

HOUSING STABILITY AND FAMILY HEALTH: AN ISSUE BRIEF

The Untold Story of High Cost Housing



ABOUT THE AUTHORS

THE BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE (BARHII)

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. BARHII convenes public health staff across the region to identify emerging public health trends and advance best practices for health equity. Over the last 15 years, the BARHII framework has become a nationally recognized guide for improving the living conditions, institutional inequities, and social inequities that cause people to live shorter, sicker lives. The framework appears in public health textbooks and trainings, guides health departments' strategic planning processes, and has been adopted by the California Department of Public Health Office of Health Equity as their guiding framework. The framework is supported by several implementation guide books, including the BARHII Toolkit (which assesses public health department readiness for health equity) and the Social Determinants of Health Indicator Guide. Additional publications provide research and solutions on healthy development land use, housing affordability health impacts, and climate change health related impacts. BARHII has delivered trainings to thousands of Bay Area public health department staff and their allies. Learn more at barhii.org.

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WHY THIS REPORT? During a BARHII meeting of Maternal and Child Health Directors in 2017, troubling stories were shared about high housing costs causing extreme and sometimes dangerous overcrowding, increased family homelessness, and reductions in money available for food and medical care. These conditions have implications for the development of the Bay Area's youngest residents and the future economic health of the region. While this issue brief focuses on housing stability and family health in the San Francisco Bay Area, the information is salient in many communities across the country where housing costs—and housing insecurity—are rising.

BABIES ARE NOT BLANK SLATES: LONG TERM HEALTH STARTS WITH HEALTHY PREGNANCIES

We often think of children as blank slates—that their futures are yet to be written—but several decades of public health research have shown that conditions during pregnancy and early childhood are some of the most important factors influencing lifetime health,¹ and these years are a crucial window of opportunity to improve public health. Although a child's choices will play a role in their future, the past can have reverberating impacts.

The homes and neighborhoods parents lived in when their baby was born, the policies and practices that shaped the conditions of those neighborhoods, and the opportunities and experiences that influenced their health before and during pregnancy all play a role in their baby's health at birth.

Exposure to poor housing conditions, unsafe environments, and environmental toxins are especially damaging to health during these early years of development. Quality childcare, schools, healthy food, safe parks, transportation, and job opportunities are essential to lay the groundwork for good health.² Families spending over half of their income on rent cannot afford the quality childcare, food, and activities that create health and opportunity for children.

The challenges are particularly acute for young families of color. The intersection of discrimination, tight housing markets, and unequal access to wealth and good-quality jobs push families of color disproportionately into high housing cost burdens and unhealthy housing conditions. Past policies like redlining mean that African American and Latinx families are less likely to own homes and accumulate intergenerational assets. More recent discriminatory lending practices steered communities of color into subprime loans, risky housing investments, and foreclosure. These unfair lending practices reduced the median net worth of Latinx families by 66% and African American families by 53%^{3,4,5} and forced many previous homeowners back into the rental market, in which families may be faced with higher costs and poorer housing quality. Additionally, Bay Area residents initiate nearly one thousand fair housing cases a year, indicating that discrimination by race, ability, and other characteristics further limits housing choices in an already constrained market.⁶

A CRISIS FOR FAMILIES: WHAT WE KNOW

The ongoing lack of stable, affordable housing has created an escalating, but solvable, health crisis. Here's what the research tells us:

- + As a result of rapidly rising housing costs, over 150,000 Bay Area children under five—more than a third—live in families that spend more than they can afford for housing.⁶⁶
- + Homelessness is increasing for families with children. This year's homeless counts identified nearly 5,000 parents, children, and caregivers who were homeless.⁶⁷
- + A family of four needs to earn \$76,000 annually to survive in the Bay Area, nearly four times the amount of the local minimum wage.⁶⁸
- + Impacts of rising housing costs are highest on families and children of color. Latinx families are three times more likely to pay half their income on housing than whites, while African American families are nearly five times more likely.⁶⁹
- + Caregivers of young children in low-income, unstable housing are twice as likely than those in stable housing to be in fair or poor health, and they are almost three times more likely to report depressive symptoms. Children under age four in these families had almost a 20% increased risk of hospitalization and over a 25% increased risk of developmental delays.⁷⁰
- + More than 60% of low-income households (totaling almost a million) across the region live in neighborhoods at risk of or already experiencing displacement.⁷¹
- + High housing costs have caused a wave of displacement that has pushed many middle and working-class families to outer areas of the region that tend to have fewer public resources, services, and job opportunities.⁷²

