



City of  
**Santa Rosa**  
CALIFORNIA



**2019 Countywide Assessment of Fair Housing**

# **ANALYSIS OF IMPEDIMENTS TO HEALTHY AND THRIVING COMMUNITIES**

## **COUNTYWIDE COMMUNITY ENGAGEMENT FOR THE ASSESSMENT OF FAIR HOUSING**

**FINAL REPORT**  
**January 5, 2021**

**EQUITY FIRST**  
**CONSULTING**

Diversity | Equity | Belonging

## SONOMA COUNTY REGIONS AND SUPERVISORIAL DISTRICTS

*The land we call Sonoma County sits on the homelands of Indigenous peoples.*



Figure 1: Map of Sonoma County

Neighborhoods Visited

**IN LAK'ECH**

*Tú eres mi otro yo.*

You are my other me.

Si te hago daño a ti,

If I do harm to you,

Me hago daño a mi mismo.

I do harm to myself.

Si te amo y respeto,

If I love and respect you,

Me amo y respeto yo.

I love and respect myself.

*Poem by Luís Valdez, based on a timeless Mayan precept*



## DIVERSITY

Representation [and celebration] of a range of groups[/perspectives] in a given setting. (jhu.edu)



## EQUITY

Removing the predictability of failure or success based on social background or factors. (SSIR.org)



## BELONGING

Being fully human means more than having access. Belonging entails being respected at a basic level that includes the right to both co-create and make demands on society. (John Powell)

## TABLE OF CONTENTS

|   |    |
|---|----|
| <i>Acknowledgments</i> .....                          | 7  |
| <i>Executive Summary</i> .....                        | 8  |
| <i>Summary of Findings</i> .....                      | 8  |
| <i>Timeline</i> .....                                 | 10 |
| <i>Background</i> .....                               | 14 |
| <i>Introduction</i> .....                             | 17 |
| <i>Community Participation Process</i> .....          | 22 |
| <i>Measurements of Well Being</i> .....               | 22 |
| <i>Methods of Engagement</i> .....                    | 22 |
| <i>General Online Survey</i> .....                    | 23 |
| <i>Neighborhood Level Engagement</i> .....            | 23 |
| <i>Stakeholder Conversations and Interviews</i> ..... | 24 |
| <i>Focus Groups</i> .....                             | 24 |
| <i>Analysis and Discussion</i> .....                  | 25 |
| <i>General Online Survey</i> .....                    | 25 |
| <i>Neighborhood Survey</i> .....                      | 25 |
| <i>Identity Markers</i> .....                         | 26 |
| <i>Race/Ethnicity</i> .....                           | 27 |
| <i>Primary Language</i> .....                         | 30 |
| <i>Other Markers</i> .....                            | 30 |
| <i>Housing</i> .....                                  | 31 |
| <i>Home Ownership</i> .....                           | 32 |
| <i>Multi-Generational Households</i> .....            | 33 |
| <i>Rent Support</i> .....                             | 33 |
| <i>Temporary Guests</i> .....                         | 33 |
| <i>Fear of Displacement</i> .....                     | 33 |
| <i>Rent Increases</i> .....                           | 35 |
| <i>Housing Features</i> .....                         | 35 |
| <i>Discrimination</i> .....                           | 36 |
| <i>Transportation</i> .....                           | 38 |
| <i>Income</i> .....                                   | 40 |
| <i>Health</i> .....                                   | 41 |
| <i>Dental Care</i> .....                              | 43 |
| <i>Park Access</i> .....                              | 44 |
| <i>Food Access</i> .....                              | 45 |
| <i>Mental Health Access</i> .....                     | 47 |

|   |    |
|---|----|
| Community and Safety .....                        | 47 |
| <i>Children Playing Outside</i> .....             | 47 |
| <i>Community Events</i> .....                     | 48 |
| <i>Elected Representatives</i> .....              | 49 |
| <i>Community Features</i> .....                   | 50 |
| Support Systems .....                             | 51 |
| Final Comments .....                              | 52 |
| Stakeholder Conversations and Interviews.....     | 54 |
| <i>Experience or Threat of Displacement</i> ..... | 55 |
| Disparities in Access to Services: .....          | 55 |
| <i>Disparities in Access to Employment</i> .....  | 56 |
| <i>Exposure to Trauma</i> .....                   | 57 |
| <i>Effects of Exposure to Poverty</i> .....       | 57 |
| <i>Impediments to Safe Living</i> .....           | 58 |
| <i>Sense of Belonging</i> .....                   | 58 |
| Focus Group .....                                 | 59 |
| <i>Housing</i> .....                              | 60 |
| <i>Access to resources/services</i> .....         | 61 |
| <i>Dehumanization</i> .....                       | 62 |
| <i>Belonging</i> .....                            | 62 |
| Discussion .....                                  | 63 |
| Recommendations .....                             | 66 |
| Consultants' Positionalities .....                | 68 |
| Conclusion .....                                  | 69 |
| References.....                                   | 70 |

