

**Eastern Neighborhoods Community Health Impact Assessment**

**"Healthy City" Development Evaluation Tool**

**Draft for Public Discussion and Peer Review**

**Overview**

The **Healthy Development Measurement Tool** is a proposed method to evaluate development plans, policies and projects against a comprehensive set of health-based standards. The Tool is one of several products emerging from the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA), a multi-stakeholder, consensus-based process formed to analyze how development in the Mission, Potrero Hill/Showplace Square and SoMa neighborhoods could positively and negatively affect health. The ENCHIA process began with the creation of a *Healthy City Vision* for San Francisco and subsequently identified a set of community health objectives and associated indicators to measure the state of that vision. The Tool is an outgrowth of this process. It is organized by four elements that the ENCHIA Community Council felt constituted a healthy community: Healthy Economy, Public Infrastructure/Access to Goods and Services, Adequate Housing and Environmental Stewardship. Each element includes relevant community health objectives and selected indicators and standards that can be used to measure "healthy development" in efforts to protect and promote the health of San Franciscans.

**Using the Tool**

This tool is designed to aide in the evaluation of land use development projects, policies and plans. To use the tool, the expected outcomes of development projects, policies and plans are compared to a set of indicators and standards. Based on the expected outcome, tool users will be able to assess whether that particular project, policy or plan meets a standard. The tool can be used by anyone who has data on the outcomes of a project, plan or policy, including planners, developers, government agencies, and community residents and organizations. In some cases, a lack of data will prohibit the evaluation of an outcome to a relevant standard.

**Important Caveats**

1. The tool provides a template for a healthy development. However, indicators and standards reflect the ENCHIA Community Council objectives and needs identified in the *Healthy City Vision* . Other cities or neighborhoods may want to modify indicators and standards to reflect local and neighborhood needs.
2. These development standards are intended to be relevant for land use development in a context similar to San Francisco, a dense, socially and economically diverse city situated in a large metropolitan area.
3. The tool is meant to be used in a comprehensive way. This means that all four elements must be examined collectively. The achievement of one or more standard alone does not signify good development; rather, good development needs to be judged using all standards in each of the four elements.
4. The tool will undergo ongoing peer review by national experts in the fields of public health, planning, environmental protection, and social indicators.

**Components of the Healthy Development Measurement Tool**

**Objectives:** The Healthy City Vision Objectives are actions that would result in greater and more equitable health assets and resources for San Francisco residents. The *Healthy City Vision* includes 21 objectives organized into four elements: healthy economy, public infrastructure/access to goods and services, adequate housing, and environmental stewardship.

**Indicators:** Indicators are measures of social progress. Tracking and dissemination of indicators supports the achievement of shared goals. Good indicators are understandable, actionable, measurable, meaningful, and motivating. One or more indicators are identified for each of the 21 objectives in the *Healthy Development Measurement Tool* . The indicators and standards in this tool are those believed to be affected and actionable by land use development decision-making.

**Baseline:** Where available, baseline data for each indicator is provided. Baseline data tells us how we are doing and helps to asses the feasibility of progress towards the standards.

**Development Standards:** Standards help to achieve the basic elements that define good neighborhoods - homes in good condition, adequate parking, good transit, quality shopping, nearby playgrounds and libraries, and safe streets. Good standards have an explicit rationale or justification, are specific to the situation or context (i.e., land use development), and should be developed in an objective way that is unconstrained by personal or economic interests. The standards in this Tool reflect land use planning and development outcomes which meets the objectives of the ENCHIA *Healthy City Vision* for San Francisco.

**Health Justification:** For each standard, the tool provides a health-based justification or rationale. That is, the tool provides evidence illustrating the specific way human health would be improved by meeting that standard.

**Notes**

- (1) Leadership in Energy and Environmental Design Neighborhood Development (LEED ND) refers to a national stakeholder process to development environmental standards for neighborhood development (LEED-ND 9-06-05)
- (2) U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.
- (3) Canadian National Occupancy Standards (CNOS)(1) There should be no more than two people per bedroom; parents or couples share a bedroom. (2) Children aged under five years, either of same or opposite sex, may reasonably share a bedroom. (3) Children aged under 18 years of the same sex may reasonably share a bedroom. (4) A child aged five to 17 years should not share a bedroom with one aged under five of the opposite sex; single adults aged 18 years and over and any unpaired children require a separate bedroom.

