



HOPE SF—Sunnydale and Potrero Hill San Francisco, California

Executive Summary

This site profile is part of a series that spotlights mixed-income community transformations that emphasize health and wellness in their strategic interventions. The Mixed-Income Strategic Alliance produced these profiles to better understand the health implications of creating thriving and inclusive communities with a socioeconomically and racially diverse population. This site profile, which focuses on Sunnydale and Potrero Hill, was developed through interviews with local stakeholders as well as a review of publicly-available and internal documents.

Sunnydale and Potrero Hill in San Francisco, California, are two of the four HOPE SF public housing sites, with relocation and construction expected to be completed in 2034. HOPE SF is a public housing redevelopment initiative that was launched in 2007. Led by San Francisco's Mayor's Office in partnership with several city agencies, private real estate developers, and with major institutional support from The San Francisco Foundation and Enterprise Community Partners, HOPE SF is a collective impact initiative that aims to transform four public housing sites into mixed-income communities and promote economic opportunity and social inclusion for low-income households.

The redevelopment efforts in Sunnydale and Potrero have focused extensively on health, with improved physical, mental, and behavioral health and overall wellness among the key identified desired outcomes for residents. A major component, the HOPE SF Wellness Program, includes community health assessments, a close partnership with the San Francisco Department

of Public Health and the broader public health system, on-site Wellness Centers, community-based peer health leaders, trauma-informed community building and trauma-informed services, integration of behavioral health services, inclusive community wellness activities, and the use of a Results-Based Accountability framework and a data dashboard to track outcomes.

The HOPE SF initiative stands out in its commitment to racial equity, as well as data infrastructure, tracking, and program evaluation to guide correction and inform future public housing redevelopment. The ultimate vision of linking low-income residents of color into the broader public health system is vital, but is an ongoing challenge and is not yet realized. HOPE SF leadership has recognized that strategies to improve health are likely to be most effective when they are part of comprehensive, integrated efforts to address resident and community well-being. Their efforts acknowledge that the revitalization process itself can both cause and exacerbate health conditions that may prevent individuals from fully benefiting from community change, and that a successful mixed-income transformation initiative must anticipate and address health issues that emerge directly from the redevelopment process while also attending to past traumas. Additionally, the HOPE SF story shows the importance of anticipating how the mixed-income phase of redevelopment can be leveraged to further improve health outcomes in the future.

Background & Context

San Francisco's HOPE SF was the nation's first citywide mixed-income transformation initiative that prioritized equitable outcomes for current public housing residents

by reducing displacement, elevating resident input, and providing intensive services and supports for residents from the early stages of the redevelopment process.

HOPE SF combines physical redevelopment with well-coordinated human development. The four sites—

Sunnydale and Potrero Unit Mix & Resident Profile

Sunnydale

Sunnydale is San Francisco's largest public housing development and is located in the Visitacion Valley neighborhood. Visitacion Valley is the farthest HOPE SF site from downtown San Francisco (though new public transportation is expected to better connect it to downtown), and Sunnydale is also isolated from the surrounding neighborhood. The redevelopment seeks to end this isolation by building physical features that promote connectivity, while investing in staff to support connection both among residents and to neighborhood assets. Mercy Housing California and Related California will redevelop the property into a mixed-income community which will include 785 replacement housing units and an additional 900 units of affordable and market-rate units for a total of 1,400 to 1,700 units. Construction has started and will continue in phases, with the entire neighborhood transformation projecting for completion in 2034. A major Neighborhood Hub complex is planned as a central gathering place for the residents of the surrounding Visitacion Valley neighborhood and Sunnydale residents. HOPE SF's first Wellness Center, to be described later, was opened in Sunnydale.