## Acknowledgments

**At the core of this community engagement effort is community.** Your trust, participation, and willingness to share your life stories are key to our work, and we are truly grateful for the gift of your time in making our project successful. Through our respect for you, we hope we were able to give you a fraction of what you have given us. We hope that this report uplifts your voices, respects your dignity, and establishes the start of a meaningful relationship with the Sonoma County Community Development Commission.

### Community Engagement Team

Community-based consultants and neighborhood-based interviewers alike were critical to the success of this effort. Their work and dedication to telling the stories of the community in a way that preserved their agency and dignity was exemplary. This effort was a true demonstration of what it means to be culturally responsive, a key step in shifting community engagement practices, and a model of true public service. Community Consultants, Denia Candela and Evette Minor were key in ensuring our collective success through their expertise, care, and commitment to the communities we worked with.

### Community Partners

This effort would not have been possible without the support and endorsement of community partners. We are grateful for the ways in which they made their staff, many of whom work on the front

With gratitude,  
Ana Lugo, Founder  
Equity First Consulting

lines, available to the project to share the experiences of the communities they serve and tell their stories in a dignified manner. The love and passion these staff hold for these communities is truly inspiring.

### Sonoma County Community Development Commission Team

Equity First thanks the CDC team for the high caliber of public service exhibited during this project. Beginning with former Executive Director Margaret Van Vliet, who sought out Equity First to ensure that the CDC moved towards equity in housing and established a real relationship between the CDC and the community it serves. This project has been resourced and supported by current and former leaders of the CDC, including former Executive Director Geoffrey Ross, and current Interim Executive Director Barbie Robinson. Their collective strong leadership was critical to the success of this effort.

The commitment of Felicity Gasser and Janelle Wetzstein to ensure a true and genuine culturally responsive community engagement process that valued and honored the members of these communities was truly exemplary of what it means to be a public servant. Their willingness and flexibility to meet the community where they are and meet the needs of this project has set the standard for true collaboration and engagement.

## Executive Summary

There is much to be learned from this community engagement effort, but the most important lesson is that the cultural wealth within the diverse communities in Sonoma County is vast and cannot be neatly or accurately reflected via only one source of engagement, data, or one sole interaction. Effectively reaching these communities requires developing engagement strategies with careful consideration for beliefs, values, and practices, which may or may not diverge from those of the dominant culture. Given these, data collection for this project took different forms.

This report focuses on the culturally responsive efforts that aimed to remove barriers to participation for some of the populations covered under AB 686's protected classes (characteristics), based on race, skin color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, or genetic information for the Affirmatively Furthering Fair Housing (AFFH) Assessment (The Project).

The Project team focused its engagement efforts on establishing a foundation for continued development of long-term relationships by directing resources towards neighborhood level engagement, small group engagement, and stakeholder engagement, as well as a general online survey.

Equity First utilized Equity-Centered Design (ECD), and aspects of Community Based Participatory Research (CBPR) modeled in Finding Positive Health in "Fortalezas" and

"Comunidad": A Case Study of Latinos/X in Sonoma Valley (Dominguez et al., 2020). Through ECD and CBPR, the project sought to prevent the replication of systems of oppression and disenfranchisement in reflecting and amplifying the voices of communities in Sonoma County who are designated as protected classes.

Equity First led the project team in the design of engagement strategies, tactics, and instruments to remove barriers for these populations to provide feedback and input on the AFFH Assessment. By centering belonging and cultural responsiveness in the design process, the project team was able to create safe[r] spaces for these populations to freely provide feedback.

## Summary of Findings

The neighborhood level engagement - door to door interviews, yielded a total of one hundred and thirty (130) surveys, one hundred and twenty-three (123) interviewees self-identified as renters, one hundred fourteen (114) self-identified as Hispanic/Latina/o/x, and one hundred and three (103) identified as Spanish speakers. One hundred and two (102) households indicated having at least one person under the age of eighteen.

The stakeholder conversations and interviews included a total of 29 organizations throughout the five regions (and supervisorial districts) of Sonoma County.

Focus groups conducted included a total of 54 individuals throughout the five regions (and supervisorial districts) of Sonoma County.



