Summer 8-7-2020

The Vicious Cycle of Poverty and Unmet Community Health Needs in San Francisco's Tenderloin (TL) Neighborhood: Solutions Based on Stakeholder Perceptions

Joya Esagoff
jsesagoff@dons.usfca.edu

The Vicious Cycle of Poverty and Unmet Community Health Needs in San Francisco's Tenderloin (TL) Neighborhood: Solutions Based on Stakeholder Perceptions

Joya Esagoff

MPH Candidate 2020

University of San Francisco

MPH 642 Public Health Capstone Seminar

Professor Lisa Catanzaro

August 2, 2020

Table of Contents

Abstract…….3

Introduction……...4

Scope of the Project…….15

Public/Population Health Impact: Findings and Significance ……23

Conclusion……41

References…….44

Appendix A: Stakeholders Interviewed…….....47

Appendix B: Nine-Question Questionnaire……...51

Appendix C: Table 1 Community-Identified Concerns & Table 2 Community-Identified Assets and Resources……...52

Appendix D: MPH Program Competency Inventory……...54

Abstract

A vicious cycle has arisen in San Francisco's Tenderloin (TL) neighborhood, in which poverty contributes to significant health disparities, thwarting optimal health outcomes, thus further worsening the underlying poverty which takes on a generational and urban character. TL residents face core socioeconomic and public health challenges with regard to the following themes: access to and coordination of care and services; food security (including healthy eating and active living); housing security; safety from violence and trauma; social, emotional, and behavioral health; poverty; and infrastructure. Essential deficiencies in these domains individually and together worsen the community's health outcomes. This Capstone examines these problems, themes, root causes and what factors make them so persistent, utilizing interviews of community stakeholders and published literature to evaluate these issues in the TL and broader San Francisco County. It also links these findings with efforts of SF-based organizations and initiatives such as the 2019 San Francisco Community Health Needs Assessment (CHNA), considering them in the context of the socioecological model (SEM), and producing a Tenderloin Community Needs Assessment (TL CNA). These results clarify that the public health impact of these unmet community health needs has been severely detrimental for the long-term health of TL residents, including children, giving rise to a self-perpetuating vicious cycle of poverty. These determinations and themes are at the root of the TL's core problems. To conclude, recommendations and solutions were stated by stakeholders and analyzed in depth, to help address and remedy the primarily low-income, minority population's unmet public health needs.

Keywords: Tenderloin, San Francisco, Community Health Needs Assessment, Tenderloin Community Needs Assessment, cycle of poverty, unmet public health needs, health

disparities, stakeholders

I. Introduction

Describe the problem

Poverty contributes to significant health disparities for the Tenderloin (TL) neighborhood of San Francisco, thwarting optimal health outcomes, which in turn exacerbate the underlying poverty. In essence, the public health of the TL community has been adversely affected by its socioeconomic status, leading to a vicious cycle of social, economic, and health problems which nonetheless may be soluble through creative and resourceful community and policy initiatives, in addition to solutions, which is discussed in this Capstone. The TL neighborhood in San Francisco is a low-income and immigrant neighborhood (predominantly African-Americans and Latinos) with endemic problems with longstanding poverty and poor health, exacerbated in recent years by increasing living costs, limited healthy food options, and other factors.

According to the San Francisco Department of Public Health, 1 in 3 residents in the TL live in poverty (Shui & Kirian, 2016). Poverty and income inequality in the TL, and in San Francisco in general, demonstrates a pronounced association with race and ethnicity. The median income in San Francisco varies greatly according to these demographic classifications. Typically, Whites earn incomes that are fourfold greater than Blacks/African Americans in San Francisco, who are markedly overrepresented among the homeless in the metropolitan area. Specifically, 35% of the homeless population are Black/African American and 22% are Latinos, contrasting sharply with their respective populations, 5% and 15%, of the city overall (San Francisco Department of Public Health, 2019). Poverty rates as a whole also vary by race and ethnicity; most notably, Black and African American San Francisco residents experience poverty at nearly three times the average rate for the population overall (City and County of

San Francisco, 2018). Studies have further demonstrated that the concentrated poverty of the TL might be self-reinforcing, with the de facto racial and economic segregation of the TL contributing further to the vicious cycle of poverty noted above, and with the concentrated poverty discouraging the sorts of urban improvement and food availability options that can boost community health, raise incomes, and break the cycle (Iceland & Hernandez 2017).

Examining the underlying factors behind these concerning issues, there are many unmet community health needs that the TL struggles with, thus engendering a cycle of poverty and worsening health outcomes, and still more poverty. Because of this, for my fieldwork project I identified the community health needs of the TL for the Tenderloin Health Improvement Partnership (TLHIP) led by Saint Francis Memorial Hospital and its community partners. I provided the TLHIP backbone team with a Tenderloin Community Needs Assessment (TL CNA) of stakeholder interviews regarding what gaps still exist for the community health needs of the TL, which TLHIP can use to address the community health needs that affect poverty for the TL population.

The broader poverty rate in the U.S. was 12.3% in 2017 (Center for Poverty Research University of California, Davis), based on the official U.S. definition of the poverty line. For African-Americans, the poverty rate was almost twice as high, at 20.8% according to the 2018 Census Data (Poverty USA). For Latinos, the poverty rate was also elevated relative to the general population, at 17.6% according to the 2018 Census Data (Poverty USA). For immigrants in the U.S., overall, the poverty rate was worrisomely high, reaching 30% in 2016 (Bread for the World, 2016). The poverty rate for the TL, meanwhile, was 50.6% in 2015 (Joint Venture, 2015), meaning that roughly half of the entire population of the neighborhood was below the poverty line that year. The poverty rate for African Americans in the SF Bay Area in

general between 2008-2012 was 22.1% (National Equity Atlas, 2015). The corresponding poverty rate for Latinos in the SF Bay Area between 2008-2012 was lower than that for African-Americans, standing at 16.1% (National Equity Atlas, 2015).

Further evidence from the literature delves into which types of poverty are most responsible for exacerbating gaps in community health needs, and which are in turn most aggravated by the failure to meet those needs. Eric Jensen's book *Teaching with Poverty in Mind* identifies four primary risk factors affecting families living in poverty: emotional and social challenges, acute and chronic stressors, cognitive lags, and health and safety issues (Jensen, 2009). All of these contribute to worsening health and living conditions, and in turn to poorer quality of life. More specifically, they feed into the difficult situations and environmental difficulties that beleaguer already vulnerable populations, fostering conditions that worsen still further. In other words, these poverty-associated factors contribute to the perpetuation of the vicious cycle of poverty, as noted above, until such underlying issues are addressed. In turn, Jensen specifically identifies six types of poverty in his book: situational, generational, absolute, relative, urban, and rural. Two of these in particular are closely tied to the problem I am addressing in this Capstone: generational and urban poverty. Generational poverty, as defined by Jensen, occurs in families where at least two generations have been born into poverty. Families tackling this type of poverty often feel trapped, as they are generally not equipped with the tools to move out of their situations, which can be inferred for the TL population. Once again, the notion of the vicious cycle rears its head, and generational poverty can be a particularly destructive vicious cycle to break due to the way it becomes "normalized" for so many families facing it. As stated by the Tipping Point Community, confronting poverty in San Francisco, "In a region with so many resources and so much creativity, we simply have

to do more to help break the cycle of multigenerational poverty in the Bay Area" (Tipping Point, 2016). According to Jensen, urban poverty by definition takes shape in metropolitan areas with populations of at least 50,000 people, and the TL neighborhood offers up a revealing example thereof. The urban poor must contend with a multifaceted aggregate of chronic and acute stressors such as crowding, violence, and noise, which occur on an everyday basis in the TL especially for the minority population, which consists of African Americans and Latinos who are especially dependent on often-inadequate large-city services.

Contextualize the problem

Generational and urban poverty thus set the stage for many of the core socioeconomic and public health problems that plague the TL, particularly its most longstanding issues. These include housing security, food security, and drug use that together worsen community public health, and that have proven to be resistant to solutions, further contributing to endemic poverty in the form of generational and urban poverty. The defining essence of these issues is a vicious cycle of poor health and other community shortcomings that feeds on itself, requiring a systematic addressing of the underlying problems and a raft of creative solutions. The following articles tackle the major themes that are interlaced with the vicious cycle of poverty and the community's unmet public health needs, shortcomings that feed on each other: housing security, food security, and safe injection facilities, the last of these with a particular focus on addressing the drug use and open-air drug market crisis,--as core foundational factors that are at the root cause of the TL's ongoing poverty.