The ENCHIA Council Vision of a "Healthy Economy" is an economy that: 1) Provides employment that is safe, pays living wages, and provides insurance and other benefits; 2) Provides diverse employment opportunities for residents and individuals with a range of educational, language and skill levels; 3) Promotes locally-owned businesses; 4) Supports a local economy where money is flowing through the neighborhood; and, 5) Does not harm the natural environment.

<b>Objective A.1</b>	<b>Increase high-quality employment opportunities for local residents</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>	
<i>Indicator A.1.a</i>	Jobs paying entry level wages greater than or equal to the living wage	<i>Standard A.1.a</i>	90% of new jobs created through growth and development should provide entry level wages greater than or equal to the SF living wage	Starting January 1, 2006 all employers including small businesses and nonprofits are required to pay the minimum wage of \$8.82 per hour.	(1) Individuals in households making less than a living wage live fewer years (2) Offspring of families making less than a living wage are less likely to graduate from high school (AJPH 2001)
<i>Indicator A.1.b</i>	Proportion of jobs filled by local residents	<i>Standard A.1.b</i>	75% of new jobs created through growth and development should be geared towards existing SF residents	80% of employed SF residents are employed in SF (MTC); The proportion of San Francisco workers who reside in the City is 53% (MTC)	(1) Local balance between jobs and housing reduces vehicle travel and associated environmental and health costs.
<i>Indicator A.1.c</i>	Proportion of households living on income above the Bay Area self-sufficiency standard	<i>Goal A.1.c</i>	No San Francisco household should be living with incomes below the self-sufficiency standard	San Francisco self-sufficiency standard is \$28K for single adult; \$50K - \$60K for family of 2 or more (NEDLC); Standard is calculated by adding expenses (housing, child care, food, transportation, health care) and taxes and subtracting tax credits	(1) Individuals in households making less than a living wage live fewer years (2) Offspring of families making less than a living wage are less likely to graduate from high school (AJPH 2001)
<i>Indicator A.1.d</i>	Proportion of entry level jobs accessible to individuals with a GED / high school diploma	<i>Standard A.1.d</i>	New commercial development provides for an mix of industries such that the distribution of educational requirements for entry level jobs is proportional to the educational attainment of San Francisco residents	19% of SF residents have less than a high school diploma, 81% of SF residents are high school graduates, 45% of SF residents have college degree or higher (2000 Census)	(1) Unemployment and lack of income is a strong determinant of all health outcomes; (2) Jobs should be targeted to a range of educational levels so that residents have a range of opportunities to work
<i>Indicator A.1.e</i>	Proportion of jobs provided by small businesses with less than 100 employees	<i>Standard A.1.e</i>			

Health Outcomes Impacted: Life expectancy, infant mortality, homicide, chronic disease, depression, teenage pregnancy, disability, smoking behaviors

<b>Objective A.2</b>	<b>Increase access to healthy, safe and meaningful work</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>	
<i>Indicator A.2.a</i>	Jobs providing health insurance to employees	<i>Standard A.2.a</i>	90% of new jobs should provide health insurance	53% of San Franciscans have health care (UCLA Center for Health Policy Research); In SF, 36% percent of those living at or below the federal poverty level have job-based health insurance while 85% of individuals living at 300% or above of the FPL have job-based health insurance. (CHIS 2003)	(1) Individuals with health insurance are more likely to get timely primary care, preventing costly hospitalizations

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**A. Element One: Healthy Economy**

The ENCHIA Council Vision of a "Healthy Economy" is an economy that: 1) Provides employment that is safe, pays living wages, and provides insurance and other benefits; 2) Provides diverse employment opportunities for residents and individuals with a range of educational, language and skill levels; 3) Promotes locally-owned businesses; 4) Supports a local economy where money is flowing through the neighborhood; and, 5) Does not harm the natural environment.