The general survey yielded a total of 446 surveys, 242 from individuals who identified as white/Caucasian and 193 from individuals who identified as BIPOC.

- **Fear of Displacement:** Majority of participants indicated fear of not being able to continue living in their neighborhoods due to cost of rents. However, the majority of General Survey white participants indicated that they were not afraid. Please see Graph 7.
- **High Rents:** Majority of participants and stakeholders alike voiced deep concern over the high cost of rents.
- **Discrimination:** Participants indicated experiencing discrimination in spaces such as stores, schools, and doctor's offices. Please see Graph 9.
- **Majority essential workers:** Participants or someone within their household worked in essential services. Please see table 6.
- **Government Disconnected from these Communities:** The vast majority of participants indicated that they have not had local representatives visit their neighborhood and that they do not contact their local government when there is a need in their neighborhood. Please see Graphs 28 and 29.
- **Strong Intra-Cultural (in-group) Support Systems:** Participants indicated that they have a strong social support system, including family and friends with whom they held regular interactions. Please see Graph 32.
- **Lack a Sense of Belonging:** Participants indicated that they do not feel a sense of belonging in Sonoma County.
- **Barriers to Equitable Employment:** Participants and stakeholders indicated a myriad of barriers to safe and stable employment that pays a living wage, including ways in which their need to maintain eligibility for housing vouchers precludes them from accessing higher-wage jobs.
- **Barriers to Accessing Services and Resources:** Participants expressed an inability to access services due to hours of operation and physical distance from them, confusion with navigating the bureaucracy, poor treatment by gatekeepers, and lack of culturally responsive providers.
- **Lack of Access to Treatment for Cultural, Racial, and Inter-Generational Trauma:** Participants referenced a wide-variety of overlapping traumas, including annual catastrophic fires and their fallout, COVID-19, colonization and genocide, systemic racism, and repeated and on-going governmental neglect.

# HOW DID WE GET HERE?

## The Racialized History of Housing Policies & Practices

### PRE 1800'S TO POST 1970'S VIOLENCE AND DISPOSSESSION



Statutes enacted by Spanish, Mexican, and US (local, state, and federal) governments resulting in dispossession of land and exclusion from the right to property, and enforcement of these laws through police violence. Acts of violence against individuals (assault/murder) and/or their homes (arson/vandalism) to force or keep specific racial groups out.

### 1800-1970 RACIAL STEERING AND BLOCKBUSTING



A Realtor practice of steering home buyers away or towards certain neighborhoods depending on the race of the buyer.

### 1908 L.A. PASSES FIRST MUNICIPAL ZONING ORDINANCE IN US



Los Angeles City Council passes first municipal zoning ordinance in the U.S. It separates just a portion of L.A. into residential and industrial districts. This is done primarily to protect residential communities from nuisances and hazards of certain industries, but it has a racial component. It lumps laundries, mostly run by Chinese entrepreneurs, into the industrial category to keep the Chinese out of white neighborhoods.

### 1880-1966 RACIALLY RESTRICTIVE COVENANTS AND ZONING



Deed restrictions prohibiting the sale or lease of homes to specific racial groups; bylaws restricting HOA membership by race. From 1890-1917 land use regulations explicitly excluded certain racial groups.

# Part II: Moving from Racially Explicit to Racially Implicit Laws

1913

## NEW INCOME TAX ENACTED: DEDUCTION ON INTEREST LOANS



After an amendment to the constitution, a new income tax is enacted that includes a deduction on interest paid on loans. Intended for business interests, the deduction becomes a huge boon to home buyers when home loans begin replacing cash purchases a few decades later. The home mortgage interest deduction becomes a significant subsidy of homeownership that primarily benefits whites, who historically have had the highest levels of homeownership.

1917

## BUCHANAN V. WARLEY



Supreme Court rules that a zoning ordinance in Louisville, Kentucky prohibiting the sale of property in a white neighborhood to black buyers and vice versa is unconstitutional. Similar ordinances exist in other cities. While the ruling is widely ignored, it leads to the development of single family zoning (one house and family per lot), which has the effect of segregating races without mentioning race.

1924

## "THE STANDARD STATE ZONING ENABLING ACT"



The U.S. Commerce Department publishes "The Standard State Zoning Enabling Act" (SZE), a model law for U.S. states to promote zoning regulations. Fifty five thousand copies are sold, and 19 states pass laws based on it. The advisory committee for the publication is composed of outspoken segregationists. SZE and the Standard City Planning Act of 1927 lay the basic foundations for land use controls in the U.S.