Housing Security

Housing security is the first theme that was found to be a major concern for the TL according to the stakeholders interviewed, linking up with and exacerbating chronic poverty

and the TL community's unmet public health needs in general. Taylor (2018) outlined literature and provided direction for future research and policy agendas for housing and health, and the nexus between them, particularly for low-income families. She thoroughly demonstrated that housing security is at the root of chronic public health issues that plague low-income communities, for example contributing to stressors that exacerbate hypertension and elevated cortisol levels, or reducing ability to search for healthy food options. More specifically, from the article, accumulated evidence thus far can be construed as supporting the existence of four pathways for improved housing conditions (which are currently in short supply). These include stability, quality & safety, affordability, and neighborhood, through which the availability and quality of housing have an impact on the collective health of communities. Taylor provided summaries of reports that explain the adverse health impacts of inadequate stable and affordable housing. There are also reviewed papers that focus principally on the safety and quality pathways, which describe the health impacts of conditions within the home and its relative safety and livability. The affordability pathway is discussed in a smaller set of review papers that describe the similarly deleterious health impacts of financial burdens and high housing costs, which damage health through financial insecurity, lack of stable living conditions, and lessened access to healthcare resources. The neighborhood pathway is discussed principally in a body of literature that concentrates on the environmental and social characteristics of where people live, and what truly makes for "healthy neighborhoods." In the U.S., community-based organizations, businesses, the health care sector, and government each play a unique but intersecting role in improving housing conditions. The pathways discussed in Taylor's article in turn are definitely related to poverty and the disparities that exist for low-

income populations, especially the TL neighborhood, and thus have a notable effect on community health.

It is worth noting that the affordability and neighborhood pathways, in particular, have had great relevance for this community, in that they are compelled to live in lower-income neighborhoods that often have unsafe conditions. In addition, these lower-income communities tend to have higher crime rates due to drug use, drug dealing, gang violence, and theft, all of which are exacerbated by the chronic poverty and lack of education that plague the TL. The detrimental effects of drug use and drug dealing especially are evident in the qualitative data from the TL CNA (one of the products produced for Saint Francis Memorial Hospital's Community Benefits Program), which is discussed in the findings and significance section. In a broader sense, Taylor's focus on housing is most tied in with the public policy, organizational, and community levels of the SEM, and the pathways she assessed have implications for potential policy interventions that could address the social difficulties that are mentioned. It is fair to conclude, based off of Taylor's article, that policies and laws need to be adapted not just for those living in the TL community per se, which is the community I am focusing on, but in general for the city of San Francisco and the state of California, so as to better coordinate and allocate public and private resources. In essence, failures in addressing each of the pathways entail fundamental deficiencies in the community that engender and worsen poverty, and which must be addressed at the three levels of the SEM as indicated above.

Better housing policies as an intervention are needed, such as efforts and incentives to build more affordable housing not only in the TL, but also spreading it outside of the TL to other areas of San Francisco. This can help to provide more opportunities and a better distribution of livable communities for the indigent. Building more affordable units needs to be

encouraged and come from local laws and initiatives, and the local government needs to make the well-being and improvement of low-income minority populations more of a priority, making sure their basic housing needs are met. Thus, the public policy level of the SEM is important in addressing the fundamental housing crisis that has contributed to the poverty and socioeconomic pressures facing this low-income population. Housing is discussed in detail with the qualitative data from the interviews conducted in my fieldwork project with stakeholders of non-profit organizations in the TL in the findings and significance section.

The organizational level of the SEM can help with better addressing the sheer lack of housing, which Taylor identified as being at the core of the stability pathway which must be effectively tackled to improve neighborhood housing security. It should be noted that community stability has long been a concern for society in regards to ways to promote neighborhood improvement--with this concern formalized by individuals like Taylor who believe community stability is a fundamental prerequisite and a human right, as a basis for a stable, comfortable life. Organized efforts and institutions, durable enough to last through crises and changes of leadership, are at the core of making this feasible.

Organizations active in the TL community, including businesses, nonprofit institutions, and government and administrative agencies, should work together and coordinate their resources more actively to address the lack of affordable housing, as well as to tackle other critical unmet public health needs that the community faces. These unaddressed issues are at the heart of what traps the community's members in a cycle of poverty and poor public health, and which Taylor addressed comprehensively in the pathways she laid out and is evident as the issues the stakeholders interviewed stated, which is described in the findings and significance section below. In addition, organizations such as non-profits and community-based

organizations (CBOs) can work together more effectively to provide a kind of community forum through their collective efforts, essentially a kind of brainstorming center to collect and work through the ideas of the community's various stakeholders.

Non-profits and CBOs would help to make sure the voices of the community are heard and better understood, providing an insight to leaders about what is really ailing the neighborhood, so as to get their core issues resolved and addressed. The organizational level goes hand in hand with the community level of the SEM, which concerns the neighborhood-level structures and formal and informal communications among the individuals who comprise the Tenderloin. The community level in effect entails "the eyes and ears on the ground" to help properly guide and direct the efforts of organizations (and of public policy on a broader scale), thus more effectively coordinating efforts to address the lack of affordable housing in the TL and come up with proper solutions. These interventions would better address the "how", "where", "when", and "what" of affordable housing, creating concrete plans and devising systems to make sure such housing is affordable.

Food Security

Food security is a second theme that was found to be a major concern for the TL, linking up with and exacerbating chronic poverty and the TL community's unmet public health needs in general. Food security was identified as an especially central theme from the qualitative data gathered and coded (see Table one of Community-Identified Concerns in Appendix C) based on stakeholder interviews, and in turn, the community has initiated and developed a number of creative approaches to enhance it (see Table two of Community-Identified Assets and Resources in Appendix). For instance, the Tenderloin Healthy Corner Store Coalition is an initiative that was mentioned and thoroughly depicted in stakeholder

interviews (stated as an asset and resource in Table two of Community-Identified Assets and Resources in Appendix C). Research articles have delved into such programs, and one example focusing on these initiatives (as a means to tackle the chronic poverty which the TL faces) is a piece by Minkler et. al, which discussed how the Tenderloin Healthy Corner Store Coalition initiative has helped and continues to help remedy the food security problem for the TL.

The foregoing effort brought together diverse stakeholders in an activist spirit, ultimately succeeding in achieving the passage of the Healthy Food Retailer Incentive Program Ordinance (also known as Healthy Retail SF [HRSF]) in the fall season of 2013. This coalition has helped to measurably relieve the food crisis in this area and can be regarded as an intervention applied effectively to the TL community. Despite the improvements that have since emerged, however, many people in the TL still cannot afford to purchase fresh produce and other healthful items at these corner stores in the setting of high unemployment, low wages, and inflation in food prices. Also, those who are elderly or ill may have mobility issues, which in turn can interfere with arriving at and accessing the goods in these stores. Lastly, many continue to remain stuck in poverty and marginalized in society, with lack of good health education and healthy eating practices, thus contributing further to poor health outcomes and more recalcitrant poverty.

Minkler et. al's (2018) discussion of the coalition touches especially upon the organizational and community aspects of the SEM. The Coalition is a nonprofit organization that works in concert with the community corner stores and other local businesses to bring fresh produce to the TL, often providing it from local growers and farmer's markets. Such steps help to not only increase the supply of fresh produce and other healthy food options, but also to help ensure that the prices of such items are in a more affordable range for the neighborhood.

In addition, the provision of fresh produce into the neighborhood is simply making it more available, far easier to access than from shops and other sources outside of the TL. This intervention therefore promotes better health, and helps to address underlying issues contributing to the chronic, endemic generational and urban poverty that residents of the TL are facing.

Safe Injection Facilities (SIFs) addressing the drug use and the open-air drug market crisis

Safe injection facilities (SIFs) represent a third area of interest, linked to the theme of access to and coordination of care and services, as coded in Table one of Appendix C and to the theme of social, emotional, and behavioral health in Table two of Appendix C. SIFS was designated to be a major concern for the TL by the stakeholders interviewed in the TL CNA in regards to concern of access, linking up with and exacerbating chronic poverty and the TL community's unmet public health needs in general. Wenger et al.'s (2011) study discussed SIFS and addressed community interventions to tackle the TL's ongoing illicit drug abuse crisis. The study was based on 20 qualitative open-ended interviews with stakeholders in the TL, including businesspeople and community leaders. The authors identified mixed feelings among community stakeholders surrounding such efforts, but there was general consensus that more intensive interventions were needed. Some of the stakeholders in the study expressed their concern that a SIF in the TL would undermine the goal of cleaning up the neighborhood and improving the quality of life. In effect, they worried, a SIF might have the contradictory undesirable impact of attracting drug abusers, and possibly criminal activity with it, since many abusers resort to theft or other illegal activities to fund their drug habits. Other stakeholders

believed that a SIF in the neighborhood might further stigmatize its members in the eyes of the general public, fostering a perceived association with drug use.