<i>Indicator A.2.b</i>	Jobs providing sick days benefits to employees	<i>Standard A.2.b</i>	90% of new jobs should provide sick days benefit	47% of private sector American workers do not receive paid sick days as a benefit (Lovell, 2004). There is no federal, state or local law requiring private employers to provide paid sick leave benefits to workers (NPWF, 2004).	(1) Individuals with paid sick leave are more likely to use timely primary care, preventing costly hospitalizations (2) Depending on policy, sick leave may enable able to provide care to family members facilitating recovery from illnesses
<i>Indicator A.2.c</i>	Proportion of entry-level jobs with established career ladders	<i>Goal A.2.c</i>	50% of new entry level jobs should provide for career advancement opportunities	Health care	
<i>Indicator A.2.d</i>	Total occupational injury rate	<i>Standard A.2.d</i>	Development industries with above average occupational injury rates will require documentation of injury and illness prevention plans that exceed requirements		(1) Occupational injuries are direct health impacts

Health Outcomes Impacted: Life expectancy, chronic disease morbidity, disability, infectious disease incidence, occupational injuries

**Objective A.3 Increase equity and diversity**

			<u>Baseline Data</u>	<u>Health-based Rationale</u>	
<i>Indicator A.3.a</i>	Income inequality	<i>Goal A.3.a</i>	Reduced income equality in San Francisco	San Francisco has one of the highest levels of income inequality in the country (US CENSUS)	(1) Metro areas with relatively high income inequality have lower average life expectancy and higher rates of violence (Lynch; Kaplan; Kawachi)
<i>Indicator A.3.b</i>	Index of segregation by census tract	<i>Standard A.3.b</i>	100% of new projects and plans should decrease the local index of segregation	US CENSUS	

Health Outcomes Impacted: Life expectancy, depression, violent injury

**Objective A.4 Increase benefits to communities impacted by development**

			<u>Baseline Data</u>	<u>Health-based Rationale</u>	
<i>Indicator A.4.a</i>	Proportion of jobs filled by local residents	<i>Standard A.4.a</i>	75% of new jobs created through growth and development should be geared towards existing SF residents	80% of employed SF residents are employed in SF (MTC); The proportion of San Francisco workers who reside in the City is 53% (MTC)	(1) Local balance between jobs and housing reduces vehicle travel and associated environmental and health costs
<i>Indicator A.3.b</i>	Proportion of households living on income above the Bay Area self-sufficiency standard	<i>Standard A.3.b</i>	Development should reduce the cost of living for low-income residents by (1) subsidizing transit (2) facilitating car share (3) subsidizing on site child care (4) other specifics...	San Francisco self-sufficiency standard is \$28K for single adult; \$50K - \$60K for family of 2 or more (NEDLC); Standard is calculated by adding expenses (housing, child care, food, transportation, health care) and taxes and subtracting tax credits	(1) Attainment of self-sufficiency income predicts better health, improved nutrition, lower mortality
<i>Indicator A.4.b</i>	Proportion of GDP attributed to locally owned business	<i>Standard A.4.b</i>	New growth and development provides favorable rent or lease terms to locally-owned small businesses		

Health Outcomes Impacted: Life expectancy, infant mortality, homicide, chronic disease, depression, teenage pregnancy, disability, smoking behaviors

**A. Element One: Healthy Economy**

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<b>Objective A.5</b>	<b>Benefits and protects natural resources and environment</b>	<b>Baseline Data</b>	<b>Health-based Rationale</b>
<i>Indicator A.5.a</i>	Proportion of businesses meeting or exceeding city green business standards <i>Standard A.5.a</i>	50% of new business produced in conjunction with new development or redevelopment should meet green business standards SFDPH	(1) Green businesses reduce occupational and environmental exposures to toxic chemicals
<i>Indicator A.5.b</i>	Proportion of jobs filled by local residents <i>Standard A.5.b</i>	80% of employed SF residents are employed in SF (MTC); The proportion of San Francisco workers who reside in the City is 53% (MTC)	(1) Local balance between jobs and housing reduces vehicle travel and associated environmental and health costs

Health Outcomes Impacted: Occupational illness and injury

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**B. Element Two: Public Infrastructure/Access to Goods and Services**

The ENCHIA Council Vision for "Public Infrastructure and Access to Goods and Services" are communities that provide: 1) Quality schools and child care; 2) Safe parks, playgrounds, and sports/recreation areas; 3) Walkable streets and sidewalks; 4) Multiple transportation options, including affordable and accessible public transit; 5) Neighborhood commercial districts to meet daily needs; 6) Active street life and uses; 7) Healthy and affordable foods; 8) Community services and resources for youth and seniors; 9) Space for community leisure activities; and, 10) Disability access.

