, and walk/bicycle.

Status: Available on CDPH website under "Meets Basic Needs of All".

Indicator: Percent of residents by time walking and bicycling.

Status: Available on CDPH website under "Meets Basic Needs of All".

2013 Data Committee Meetings Focusing on HCI Pilot

March: Inaugural Data Committee Call—What is the current indicator project environment?

- March 2013 Meeting Minutes

April: Introduction to HCI Project

- Presentation on HCI Project from Dr. Maizlish
- April 2013 Meeting Minutes

May: Voting on indicators for pilot

- List of selected indicators with preliminary notes

June: Phasing and data acquisition for indicators

- June 2013 Meeting Minutes

July: Discussion of "Miles Traveled by Mode" and "Transit Access" methodology and definitions

- July 2013 Meeting Minutes

August: Discussion of "Mode of Travel to Work"

- August 2013 Meeting Minutes
- Document discussing data limitations of National Household Travel Survey and American Community Survey for Active Transportation modes

September: Discussion of "Miles Traveled by Mode"

- September 2013 Meeting Minutes

October: Discussion of "Road Traffic Injuries" and "Access to Transit"

- October 2013 Meeting Minutes

November: Discussion of "Food Retail Environment Index" and "Percent of population walking/biking greater than 10 minutes to work"

- November 2013 Meeting Minutes

December: Discussion of "Disadvantaged Communities" definition for new ATP program, and data gaps and recommendations that have emerged from HCI Project

- December 2013 Meeting Minutes

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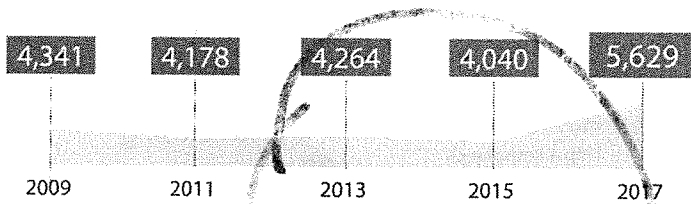© 2015 Public Health Alliance of Southern California

ALAMEDA COUNTY
2017
EVERYONE COUNTS
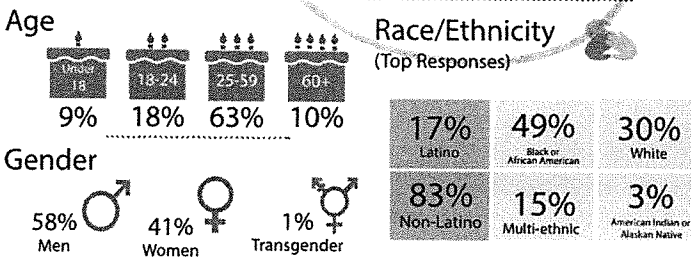### HOMELESS POINT-IN-TIME
COUNT AND SURVEY

Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of the local homeless populations in order to measure the prevalence of homelessness in each local Continuum of Care.

The 2017 Alameda County Point-in-Time Count was a community-wide effort conducted on January 30, 2017. The entire county was canvassed by teams of volunteers and guides with lived experience. In the weeks following the street count, a survey was administered to 1,228 unsheltered and sheltered homeless individuals, in order to profile their experience and characteristics.

2017 Homeless Census Population

4,341	4,178	4,264	4,040	5,629
2009	2011	2013	2015	2017

2017 Sheltered/Unsheltered Population

31% Sheltered (n=1,766)

69% Unsheltered (n=3,863)

Age

Under 18	18-24	25-59	60+
9%	18%	63%	10%

Gender

58% Men | 41% Women | 1% Transgender

Race/Ethnicity
(Top Responses)