TABLE 1. PERCENTAGE OF FAMILIES WITH CHILDREN UNDER FIVE PAYING MORE THAN 30% OF THEIR INCOME ON HOUSING, BY COUNTY.

COUNTY	TOTAL	WHITE	AFRICAN AMERICAN	ASIAN	HISPANIC/LATINX	ALL OTHER
Alameda	34%	27%	50%	20%	52%	47%
Contra Costa	38%	30%	61%	30%	45%	38%
Marin	34%	21%	78%	64%	51%	*
Napa	46%	21%	*	47%	74%	*
San Francisco	26%	11%	70%	30%	58%	20%
San Mateo	30%	22%	*	27%	50%	18%
Santa Clara	33%	20%	39%	29%	52%	28%
Solano	37%	25%	75%	41%	40%	24%
Sonoma	36%	27%	67%	32%	47%	54%
BAY AREA TOTAL	34%	23%	57%	27%	50%	35%

[Source: BARHII/Alameda County Analysis of 2016 PUMS data. * indicates insufficient data]

HOUSING AND FAMILY HEALTH

UNHEALTHY TRADEOFFS: While Bay Area rents continue to rise, wages have not kept pace, particularly for low and middle wage jobs in the region.^{7,8} For families, housing costs and childcare consume the greatest share of expenses—and it is often impossible for families to afford both.^{9,10,11} As household budgets are stretched thin many families have to make unhealthy trade-offs. **Households that can comfortably afford their housing spend almost five times as much on healthcare and a third more on food than their severely cost burdened peers.**¹² These same households are also more likely to go to medical appointments and take needed medication.^{13,14}

A family of two workers each making \$15/hour can afford the median market rent in only 5% of the Bay Area’s 1,500-plus neighborhoods.¹⁵

GAPS IN THE FAMILY SAFETY NET: Despite the increased need, safety net programs that provide public housing and housing assistance are limited and difficult to access, and eligibility criteria often exclude families and pregnant people in need of housing.¹⁶ Only one in four U.S. households that qualify actually receive rental support, and federal rental assistance available to families with children is currently at its lowest point in more than a decade.^{17,18} In places such as San Francisco, pregnant people without children living with them are not considered a ‘family’ and are ineligible to access family-specific long-term housing, transitional, or shelter resources—and less than half of shelters available accommodate families.¹⁹ Families also report they are often turned away from public and private housing opportunities because of having children or being pregnant.²⁰ Providing adequate and appropriate services for families is especially hard in growing middle class cities far from the region’s core.

EVICTION, HOMELESSNESS, AND DISPLACEMENT: For families, moving interrupts routines and access to social networks and leaves children less likely to feel connected at home, in school, and in their neighborhoods. **Children who move frequently are at risk for poor educational outcomes such as lower academic achievement and lower likelihood of finishing school, as well as behavioral and emotional problems, depression, and reduced continuity of healthcare or other social services.**^{21,22,23,24,25,26,27,28}

Households with children are twice as likely to face an eviction threat and more likely to receive an eviction judgement.²⁹ In addition to long-lasting consequences on childhood health, evictions are costly and may pose barriers to securing housing, such as ineligibility for housing assistance or disqualification of applications in the private housing market.³⁰

- Mothers who are evicted are twice as likely to report experiencing depression and twice as likely to report poor health for themselves and their children, compared to those who are not evicted.³¹
- Eviction is a leading cause of homelessness, which is tied to severe long-term poor health outcomes.^{32, 33, 34, 35}

“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

TABLE 2. NUMBER AND PERCENTAGE OF HOMELESS PEOPLE IN HOUSEHOLDS WITH CHILDREN, BY COUNTY.