<b>Objective B.1</b>	<b>Assure safe, affordable, high quality child care for all neighborhoods</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>
<i>Indicator B.1.a</i>	Proportion of demand for subsidized childcare met by existing facilities	<i>Standard B.1.a</i>	Development does not increase demand for subsidized child care without proportional increase in supply (DCYF)	(1) Accessible high quality childcare positively affects childhood growth, development, cognitive, behavioral and school outcomes.
<i>Indicator B.1.b</i>	Supply to demand ratio for childcare by planning district	<i>Standard B.1.b</i>	Supply to demand ratio for childcare in planning district is greater than 75% (Low Income Investment Fund)	(1) Accessible high quality childcare positively affects childhood growth, development, cognitive, behavioral and school outcomes.

Health Outcomes Impacted: Cognitive development, school outcomes, life expectancy (adult income)

<b>Objective B.2</b>	<b>Assure safe, accessible, multiuse, educational facilities, including youth programming</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>
<i>Indicator B.2.a</i>	Proportion of children with 1/2 mile access to public elementary school	<i>Standard B.2.a</i>	Development provides adequate school facilities for new residential population (Schools as Centers of Community: A Citizen Guide for Planning and Design)	(1) Healthy People 2010 Objective 22.12: Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations)
<i>Indicator B.2.b</i>	Academic performance indicator	<i>Standard B.2.b</i>	Development should reduce geographic disparities in the academic performance indicator	(1) Educational outcomes positively associated with lifetime earnings, positive health behaviors, and prolonged life expectancy

Health Outcomes Impacted: Asthma, respiratory disease, unintentional injuries, sleep disturbance, physical activity, recovery from illness (social support), mortality (social support)

<b>Objective B.3</b>	<b>Increase park, open space and recreation facilities</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>
<i>Indicator B.3.a</i>	Proportion of population within 1/4 mile access of neighborhood or regional park	<i>Standard B.3.a</i>	Development should meet the park facilities requirement for new residential populations	(1) Park access predicts use of parks for physical activity and recreation (2) Contact and exposure to natural areas reduces stress, improves mental health, and facilitates recovery from illness.
<i>Indicator B.3.b</i>	Proportion of population within 1/4 mile access of a community recreational facility	<i>Standard B.3.b</i>	Development should meet the community recreational facilities requirement for new residential populations	
<i>Indicator B.3.c</i>	Park quality index	<i>Standard B.3.C</i>	Development should contribute to enhancements of park and open space quality	(1) Social networks reduce stress, improve mental health, facilitate recovery from illness, and reduce mortality from all causes (2) Neighborhood social cohesion is positively associated with lower crime and better health outcomes.

Component variables: safety, multi-functionality, maintenance, greenness, community goals (Needs to be developed)

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<i>Indicator B.3.d</i>	Total open space per capita (acres per 1000 people)	<i>Standard B.3.d</i>		(1) Park access predicts use of parks for physical activity and recreation (2) Contact and exposure to natural areas reduces stress, improves mental health, and facilitates recovery from illness.
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Health Outcomes Impacted: Physical activity; chronic disease, depression, recovery from illness, mortality (social support)

**Objective B.4 Provide affordable, safe, and sustainable transportation options**

**Baseline Data**

**Health-based Rationale**

<i>Indicator B.4.a</i>	Proportion of households with 1/4 mile access to local bus or rail link	<i>Standard B.4.a</i>	100% of new residential development should have 1/4 mile access to local bus or rail link (LEED-ND 09-06-05)	SFCTA	(1) Proximity to transit link associated with usage and reduced VMT (2) Walking to accessible transit provides significant physical activity (Dannenberg)
<i>Indicator B.4.b</i>	Proportion of households within 1/2 mile to regional bus, rail or ferry link	<i>Standard B.4.b</i>	100% of new residential development should have 1/2 mile access to regional bus, rail, or ferry link (LEED-ND 09-06-05)	SFCTA	(1) Proximity to transit link associated with usage and reduced VMT (2) Walking to accessible transit provides significant physical activity (Dannenberg)
<i>Indicator B.4.c</i>	PedQual index	<i>Standard D.4.d</i>	Plans should provide pedestrian environmental quality at a level of adequate or above as measured by the PEDQUAL index (SFDPH Ped Qual Project; Charlotte Ped LOS)	Components: traffic, sidewalk facilities, intersection facilities, land use, safety (under development) - SFDPH	(1) Higher pedestrian quality promotes leisure and utilitarian walking and physical activity (2) Higher pedestrian quality increases safety and reduces risks of pedestrian injuries

