



## Single Room Occupancy Hotels in San Francisco

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### A Health Impact Assessment – Executive Summary

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Health Impact Assessment Program  
San Francisco Department of Public Health



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**This report was prepared by**

The San Francisco Department of Public Health  
The Health Impact Assessment (HIA) Program  
HIA Project Director: Cynthia Comerford

**Contact**

Cynthia Comerford, Manager  
Office of Policy and Planning  
San Francisco Department of Public Health  
101 Grove Street, Suite 330  
San Francisco, CA 94102  
Phone: 415-554-2626  
[Cyndy.comerford@sfdph.org](mailto:Cyndy.comerford@sfdph.org)

**The Health Impact Assessment Program Team**

Meg Wall Shui, Senior Epidemiologist  
Max Gara, Health Impact Assessment Project Coordinator  
Devan Morris, GIS Developer and Analyst  
Megan Wier, Director, Program on Health, Equity & Sustainability  
Kristen Barrera, Research Assistant  
Page Cruza, Research Assistant  
Paula Jones, Director of Food Systems/ Office of Equity and Quality Improvement

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## Executive Summary

In San Francisco, single room occupancy (SRO) hotels make up the largest supply of low-cost housing for our most vulnerable neighbors—seniors, adults with disabilities, and children. While much work has been done to try to improve the living conditions within and around SROs, many quality of life issues persist. **The objective of this health impact assessment (HIA) was to identify and evaluate current living conditions in and around SROs and potential policies to improve the health of residents in SROs.** Because no discrete policy target was proposed, SFDPH staff went through an extensive exploratory outreach process to help determine what policies would benefit the most from examination with HIA. The chosen policies for analysis include: 1) Requiring or incentivizing SRO operators to obtain an SRO Operator Training Certificate; 2) Increasing facility data reporting requirements for certain SRO housing attributes (e.g. number of rooms); and 3) Incorporating data analytics and enhanced data analysis into City department operations.

The HIA employed mixed research methods (quantitative analysis, focus groups and key stakeholders interviews, and literature review) to identify potential policies, examine existing conditions relevant to SRO tenants' health, evaluate departmental inspection processes, and estimate the impact the potential policies would have on SRO resident health.

### Key Findings

#### *Existing Conditions*

- SRO buildings are older on average than San Francisco's housing stock. The majority of SROs were constructed immediately after the 1906 earthquake (median year 1909, average year 1914), unlike the majority of housing stock in San Francisco (median year 1927, average year 1932).
- The majority (88%) of SRO rooms are located in six zip codes: 94102, 94103, 94108, 94109, 94110, and 94133, which roughly cover the Tenderloin, Nob Hill, South of Market, Mission, Chinatown, North Beach, and Russian Hill.
- It was most common for SRO buildings in all zip codes to have between 0-5 violations issued between 2008 and 2012; however, zip codes 94102 and 94103 had a higher proportion of SRO buildings receiving over 20 violations during the 5 year period.
- The top five most common violations in SROs were for: animals/pests; mold; refuse; sanitation; and structural conditions. This is likely influenced by the predominance of DPH records in the data set.
- The most common potential health outcomes from these violations include: respiratory illness, gastrointestinal illness, injuries from trips and falls, and psychological distress.
- While 30% of the city's land area and 50% of the city's population is within ¼ mile of a SRO, the density of neighborhood challenges found in that quarter mile buffer is disproportionately higher with respect to off-sale alcohol outlets, pedestrian injuries, and crime, for which approximately two-thirds of the city totals are concentrated within ¼ mile of SROs.
- SROs are generally located in areas of the city with high access to food resources, including supermarkets, small grocery stores, produce shops, and meat markets, and the city's public health facilities. However, proximity is not always a good indicator of access, due to issues including disposable income, time, mobility, living situations, and other constraints.