1919

## ST. LOUIS ADOPTS EXCLUSIONARY ZONING ORDINANCE



St. Louis adopts an exclusionary zoning ordinance, which prevents anything but detached single-family homes in certain neighborhoods — intentionally excluding black and other residents by pricing them out. There's no mention of race in the ordinance, making it appear non-discriminatory and constitutional. This is an early example of what becomes the nearly universal model of residential zoning across the U.S.

1926

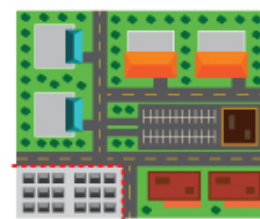
## EUCLID V. AMBLER REALTY



The U.S. Supreme Court rules that municipal zoning regulations in Euclid, Ohio are constitutional. This landmark case paves the way for municipal control of zoning. The policy's exclusionary aspects help drive rapid adoption and it soon becomes standard. Many U.S. cities eventually zone 75 percent or more of their residential land for single family homes, including Los Angeles, San Francisco, San Jose, Seattle, Portland, Minneapolis, and Charlotte.

1934

## FEDERAL HOUSING ADMINISTRATION (FHA)



The FHA is created to boost home ownership during The Great Depression. The FHA insured home mortgages, but only for houses well inside the boundaries of white neighborhoods. This leads to the industry standard practice of redlining, which systematically withholds credit from home buyers in black neighborhoods. This leads to local housing authority segregation, policies, and racial quotas, barriers (voter referendum) to building new public housing, demolition of public housing without replacement.

1944 THE GI BILL



The GI Bill promises many benefits for returning service people, including low-interest home loans, but the program's structure prevent blacks from fully accessing these benefits. For instance, the Veterans Administration (VA) begins insuring home loans to veterans after the war, but adopts FHA's discriminatory guidelines.

1938 FEDERAL NATIONAL MORTGAGE ASSOCIATION



Congress creates the Federal National Mortgage Association (Fannie Mae) to boost homeownership levels by making low-cost loans widely available. Fannie Mae does this primarily by buying mortgages from local banks and securitizing them, thus freeing banks nationwide to dramatically increase their mortgage lending. FHA guidelines severely limit black access to mortgages. Only two percent of the \$120 billion in new housing subsidized by the federal government between 1934 and 1962 goes to nonwhites. The FHA and Fannie Mae provide the template for the modern U.S. mortgage market. In the process, they institutionalize discrimination that persists after discriminatory lending is outlawed in 1968 and subsidizes homeownership and wealth building for millions of white Americans while locking out blacks and other minorities.

1947 LEVITTOWN, NEW YORK: THE RACIALIZED AMERICAN DREAM



Home sales begin in Levittown, New York, the archetype of the postwar suburb and a potent symbol of the American Dream. Levittown is the first mass produced, large-scale suburban development and is meant to provide affordable housing to veterans during a severe postwar housing shortage. Financing for the development is backed by the FHA and VA, which prevent home sales to blacks.

1950-1970 URBAN RENEWAL



State acquisition of private land through eminent domain and forced displacement of residents to allow for development.

1956 THE CONSTRUCTION OF THE INTERSTATE HIGHWAY SYSTEM



The National Interstate and Defense Highways Act funds the construction of the Interstate Highway System with \$25 billion for 10 years, the largest public works project in U.S. history. This initiative accelerates and subsidizes suburbanization, disproportionately benefiting white middle-class families. It also leads to the demolition of what are deemed "blighted" urban areas, displacing and further impoverishing communities of color.

## 1966 REINSTATEMENT OF CALIFORNIA FAIR HOUSING ACT



California fair housing laws prohibit discrimination because of race, color, national origin, religion, sex, familial status, and disability—just like federal law. In addition, California outlaws discrimination in housing because of a person's, source of income or sexual orientation.

## 1968 PASSAGE OF FEDERAL FAIR HOUSING ACT



The 1968 Act expanded on previous acts and prohibited discrimination concerning the sale, rental, and financing of housing based on race, religion, national origin, sex, (and as amended) handicap and family status. Title VIII of the Act is also known as the Fair Housing Act (of 1968).

1970

## 2007 THE SUB-PRIME CRISIS REACHES ITS PEAK



An epidemic of irresponsible mortgage lending driven by the high demand for mortgage-backed securities by institutional investors leads to a severe nationwide recession and nearly 10 million Americans losing their homes. Unscrupulous mortgage lenders frequently target vulnerable minority borrowers. As a result, Latinos and blacks experience nearly three times more foreclosure than whites, and decades of progress in their rate of homeownership is wiped out.