Health Outcomes Impacted: Respiratory disease, diabetes and heart disease (physical activity), unintentional injuries, life expectancy (social support)

**Objective B.5 Assure spaces for libraries, performing arts, theatre, museums, concerts, festivals for personal and educational**

**Baseline Data**

**Health-based Rationale**

<i>Indicator B.5.a</i>	Proportion of population which lives within 1/2 mile of art or cultural facilities	<i>Standard B.5.a</i>			Research on the influence/effects of the arts on health include: (1) Induces positive physiological and psychological changes in clinical outcomes; (2) Reduces drug consumption; (3) Shortened length of stay in hospital; (4) Increased job satisfaction; (5) Promoted better doctor-patient relationship; (6) Improved mental healthcare; and, (7) Reduced depression, blood pressure, heart rate, and demands for myocardial oxygen.
<i>Indicator B.5.b</i>	Percent of children who participate in after-school arts programs	<i>Standard B.5.b</i>			
<i>Indicator B.5.c</i>	Number of free and or reduced price tickets available to sporting or cultural institutions	<i>Standard B.5.c</i>			
<i>Indicator B.5.d</i>	Designated federal, state and city funding for the arts	<i>Standard B.5.d</i>		Grants for the Arts	

Health Outcomes Impacted: Mental health, recovery from illness, drug consumption and cardiovascular conditions

**Objective B.6 Assure safe, affordable, high quality public health facilities**

**Baseline Data**

**Health-based Rationale**

**B. Element Two: Public Infrastructure/Access to Goods and Services**

The ENCHIA Council Vision for "Public Infrastructure and Access to Goods and Services" are communities that provide: 1) Quality schools and child care; 2) Safe parks, playgrounds, and sports/recreation areas; 3) Walkable streets and sidewalks; 4) Multiple transportation options, including affordable and accessible public transit; 5) Neighborhood commercial districts to meet daily needs; 6) Active street life and uses; 7) Healthy and affordable foods; 8) Community services and resources for youth and seniors; 9) Space for community leisure activities; and, 10) Disability access.

<i>Indicator B.6.a</i>	Proportion of population with 1 mile access to public health facility	<i>Standard B.6.a</i>	100% of new residential development should have 1 mile access to a public health facility	(1) Proximity and access to health facility may facilitate timely use of primary care preventing hospitalizations and illness complications
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Health Outcomes Impacted: Chronic disease hospitalizations

**Objective B.7 Assure access to daily goods and service needs, including financial services and healthy foods**

Baseline Data

Health-based Rationale

<i>Indicator B.7.a</i>	Neighborhood completeness indicator -- Services	<i>Standard B.7.a</i>	New neighborhoods should include X out of X key public services (post office, public school, public childcare, community park or playground, community garden, library, recreational center, community event space, public plaza) (LEED-ND 09-06-05 Adapted)	(1) Walking access to neighborhood services reduces vehicle trips and miles traveled (2) Walking access increases daily physical activity (3) Walking access facilitates use of community health resources.
<i>Indicator B.7.b</i>	Neighborhood completeness indicator -- Goods	<i>Standard B.7.b</i>	New neighborhoods should include X out of X key amenities (bank, produce market, convenience store, supermarket, hardware store, cleaner, auto repair, restaurant, café, private childcare) (LEED-ND 09-06-05 Adapted)	(1) Walking access to neighborhood services reduces vehicle trips and miles traveled (2) Walking access increases daily physical activity (3) Walking access facilitates use of community health resources.
<i>Indicator B.7.c</i>	Proportion of households within 1/2 mile from full-service grocery store	<i>Standard B.7.c</i>	100% of new residential development should have 1/2 mile access to a full-service grocery store	(1) Access to diverse and affordable food promotes healthy nutrition.

Health Outcomes Impacted: Nutrition, physical activity, respiratory disease (air pollution), diabetes (physical activity), heart disease (physical activity)

The ENCHIA Council Vision of "Adequate Housing" is housing that is: 1) Affordable; 2) Safe from physical hazards; 3) Stable and secure; 4) Diverse in terms of type and size; 5) Located in mixed-income and mixed-race communities of friends and neighbors; and, 5) Located in close proximity to access to jobs, education, goods, and services.