The organizational and community aspects of the SEM relate particularly well to SIF, in that organizations are most likely the ones advocating for SIF and in respect to my fieldwork project are advocating for SIFs to address the drug use crisis in the TL. Also, nonprofit and other local organizations may be the institutions effectively implementing and putting up the SIFs in the TL. Thus, SIFs collectively represent an organization and community-driven intervention to better manage the damage caused by the persistent illicit drugs crisis within the TL. Many who are in need of a SIF have turned to drugs, either their sale or use. Drug dealers often turn to their illicit trade as a means to raise money in a far faster and more effective way than they could through legal employment, turning a quick profit. In turn, the structural poverty in the TL, a failing of the broader society, has fostered a worsening vicious cycle of poverty, with individuals in neighborhoods like the TL feeling that their needs have been ignored and abandoned. Poverty has thus thoroughly exacerbated the drug problem in the TL neighborhood, by leaving so many with the impression that they have no other recourse than to sell drugs, if they want to survive economically.

In conclusion, issues with housing security, food security, and safe injection facilities (SIFs)--addressing the drug use and the open-air drug market crisis--continue to profoundly affect the TL community today. In the findings and significance section, some proposed solutions and interventions are stated by stakeholders interviewed in the TL CNA that seek to substantively and productively address the poverty issue, but more needs to be done to address the fundamental socioeconomic gap and resultant severe poverty that still plagues the TL community. The core gap in knowledge here, that my fieldwork project was seeking to fill, is

what the TL community's stakeholders felt needed to be done to address these issues based on their own experience and conclusions, with the aim of further tangibly improving the community health needs and health outcomes of the TL. This is a topic which has not been broadly studied or covered in mass media; many in the general public, as well as important policymakers in San Francisco City and County, do not think of this community or its unmet public health needs much, a relevant issue since the TL needs more support and attention to these problems from public officials in the broader region. Therefore, stakeholders were interviewed in order to find out what more can be done for the TL community and what socioeconomic gaps still exist. It should also be noted that the interviews were structured specifically to provide TLHIP with more information in regard to the findings about the aforementioned socioeconomic gaps, and how they have in turn inhibited growth and development of the TL as well as meeting its health needs. The overarching goal of my fieldwork project, then, was to address the public health problem of the poverty gap that has contributed so elementally to the numerous issues that the TL low-income community has faced, and continues to face, in regard to the three core themes mentioned above, alongside more pointedly addressing these pertinent issues themselves, in addition to the four other themes stated in the coding tables of Appendix C.

II. Scope of the Project

Describe the Project

The TL consists primarily of low-income populations, particularly African-Americans, Latinos, and a variety of immigrant populations. The TL is a neighborhood of families, as it contains the highest density of children in the city—between 3,000 to 4,000 youth (under the age of 18) living in the neighborhood (San Francisco Foundation, 2016). The neighborhood lacks

green-space, contains no supermarkets, has high levels of violence, and is plagued by a widespread illegal drug trade, with the people of the TL suffering from high levels of addiction to opioids and other substances. Poverty is severe, with about 60% of San Francisco's total homeless population currently living within the TL neighborhood (Kehoe, 2019). The TL thus continues to face social, economic, and health problems and to be a very challenged neighborhood in general. The marginalized population of the San Francisco Bay Area has, in summary, ended up disproportionately living in the TL, which includes a large housed and unhoused population, both of which are struggling with destitution and other socioeconomic difficulties. The TL CNA focused on all five of the areas that the 2019 San Francisco Community Health Needs Assessment (CHNA) identified as most impacting disease and death in the county. Suggestions for these areas were tweaked in the TL CNA and in this Capstone. In addition, considerations surrounding these five domains were applied in the TL CNA to help interpret the specific findings most pertinent to the TL, and also comprised a number of the themes identified in the coding tables themselves. The original areas stated in the 2019 CHNA include:

1. Access to coordinated, culturally and linguistically appropriate care and services
2. Food insecurity, healthy eating, and active living
3. Housing security and an end to homelessness
4. Safety from violence and trauma
5. Social, emotional, and behavioral health

The TL CNA lends particular attention to public health problems such as poverty and infrastructure, which are two further themes that I discerned from the coding the qualitative data

obtained in stakeholder interviews, thus focusing on seven themes in total, including the ones the CHNA identified. All seven themes together will inform the work TLHIP is doing and identify the major factors that exacerbate poverty and negatively affect the TL community's health needs, which in turn can help inspire recommended solutions to the poverty gap that stubbornly persists for the TL. As far as conceptual design and structure, the community needs assessment is organized into the following sections: introduction, agency, methods, results of community-identified concerns, discussion of community-identified assets and resources, and recommendations/solutions. The TL community's health needs were assessed through questionnaire-based (previously prepared questions) interviews conducted with stakeholders (see Appendix B for questionnaire).

Agency

Established in 2014, the Tenderloin Health Improvement Partnership (TLHIP) is co-led by Saint Francis Memorial Hospital and its community partners. TLHIP is part of the hospital's implementation strategy to improve health outcomes in the TL neighborhood and is overseen by the hospital's Community Advisory Committee (CAC). TLHIP addresses issues surrounding health equity, and strives to improve neighborhood health outcomes in the TL using a collective impact partnership model that includes neighborhood-serving organizations, local businesses, government agencies, nonprofit agencies (including foundations) and funders, healthcare partners, and others committed to improving the health and well-being of the TL.

TLHIP has been working actively with more than 100 multi-sector partners guided by the CAC of neighborhood leaders to better align priorities, resources, and activities with the goal of creating pathways to better health for residents. The CAC also oversees the hospital's Community Benefit Plan and the planning, development, and implementation of specific TLHIP

strategies and initiatives. The CAC meetings are facilitated by the TLHIP backbone team to set the common agenda and increase communication and alignment (Saint Francis Foundation). TLHIP partners have aligned their efforts around four working groups to improved health, including Neighborhood Safety/Tenderloin Thrives, Strengthening the Parks Network, Neighborhood Harm-Reduction, and Economic Opportunity (Saint Francis Memorial Hospital Community Benefit 2019 Report and 2020 Plan). Overall, I hope my efforts have made the TLHIP initiative impactful and lead them to continue to plan, develop, and implement more strategies to address the TL community's unmet public health needs.

Project

In regard to primary aims, I hope my fieldwork project will be able to convince TLHIP that the work that I did is valuable and important enough for them to incorporate within their broader community improvement effort, meeting community health needs and tangibly boosting health outcomes of the TL. One metric of success in attaining this goal would be in the form of written statements of recognition, by TLHIP committees and governing bodies, that the results and findings have contributed measurably to TLHIP's own undertakings. I hope the project will inform the work TLHIP is doing and identify the major factors that exacerbate poverty and negatively affect the TL's community health needs, which in turn inspire recommendations of solutions to the poverty gap that stubbornly exists for the TL community.

In addition, I hope that my fieldwork project will help the stakeholders interviewed to more systematically grasp what socioeconomic and functional gaps exist in TL community public health, and what they can further do individually at their organizations or collectively with other organizations to mitigate the underlying problems and challenges that the TL faces. Such strides, in turn, can help to better address these core issues by helping stakeholders to

make better use of their own resources and knowledge of the community and its workings. Overall, the TL CNA will be beneficial for the TL community and hopefully bring about positive change in 2021--specifically in the form of new policies, recommendations, and solutions based off of my qualitative data and the analyses performed using it--so as to better address the underlying factors at the root of the TL's public health struggles and chronic poverty, and thereby enhance community health outcomes and social conditions.

In regards to the SEM as described above, I am trying to create change primarily from the public policy level, organizational level, and community level since the problem of public health and chronic poverty has so many complex, intertwining underlying factors for the low-income community of the TL. All three levels need to be addressed in concert to tangibly improve the community health outcomes, meet key health outcomes, and address poverty and challenging social conditions for the community. From a public policy level, the stakeholders stated in general that laws need to be changed for this community in a targeted fashion, with much greater awareness of their predicament among lawmakers. They also provided some core recommendations and solutions, which will be discussed later on. However, from a practical standpoint, the organizational and community levels are the most pertinent to be addressed in the SEM. This is because, even though my efforts are likely not leading to alterations in laws and public policies per se, they are nonetheless opening the eyes of the TLHIP backbone team to insights that might have been otherwise, overlooked and in the process providing suggestions for productive efforts at the level of community activism. In addition, some of the nonprofit agencies and organizations interviewed are the partner organizations of TLHIP and are on the CAC. Lastly, TLHIP, the nonprofit agencies and organizations, and community leaders themselves who are not part of TLHIP, can better collaborate so as to better coordinate

their joint efforts for the greater good of the TL community and to improve community health needs that address poverty.

Role

I did not have a specific role or title at my fieldwork placement, but I was a student intern for Saint Francis Memorial Hospital in the Community Benefits Program. I was involved in the TLHIP initiative in that the community needs assessment I conducted was to inform the work TLHIP is doing and identify the major factors that exacerbate poverty and negatively affect the TL's community health needs, which in turn inspired recommended solutions to the poverty gap that stubbornly persists for the TL community. In addition, the community needs assessment was undertaken in order to ascertain what gaps and shortcomings are present in current efforts, and what more needs to be done to improve the community as a whole. Furthermore, the TL CNA helped inform TLHIP of what stakeholders believe are still problems for the TL and the unmet public health needs that worsen poverty. In the midst of this involvement, I also learned about what specifically TLHIP does and how their work has enhanced the TL.