COUNTY	NUMBER OF HOMELESS PEOPLE IN HOUSEHOLDS WITH CHILDREN	TOTAL NUMBER OF HOMELESS PEOPLE	%
Alameda	783	5,633	14%
Contra Costa	255	1,604	16%
Marin	218	1,118	20%
Napa	82	315	26%
San Francisco	705	6,845	10%
San Mateo	436	1,253	35%
Santa Clara	1,584	7,402	21%
Solano	180	1,233	15%
Sonoma	442	2,833	16%
BAY AREA TOTAL	4,685	28,236	17%

[Source: HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations]

As families are evicted or otherwise displaced from their homes and neighborhoods, they are increasingly moving to outer areas of the region, so much so that areas such as eastern Contra Costa, Solano, and central Stanislaus and San Joaquin counties—which have experienced some of the highest growth in population in recent years—are now also beginning to experience a wave of displacement of their existing residents.^{37, 38} Displacement separates families from formal and informal systems of support, adversely impacting health outcomes. Displaced residents who maintain jobs in the inner areas of the region also regularly commute long distances for work. For those living in Stockton and Modesto, for example, commutes now triple the national average, with 8% of commuters traveling 90 or more minutes to work.³⁹ Longer commutes are stressful, costly, and compromise time spent with family. **Displaced families and pregnant people may also face long commutes in order to continue accessing medical and social services or to see friends and family—supports that are essential for health during pregnancy and in the first phases of a child’s life.**^{40, 41}

From 2012-2015, San Mateo County experienced a **59% increase in evictions for people unable to pay rent on time and a 300% increase in “no-cause” evictions**, in which a landlord forces a tenant out to raise the rent or move in a family member. These evictions disproportionately affected Latinx and African-American households.

Source: *Displacement in San Mateo County, California. UC Berkeley, May 2017*

UNSAFE HOUSING CONDITIONS: In order to stay close to jobs, family, and community when housing costs increase, many families are forced to move into or stay in overcrowded or substandard housing conditions.^{42, 43} **Overcrowding is associated with a range of adverse and long term health impacts including poor child development, behavioral problems, and lower academic achievement.**^{44, 45, 46} Older, poorly maintained housing may expose residents to health and safety hazards such as mold, lead, and other toxins.⁴⁷ Children and pregnant people are particularly vulnerable to health and safety risks posed by substandard housing.

- Lead poisoning can cause irreversible brain and nervous system damage in children.⁴⁸
- Fear of eviction due to immigration status or exposing the number of occupants living in shared housing situations can also keep residents living in deteriorating housing conditions.

“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

TABLE 3. PERCENTAGE OF NEIGHBORHOODS EXPERIENCING GENTRIFICATION, DISPLACEMENT OR EXCLUSION, BY COUNTY.

COUNTY	AT RISK	ONGOING OR ADVANCED
Alameda	35%	36%
Contra Costa	24%	18%
Marin	22%	25%
Napa	28%	28%
Sacramento	35%	23%
San Francisco	35%	47%
San Joaquin	36%	24%
San Mateo	27%	38%
Santa Clara	22%	37%
Santa Cruz	33%	31%
Solano	18%	16%
Sonoma	20%	24%
Yolo	27%	22%
BAY AREA TOTAL	29%	31%

[Source: Urban Displacement Project analysis of 2017 Neighborhood Change Typologies]

OPPORTUNITIES FOR ACTION

Solving the housing crisis may be the single greatest opportunity to improve family health in the Bay Area. Past decisions have made our region one of the most expensive housing markets in the world. Yet, the intensity of today’s housing crisis offers us an opportunity to intervene – to prevent and address inequities that are affecting the health trajectories of young children in the Bay Area. Strong action throughout the region on the strategies below can turn the tide on housing stability for Bay Area families. No one county can address this problem alone. Each city and county, however, can carefully assess local family health and housing conditions and develop a locally appropriate plan that contributes to regional solutions.