The Visitacion Valley neighborhood was once primarily African American but is now home to a diverse population that also includes recent immigrant families. Among the 1,700 Sunnydale residents, most are female (63%), 39% are African American, 20% are White, 17% are Hispanic, 16% are Asian, 7% are Pacific Islander, 1% are Native American, and 1% are multiracial. The average household income in Sunnydale is around \$18,000.³

Potrero

The Potrero Hill neighborhood is the closest of the HOPE SF sites to downtown San Francisco with easy access to freeways. This neighborhood is known for its beautiful views, hills, parks, and upscale restaurants. Potrero Terrace and Annex are isolated from the thriving parts of the neighborhood, and the redevelopment will integrate the site into the neighborhood with a new street pattern. BRIDGE Housing Corporation leads the redevelopment of Potrero Terrace and Annex. The public housing development includes 606 units along the steep edge of the Potrero Hill neighborhood and about 1,300 ethnically diverse residents. The redevelopment effort is called Rebuild Potrero⁴ and will include 606 public housing units and add another 1,000 units of affordable and market-rate housing for an estimated total of 1,400 to 1,600 units. Construction has started but will not be complete until 2030.

Many of the majority female population (63%) have lived at Sunnydale for their whole lives, though the majority of the population are children and adults with only 4% over the age of 65. Of the current population, 43% are African American, 24% are White, 15% are Hispanic, 11% are Asian, 5% are Pacific Islander, 1% are Native American, and 1% are multiracial. The average household income is \$14,028.⁵

Alice Griffith, Hunters View, Potrero, and Sunnydale—are all located on the southeastern side of San Francisco in three neighborhoods: Bayview Hunters Point, Potrero Hill, and Visitacion Valley. These neighborhoods are home to the city's largest African-American population as well as immigrant populations including Latinos, Asians, and Samoans. Residents of these public housing sites have lived with disproportionately high levels of crime, violence, and concentrations of racialized poverty in the midst of an economically thriving city.

The genesis of the HOPE SF initiative came from what became known as the Seven Corners Study¹ produced by the city's human services agency in 2005. The study revealed that the city's most vulnerable multi-system-involved families were living within walking distance of seven street corners in the city, six of which were at public housing sites. A human services initiative called Communities of Opportunity was launched and then bolstered with a focus on housing redevelopment, and this led to the HOPE SF commitment to the mixed-income transformation of the four public housing complexes.

The Partnership for HOPE SF, initially housed at Enterprise Community Partners and now housed and managed by The San Francisco Foundation, represents an unprecedented public-private partnership in support of a public housing transformation.

The initiative has had a unique and persistent commitment to equitable mixed-income development and is guided by eight principles, established by a multi-stakeholder HOPE SF Task Force appointed by Mayor Newsom at the outset of the initiative in 2007:²

1. Ensure no loss of public housing.
2. Create an economically integrated community.
3. Maximize the creation of new affordable housing.
4. Involve residents in the highest levels of participation.
5. Provide economic opportunities through the rebuilding process.
6. Integrate the process with neighborhood improvement plans, including schools, parks, and transportation.
7. Create environmentally sustainable and accessible communities.
8. Build a strong sense of community.

Dr. Carolina Reid, UC Berkeley faculty member and Faculty Research Advisor for the Terner Center for Housing Innovation, has summarized the HOPE SF health strategy as follows. Over the past two decades, a significant