I attended three CAC meetings at the hospital with the partners that TLHIP works with and many of the stakeholders interviewed are part of the CAC. From these efforts, I put together a community needs assessment and made recommendations, drawing up solutions to address the community health needs of the TL neighborhood based on my interviews. My deliverables for my fieldwork are an interview protocol document, TL CNA as described before, and a PowerPoint presentation done orally on Zoom.

A professional goal that I fulfilled therefore involved my active participation in a public health effort of significant real-world importance. Specifically, I got to participate in the

TLHIP initiative in order to more systematically examine the root causes of the community's socioeconomic challenges, and to see what more could be done to help the TL neighborhood especially given their status as a low-income, often impoverished community and marginalized population.

Methods

36 interviews were conducted with stakeholders in the TL community, listed in Appendix A. One of the stakeholders interviewed chose not to be listed in Appendix (A). Seven of the thirty-six interviews were conducted in person at the interviewee's job site, while the rest were conducted via Zoom owing to COVID-19 precautions. An Interview protocol document was created as a rubric for each of the interviews, containing the objective of each interview as well as the protocol for getting verbal informed consent during each interview, a reminder to ask each interviewee if their name can be included in the TL CNA and if they can be quoted, and the nine-question questionnaire, itself, that was asked of each interviewee. The seven interviews conducted in-person were recorded on an iPhone, while the rest of the interviews were recorded via Zoom's option to record live sessions. All of the stakeholders either live or work in the TL (or both), aside from one of stakeholders who only utilized the services available in the TL and never worked or lived there per se.

After each interview, the contents were transcribed on Microsoft Word. The transcripts of each interview were printed out. Words and phrases were circled and highlighted in each interview that were repeated throughout all the interviews and notes were taken regarding differences or similarities that were striking across multiple interviews. I also took note of quotes that were especially supportive of the overall findings, as well as highlighting findings and details from each interview that were especially interesting, significant, and representative of key

conclusions, and which I could consider quoting or paraphrasing. I found 75 pertinent words and phrases repeated throughout my interviews and categorized them under the five areas of health needs that the 2019 San Francisco Community Health Needs Assessment (CHNA) identified that most impacted disease and death in the county. These pertinent words and phrases were narrowed down, categorized, and consolidated the words into two tables, which can be found in Appendix (C). There are additional themes that were discerned from the qualitative data acquired in stakeholder interviews, which are poverty and infrastructure. Table one of Appendix (C) is focused on Community-Identified Concerns. Table two of Appendix (C) is Community-Identified Assets and Resources. In Table one, words and phrases were consolidated by cutting out what was repetitive and narrowing down my information to fit neatly into twelve boxes. The same consolidation was done for Table two, which was consolidated into ten boxes. The tables in turn were used to discuss the results and findings regarding each theme. Each table has the following columns, which correspond to the major themes: access to and coordination of care and services, food security, healthy eating, and active living, housing security, safety from violence and trauma, poverty, and infrastructure. The Master of Public Health Program Competency Inventory items that I fulfilled in my fieldwork project are listed in Appendix (D).

In conclusion, the TL community's health needs were assessed through questionnaire-based (prepared questions) interviews conducted with stakeholders. The interviews were conducted to assess the work that the Tenderloin Health Improvement Partnership (TLHIP) has performed thus far. In the broader sense, these efforts were designed to provide and communicate a holistic picture of the TL and its struggles, emphasizing the vicious cycle of poverty and poor health which must be broken to bring about systematic improvements. The interviews and findings, in turn, were used to build this picture from the ground up, hearing the

insights and concerns from TL organizations and residents themselves. Results from the interviews were interpreted in the context of not only what I had learned from previous research about public health and interventions involving the TL, but also from the common themes was deciphered for the results of the TL CNA that was produced. A key aim of the analysis of these results was to identify and decipher how poverty contributes to significant health disparities of the TL neighborhood of San Francisco, thwarting optimal health outcomes, which in turn exacerbate the underlying poverty in the form of the vicious cycle as discussed above.

III. Public/Population Health Impact: Findings and Significance

The focus of the interviews was to find out what gaps exist for the TL neighborhood in terms of public health, poverty, and their overlapping underlying factors, and what more needs to be done to address the unmet public health needs for the community that have contributed to endemic, multi-generational poverty. In addition, recommendations were made and solutions suggested based on stakeholders' perspectives regarding the three major themes of housing security, food security, drug use and the open-air drug market crisis (connected to the theme of access to and coordination of care and services, coded in Table one of Appendix C and to the social, emotional, and behavioral health theme in Table two of Appendix C). These suggestions were further guided by my own thoughts and insights, in addition to the other themes stated above, which in total comprise the seven themes in Figure one that will also be discussed in the next section, focusing on results of community-identified concerns.

Figure 1: Themes Deciphered from Coding Tables
Access to and Coordination of Care and Services
Food Security, Healthy Eating, and Active Living
Housing Security
Safety from Violence and Trauma

Social, Emotional, and Behavioral Health
Poverty
Infrastructure

Most of the TL population, housed and unhoused alike, come from a low-income, low socioeconomic status, and are of racial and ethnic minority groups. Socioeconomic status (SES) is defined primarily by education, income, and occupation. According to Adler and Newman (2002), education is the most basic SES component since it shapes future job opportunities and earning potential. Income is also significant by allowing for better nutrition, housing, schooling, and more. Occupation also helps to define SES since various job categories are associated with greater status and opportunity. Positive levels in each of these categories, associated with higher SES, can contribute to a virtuous cycle through which each level of achievement contributes to a higher quality of life. However, the U.S.'s prominent and persistent inequalities in these areas tend to be self-perpetuating, which in turn leads to further inequalities in health, which also damage social mobility in general (Adler and Newman, 2002). I came to learn from the interviews that the TL community, whether its members are housed or unhoused, are stuck in a cycle of poverty because of their low socioeconomic status, which has inhibited them with problems such as lack of housing security, food security, healthy eating and active living, as well as impediments to social, emotional, and behavioral health.

With the foregoing in mind, my fieldwork project's three main themes of housing security; food security, healthy eating and active living; and SIFs (related to access to and coordination of care and services theme coded in Table one of Appendix C and to the social, emotional, and behavioral health theme in Table two of Appendix C) are discussed in the results of community-identified concerns section below. Relevant data from published

literature is likewise used to support the results below. The effects of endemic generational poverty in particular were considered with regard to its effects on the TL's public health and general outcomes. My fieldwork project addressed the contribution of such poverty to significant health disparities afflicting the TL neighborhood of San Francisco. Housing security; food security, healthy eating and active living,--themes that are organized in Table one, Community Identified Concerns, within Appendix (C)--as well as impediments to social, emotional, and behavioral health, have in turn exacerbated the underlying poverty. The stakeholders in the interviews have expressed their belief that these, in particular, are the key areas associated with the unmet public health needs that have aggravated endemic poverty for this neighborhood, as noted in the following section.

Results of Community-Identified Concerns

Housing Security

Concerns about housing came forth as a recurring theme that emerged from the interviews. Housing security was identified by the 2019 Community Health Needs Assessment (CHNA) as a critical health-related need that impacts disease and death in SF. From the interviews, I ascertained that 14 out of the 36 people (roughly 39%) interviewed felt that affordable housing is, in fact, the number one greatest unmet public health need and a top priority for the neighborhood, and that lack of such housing and the resulting homelessness underlie a lot of the TL's most pressing problems. In addition, respondents felt that more affordable housing is a foundation needed for the TL community to more effectively address its other core issues. They also felt that more of the affordable housing should be built outside of the TL, that is, it should be spread out elsewhere in the county to provide more living options for low-income residents to find a place to stay. The lack of such geographical spread thus far,

apparently, is because many residents in other parts of the Bay Area do not want these people in their neighborhoods, as affirmed by the interviewees.

Food Security

Food security, along with difficulties in achieving healthy eating and active living--as stated in Table one, Community Identified Concerns, in Appendix (C)--also represented a major finding identified in the 2019 CHNA, constituting a significant unmet public health need. Specifically, these factors were found to substantially impact disease and death in SF in general, and I found concerns about these issues to be a major theme from the qualitative data coded in the interviews. Almost every single person interviewed affirmed that an affordable grocery store needs to be built in the TL, since there currently is no such option within the neighborhood itself. The TL only has corner stores and convenience stores, which some of the stakeholders stated are not very affordable in their selection and lack enough fresh produce to meet the needs of the community.

Along similar lines, throughout the interviews it came up repeatedly that the TL is considered to be a food desert (see Appendix C, Table one). There are no supermarkets in the area, only corner stores, bodegas, liquor stores, and convenience stores. Compounding the problem is that most of the people who live in the TL are low-income minority families who cannot afford healthy foods and are uneducated on how to eat healthy and how to cook. Lack of education was identified as another major factor contributing to the TL's general struggles with poor public and poverty (see Appendix C Table one of Community-Identified Concerns). These educational deficiencies were particularly detrimental in areas such as how to cook healthier foods and what is considered to be healthy, as well as broader life skills like how to pay their bills and how to get a job.