HOUSING POLICIES TO PROMOTE CHILDREN'S HEALTH

We can level the playing field and set trajectories for good health for generations by increasing access to healthy and stable housing and neighborhoods for young children and their families during these important developmental windows.^{50, 51}

Pregnancy: Reducing stressors in utero improves birth outcomes and can lower lifetime health risks for chronic conditions such as diabetes, hypertension, and cardiovascular disease.⁵²

Early Childhood: Brain architecture established during the first years of life is the foundation for all future learning, health, and behavior.⁵³ Stable, affordable, healthy housing during childhood can promote lifelong health and reduce behavioral problems, educational delays, and health conditions such as depression and asthma.^{54, 55, 56, 57, 58}

Generational Impacts: Neighborhoods shape opportunity, and lifelong experiences of parents are passed on to the next generation, contributing to disparities in birth outcomes.^{59, 60} Addressing discrimination and prohibitive costs can improve access to neighborhood conditions essential for the healthy development of our children and grandchildren.

40% of diagnosed asthma cases among U.S. children are attributed to residential exposures.

Lead poisoning costs the city of Oakland \$150 million per year in medical services, special education, disabilities, and lost wages.

Source: Urban Displacement Project, 2017; Alameda County Lead Poisoning Prevention Program

THE 3 PS OF HOUSING STABILITY: PROTECT, PRESERVE, AND PRODUCE

Protect Families from Displacement: The first step is to ensure that families can stay in their homes and neighborhoods. Over 450,000 renter households⁶¹ and many homeowners are currently at risk in our region, but their housing situations can be stabilized with policies that intentionally address the needs of families. Communities have considered policies such as just cause eviction, rent stabilization, right to legal counsel, and other supports. When families are displaced, cross-county collaboration and communication between programs and healthcare organizations that serve families and children can help to ensure the continuity of critical services and the targeting of resources to displaced communities.

Preserve Homes and Improve Housing Conditions: Every family should be able to live in a home they can afford and that is free of lead, asthma triggers, and other conditions that harm families' health. As housing prices rise across the region, we have an opportunity to preserve the approximately quarter million homes that are still relatively affordable to rent for lower-income households⁶² and many more that are affordable for lower-income homeowners. Investments in community land trusts and community development organizations can be used to acquire, improve, and preserve the affordability of these homes for future generations. When strategies prioritize homes for families, the results are safe environments for children and families to grow. For instance, in Contra Costa County, public health nurses refer clients with housing related health issues to free weatherization and asthma abatement programs.

Produce New Housing for Families: The Bay Area needs 13,000 new affordable homes per year.⁶³ Focusing efforts on family-appropriate units and programs increases the supply of housing suitable for pregnant people and young families—especially people with high medical risks. For example, the Boston Public Health Commission and the Boston Housing Authority set aside apartments for housing insecure, high-risk pregnant, or families with young children.⁶⁴ Bay Area organizations like the Homeless Prenatal Program have also adopted programs to house and support families during pregnancy. Rural areas specifically need family-appropriate housing, such as the Calistoga Family Apartments,⁶⁵ a new Napa County housing complex dedicated to farm workers and their families, who often live in especially unsafe conditions. Housing programs that coordinate with public health programs can increase the availability of healthy, family-friendly housing, which will have long-lasting positive impacts - improving outcomes for young children and enabling them to live longer, healthier lives.