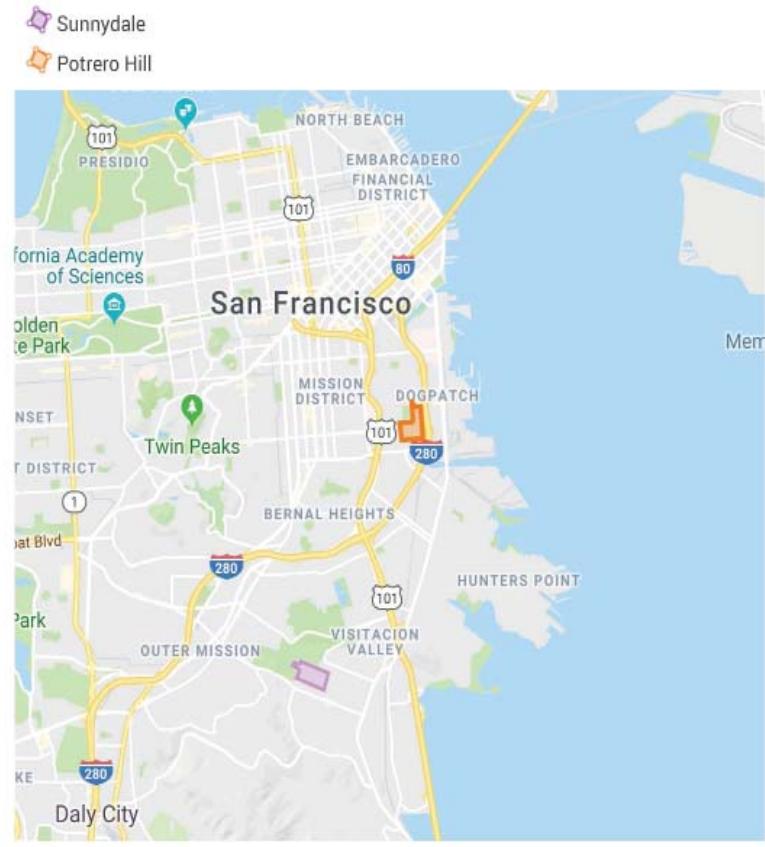
body of public health and social science literature has emerged focusing on the “social determinants of health,” which refers to the socioeconomic and structural factors that influence health and disease across diverse populations. This research has highlighted the ways in which inequities in health outcomes—particularly by race and class—are linked to neighborhood social and economic processes, which in turn are shaped by institutions that create or perpetuate privilege and inequality. Of key concern in this literature is how social dynamics—including residents’ sense of community, social capital, social inclusion and cohesion, and collective efficacy— influence and mediate health outcomes, and for whom.

Attempting to now operationalize the above referenced principles, HOPE SF seeks to create conditions of inclusion through investments in programs that build community and provide educational and economic pathways to mobility over the life course. The initiative is guided by a theory of change that prioritizes racial and structural equity and the re-enfranchisement of public housing residents in three key ways. First, HOPE SF is conceived as a “reparations initiative,” explicitly acknowledging the harm done to low-income communities of color by federal, state, and local agencies that have historically and systematically excluded public housing residents from opportunity structures. Second, HOPE SF is committed to minimizing the displacement of long-term (mostly African-American) residents and to replacing all of the existing public housing units. Third, through its collective impact model that brings together a wide range of city agencies and community-based organizations around mutually reinforcing activities (e.g., resident engagement, education, health and wellness, and job training and placement), HOPE SF seeks to achieve inclusive mixed-income communities in which the original public housing residents can experience the benefits of neighborhood transformation.⁶

HOPE SF Site Redevelopment

The four HOPE SF sites are at varying phases of redevelopment. The first phases of redevelopment are complete at the two smaller sites, Hunters View (projected 750 units) and Alice Griffith (projected 504 units). All original public housing residents at Hunters View and most from Alice Griffith have been relocated from their original buildings. The new buildings there, including about 800 units so far, include public housing replacement units and other units subsidized to be affordable to households earning under 80% of area median income. HOPE SF has been successful at achieving vastly higher return rates

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than the national public housing transformation norm, which is often less than 20%. The return rates at Hunters View and Alice Griffith are over 80%, and a total of over 400 original families have moved into the new buildings. Market-rate development has not yet started. In the two larger sites, Sunnydale and Potrero, both with a projected minimum of 1,400 units, relocation and construction began in 2017.

This site profile details how HOPE SF leaders have prioritized health and well-being at the initiative level and the strategies that have been implemented in individual sites. We focus on Sunnydale and Potrero, which have gone the farthest in permanently embedding wellness as a long-term strategy and implementing specific interventions.