<b>Objective C.1</b>	<b>Preserve and construct a diversity of housing types</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>
<i>Indicator C.1.a</i>	Ratio of rental housing and ownership production to future demand for each income group	<i>Standard C.1.a</i>	New development should provide housing at a 1:1 ratio of supply to demand according to RHND	California ranks first out of the 50 states as the most unaffordable for renter households; A renter household needs an annual income of \$49,080 for a one- bedroom rental unit and \$61,440 for a two-bedroom rental unit at the Fair Market Rent to be affordable (National Low Income Housing Coalition)  (1) Healthy People 2010 Objective 8.23: Reduce the proportion of occupied housing units that are substandard. (2) Residents of substandard housing are at increased risk for fire, electrical injuries, lead poisoning, falls, rat bites, and other illnesses and injuries.
<i>Indicator C.1.b</i>	Proportion of market rate and below market rate housing units by number of bedrooms	<i>Standard C.1.b</i>	New development or redevelopment should provide a distribution of housing units by bedroom in proportion to the SF household size distribution and the CNOS occupancy standards	

Health Outcomes Impacted: Asthma and injuries (substandard housing); stress, stunted growth (reduced disposable income), infections and fire risk (overcrowding); recovery from illness and life expectancy (social support)

<b>Objective C.2</b>	<b>Increase housing availability for what the market does not provide</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>
<i>Indicator C.2.a</i>	Proportion of families paying greater than 50% of their household income on their homes	<i>Standard C.2.a</i>	30% of all new housing should be at or below affordability levels that reflect 80% of the SF median income	Ratio of average yearly rent (2 bedroom) to household median income = 33,000/55,240 60% of annual income spent on rent (2000 Census; DRAFT 2004 Housing Inventory)  Ratio of median home price to purchasing capacity (for median household income) = 540,000/335,330 More than 1.5 times the affordable price for median household (2000 Census; DRAFT 2004 Housing Inventory)
<i>Indicator C.2.b</i>	San Francisco median family income as percent of median single family house price	<i>Standard C.2.c</i>		

Health Outcomes Impacted: Asthma and injuries (substandard housing); stress, stunted growth (reduced disposable income), infections and fire risk (overcrowding); recovery from illness and life expectancy (social support)

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**C. Element Three: Adequate Housing**

The ENCHIA Council Vision of "Adequate Housing" is housing that is: 1) Affordable; 2) Safe from physical hazards; 3) Stable and secure; 4) Diverse in terms of type and size; 5) Located in mixed-income and mixed-race communities of friends and neighbors; and, 5) Located in close proximity to access to jobs, education, goods, and services.

<b>Objective C.3</b>	<b>Protect residents and businesses from involuntary displacement</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>
<i>Indicator C.3.a</i>	Proportion of SF housing stock permanently affordable, rent-controlled, Section 8 accessible	<i>Standard C.3.a</i>	Permanently affordable, rent-controlled, and Section 8 housing should be preserved or rebuilt in the course of demolition, redevelopment, or conversion of uses	(1) Involuntary displacement can cause or contribute to mental stress, loss of supportive social networks, costly school and job relocations and increases risk for substandard housing and overcrowding (2) California Redevelopment Law and US Uniform Relocation Law require 1:1 replacement for publicly subsidized housing
<i>Indicator C.3.c</i>	Overcrowding	<i>Standard C.3.c</i>	New development or redevelopment should provide a distribution of housing units by bedroom in proportion to the SF household size distribution and the CNOS occupancy standards	(1) Overcrowded housing conditions contribute to mortality rates, infectious disease risk, childhood development and stress
<i>Indicator C.3.d</i>	Proportion of businesses paying per square foot rent 25% over regional average for similar type of business	<i>Standard C.3.c</i>	Development should make available small (XX sq ft) retail space at rents below 125% of regional average	

Health Outcomes Impacted: Asthma and injuries (substandard housing); stress, stunted growth (reduced disposable income), infections and fire risk (overcrowding); recovery from illness and life expectancy (social support)

<b>Objective C.4</b>	<b>Increase opportunities for home ownership</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>	
<i>Indicator C.4.a</i>	Ratio of ownership housing production to future demand for each income group	<i>Standard C.4.a</i>	Development and redevelopment should provide 30% of all new ownership housing at or below affordability levels that reflect 80% of the SF median income	Home ownership rate is 35% (US Census)	(1) Healthy People 2010 Objective 8.23: Reduce the proportion of occupied housing units that are substandard. (2) Residents of substandard housing are at increased risk for fire, electrical injuries, lead poisoning, falls, rat bites, and other illnesses and injuries.