REFERENCES

1. Iton, A., & Shrimali, B.P. (2016). Power, politics and health: A new public health practice targeting the root causes of health equity. *Journal of Maternal and Child Health*, 20:1753-1758. DOI: 10.1007/s10995-016-1980-6
2. Diez-Roux AV. (2007) Neighborhoods and health: where are we and where do we go from here? *Revue D'Epidemiologie Sante Publique*. 55(1):13-21
3. Debbie Gruenstein Bocian, Keith S. Ernst, and Wei Li, *Race, Ethnicity and Subprime Home Loan Pricing*, *Journal of Economics and Business*, 60, 110-124 (2008)
4. Debbie Gruenstein Bocian and Richard Zhai, *Borrowers in High Minority Areas are More Likely to Receive Prepayment Penalties on Subprime Loans* (2005), retrieved from http://www.responsiblelending.org/mortgage-lending/research-analysis/rr004-PPP_Minority_Neighborhoods-0105.pdf
5. PEW Research Center's *The Toll of the Great Recession*; tabulations of Survey of Income and Program Participation data: <http://www.pewhispanic.org/2011/07/26/the-toll-of-the-great-recession/>
6. Association of Bay Area Governments, "Toward Opportunity: Fair Housing and Equity Assessment of the San Francisco Bay Area."
7. Zuk, M., et al. (2016). Investment without displacement: Neighborhood stabilization. *University of California Berkeley, Urban Displacement Project*. Retrieved from: <http://www.urbandisplacement.org/IWD2017>
8. Between 2010 and 2016 in the nine-county Bay Area, rents increased 24 percent while renter incomes rose just percent. *Source: Treuhaft, S. Pizarek, J. et al. (2018). Solving the Housing Crisis is Key to Inclusive Prosperity in the Bay Area. PolicyLink, PERE and The San Francisco Foundation*
9. EdSource (2017). Parent Experiences with Child Care and Preschool Costs in California. Retrieved from: <https://www.documentcloud.org/documents/3462474-Child-Care-Poll-Results-Feb-15.html>
10. Kidsdata.org. (2014). Annual cost of child care, by age group and type of facility. Retrieved from: <https://www.kidsdata.org/topic/1849/child-care-cost-age-facility/table>
11. In 2014 California was ranked the 8th least affordable state for center-based infant care in the nation – these costs made up an estimated 14% of median annual income for married couples and 45% for single parents. *Source: kidsdata.org*
12. Joint Center for Housing Studies of Harvard University. (2013). *The State of the Nation's Housing 2013*. Retrieved from <http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/son2013.pdf>
13. Lubell, J., & Brennan, M. (2007). *Framing the Issues—the Positive Impacts of Affordable Housing on Health*. Center for Housing Policy. Retrieved from <https://pdfs.semanticscholar.org/0dbf/ed563545d8b93877db82ee0634e68796ede7.pdf>
14. Pollack, C. E., Griffin, B. A., & Lynch, J. (2010). Housing Affordability and Health among Homeowners and Renters. *American Journal of Preventive Medicine*, 39 (6), 515-521.
15. Treuhaft, S. Pizarek, J. et al. (2018). Solving the Housing Crisis is Key to Inclusive Prosperity in the Bay Area. PolicyLink, PERE and The San Francisco Foundation. Retrieved from: <http://nationalequityatlas.org/sites/default/files/SFF%20Housing%20Crisis%20Report%202018%20Digital%20fnl.pdf>
16. San Francisco State Health Equity Institute. (2017). Housing, pregnancy & preterm birth in San Francisco: a community-academic partnership for research, policy & practice. *University of California San Francisco*. Retrieved from: <https://view.publitas.com/ucsf/benioff-community-innovators-assessment-report-2017/page/1>
17. Allen, D., & Wolin, J. (2018). Housing. In S. Verbiest (Ed.), *Moving Life Course Theory Into Action: Making Change Happen*. APHA Press.
18. Mazzara, A., Sard, B., & Rice, D. (2016). Rental assistance to families with children at lowest point in decade. *Center on Budget and Policy Priorities*. Retrieved from: <http://www.cbpp.org/sites/default/files/atoms/files/5-24-16hous.pdf>