Key Actors/Stakeholders

HOPE SF is a collective impact initiative led by a “backbone” team in the Mayor’s Office in partnership with several city agencies and with institutional support from the Partnership for HOPE SF, led by The San Francisco Foundation and Enterprise Community Partners.

Funding

The HOPE SF initiative is funded through a major

multi-million infusion of government funding supplemented by philanthropic funds (about \$17 million committed to date) pooled through the Partnership for HOPE SF and managed by the San Francisco Foundation. The core health strategy of HOPE SF was initially funded with a \$3 million grant from Kaiser Permanente to the Partnership for HOPE SF, which provided funds for the pilot development of on-site wellness services in each of the four communities as well as peer health leaders in each site. The wellness centers and peer health leader strategy are signature programmatic successes of the initiative, having been permanently hard-wired into City general funds in 2016 after the pilot phase ended, with advocacy from the Department of Public Health.

Design & Implementation of Strategies

Conceptualization of Health Strategies

From its inception, the HOPE SF initiative has aimed to improve the health and well-being of residents. A Health Task Force was convened in 2011 to identify principles and recommendations to ensure healthy housing and communities for all families living in HOPE SF developments and neighborhoods. These recommendations ultimately led to today's central strategies: increased housing stability, trauma-informed family systems, and community leadership and engagement. Housing stability will be achieved by building equitable mixed-income housing with one-for-one replacement of public housing units, a commitment to avoiding involuntary displacement, and enhanced relocation support for residents. Trauma-informed family systems will include coordinated services for families through wellness centers, schools, and other community-based services, including individual and household-level supports for economic mobility and financial empowerment. Community leadership and engagement will be a collective impact effort with youth leaders, peer mentors, and trauma-informed community stewards, who will help promote more inclusive and equitable health outcomes.

Key Health Strategies

The HOPE SF Wellness Program was formed through recommendations from the 2011 Health Task Force, along with health assessments conducted in HOPE SF neighborhoods the following two years by the Department of Public Health (DPH) and San Francisco State's Health Equity Institute. The assessments identified the need for culturally appropriate and trusted health and wellness services. Residents were using the emergency room at high rates, were not using local clinics, and felt stigmatized by the available mental health support. Assessments led to initiative-wide strategies that were implemented with some variations at each of the four sites.

A centerpiece of the overall strategy is the concept of a Wellness Center, which has three components: behavioral health services, nursing and primary care for chronic conditions, and a Peer Health Leadership Program. Wellness Center services were launched in all four sites in 2014 and by 2017 were fully transitioned within the institutional framework of DPH. Sunnydale and Hunters View are the only sites currently where the physical space for the Wellness Center has been built out, and nurses, doctors and therapists are available for regular hours each week. Temporary spaces in both Potrero Hill and Alice Griffith are in design and expected to open in 2019. As of 2018, the Wellness Center is not a federally qualified health center, nor was it ever designed to be a formal clinic. Services to residents on site are about relationship building, re-establishing trust within the larger health care system, and recognizing and providing for residents who have not historically been recognized. The larger goals of the program are to address social determinants of health, empower families to access resources, build community connections, and to establish culturally competent linkages to a fragmented and complex public health system. Wellness Center staff from DPH are there to provide residents whatever support they need at that moment, which could be support for a health issue, a friendly face to provide encouragement, assistance getting a healthy meal, or help building social connections. The wellness team wants residents to have a space that they identify with and where they feel safe in their community.

This approach is adapted to residents' priorities and needs at each of the four sites, as can be seen by a closer look at Sunnydale, where the main health strategy is the Wellness Center, and at Potrero, where the focus is on a trauma-informed community building approach.