Food security also came up as an issue of particular concern, underlying and fueling many of the other chronic social problems plaguing the TL. As a stakeholder stated in an interview, “food security would be higher on [her] list [as an issue] than healthy eating. Food security is not necessarily the same as eating healthfully. Food security just means you have sufficient calories to continue to feel okay in life” (Anonymous, personal communication, March 5, 2020). This was an especially salient point because many in the TL do not even have reliable access to food in general, whether it is nutritious and healthy or not. Thus, food security, along with healthy eating and active living, garnered particular attention by stakeholders in the interviews.

Social, Emotional, and Behavioral Health

The drug use and drug dealing problem, thoroughly discussed and assessed with stakeholders, falls under the social, emotional, and behavioral health theme of Table one (Community-Identified Concerns) and Table two (Community-Identified Assets and Resources) of Appendix (C). This theme was identified in the 2019 CHNA as being among the most pressing health needs that profoundly impact disease and death in SF. The majority of the stakeholders concurred with the following regarding this theme: more harm reduction sites, and safe injection sites are needed to help drug users and dealers to stay safer and reduce drug use and selling in general. Also, many stated that, especially in reference to the plague of illegal drug use and dealing, it is pivotal to hear directly from the community and see what they specifically need help with, and how to foster incentives to reduce drug use and dealing in general. That is, community voices need to be heard out in detail so as to gain a more inside view and more concrete insights regarding the underlying issues surrounding the drug problem, alongside other issues the TL housed, and unhoused populations may be facing. In addition,

many stated that because of the increasing economic disparity, building on problems that were manifest in the community even before recent years, there is pronounced poverty which has aggravated drug addiction and the illegal drug trade. Along similar lines, as with general social struggles and the TL's poverty itself, the drug problem in the TL was perceived to have a racial dimension, exacerbated by law enforcement's penchant to treat drug use as a criminal matter rather than the public health and economic crisis that it more truly is.

The War on Drugs is also related to the social, emotional, and behavioral health theme since it is related to the open-air drug market, which also includes drug sales, and miscasts what are essentially broader public health issues and systemic inequalities as moral failings and matters of the criminal justice system. The War on Drugs started in 1971, under the Nixon Administration, with the expressed goal of reducing the illegal drug trade in the U.S. (Drug Policy, n.d.) The War on Drugs was stated by a stakeholder as being driven and underlaid by often unstated yet clearly racist presumptions, and that it "has decimated in the TL because most of the people who live in [the TL] are poor black people" (Anonymous, personal communication, May 19, 2020). This is connected to Chang's article in that he examines the persistent problem of substance abuse in the impoverished TL neighborhood, confronting the customary representation of drug use as a moral failing or personal weakness instead of exposing the systemic inequities and societal breakdowns that have led to this situation. He too stated how the oft-invoked War on Drugs, and the general propensity to treat substance abuse as a crime rather than public health matter, has done untold damage to already struggling communities while perpetuating the underlying social conditions that give rise to illicit drug use in the first place (Chang, 2017).

The Hondurans, Salvadorans, and African-Americans within the TL are the main groups involved in the drug selling according to the interviewed stakeholders, and they probably are using the drugs they are selling as well. The open-air drug market is characterized by the sale of illegal drugs in large open neighborhood areas, and the prevalence of this market has been rooted in the underlying poverty of the TL and its communities, leaving all three of these populations to resort to selling drugs in order to get by. A stakeholder stated, "the drug trade in [her] opinion sets the TL apart from most other [neighborhoods] and it is the source of so many issues in the neighborhood" (Anonymous, personal communication, March 27, 2020). From the interviews, this was found to be true in general, given that the drug trade has exacerbated many of the core issues afflicting both the housed and unhoused populations of the TL community, and contributing to a vicious cycle of poverty.

In particular, grinding poverty has led to drug use to cope with its effects, further aggravated by the complications of mental illness, food security, and other problems. All of this is true for both the housed and unhoused population, as the former also includes many low-income individuals and struggling families. In addition, tourists, visitors, and those who live in other neighborhoods in the city are often deterred from coming to the TL in part because of the open-air drug market and attendant concerns about crime and safety, which in turn contributes to the neighborhood's isolation and economic struggles. The drug problem is further aggravated by some of the other major weaknesses of the TL, as identified by the stakeholders, which have together given it the impression of a "containment zone" to those in the rest of the county, a neighborhood of high crime, gang violence, persistent racism and bias, and generational poverty, all of which feed into the other persistent issues described above. These factors contribute to the

poverty gap addressed for the TL neighborhood, thus thwarting optimal health outcomes, which in turn exacerbate the underlying poverty and drug use.

Poverty

Poverty, as one of the core themes of the TL's socioeconomic challenges, contributes to and is in turn itself exacerbated by racism and bias on the part of the broader region. This has profoundly affected the status of this community in myriad ways over decades, and including today, according to the vast majority of the stakeholders interviewed. As one stakeholder expressed her thoughts on the subject, "[she believes] there is an underlying difference in who we value. We need to address generations of poverty and racism and our attitudes in that, we are going to treat people as if they are below us. We provide very substandard housing for people and believe that is okay" (Anonymous, personal communication, February 25, 2020). Unfortunately, the TL community is held in low esteem by many in the surrounding region, with much of the Bay Area holding the TL in contempt and believing that its downtrodden residents deserve the low-quality life they are living. Such attitudes have clear racist, bias, classist, and prejudicial overtones, and contribute to the neglect of the broader area in Northern California for the unmet public health needs of the Tenderloin's inhabitants.

The sociological literature has taken a significant interest in the roots of systemic racism and how, with particular relevance to the TL, such pervasive racism and bias contribute specifically to persistent social inequalities particularly for low-income minorities that are difficult to surmount. In a particularly telling paper on this topic, Brondolo et al. outlined six questions which they addressed in five "special section" papers that tackled, in a focused manner, the key underlying factors through which racism, racial discrimination, and persistent racial and ethnic inequalities in the U.S. contribute to stubborn health disparities, particularly for

underprivileged American groups like Latinos and African-Americans. Thus, racial and ethnic inequalities contribute perniciously to broader social problems at the community level, and thereby play a pivotal role in the lives of and perpetuating poverty among the low-income population of the TL.

The community's struggles with racism have also fueled concerns about representation in key community organizations involved in the TL's welfare and general well-being. Regarding this topic, one stakeholder affirmed, "it is fine that a white woman is leading [this organization], but that does not serve the community as well as [if] a person of color who had lived experience from the neighborhood were leading it" (Anonymous, personal communication, March 4, 2020). So, according to this stakeholder and others of a similar mindset, it is important for those who live and work in the TL to also represent others who live and work in the TL. This is doubly so because of the TL's demographics. As discussed previously, the majority of those living in the TL are African-Americans, well aware of discriminatory attitudes that unfortunately still pervade much of San Francisco County, and which have a negative effect upon them.

A common sentiment among stakeholders was the detrimental effect of the perceived omnipresence of racism and bias--both overt and subtle--on the TL housed and unhoused populations' sense of self-confidence and capacity to climb out of the cycle of poverty. There was general agreement that better combating systemic racism in SF County was imperative for the TL's residents to help break the vicious cycle of poverty. As a stakeholder expressed, in a valid point surrounding this issue, for many individuals within the TL, their trajectories were constantly hampered by racism and discrimination, which has affected their socioeconomic status and perpetuated the poverty of the neighborhood. Thus, racism and bias can be fairly

said to have contributed quite tangibly to the health disparities for this community and continue to do so. In addition, these manifestations of discrimination and prejudice have kept this community held back, hindering them from meeting core needs like public health and housing, for example. Racism and bias were even identified by many of the stakeholders as "the basis of everything", the fundamental root of the TL's problems. Structural racism and environmental racism specifically were identified in the interviews as affecting the TL in negative ways, particularly in the way the TL is portrayed to the broader public, while contributing to the lack of green-space and general uncleanliness of the neighborhood. The drug trade was likewise identified as being rooted in racism due to the way discrimination had deprived the community of opportunities, the majority of whom are people of color, leaving them little option but to resort to dealing on the streets of the TL. All of these factors, and particularly the ongoing racism and bias towards the residents of the TL, have exacerbated the community's poverty gap.

Recommendations and Solutions

Recommendations and solutions for the TL's most pressing issues were initially proposed largely by the interview subjects themselves, and these suggestions can be conceptualized in terms of the five levels of the socioeconomic model (SEM) as discussed above. Specific steps were conveyed by the stakeholders as a means to better tackle the community health needs the TL faces which have, in turn, worsened the poverty and destitution for this community. As noted, these factors have adversely affected the residents' way of life, leading them to live in poverty and with poor public health and social ills, which need to be systematically addressed primarily from the public policy, community, and organizational

levels of the SEM. From the public policy standpoint, a relevant intervention to consider would be a reexamination of laws with a better focus on the often overlooked needs of the TL community, with their interests more consciously included in the legislative process such that they have a more direct voice in the lawmaking process itself. The goal would be to ensure that this population is taken care of and their needs are better met, both immediate and longer-term. As of now, many of their voices are unheard and thus their public health needs are unmet, including basic requirements such as secure housing and having a meal to eat.