19. San Francisco State Health Equity Institute. (2017). Housing, pregnancy & preterm birth in San Francisco: a community-academic partnership for research, policy & practice. *University of California San Francisco*. Retrieved from: <https://view.publitas.com/ucsf/benioff-community-innovators-assessment-report-2017/page/1>
20. Ibid.
21. Kerbow, D. (1996). Patterns of urban student mobility and local school reform, Report No. 5. *Johns Hopkins University & Howard University: Center for Research on the Education of Students Placed at Risk*. Retrieved from: <https://files.eric.ed.gov/fulltext/ED402386.pdf>
22. Cohen, R., & Wardrip, K. (2011). Should I stay or should I go? Exploring the effects of housing instability and mobility on children. *Center for Housing Policy*. Retrieved from: http://mcstudy.norc.org/publications/files/CohenandWardrip_2009.pdf
23. Havemen, R., Wolfe, B., & Spaulding, J. (1991). Childhood events and circumstance influencing high school completion. *Demography*, 28(1): 133-157. DOI: 10.2307/2061340
24. Jelleyman, T., & Spencer, N. (2008). Residential mobility in childhood and health outcomes: A systematic review. *Journal of Epidemiology and Community Health*, 62(7): 584–592. DOI: 10.1136/jech.2007.060103
25. Gilman, S.E., et al. (2003). Socio-economic status, family disruption and residential stability in childhood: Relation to onset, recurrence and remission of major depression. *Psychological Medicine*, 33(8): 1341-1355. DOI: 10.1017/S0033291703008377
26. Voight, A., Shinn, M., & Nation, M. (2012). The longitudinal effects of residential mobility on the academic achievement of urban elementary and middle school students. *Educational Researcher*, 41(9):385-392. DOI: 10.3102/0013189X12442239
27. Zuk, M., & Chapple, K. (2015). Pushed out: Displacement today and lasting impacts. Displacement Explainer Video. *University of California Berkeley, Urban Displacement Project*. Retrieved from: <http://www.urbandisplacement.org/pushedout>
28. Marcus, J., & Zuk, M. (2017). Displacement in San Mateo County, California: Consequences for housing, neighborhoods, quality of life, and health. *University of California Berkeley: Institute of Governmental Studies*. Retrieved from: <https://cloudfront.escholarship.org/dist/prd/content/qt0n904028/qt0n904028.pdf>
29. Desmond, M., et al. (2013). Evicting children. *Social Forces*, 92(1): 303-327. DOI: 10.1093/sf/sot047
30. Desmond, M., et al. (2013). Evicting children. *Social Forces*, 92(1): 303-327. DOI: 10.1093/sf/sot047
31. Desmond, M., & Kimbro, R. (2015). Eviction's fallout: Housing, hardship, and health. *Social Forces*. DOI: 10.1093/sf/sov044
32. Desmond, M., et al. (2013). Evicting children. *Social Forces*, 92(1): 303-327. DOI: 10.1093/sf/sot047
33. Maqbool, N., Viveiros, J., & Ault, M. (2015). The impacts of affordable housing on health: A research summary. *Center for Housing Policy Insights from Housing Policy Research*. Retrieved from: <https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>
34. Goodman, L.A., Saxe, L., & Harvey, M. (1991). Homelessness as psychological trauma: Broadening perspectives. *The American Psychologist*, 46(11): 1219-1225. DOI: 10.1037/0003-066X.46.11.1219
35. Table on homelessness includes households with at least one adult and one child under 18 years old, children under 18 in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.
36. CASA Equity Kitchen Cabinet and Six Wins Coalition. (2017). Ending the Bay Area housing crises: A Pathway for CASA. Retrieved from: <https://ncg.org/sites/default/files/resources/Ending%20the%20Bay%20Area%20Housing%20Crisis%20-%20A%20Pathway%20for%20CASA.pdf>
37. Zuk, M., & Chapple, K. (2015). Mapping displacement and gentrification in the San Francisco Bay Area. *University of California Berkeley, Urban Displacement Project*. Retrieved from: <http://www.urbandisplacement.org/map/sf>
38. Samara, T.R. (2016). Race, inequality, and the resegregation of the Bay Area. *Urban Habitat*. Retrieved from: <http://urbanhabitat.org/sites/default/files/UH%20Policy%20Brief2016.pdf>
39. McPhate, M. (2017, August 21). California today: The rise of the super commuter. *The New York Times*. Retrieved from: <https://www.nytimes.com/2017/08/21/us/california-today-super-commutes-stockon.html>