Sunnydale Wellness Center

Mercy Housing staff have been working to connect residents to services and began health and wellness work in the development in 2012. The community recognized that ongoing counseling and therapy were needed to address trauma from high rates of crime and chronic illnesses, but there was major stigma around accepting these services. The imperative of preparing households to successfully navigate the impending relocation and mixed-income transformation made the task of overcoming the stigma of help-seeking an even greater priority. Mercy staff began to pursue a space to offer easily accessible site-based services and a different method of connecting residents to the care they needed. The result was the plan for a Neighborhood Hub complex which will serve as a central gathering place and mixed-income gateway for the Visitacion Valley community and for Sunnydale residents, and includes the Wellness Center.

The community leaders, services staff, and residents at Sunnydale identified a need for nursing and primary care,

behavioral health services, and a peer health program to build relationships with residents, and these services will be part of the programming at the Neighborhood Hub. A grant from the Partnership for HOPE SF for the Peer Health Leadership Program allowed the hiring of residents to connect residents to primary care and the health center for minor illnesses or maintenance of chronic diseases. Peer Health Leaders assist their peers in navigating and linking to services, advocating for residents' needs, and organizing and leading activities—such as Zumba, walking clubs, and nutrition classes—to improve residents' health and wellness and promote social cohesion in the community. Initially, development staff thought there would be a slow "ramp up" for residents to begin using the newly constructed Wellness Center, but after six months, appointments filled up every day. Mercy ran the program for three years, and then DPH took over program management and has been running it since then.

The Peer Health Leaders at Sunnydale have worked to de-stigmatize the Wellness Center services and also helped people become aware of the services and access services beyond the Wellness Center. Whereas prior to the opening of the Wellness Center, there was ample evidence that residents were using the emergency room as their primary care resource, Sunnydale staff now believe that emergency room use has dropped significantly, and they have observed that the fire department is receiving fewer emergency calls as well.

Trauma-Informed Community Building in Potrero

BRIDGE Housing Corporation's "Rebuild Potrero" effort aims to reintegrate Potrero into the surrounding neighborhood physically and through greater social cohesion. The Rebuild Potrero team is also focused on supporting low-income families' move toward self-sufficiency. Residents can access health services through an existing Family Resource Center. Physical space for a Wellness Center will eventually be built as part of the HOPE SF Wellness Program model. The majority of health strategies at Potrero are shaped by the Trauma Informed Community Building (TICB) model developed by former BRIDGE staffer Emily Weinstein and San Francisco State Health Equity Institute research director Jessica Wolin.⁷ The TICB model defines health very broadly. Building social connections within the site and with the broader neighborhood is a key approach BRIDGE has taken to moving the public housing population out of its current relative isolation.

The TICB model is implemented with participation from the staff at the Department of Public Health and other community organizations. BRIDGE staff and resident volunteers offer weekly and monthly activities that are free and open to anyone. These have included a community garden, a walking club, a walking school bus, Zumba, a Bachata dance class, support groups for sober living, meditation, a dinner and reading group, a dinner and play

group, a monthly cooking class, monthly community meetings, and other periodic community events. These activities provide residents and neighborhood community members with regular ways to connect.

Of the activities already in place at Potrero, Zumba is the most popular activity, and it is held at a location that attracts both public housing residents and non-public housing residents—resulting in the most mixed attendance of all activities offered. Staff note that as people see each other over time at Zumba class, they begin to say hello to each other when they meet in other locations. Just as in the new housing, BRIDGE staff want social and recreational activities to be socioeconomically mixed, and these wellness activities are among the only efforts that aim to achieve socioeconomic mixing during this pre-redevelopment phase.