Many stakeholders expressed the belief that policies need to be created that more consciously protect the rights of the low-income residents and families in the TL, which can be seen as a form of intervention under the umbrella of the public policy level of the SEM, where policies are made and changed. In this regard, TL residents have unique unmet public health and general needs which the legislative seats in SF County are often unaware of, given that they are members of a low-income minority population that have often been marginalized and stigmatized in general. The specific issues of most significant concerns to these stakeholders included the open-air drug market, social support, and behavioral and mental health, with stakeholders also recommending more harm reduction, safe injection, substance abuse, and better mental health programs sited within the TL itself. Few of these concerns have received significant attention from the SF authorities or state legislature, and thus the public policy level is one of the most fundamental in the SEM to addressing the unmet public health and general needs of the TL.

An SF resident interviewed stated that “mental illness needs to be addressed by the community and by the government and can be addressed by sensitivity training specifically for the police or have an intermediary between police and the homeless and hopefully the intermediary would have been homeless once to be able to connect to the person who is currently homeless. The intermediary can help to see if the police should take matters in their own hands” (Anonymous, personal communication, February 28, 2020). This can be considered as another recommendation, and potential solution, with regards to the particular problem of mental illness, since many who are housed and unhoused in the TL have a psychiatric disorder, for which they are often stigmatized and which can further interfere with their efforts to achieve more economic stability and better health in general. Stated simply, those with a mental illness are sometimes ignored and not valued in society, which further contributes to their marginalization.

The sorts of suggestions provided above are most closely linked with the organizational level of the SEM. This level, by definition, most fundamentally involves a community’s environment, its ethos, and its defining social institutions. The environment in particular plays a marked role in mental illness for the low-income minority population, for example whether we as a society ignore those with a mental illness, stigmatize them, or actively help them with the management of their psychiatric disorders. These environmental factors play an enormous role in whether people improve and recover, or suffer and decline further in health and ability to contribute to society. The organizational level of the SEM is further connected to mental

illness in the TL in particular, in that there are social institutions and organizations in the TL addressing mental illness and seeking to help, such as Hyde Street Community Services (Hyde Street Community Services).

Efforts to tackle mental illness are also linked with the community level of the SEM, since this level involves cultural values and norms that determine how a society regards and interacts with those suffering from mental illness. In this regard, the society's core defining norms and collective beliefs, specifically here how society regards those with psychiatric disease, also contribute to the outcomes of those with a mental illness. These community norms, in turn, shape how a society's organizations respond to the challenge. The organizational and community levels of the SEM are thus integral to the way a society tackles mental illness, and whether those suffering from it improve, stagnate, or become worse.

A further recommendation and potential solution for the TL's deep-rooted issues, as stated by many of the stakeholders, is for the local and state government to be more proactive with respect to issues relating to the TL and San Francisco in general, which correlates to the public policy level of the SEM. At the public policy level, the governing bodies are responsible for bringing about change and for addressing the bigger issues especially for the broader population, which in this case would be the low-income minority residents and families of the TL in San Francisco. In particular, many of the stakeholders felt that the focus should be more on often overlooked concerns that are affecting their everyday lives, wearing them down and contributing further to poverty and the vicious cycles associated with it. The TL community

needs more investment, many of the stakeholders believed, owing to a perceived lack of business and educational investment which reduces social mobility and removes ladders of opportunity. As noted before, the TL is seen by much of SF to be a containment zone for the indigent and, by implication, potentially crime-prone, and this discourages investors and entrepreneurs from entering the community in the first place. As one stakeholder stated, "I think the community ought to have the capacity to voice how to best approach the challenges and opportunities in this neighborhood and that they should have a direct line into City Hall and City Hall ought to be responding to what comes out of this neighborhood" (Anonymous, personal communication, March 4, 2020).

In regards to housing itself, most of the stakeholders felt that more affordable housing units were of the utmost necessity. Also, affordable housing units should be built both inside and outside of the TL, they affirmed, to offer more options for residents to move where conditions might be more affordable and convenient for them. The lack of affordable housing has contributed further to both the housed and unhoused population living in a vicious cycle of poverty and housing security. This cycle is further aggravated by other factors such as lack of job security and steady jobs, or a job whatsoever because of previous criminal activity (which often limits employment opportunities), interfering with residents' goals of attaining a secure, comfortable way of life. Affordability, in turn, was identified as the most significant unmet housing-related need by the stakeholders. As another potential solution, one stakeholder suggested making better use of unused (and thus likely less costly) space, for example noting

that there are about eighty empty storefronts in the TL that could be used to house more people. The lack of affordable housing units is connected most closely with the public policy level of the SEM in that the local and state governments need to be involved with changing the laws that impede the low-income, minority residents and families of the TL from accessing affordable housing. These are interventions that can help to address the housing crisis for the low-income residents and families of the TL.

More broadly speaking, from many of the stakeholders' perspective, it is essential to hear more closely from the TL's population at the grass roots--both the housed and unhoused populations--regarding what their unmet public health needs actually are, *as they perceive and understand them*. This is essential to more effectively tackle the myriad of issues that exist for the TL community in a manner that more concretely addresses residents' needs. In order to tackle the drug problem, for instance, some stakeholders believed that the rapid institution of more harm reduction and safe injection sites is urgently needed, actively working to help the drug users of the neighborhood to achieve a safer environment and to gradually wean themselves off of illicit drugs altogether. TLHIP backbone team, Saint Francis Memorial Hospital, and its community partners can in turn take heed of these recommendations and solutions that they may not initially be aware of, so as to more precisely and effectively provide for the TL community's unmet public health needs.

Regarding the issue of healthy eating, there was general agreement that it is important to have more organizations provide healthy options since, as many of the stakeholders

affirmed, the food provided by nonprofit organizations such as Glide and St. Anthony's is not necessarily healthy. It was also stated that cooking demonstrations for the clients by these organizations would help TL residents to better learn how to eat well, including healthy eating options for what they can prepare at home. The empty storefronts mentioned above could also be repurposed as cooking facilities for the residents who live in single room occupancy buildings (SROs), which either have a shared kitchen or no kitchen at all. Simple solutions like this could make a world of difference in relieving the unfavorable logistics that can make healthy habits so difficult to achieve in practice. Organizations that serve meals, like Glide and St. Anthony's, could perhaps also get funding from the city to specifically provide weekly groceries to the low-income families who live in the TL.

In regards to the SEM model, the recommendations and solutions stated above target the following levels in particular: public policy level, organizational level, and community level. These levels are the most pertinent for reforms and interventions to address the sociological problems this community faces, which as mentioned above include the following themes as discussed: access to and coordination of care and services; food security (including healthy eating and active living); housing security; safety from violence and trauma; social, emotional, and behavioral health; poverty; and infrastructure. Addressing these themes and areas, airing the authentic voices of the community, and improving the interpersonal communication within the TL, together hold the greatest prospects for positive change for this

low-income and often marginalized community, assisting them in breaking out of the vicious cycle of poverty.

Next steps

Policy Implications

Based on my fieldwork project, my own perspectives, and those of the stakeholders, some recommendations and solutions would include changes in our current policies and laws to help better cater to the needs of marginalized communities such as the TL, particularly with regard to affordable housing (public and private), business opportunity and enterprise zones, loans for small business, and social and educational assistance. In terms of the larger public health issues stated throughout this paper, the principal aim I hope to achieve with the recommendations and solutions provided is to help spur a more concerted and integrated approach for policymakers, community organizations, and community members themselves to create a neighborhood-wide infrastructure that is responsive to all facets of the community's unmet public health needs in order to more effectively address the poverty gap that continues to beleaguer the low-income minority population of the TL.

Specifically, this infrastructure would be flexible and capable of meeting both new and established challenges in housing security, food security, low wages, drug use, and other issues that all feed on each other and contribute collectively to the TL's poor public health. For example, such an institutional infrastructure would enlist the TLHIP backbone team, Saint Francis Memorial Hospital, and its community partners in contributing their unique expertise

and perspectives in tackling the specific areas of community public health that are currently festering or worsening in the TL, consulting with each other and with TL residents to rapidly adapt and improve in areas that are most needing of attention. Such efforts should also involve other pillars of the community, for example there should be a greater emphasis on community policing, and there should be a more honest effort to better distribute tax dollars in the county more equitably to address the needs of TL and indigent communities like it. Overall, society needs to take bold and swift action, utilizing evidence-based approaches as informed by the information gleaned from the stakeholders, their conclusions, and prior research.

