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Hello!



Lauren Pennachio
Director, Revenue Strategy & Partnerships
Health Leads



Jo BrunoAdvisory Group Member
Housing is Health

Building the Pathway to Co-Disruption It Doesn't Happen Overnight!

- Acknowledge Crisis & Resilience
 I don't have time to talk about my crisis, I'm living it.
- Build TrustWhy are we only talking now?
- Work Together
 How are we going to get the job done?

Housing is Health

Born Out of 18 Month Community-Informed Decision-Making Process







Vision: All San Francisco, Alameda, and Contra Costa county community members, regardless or race or income status, have access to homes that they can afford and that support their health.

Strategies:

- Improve existing housing resource information and navigation systems to support clients before they become at risk of homelessness; and
- Leverage storytelling to share the mental, physical, and health implications of severe rental burden and advocate for change

COVID Response:

- Produced an education & advocacy series to help community members and their caregivers understand housing rights, housing resources, and advocacy opportunities.
- Organizing a proactive, cross county, cross agency eviction response focused on helping community members know their rights and navigate resources available

Acknowledge Crisis & Resilience Build Team Capacity in Trauma Informed Care









Acknowledge Crisis & Resilience Learn & Elevate Community Strength + Resilience





Affordable = costs less than 30% of all the money a person makes in one year¹



"Nothing About Us Without Us"



About 1 out of 5 renters in the Bay Area spend more than half of their yearly income on housing costs^{1,2}



Link to Health³

Stress, anxiety, depression

Trouble paying for healthy food, medical care, utilities, or other essential needs

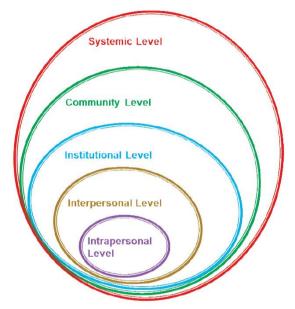


% of people spending more than 50% of their income on housing costs^{1,2}

	Home Owners	Renters
Alameda	12.4%	24.8%
Contra Costa	13.0%	25.6%
Santa Clara	12.2%	22.6%
San Mateo	14.2%	23.0%
San Francisco	15.2%	20.1%

Acknowledge Crisis & Resilience

Be Aware of & Constantly Interrogate Systems of Oppression



Systemic Level

- Immigration policies
- Incarceration policies
- Predatory banking

Community Level

- Differential resource
- Racially or class segregated schools

Institutional Level

- Hiring and promotion practices
- Under- or over-valuation of contributions

Interpersonal Level

- Overt discrimination
- Implicit bias

Intrapersonal Level

- Internalized racism
- Stereotype threat
- Embodying inequities

Source: National Academies of Sciences, Engineering, and Medicine. 2017. Communities in Action: Pathways to Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/24624.

Vision

The Bay Area Learning Initiative (BALI) is a multisector network centered around the shared vision that all people in the Bay Area region attain and maintain affordable housing to support optimal health for themselves and their families.



Action Areas

- Improve the way housing resource information is developed, shared, and navigated by establishing and implementing standardized community-approved best practices.
- Impact housing policy by uplifting community residents' stories of the effects on mental, physical health and family cohesiveness through arts, storytelling, music, and photography.

Population

Individuals and families who face **severe rental burden**. Severe rental burden means that housing costs are 50% or more of total household income. For example, if Mr.A gets \$771 per month from an SSI payment, severe rental burden means he pays more than \$371 per month for his rent.

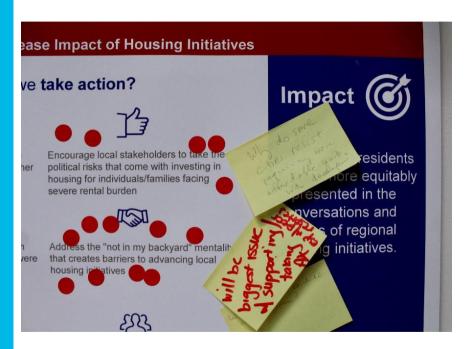
Values

Build Trust

Establish Shared Vision & Shared Agreements

Build Trust

Be Consistently Transparent & Inclusive





Build Trust

Protect the Space So Participants Can Be Authentic

Community Agreements

TRY IT ON

PRACTICE SELF FOCUS ("I" STATEMENTS)

UNDERSTAND DIFFERENCE BETWEEN INTENT & IMPACT

PRACTICE "BOTH/AND"

REFRAIN FROM BLAMING OR SHAMING SELF & OTHERS

ELIMINATE USE OF JARGON & INACCESSIBLE LANGUAGE

MOVE UP/MOVE BACK

PRACTICE MINDFUL LISTENING

CONFIDENTIALITY

RIGHT TO PASS





Lack of Consensus

Consensus

One way to define the Fist to Five scale. Make sure to clarify what 0 to 5 mean for your group.

...Lovingly borrowed and adapted from the East Bay Meditation Center

Decision Making Criteria

- Important to the community
- Rooted in courage and love
- Guided by and act on a commitment to equity and inclusion
- Achievable, sustainable, measurable
- ☐ Able to have direct service AND policy level impact

Work Together

Be Accountable to The Community Members Directing Your Work (and Let them Hold YOU Accountable!)



From: Jo Bruno < 0 jo.bruno.cmt@gmail.com>

Date: Fri, Nov 20, 2020 at 12:03 PM

Subject: Follow Up & Health Leads

From the Housing is Health advisory call we had yesterday, Lauren shared an opportunity to bring tenants rights and 211s together to continue the work we started with BALI. We can't do this work without 211s leadership. Let's plan a phone call and discuss options. I will know in a couple of weeks if I was accepted to the SPIRIT program, but regardless of that internship, the 211, Housing is Health and Delta Peers network needs to solidify as we move forward. I'm willing to do some of that work.

Work Together

Build & Nurture Your Network(s)



Community Member Advisory Group (n=3, growing to 4-6)









40+ network members from healthcare + public health, social services, and community health advocates

Work Together Evaluate Your Impact, Iterate, Improve – Together.

How our network has changed:
All connections

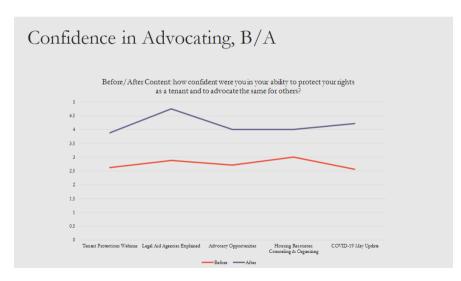
Fig 3. All participants surveyed, all reported connections, Oct 2018

Fig 3. All participants surveyed, all reported connections, Jul 2019

Fig 4. All participants surveyed, all reported connections, Jul 2019

Did trust and connections grow?

August 2019



Did confidence in housing advocacy improve?

May 2020

Building the Pathway to Co-Disruption

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Be gracious – but relentless – in practicing & facilitating patience in your process.

Rebuilding for equity doesn't happen overnight!

For Discussion

- What most excites you as you think about your team's work ahead to engage and empower community members?
- Where have and/or do you think you and your team can start?
- What's holding you back from starting to not just engage, but empower and disrupt your systems with, community members?
- What are the best practices and lessons learned you encountered as you worked with community members on your health initiatives?

Thank You!

HousingisHealth@healthleadsusa.org

LPennachio@healthleadsusa.org