Although there is not yet an official Wellness Center on site, DPH offers appointments with behavioral health clinicians and has started to hire the peer health leaders, called Community Health Leaders at Potrero. These resident leaders have started activities such as a double-dutch jump rope activity and informal pop up events, such as providing a lunch where people can mingle. Community Health Leaders have also played a role in connecting children and parents with local schools and preschools. As DPH implements their wellness programs at Potrero, BRIDGE welcomes the leveraging of activities already happening on site. Activities are always open to anyone interested, even those not living at Potrero. A low barrier to entry is fundamental to these activities' success. Residents can come and go as they want; they do not need to commit to a series of 12 classes but can simply drop in to activities as they are able. Through those informal activities, BRIDGE and DPH staff are able to engage families more deeply and connect them to other services when needed. BRIDGE categorizes many of these activities as community building, but the focus is on physical health, mental health, and the de-escalation of stress.

TICB provides a community engagement infrastructure for BRIDGE and outside organizations. For example, BRIDGE engaged an organization called The Shanti Project⁸ to provide psycho-social support for residents. The model that Shanti follows deploys case management and service connection and has often required intensive one-on-one support to the residents. The Shanti team also implemented the household survey at Potrero, and spent the first years just engaging in community-building activities to get to know residents and to understand the culture and dynamics of the site. In this way, the consistent set of social activities happening at Potrero allows outside organizations and neighborhood residents to come onsite more easily.

Measurement, Evaluation, & Outcomes

The HOPE SF initiative, with support from DPH and staff at each site, is measuring indicators of success of the health programs using a data dashboard that monitors the relationship building activities, the use of nursing and behavioral health, the Peer Health Leaders Program, and the Sunnydale Wellness Center. The indicators used are as follows:

- **To measure relationship building:** Indicators include the number of resident interactions with staff, the number of residents meaningfully engaged, and the number of professional development sessions for peer health leaders.
- **To assess nursing outreach:** Indicators include the number of educational health sessions (e.g., blood pressure screenings) and the number of nursing appointments.
- **To assess behavioral health outreach:** Indicators include the number of residents served by group therapy and the number of residents served by individual or family therapy.
- **To assess the Peer Health Leadership Program:** Indicators include the number of residents engaged in building community and the number of unique residents connected to larger health systems.

While it is too soon to determine whether the health strategies implemented at Sunnydale and Potrero are having a measurable impact, site staff are monitoring outputs, note anecdotal success in residents reporting that they feel better and are seeing a doctor more often, and anticipate greater results based on current trends. For example, staff anticipate there will be lower emergency room use and increased uptake of primary care use in the years to come. As noted above, staff at Sunnydale have noticed a reduction in the number of fire department calls since the wellness activities began. At Potrero, staff know from the household survey that the number of young children enrolled in pre-school (3-4 year olds) has gone up by 45%, and they can name the preschoolers who the Community Health Leaders helped connect with a preschool.

Several studies (both completed and ongoing) have focused fully or in part on the health of HOPE SF families. The Health Equity Institute⁹ conducted several community-based participatory research projects at HOPE SF sites on health, mental health, youth, the Peer Health Leadership Program, and the Trauma Informed Community Building model. The Learning for Action Group¹⁰ conducted the initial evaluation of HOPE SF, which included household surveys with residents of Alice Griffith, Hunters View, and Sunnydale and posed a number of questions about health status.

Researchers at the University of California, San Francisco are using quantitative and qualitative methods to

measure the health impacts of the public housing redevelopment. They are using administrative data, including health care utilization data, to understand the health disparities in the communities before and after redevelopment, and comparing the redevelopment sites with the neighborhoods surrounding the sites to understand if the gaps in health outcomes are closing. They are also looking at how redevelopment is altering social networks in the communities. They are focused on Hunters View and Alice Griffith at this stage of the research; however, the administrative data being used would also make analysis possible at Sunnydale and Potrero.

Key Takeaways

The HOPE SF Wellness Program provides many lessons about the value of having an overall approach to health and wellness that can be tailored according to the unique needs and expressed priorities of the residents of specific communities. Still a work in progress, the way in which the Wellness Program has taken shape in both Sunnydale and Potrero illustrates the multiple benefits to residents that come from defining health broadly and linking wellness specifically to a vision of community building. The HOPE SF experience also surfaces ongoing challenges to having even a broadly based wellness program achieve true systemic and structural changes. Four takeaways are noteworthy.