Access to and coordination of care and services; food security (including healthy eating and active living); housing security; safety from violence and trauma; social, emotional, and behavioral health; poverty; and infrastructure were collectively identified in the results as the most important domains in combating poverty for the TL community. In addition, racism and bias, which fall under the poverty theme, have exerted a widespread and pervasive negative impact, as have persistent problems with drug use and dealing. All of these factors have together forged a vicious cycle of poverty, despair, and poor health maintenance and eating habits, in turn leading to significant health disparities for the TL, which thwart optimal health outcomes, thus, in turn, exacerbate the underlying poverty. In the process, the motif of the vicious cycle, as discussed above, is further exacerbated. Lastly, recommendations and proposed solutions are based largely off of the interview responses themselves to help this underserved, marginalized community, with a focus on embracing healthier habits and

lifestyles, achieving better education and occupational outcomes, and coming together to meet their essential needs. From a public health perspective, the most important next steps involve changes in applicable policies and laws, coupled with better coordination of organizations and community leader resources to more effectively meet and cater to the needs of marginalized communities such as the TL.

IV. Conclusion

The public health of the TL community has been adversely and chronically affected by its socioeconomic status, leading to a vicious cycle of social, economic, and health problems which nonetheless may be soluble or better addressed through creative and resourceful community and policy initiatives. The TL community's unmet public health needs were assessed through questionnaire-based (prepared questions) interviews conducted directly with stakeholders, some of whom did not work or live in the TL. The interviews were also undertaken to assess the work that the Tenderloin Health Improvement Partnership (TLHIP) has done thus far, so as to help the TLHIP become more informed about what gaps still exist, as well as what issues the stakeholders believed are still significant problems for the TL. There are undoubtedly many unmet public health needs that the TL struggles with as detailed in the above sections, thus engendering a cycle of poverty and worsening health outcomes that feeds on itself unless the underlying difficulties are better addressed.

The main highlights from the findings, as gleaned from the interviews and analysis, were primarily concerned with housing and food security as these pertain to the general welfare

of the community and its public health. First, the interviews clearly established that more affordable housing is needed as quickly as possible, and that affordable housing should be made more available outside the TL as well to widen its availability. Second, an affordable and easily accessible grocery store with fresh produce and more healthy food choices is urgently needed in the TL. Lastly, in regards to the drug use and drug dealing problem, the majority of the stakeholders concurred that more harm reduction sites and safe injection sites are needed to help drug users and reduce drug dealing.

My guiding aim is for the TLHIP backbone team, Saint Francis Memorial Hospital, and its community partners to be able to utilize the findings and TL CNA in concert to continue their work, and for them to more lucidly see what areas need improvements to combat the poverty gap that exists for this community as well as more assiduously attend to the general unmet public health needs that aggravate the poverty gap. That is, I hope the findings will provide specific guidelines and roadmaps to help make improvements based on stakeholder perceptions and what has become apparent based on my own analyses. In addition, the TLHIP backbone team, Saint Francis Memorial Hospital, and its community partners can work together with the stakeholders of the organizations interviewed, within the TL itself, to help confront community shortcomings that continue to have a deleterious effect on the quality of life for the community while exacerbating poverty.

This is doubly true in regard to more productive collaboration on housing security, food options, and confronting drug use. In particular, the TLHIP backbone team, Saint Francis

Memorial Hospital, and its community partners can continue to join forces if they have not already, to brainstorm and improve plans to alter policies that have negatively affected the low-income population of the TL. They can then join these policy-making efforts to community-level interventions and actions, with a particular focus on tackling housing and food security, which underlie many of the general woes of the community. These are two fundamental issues where this community has unmet public health needs of pronounced urgency, as strongly identified through stakeholder input in the interviews. With the help of the TL CNA and recommendations, then, the TLHIP backbone team, Saint Francis Memorial Hospital, and its community partners can build more effectively upon their previous work in tangibly improving the conditions for the low-income, often stigmatized, and marginalized populations of the TL. Great progress has been made, but much remains to be done, and with the guidance of the TLHIP backbone team, Saint Francis Memorial Hospital, and its community partners and other organizations, the people within San Francisco's TL community can look forward to a brighter tomorrow for themselves and their children.

References

A Brief History of the Drug War. (n.d.). *Drug Policy*.

Adler, N. E., & Newman, K. (2002). Socioeconomic disparities in health: pathways and policies. *Health affairs (Project Hope)*, *21*(2), 60–76. https://doi.org/10.1377/hlthaff.21.2.60

A Day in The Tenderloin Community. (2016, July 11). San Francisco Foundation. https://sff.org/a-day-in-the-tenderloin-community/

An Equity Profile of the San Francisco Bay Area Region. (2015). National Equity Atlas. https://nationalequityatlas.org/sites/default/files/documents/bay-area-profile/BayAreaProfile_21April2015_Final.pdf

Brondolo, E., Gallo, L. C., & Myers, H. F. (2009). Race, racism and health: disparities, mechanisms, and interventions. *Journal of behavioral medicine*, *32*(1), 1–8. https://doi.org/10.1007/s10865-008-9190-3

Chang, J. S. (2017). Health in the Tenderloin: A resident-guided study of substance use, treatment, and housing. *Social science & medicine (1982)*, *176*, 166–174. https://doi.org/10.1016/j.socscimed.2017.01.014

City and County of San Francisco. (2018). *Poverty in San Francisco*. SFGOV. https://sfgov.org/scorecards/safety-net/poverty-san-francisco

Hunger and Poverty Among Immigrants. (2016, August). Bread for the World. https://www.bread.org/sites/default/files/downloads/immigrants-fact-sheet-2016.pdf

Iceland, J., & Hernandez, E. (2017). Understanding trends in concentrated poverty: 1980-2014. *Social science research*, *62*, 75–95. https://doi.org/10.1016/j.ssresearch.2016.09.001

Investing in Community Health. (n.d.). Saint Francis Foundation. https://www.saintfrancisfoundation.org/where-we-invest/tenderloin-health-improvement-partnership/

Jensen, E. (2009). Understanding the Nature of Poverty. *Teaching with Poverty in Mind: What Being Poor Does to Kids' Brains and What Schools Can Do About It.* ASCD.

Kehoe, B. (2019). The push to advance health and safety in the Tenderloin. American Hospital Association. https://www.aha.org/hav/case-study/tenderloin-health-improvement-partnership

Minkler, M., Estrada, J., Thayer, R., Juachon, L., Wakimoto, P., & Falbe, J. (2018). Bringing Healthy Retail to Urban "Food Swamps": a Case Study of CBPR-Informed Policy and Neighborhood Change in San Francisco. *Journal of urban health : bulletin of the New York Academy of Medicine*, *95*(6), 850–858. https://doi.org/10.1007/s11524-018-0234-x

The Population of Poverty USA. (n.d.). Poverty USA. https://www.povertyusa.org/facts

Poverty in the San Francisco Bay Area. (2015, March). Joint Venture. https://jointventure.org/images/stories/pdf/poverty-brief-2015-03.pdf

San Francisco Department of Public Health, Population Health Division. (2019). *San Francisco Community Health Needs Assessment 2019.* San Francisco Health Improvement Partnership.https://www.sfdph.org/dph/hc/HCAgen/2019/May%2021/CHNA_2019_Report_051719.pdf

Shui, M.W. & Kirian, M. (2016, September 6). *San Francisco's Tenderloin Neighborhood: Neighborhood Conditions & Health Status*. San Francisco Department of Public Health. https://www.sfdph.org/dph/hc/HCAgen/HCAgen2016/September%206/DPHPRE_Z.pdf

Taylor, L.A. (2018). Housing and Health: An Overview Of The Literature. *Health Affairs*. https://www.healthaffairs.org/do/10.1377/hpb20180313.396577/full/

Tenderloin Outpatient Clinic. (n.d.). Hyde Street Community Services. https://hydestreetcs.org/programs/tenderloin-outpatient-clinic/

Tipping Point. (2016, November 17). *Living on the poverty line in San Francisco*. Medium. https://medium.com/tipping-point/living-on-the-poverty-line-in-san-francisco-6aef6a2a271e

Wenger, L. D., Arreola, S. G., & Kral, A. H. (2011). The prospect of implementing a Safer Injection Facility in San Francisco: perspectives of community stakeholders. *The International journal on drug policy*, *22*(3), 239-241. https://doi.org/10.1016/j.drugpo.2011.01.001

What is the current poverty rate in the United States? (n.d.). Center for Poverty Research University of California, Davis. https://poverty.ucdavis.edu/faq/what-current-poverty-rate-united-states

Appendix A

Stakeholders Interviewed

Interviewees	**Title and Agency/Organization**
Carmen Barsody	Co-Founder of Faithful Fools
Jonathan Butcher	Resident of San Francisco
Curtis Bradford	Community Organizer for Tenderloin Neighborhood Development Corporation and a TNDC resident
Michaela Cassidy	CEO of Aspen Affiliates
Lowell Caulder	President of TLCBD Board and CEO of Studio Dental
Kathy Curran	Founder and Director of The Healing WELL
Sam Dennison	Co-Director of Faithful Fools
Heather Dickison	Director at Care Through Touch and a certified massage therapist
Charles Fann	Clinic Manager at Tom Waddell Urban Health Center