Health Outcomes Impacted: Violent injuries (social cohesion)

<b>Objective C.5</b>	<b>Decrease segregated communities</b>		<b>Baseline Data</b>	<b>Health-based Rationale</b>	
<i>Indicator C.5.a</i>	Index of segregation by census tract	<i>Standard C.5.a</i>	100% of new projects and plans should decrease the local index of segregation	(US CENSUS)	(1) Residents living in high-poverty neighborhoods live 5-8 fewer years. Several mechanisms linking segregation to poor health outcomes are independent of individual factors and behaviors (2) Residents of racially segregated poor neighborhoods suffer higher exposure to chemical pollution, traffic hazards, violence, crime and have less access to jobs, quality schools, parks and open space, and nutritious food.

Health Outcomes Impacted: Life-expectancy, violent injuries, physical activity, nutrition, chronic disease, low birthweight, infant mortality

**D. Element Four: Environmental Stewardship**

The ENCHIA Council Vision for "Environmental Stewardship" is an environment with: 1) Clean air and water; 2) Renewable and local energy sources; 3) Sustainable and green infrastructure; 4) Sustainable agriculture; 5) Safe and walkable streets; and, 6) Safe and accessible open space.

<b>Objective D.1</b>	<b>Decrease consumption of energy and natural resources</b>		<b>Baseline Data</b>	<b>Health-based Rational</b>
<i>Indicator D.1.a</i>	Per capita electricity usage	<i>Standard D.1.a</i>	Energy consumption in new developments should be 15% lower than current energy conservation standard (ASHRAE/IESNA Standard 90.1)(LEED-ND 9-06-05)	(1) Reducing electricity usage reduces climate change emissions
<i>Indicator D.1.b</i>	Per capita water consumption	<i>Standard D.1.b</i>	Water consumption in new developments should be 20% below the average baseline usage (using design-based standards) (LEED-ND 9-06-05)	
<i>Indicator D.1.c</i>	Per capita waste generation	<i>Standard D.1.c</i>	New development projects should use at least XX% recycled or refurbished materials and fixtures	

Health Outcomes Impacted: Multiple (climate change)

<b>Objective D.2</b>	<b>Preserve habitats and biodiversity</b>		<b>Baseline Data</b>	<b>Health-based Rational</b>
<i>Indicator D.2.a</i>	Acres of natural areas and undeveloped shoreline	<i>Standard D.2.a</i>	New development must be at a distance greater than 100 feet from existing wetlands, water bodies, or riparian areas (LEED-ND 9-06-05)	(1) Access and exposure to natural areas reduces stress, prevents mental illness, facilitates illness recovery, promotes social cohesion.
<i>Indicator D.2.b</i>	Proportion of open space acreage to population	<i>Standard D.2.b</i>	New development must provide 1:1 open space replacement in a planning area if that development is taking over public open space (LEED-ND 9-06-05)	

Health Outcomes Impacted: Physical activity, depression, recovery from illness

<b>Objective D.3</b>	<b>Decrease dependence on motor vehicles</b>		<b>Baseline Data</b>	<b>Health-based Rational</b>
<i>Indicator D.3.a</i>	Vehicle miles traveled	<i>Standard D.3.a</i>	New development must result in parity or net reductions in VMT measured on a regional basis	(1) Locating efficient growth can allow for population and job growth without increases in VMT (MTA, Bay Area Alliance, Holtzclaw) (2) Higher VMT is directly proportional to vehicle air pollution emissions, pedestrian injury rate, environmental noise exposure, physical inactivity, lower social cohesion
<i>Indicator D.3.b</i>	Transportation mode share	<i>Standard D.3.b</i>	2% of all trips trips of 5 miles or less should be made by cycling; 25% of all trips less than 1 mile should be made by walking; Mode share for personal vehicles must be less than 50% for all trips to or within San Francisco by 2015	

Health Outcomes Impacted: Respiratory disease (air pollution), pedestrian injury, sleep disturbance, annoyance, speech impairment, hypertension (noise)

**D. Element Four: Environmental Stewardship**

The ENCHIA Council Vision for "Environmental Stewardship" is an environment with: 1) Clean air and water; 2) Renewable and local energy sources; 3) Sustainable and green infrastructure; 4) Sustainable agriculture; 5) Safe and walkable streets; and, 6) Safe and accessible open space.