Strategies to improve health are likely to be most effective when they are part of even more comprehensive, integrated efforts to address resident and community well-being. HOPE SF leaders chose to focus on the health and wellness of residents as a primary area of need early in the initiative, based on data pointing to high rates of chronic health conditions. In retrospect, DPH staff recognize that they could have taken an even more holistic approach to promoting better health, since resident wellness is affected by so many factors beyond their physical health. Basic issues like safety, financial security, and sufficient food generated daily challenges for residents that led to emotional stress and impeded healthy lifestyles. Wellness Center staff have struggled to address these broader resident life challenges and often gotten into areas of work—resumé writing, eviction prevention, educational brokering, calling the police—that are better suited to other agencies positioned to do this work. This points to the need for continued efforts for HOPE SF as a collective impact initiative to help clarify roles, and align contributions and mutually reinforcing activities from the numerous entities involved at various levels.

A successful mixed-income transformation initiative must anticipate and address health issues that emerge directly from the redevelopment process while also attending to current and past traumas. While HOPE SF has committed to having as many residents as possible return to the completed mixed-income developments,

there remains a high degree of anxiety and uncertainty around relocation and return. Resident stress also stems from the logistics of the move itself and the loss of social connections during the move and potentially upon return (due to families separated into different units to fit their appropriate unit sizes, or friends and families not returning at all). The HOPE SF Wellness program took these stresses and their links to residents' health into account, most notably in the Trauma Informed Community-Building (TICB) approach that emerged in Potrero and that has evolved there in step with residents' changing needs. TICB's premise—that trauma of many types, including the trauma associated with relocation and redevelopment—must be recognized and addressed in order to improve health and build community has led to a wide range of activities designed to increase residents' sense of well-being.

The ultimate vision of linking low-income residents of color into the broader public health system is vital, but is an ongoing challenge and is not yet realized. At this stage of development, in the eyes of some local leaders, the HOPE SF wellness approach consists primarily of programs, very valuable in themselves but not yet adding up to a systems-changing structural approach. An example is the role of San Francisco's \$2 billion public health department. Its failure to adapt its priorities and approach to more effectively target the overall health and wellness of HOPE SF families, and other similarly-marginalized populations of color in the city, remains a major challenge for HOPE SF. The hope that the Wellness Centers and peer health leaders would be able to strengthen systemic linkages has thus far not played out. The inability of on-site Wellness Center staff to successfully get HOPE SF residents prioritized in the bigger system represents a concrete challenge that further deteriorates resident trust in the system.

Anticipating how the mixed-income phase of redevelopment can be leveraged to further improve health outcomes is important business for the future. Although the mixed-income transformation of the public housing developments is a core component of the HOPE SF initiative, up through this stage of the initiative there have not been extensive conversations about the specific implications of the mixed-income revitalization for the health strategies. Instead, the focus, understandably, has been largely on stabilizing and supporting the existing highly traumatized and isolated population. Some of open questions include: What will be the key changes in the environment when there are residents of other income levels on site? What are the implications for the health services and strategies on site, that is, for whom are services intended and who will shape those services? Will the health needs of residents of market-rate and tax-credit units be met through completely separate strategies and activities? Will there be positive social and economic aspects of the mixed-income environment itself that can be a source of increased health and wellness for all residents?

In summary, the accomplishments of HOPE SF in advancing health and wellness are considerable, as are the challenges set forth above. Looking to the future, HOPE SF seems well-positioned to tackle these challenges. The Partnership for HOPE SF is strong, the Wellness Program has a strong base of operational experience and resident support, and Partnership leaders and residents alike are committed to continuing redevelopment in a way that creates genuinely healthy, inclusive, and equitable communities.

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