40. Institute of Medicine (US) Committee on Understanding Premature Birth and Assuring Healthy Outcomes. *Preterm Birth: Causes, Consequences, and Prevention*. (Behrman RE, Butler AS, eds.). Washington (DC): National Academies Press (US); 2007. <http://www.ncbi.nlm.nih.gov/books/NBK11362/>.
41. Yim IS, Stapleton LRT, Guardino CM, Hahn-Holbrook J, Schetter CD. Biological and Psychosocial Predictors of Postpartum Depression: Systematic Review and Call for Integration. *Annual Review of Clinical Psychology*. 2015;11(1):99-137. doi:10.1146/annurev-clinpsy-101414-020426
42. Causa Justa:Just Cause. (2014). Development without displacement: Resisting gentrification in the Bay Area. Retrieved from: <https://cjc.org/publication/development-without-displacement-resisting-gentrification-in-the-bay-area/>
43. Maqbool, N., Viveiros, J., & Ault, M. (2015). The impacts of affordable housing on health: A research summary. *Center for Housing Policy Insights from Housing Policy Research*. Retrieved from: <https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>
44. Solari, C.D., & Mare, R.D. (2012). Housing crowding effects on children's wellbeing. *Social Science Research*, 41(2): 464–476. DOI:10.1016/j.ssresearch.2011.09.012
45. Bashir, S.A. (2002). Home is where the harm is: Inadequate housing as a public health crisis. *American Journal of Public Health*, 92(5): 733-738. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222229/>
46. Krieger, J., & Higgins, D.L. (2002). Housing and health: Time again for public health action. *American Journal of Public Health*, 92(5): 758-768. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/>
47. Krieger, J., & Higgins, D.L. (2002). Housing and health: Time again for public health action. *American Journal of Public Health*, 92(5): 758-768. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/>
48. World Health Organization. (2017). Lead poisoning and health. Retrieved from: <http://www.who.int/mediacentre/factsheets/fs379/en/>
49. San Francisco State Health Equity Institute. (2017). Housing, pregnancy & preterm birth in San Francisco: a community-academic partnership for research, policy & practice. *University of California San Francisco*. Retrieved from: <https://view.publitas.com/uicf/benioff-community-innovators-assessment-report-2017/page/1>
50. U.S. Department of Health and Human Services Administration. Maternal and Child Health Bureau. (2010). Rethinking MCH: The Life Course Model as an Organizing Framework, Child Health Programs. (n.d.) Life course. Retrieved from: <http://www.amchp.org/programsandtopics/LifecourseFinal/Pages/default.aspx>
51. The Association of Maternal and Child Health Programs. (n.d.) Life course. Retrieved from: <http://www.amchp.org/programsandtopics/LifecourseFinal/Pages/default.aspx>
52. Institute of Medicine (US) Committee on Understanding Premature Birth and Assuring Healthy Outcomes. *Preterm Birth: Causes, Consequences, and Prevention*. (Behrman RE, Butler AS, eds.). Washington (DC): National Academies Press (US); 2007. Retrieved from: <http://www.ncbi.nlm.nih.gov/books/NBK11362/>.
53. Center on the Developing Child at Harvard University. "InBrief: The Science of Early Childhood Development." Retrieved from: <https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/>.
54. Jolleyman, T. and N. Spencer. (2008). Residential Mobility in Childhood and Health Outcomes: A Systematic Review. *Journal of Epidemiology and Community Health*
55. Gilman, S. E., Kawachi, I., Fitzmaurice, G. M., & Buka S.L. (2003). Socio-economic Status, Family Disruption and Residential Stability in Childhood: Relation to Onset, Recurrence and Remission of Major Depression. *Psychological Medicine*, 33 (8), 1341-1355.
56. Cohen, R., & Wardrip, K. (2009). Should I Stay or Should I go? *Exploring the Effects of Housing Instability and Mobility on Children*. Center for Housing Policy. Retrieved from http://mcstudy.norc.org/publications/files/CohenandWardrip_2009.pdf
57. Solari, C. D., & Mare, R. D. (2012). Housing Crowding Effects on Children's Wellbeing. *Social Science Research*, 41(2), 464–476. <http://doi.org/10.1016/j.ssresearch.2011.09.012>
58. Voight A, Shinn M, Nation M. (2012). The Longitudinal Effects of Residential Mobility on the Academic Achievement of Urban Elementary and Middle School Students. *Educational Researcher*, 41(9):385-392.
59. Silverstein, J. (2013, March 12). How racism is bad for our bodies. *The Atlantic*. Retrieved from: <https://www.theatlantic.com/health/archive/2013/03/how-racism-is-bad-for-our-bodies/273911/>