<b>Objective D.4</b>	<b>Increase street safety and accessibility for all users</b>		<b>Baseline Data</b>	<b>Health-based Rational</b>	
<i>Indicator D.4.a</i>	Number of pedestrian injuries	<i>Goal D.4.a</i>	50% reduction in pedestrian deaths from 2000 levels; 50% reduction in nonfatal pedestrian injuries from 2000 levels	SWTIRS	(1) Healthy People 2010 Objective 15.16: Reduce pedestrian deaths on public roads (2) Healthy People 2010 Objective 15.18: Reduce nonfatal pedestrian injuries on public roads.
<i>Indicator D.4.b</i>	Number of vehicle injuries	<i>Goal D.4.b</i>	50% reduction in motor vehicle-related deaths from 2000 levels; 50% reduction in motor vehicle-related nonfatal injuries from 2000 levels	SWTIRS	(1) Healthy People 2010 Objective 15.15: Reduce deaths caused by motor vehicle crashes (2) Healthy People 2010 Objective 15.17: Reduce nonfatal injuries caused by motor vehicle crashes
<i>Indicator D.5.a</i>	Number of physical assaults	<i>Goal D.4.c</i>	50% reduction in physical assaults from 2000 levels	SFPD	(1) Healthy People 2010 Objective 15-37: Reduce physical assaults.
<i>Indicator D.4.d</i>	PedQual index	<i>Standard D.4.d</i>	Plans should provide pedestrian environmental quality at a level of adequate or above as measured by the PEDQUAL index (SFDPH Ped Qual Project; Charlotte Ped LOS)	SFDPH	(1) Higher pedestrian quality promotes leisure and utilitarian walking and physical activity (2) Higher pedestrian quality increases safety and reduces risks of pedestrian injuries
<i>Indicator D.4.e</i>	Residential Area Traffic Speed	<i>Standard D.4.e</i>	Residential streets speed calmed to less than 20mph	DPT	(1) Fatality rates for pedestrian injuries is less than 5% when vehicle speed is less than 20mph
<i>Indicator D.4.f</i>	Arterial vehicle volume	<i>Standard D.4.f</i>	Residential 15 % reduction in vehicle volume on arterials	DPT	(1) Rate of pedestrian and vehicle occupant injury is directly proportional to vehicle flow

Health Outcomes Impacted: Respiratory disease (air pollution), pedestrian injury, sleep disturbance, annoyance, speech impairment, hypertension (noise)

<b>Objective D.5</b>	<b>Increase accessibility, safety, beauty and cleanliness of public spaces</b>		<b>Baseline Data</b>	<b>Health-based Rational</b>	
<i>Indicator D.5.a</i>	Number of alcohol sales establishments	<i>Standard D.5.a</i>	Alcohol sales establishments density in the planning area should be no greater than their density citywide	Ca ABC	(1) Density of alcohol outlets correlates with density of physical assaults based on San Francisco data
<i>Indicator D.5.b</i>	Environmental noise level	<i>Standard D.5.b</i>	Average daytime noise outdoors in mixed-use residential areas should be less than 50 decibels (WHO Community Noise Guidelines; SF General Plan)	SFDPH	(1) Level supported by EPA dose response curves for noise related annoyance (2) Chronic noise exposure results in sleep disturbance, cognitive impairment in children and adults, adult hypertension, stress hormone activation.
<i>Indicator D.5.c</i>	Environmental noise level	<i>Standard D.5.c</i>	Average evening and nighttime noise outdoors in mixed-use residential areas should be less than 55 decibels (WHO Community Noise Guidelines; SF General Plan)	SFDPH	(1) Level supported by EPA dose response curves for noise related annoyance (2) Chronic noise exposure results in sleep disturbance, cognitive impairment in children and adults, adult hypertension, stress hormone activation.

Health Outcomes Impacted: Violent injury and assault, pedestrian injury, sleep disturbance, annoyance, speech impairment, hypertension (noise)