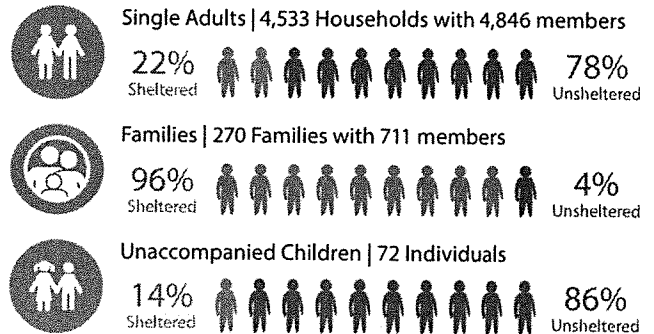| 17% Latino	49% Black or African American	30% White
83% Non-Latino	15% Multi-ethnic	3% American Indian or Alaskan Native

Residence Prior to Homelessness

82% Alameda County

Length of Time in Alameda County
(of those living in Alameda County prior to becoming homelessness)

LESS THAN 1 YEAR	1-4 YEARS	5-9 YEARS	10 YEARS OR MORE
27%	14%	8%	50%

Subpopulations

Chronically Homeless | 1,652 Individuals
15% Sheltered — 85% Unsheltered

Veterans | 531 Individuals
29% Sheltered — 71% Unsheltered

Transitional Age Youth | 919 Individuals
26% Sheltered — 74% Unsheltered

2017 Sheltered/Unsheltered Population by City

City	Sheltered	Unsheltered
OAKLAND	859	1,902
BERKELEY	308	664
HAYWARD	84	313
FREMONT	197	282
LIVERMORE	102	141
ALAMEDA	94	110
ALBANY	0	66
SAN LEANDRO	54	55
UNION CITY	0	40
EMERYVILLE	0	29
NEWARK	42	28
DUBLIN	0	21
PLEASANTON	0	18
PIEDMONT	0	0
UNINCORPORATED	26	194
TOTAL	1,766	3,863

Household Breakdown

Single Adults | 4,533 Households with 4,846 members
22% Sheltered — 78% Unsheltered

Families | 270 Families with 711 members
96% Sheltered — 4% Unsheltered

Unaccompanied Children | 72 Individuals
14% Sheltered — 86% Unsheltered

Foster Care
15% of survey respondents have been in the foster system.

Justice System Involvement
14% of respondents spent one or more nights in jail/prison/juvenile hall in the past year.

Post K-12 Education
5% of respondents were currently enrolled in a vocational program or college.
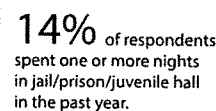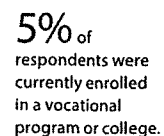
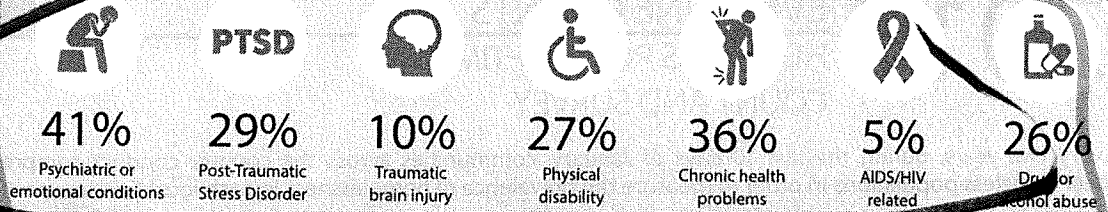## Self Reported Health Conditions

Current health conditions affecting housing stability or employment of the adult population.

(Note: Multiple response question, numbers will not total to 100%)

| 41%	29%	10%	27%	36%	5%	26%
Psychiatric or emotional conditions	Post-Traumatic Stress Disorder	Traumatic brain injury	Physical disability	Chronic health problems	AIDS/HIV related	Drug or alcohol abuse

Disabling Conditions

Respondents reported the number of condtions that limited their ability to maintain work or housing. Many reported multiple conditions.

12% of survey respondents reported having two disabling conditions.