60. Collins JW, Rankin KM, David RJ. (2011) African American Women's Lifetime Upward Economic Mobility and Preterm Birth: The Effect of Fetal Programming. *Am J Public Health*. 101(4):714-719
61. Using 2011-2015 data, Miriam Zuk, Director of the Urban Displacement Project and the Center for Community Innovation at UC Berkeley and a consultant to CASA, estimates that 447,828 low-income renter households currently live in neighborhoods that are at risk of gentrification or displacement, undergoing displacement, or in advanced gentrification or exclusion (more details retrieved from <http://www.urbandisplacement.org/>). This number—and the preservation-related number of units occupied by and affordable to low-income households—represents a change from the goals submitted in September 2017 due to updated data (2011-2015 vs. 2009-2013). The number of households at risk of displacement increased and the number of units occupied by and affordable to low-income households decreased. MTC and ABAG estimate that 160,000 “lower-income” households living in priority development areas, transit priority areas, and high-opportunity areas are at risk of displacement (as of year 2010, Plan Bay Area’s baseline year). MTC estimates that “Based on the proposed Plan’s performance target analysis for displacement risk, an additional 107,000 lower-income households are anticipated to be at risk of displacement in year 2040 under the proposed Plan, resulting in a total of 267,000 lower-income households at risk of displacement in PDAs, TPAs, or high-opportunity areas [in 2040].” MTC/ABAG, Final Environmental Impact Report, at 2-410, 2-415, 2-423 (July 2017), retrieved from <http://bit.ly/2yant7M>.
62. Non-Profit Housing Association of Northern California. Regional Preservation Numbers Overview Memo, Urban Displacement Project Approach. 2018.
63. The RHNA for 2014-2022 for very low-, low- and moderate-income is 109,040, or 13,630 per year. The RHNA for very low- and low-income is 75,620, or 9,452 per year. ABAG, Regional Housing Need Plan: San Francisco Bay Area 2014-2022, at 5, retrieved from <http://bit.ly/2x4JyWU>.
64. Allen, D., & Wolin, J. (2018). Housing. In S. Verbiest (Ed.), *Moving Life Course Theory Into Action: Making Change Happen*. APHA Press.
65. Marquat, S. Uniting Farm Worker Families in Calistoga. USDA Newsroom. Retrieved from: <https://www.rd.usda.gov/newsroom/success-stories/uniting-farm-worker-families-calistoga>
66. BARHII/Alameda County Health Department Analysis of 2016 PUMS Data.
67. HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations.
68. United Way Bay Area. Self Sufficiency in the Bay Area (9 Counties). 2017, retrieved from: <https://uwba.org/wp-content/uploads/2017/08/15-CountyFactSheet-9-Counties.pdf>.
69. BARHII/Alameda County Analysis of 2016 PUMS Data.
70. Sandel, M. Sheward, R. et al. Unstable Housing and Caregiver and Child Health in Renter Families. *American Academy of Pediatrics*. January 2018.
71. Zuk, M., & Chapple, K. (2018). Mapping displacement and gentrification in the San Francisco Bay Area. *University of California Berkeley, Urban Displacement Project*. Retrieved from: <http://www.urbandisplacement.org/map/sf>.
72. Samara, T.R. (2016). Race, inequality, and the resegregation of the Bay Area. *Urban Habitat*. Retrieved from: <http://urbanhabitat.org/sites/default/files/UH%20Policy%20Brief2016.pdf>.