- Hospitalization and emergency room (ER) admission rates for residents of zip codes that contain the majority of SROs, show that individuals are being treated at higher rates for many of the same health outcomes that are associated with the most common violation types, including: asthma hospitalization rates that are twice the city average, chronic obstructive pulmonary disease rates that are three times the city average, and ER admissions for self-inflicted injuries that are 3-4 times the city average.
- Zip codes 94102 and 94103 (the Tenderloin and South of Market) experienced both the highest hospitalization rates as well as the highest violation rates. While the examined hospitalizations may not all be attributable to housing conditions, they do indicate that the resident population in those neighborhoods may be particularly vulnerable to the impact of commonly found violations in SROs.
- Between 2013 and 2015, there were a total of 461 drug-related deaths associated with SROs in the Tenderloin and 256 in SOMA that OCME examined. During this time period, 7% of deaths in San Francisco reviewed by OCME were classified as accidental, compared to 23% and 32% of deaths in Tenderloin and South of Market (SOMA), respectively. Of the accidental deaths associated with SROs in Tenderloin and SOMA, 92% and 94% were drug related, respectively. Across the entire city, only 56% of accidental deaths were drug related during this time period.
- In sum, this evidence supports the finding that residents living in SROs have numerous vulnerability factors, including being lower income, people of color, and older age, as well as living in buildings and communities with more concentrated environmental risk factors that contribute to adverse health outcomes. The combination of demographic and environmental vulnerabilities can contribute to poor health outcomes, including increased hospitalization rates – and can benefit from targeted policy changes to protect and promote resident health

#### ***SRO Operator Focus Groups and Key Informant Interviews***

- The focus group revealed that SRO operators had adequate knowledge of Health, Housing and Fire Codes. As such, it is unlikely that a training focused solely on City codes would significantly improve compliance or tenant health.
- Participants spoke about the fragmentation of Health, Housing and Fire codes and expressed the need for centralized information and a better understanding of each agency's role.
- SRO operators lacked knowledge and/or practices on how to effectively work with tenants and housing issues that resulted from tenant behavior (e.g. hoarding, bed bugs) and were not aware of the primary health outcomes of poor housing quality (e.g. asthma, allergies, injuries and falls, skin conditions, burns and fire injuries, and lead poisoning).
- Mental health was seen as a significant health problem, as well as health issues associated with the elderly population, drugs, and alcohol. There was consensus that there has been a dramatic increase in mental health issues over the last five years and the notion of “extreme tenants” impacting the health of other SRO tenants.

#### ***Data Analytics Literature Review***

- Case studies and existing literature on open data strategies do not necessarily demonstrate they have had direct improvements in health outcomes, but they do indicate that these strategies can potentially lend themselves to increasing the efficiency of public health operations, improving data quality, timeliness, and usefulness, improving data access, and promoting government transparency.

- Case studies demonstrated that increased data analytics alone do not lead to vast improvements. Rather, inter-agency working groups and forums for continuous quality improvement, coupled with data analytics and strong leadership support, appear to work best.

### **Recommendations for SRO Operating Training Certificate and Housing Data and Data Analytics Policy**

In response to the HIA findings, these recommendations were developed by the San Francisco Department of Public Health to best improve the living conditions of SROs tenants through analysis of the potential polices. Evaluation will be an important component of the policy recommendation given the existing empirical evidence.

Recommendation # 1: A mandatory training for SRO operators that focuses on successfully working with the SRO tenant populations, increasing knowledge of health outcomes, and understanding the role of City agencies and management best practices.

SRO operators need to have the know-how, skills, and tools to address the problems they are facing. Without adequate knowledge, SRO operators may not be confident enough to act or may not know how to resolve issues. Research indicates mandatory trainings are more effective than voluntary trainings and can potentially reduce critical violations.

Recommendation # 2: The creation of culturally competent and consolidated educational materials for SRO operators that would serve as a one stop guide.

Given the diversity of operators' roles and responsibilities, this "one stop guide" will touch upon: code compliance, City agency information, and tenant support.

Recommendation #3– Standardize and automatically publish housing inspection data, including collection of SRO facility attributes.

Health Inspection and Department of Building Inspection data is currently only available through search functions on their respective websites. There is no regular data publication of all the data or as a dataset. Data publication would likely improve the visibility of the activities of the housing inspection programs, the housing existing conditions, and the level of property maintenance. The main types of end-users are the departments themselves, the public, developers, property managers, and tenant advocates.

Recommendation #4– Incorporate data analytics into business operations.

Performing analysis on the data will provide insight on how to adjust inspection business processes. Data-driven planning may improve performance on the metrics of violation detection rates, abatement rates, and abatement speeds. The departments could better understand their current capacity by reviewing the frequencies, averages, and ranges of violations by district, violation types, building types where violations occur, abatement rates, and abatement times.

Recommendation #5– Create an interagency housing inspection data sub-committee to establish and track performance measures.

Expanding coordination between the housing inspection units departments could facilitate departments to share best practices, observe where their activities overlap, and improve coordination on enforcement of cases. Currently, there is not a forum to discuss the housing inspections process specifically or how case management data and publication might strengthen the programs.