18% of survey respondents reported having three disabling conditions.
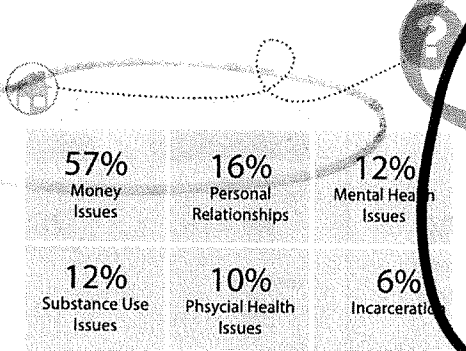

First Homelessness Episode

39% Yes   61% No
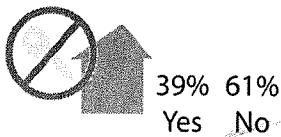
40% of those experiencing homelessness for the first time were homeless for one year or more

Age at First Episode of Homelessness

13% 0-17	21% 18-24	34% 25-39
16% 40-49	15% 50-64	2% 65+

Primary Cause of Homelessness
(Top 6 Responses)

57% Money Issues	16% Personal Relationships	12% Mental Health Issues
12% Substance Use Issues	10% Phsycial Health Issues	6% Incarceration

Duration of Current Episode of Homelessness

6% 30 days or less	36% 1-11 months	58% 1 year or more

What Might Have Prevented Homelessness
(Top 4 Responses)

42% Rent Assistance	36% Employment Assistance
24% Benefits/Income	22% Mental Health Services

Not Interested in Housing

2% Only 2% of survey respondents said they were not interested in Independent, Affordable Rental Housing or Housing with Supportive Services.
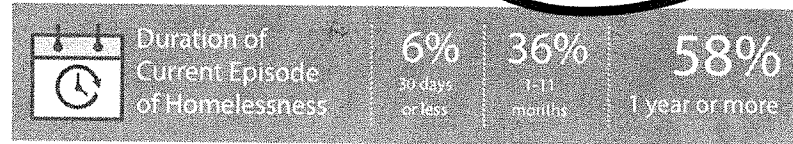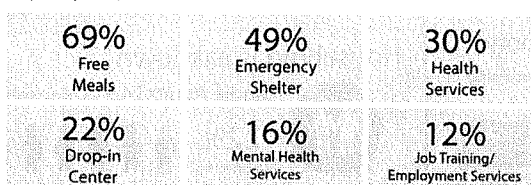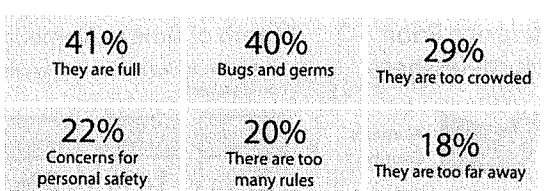

Services and Assistance

73% of survey respondents reported receiving benefits

Services Currently Accessing
(Top 6 Responses)

69% Free Meals	49% Emergency Shelter	30% Health Services
22% Drop-in Center	16% Mental Health Services	12% Job Training/ Employment Services

Reasons for Not Accessing Shelter Services
(Top 6 Responses)

41% They are full	40% Bugs and germs	29% They are too crowded
22% Concerns for personal safety	20% There are too many rules	18% They are too far away

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*Subpopulation Definitions

Chronically Homeless

An individual with a disabling condition or a family with a head of household with a disabling condition who:
» Has been continuously homeless for 1 year or more and/or;
» Has experienced 4 or more episodes of homelessness within the past 3 years.

Veterans

Persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Families

A household with at least one adult member (persons 18 or older) and at least one child member (persons under 18).

Unaccompanied Children

Children under the age of 18 who are homeless and living without a parent or legal guardian.

Transition-Age Youth

Young adults between the ages of 18 and 24 years old.

Alameda County will release a comprehensive report of The EveryOne Home 2017 Homeless Count and Survey in Summer 2017. For more information about EveryOne Home and effort to address homelessness in Alameda County please visit www.EveryOneHome.org

Source: Applied Survey Research. (2017). Alameda County Homeless Census & Survey. Watsonville, CA.