Mary Finch	Founder of Care Through Touch
Paula Fleisher	Associate Director, UCSF Center for Community Engagement Senior Staff, UCSF CTSI Community Engagement & Health Policy Program
Karen Gomez	Registered Nurse for San Francisco Department of Public Health at Tom Waddell Urban Health Center
Heidi Kallen	Clinical Social Worker at St. Anthony's
Kenneth Kim	Senior Director of Programs at Glide
Carmen King	Resident of the TL
David Knego	Executive Director of Curry Senior Center
Jeannie Little	Executive Director and Co-founder of Harm Reduction Therapy Center
Calder Lorenz	Advocacy Program Manager for St. Anthony’s
Kristen Marshall	DOPE Project Manager
Judith Martin	Deputy Medical Director, Behavioral Health Services Medical Director, Substance Use Services County Alcohol and Drug Administrator San Francisco Department of Public Health

Jamie Moore	Registered Nurse for San Francisco Department of Public Health
Alison Murphy	Director of UCSF Roving Team
Joseph Pace	Medical Director of Tom Waddell Urban Health Center
Kate Robinson	Senior Director of the Tenderloin Community Benefit District (TLCBD)
Audrey Ronningen	Youth Services of Tenderloin Family Housing
Mark Ryle	President of the Saint Francis Foundation
John Schilder	Building Attendant at Tenderloin Neighborhood Development Corporation (TNDC)
Christy Shirilla	Resident of the TL
Rebecca Silverman	Nurse Manager at Tom Waddell Urban Health Center
Jaime Viloria	Community Organizer of Tenderloin Neighborhood Development Corporation (TNDC)
Michael Vuong	Clubhouse Director, Boys & Girls Clubs of San Francisco

Meg Wall	Epidemiologist in the Population Health Division for the San Francisco Department of Public Health
Jesse Wennik	Psychiatric Nurse Practitioner at Tom Waddell Urban Health Center
Eli White	Clinical Social Worker Supervisor for UCSF's Roving Team
Elise Williams	General Manager at Tenderloin Neighborhood Development Corporation (TNDC)

Appendix B

Nine-Question Questionnaire

1. What do you believe are the strengths, weaknesses, opportunities, and threats to the Tenderloin/in the Tenderloin?
2. Getting permanent housing continues to be a significant problem, what do you believe will help those who need permanent housing in the Tenderloin? How do you think navigation centers help or hurt those in the Tenderloin community?
3. What are the primary issues behind healthy eating in the Tenderloin and what do you see as your solutions?
4. To my knowledge I know that lack of space for the Tenderloin is an issue in that there are too many homeless people and people in general who are housed living in the Tenderloin, what problems does that contribute to in the community?
5. To my knowledge safety is a major concern for the Tenderloin community, what are the contributing factors and how can that be better addressed?
6. What do you believe are the greatest needs for the Tenderloin community today and how do you believe these needs can be addressed?
7. How does bias and racism impact the Tenderloin community?
8. Are there any other issues that contribute to the above issues that affect the Tenderloin community that you believe need to be addressed by the community or by the government?
9. Is there anyone else you know of I can interview?

Appendix C

Table 1 Community-Identified Concerns

Access to and Coordination of Care and Services	**Food Security, Healthy Eating, and Active Living**	**Housing Security**	**Safety from Violence and Trauma**	**Social, Emotional, and Behavioral Health**	**Poverty**	**Infrastructure**
Lack of harm reduction, safe injection, substance abuse, and mental health programs/ sites	Food deserts/lack of supermarkets in the TL	Lack of affordable housing in the outside of the TL (SRO's with and without shared kitchens)	Gun violence and violence in general due to gangs, drug market, robberies, violent crime, and property crime.	Open air drug market/sales (Hondurans, Salvadorans, and African Americans involved)	Poverty/generational poverty due to: racism/racial disparities, income inequality, and neighborhood marginalization	Insufficient access to sanitation, running water, and drinking water
			Some of the stakeholders identified that they themselves feel unsafe in the TL during both day and night		Lack of funding, education, and investment in the TL	Garbage, human waste, and needles on the ground
						Throw-away neighborhood and containment zone (community feeling of it being throw-away/containment zone)
						Lack of institutional or political power

Table 2 Community-Identified Assets and Resources

Access to and Coordination of Care and Services	Food Security, Healthy Eating, and Active Living	Housing Security	Safety from Violence and Trauma	Social, Emotional, and Behavioral Health	Poverty	Infrastructure
Service providers, CBOs, non-profit organizations, and community services in the TL who advocate for and support the community, together and individually- (TLCBD's Safe Passage Program as an example of a non-profit helping)	Org's/services providing free meals, helping with the food desert problem and food insecurity (Glide, St. Anthony's, Food pharmacy at Tom Waddell, Farmer's Market in Civic Center, Healthy Corner Store Coalition, and Corner stores/bodegas)	Navigation centers: (more freedom at n.c. than at regular shelters)	Having people such as community leaders at their nonprofit organizations involved in community support and crime reduction, as well as coordinating social work resources. They are engaged in community building as a primary focus, helping them to understand and deal with the violence and trauma that can hinder this for many residents in the neighborhood. While the police also play an important role, one advantage of community leaders is that they do not respond to armed forces allowing them to play a more mediator role.	Harm reduction, safe injection, substance abuse, and mental health programs/sites (specifically DOPE Project)	More children per capita than any other neighborhood in the city	Parks (Boeddeker Park has been a good addition to the neighborhood)
Greater accessibility by having all CBOs/resources together in the TL			Connectedness of the community itself and with community leaders helps to better tackle with violence and trauma in the TL			Strong sense of community and history and community activism

Appendix D

MPH Program Competency Inventory

Foundational Competencies

Competency	Anticipated FW Activity	Competency Met? Y/N
Evidence-based Approaches to Public Health		
4. Interpret results of data analysis for public health research, policy and practice	Used qualitative data assembled from stakeholder interviews in this Capstone paper as the core findings for making interpretations.	Yes
Public Health & Health Care Systems		
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	These have been addressed in the stakeholder interviews with CAC members, healthcare professionals, residents of the TL, and leaders and other stakeholders within and outside of the TL. The pertinent topics specifically include structural bias, social inequities, and racism which are conveyed in this Capstone paper from the collected qualitative data, my own interpretations, and the pertinent literature cited.	Yes
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	Assessed population needs, assets, and capacities of the TL through stakeholder interviews. The impact, recommendations, and solutions sections are conveyed in this Capstone paper, specifically what assets have helped this community and what unmet public health needs continue to confront them in relation to the poverty and health obstacles they face.	Yes

Leadership		
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	I communicated with the TLHIP backbone team and Community Advisory Committee (CAC) members in meetings. I also conducted interviews and spoke with many of the stakeholders in written communications via email. Many of the stakeholders interviewed are CAC members and healthcare professionals. Lastly, I conducted audience-appropriate public health content by doing an oral presentation over Zoom of the Tenderloin Community Needs Assessment with the TLHIP backbone team, its community partners, and some of the stakeholders interviewed.	Yes
Interprofessional Practice*		
21. Perform effectively on interprofessional teams	I performed effectively on many interprofessional teams by participating in the TLHIP initiative where I collaborated with the TLHIP backbone team, Saint Francis Memorial Hospital, and its community partners (some of whom are CAC members). I collaborated with these groups in the interviews, via email, zoom meetings, and at CAC meetings. These CAC meetings were held at Saint Francis Memorial Hospital, where TLHIP partners from various organizations gather the 3rd Friday of each month to discuss what their organizations are doing alongside the most pressing issues for the TL, as well as setting the common agenda and increasing fruitful communication and alignment of objectives. This is conveyed in the scope of the project section. In addition, I participated in the initiative by doing a Tenderloin	Yes

	Community Needs Assessment for TLHIP.	

MPH Generalist Program Competencies

Competency	Anticipated FW Activity	**Competency Met? Y/N**
5. Demonstrate professionalism and leadership in working with community stakeholders and/or health care providers to design or implement public health projects or policies to improve an agency's process and/or outcomes	I worked with community stakeholders (some of whom are healthcare providers) by interviewing them to conduct a community needs assessment. I was professional in the way I communicated with the stakeholders. When coordinating the interviews, I made sure to ask for informed consent prior to the start of the interview, which is under the scope of the project section. The needs assessment was done in order to improve TLHIP's goals, the issues they address, and to improve the process by which they address the unmet public health needs of the TL community. The issues the TLHIP addresses are under scope of the project section. In addition, the community needs assessment provides interventions in order to address the poverty gap that contributes to significant health disparities for the low-income, marginalized, Tenderloin community.	Yes