## 1988 THE COLOR OF MONEY



Investigative reporter Bill Dedman wins the Pulitzer Prize for his series "The Color of Money," which uses federal mortgage data to show that lenders nationwide reject black loan applicants at twice the rate of whites—and that high-income blacks are rejected at the same rate as low-income whites. White middle-income neighborhoods get four times as many loans as middle-income black areas.

## 2018 MINNEAPOLIS FIRST U.S. CITY TO ALLOW MULTIFAMILY RESIDENTIAL HOUSING



Minneapolis becomes the first U.S. city to allow multifamily residential housing in all areas previously zoned exclusively for detached single family houses. The plan affects 75 percent of residential land in Minneapolis. It's intended to undo the barriers that have harmed communities of color, among other goals.

## 2019 BLACK HOMEOWNERSHIP HITS A 50-YEAR LOW



The median black family owns just two percent of the wealth of the median white family (\$3,600 vs. \$180,000). The U.S. is the second largest emitter of CO2 in the world. Its rental housing is the least affordable of 12 advanced countries.

## Background

The 2015 Affirmatively Furthering Fair Housing (AFFH) rule (part of the Fair Housing Act, Title VIII of the Civil Rights

Act of 1968) was still in effect at the initiation of this project. The Fair Housing Act states its purpose as follows:

The Fair Housing Act not only prohibits discrimination but, in conjunction with other statutes, directs HUD's program participants to take significant actions to overcome historic patterns of segregation, achieve truly balanced and integrated living patterns, promote fair housing choice, and foster inclusive communities that are free from discrimination (Department of Housing and Urban Development, 2015).

The Fair Housing Act provides protections from discrimination to population groups designated as protected classes. These are the populations on which these community engagement efforts focused. The Assessment of Fair Housing seeks to understand what the impediments to fair housing are for these population groups and to establish the need for meaningful community engagement; Thus the impetus for this project.

During the duration of this project, the 2015 AFFH rule was suspended by the current federal administration (Department of Housing and Urban

Development, 2020). However, under California's 2018 Assembly Bill 686, entitled Housing discrimination: affirmatively further fair housing, California required local jurisdictions to "[i]nclude a diligent effort by the local government to achieve public participation of all economic segments of the community in the development of the housing element, and the program shall describe this effort" (CA AB-686, 2018). California's commitment to full participation has been further detailed in the memorandum from Zachary Olmstead, Deputy Director of the Division of Housing Policy Development:

Development of an AFH must include meaningful community participation, consultation, and coordination that is integrated with the broader stakeholder outreach and community participation process for the overall housing element. This engagement should be consistent with the requirements set forth in the AFFH Rule.<sup>14</sup> Key stakeholders and collaborators to consider: 1. Public Housing Authorities (PHAs) in California are subject to the general mandate of AB 686 (as well as the federal AFFH rule) and should collaborate with their housing element jurisdiction(s) as part of their AFFH obligation. [text omitted] 2. Housing and community development providers and advocacy groups. 3. Community members that are members of protected classes and advocacy organizations that represent protected classes (Olmstead, Z. 2020).

The need for this project well precedes this directive. It is steeped in the history of de jure (and, later on, more perniciously) de facto segregation: the ways in which governments from the local to the federal level have acted together over the last 150 years, first with racially explicit, and then with rhetorically race-neutral policy initiatives, to ensure that we end up here, regardless of what individual actors and policy makers believe in their hearts about the importance of integration. As Ibram X. Kendi pointed out in his groundbreaking 2016 book, "Stamped from the Beginning: A Definitive History of Racist Ideas in America," racist policies and ideas haven't gone away over the years, they have simply morphed to fit the tolerances of the times (Kendi, 2016). So, while we are no longer living in a society where it is socially acceptable to discuss racial differences in achievement as biological or to extol the virtues of white-only restaurants (the concerning uptick in overt racism in the public square over the last four years notwithstanding), explicitly racist laws have transformed into policies with race-neutral language that nevertheless, by design, continue to produce racially disparate outcomes. In effect, these changes in language (but not in impact) have created the amorphous, cognitively dissonant place in which we live and work: the world of racism without racists.

From the abolition of slavery through the civil rights era (and beyond), explicitly racist laws, policies, and agreements were written and enforced (legally and extralegally) nation-wide. This included race-specific zoning laws, deed restrictions whereby white owners were forbidden from selling their homes to black buyers, the restriction of federally backed mortgages to white-only

neighborhoods, homeowners' association restrictions, blockbusting, and racial steering. While some of these policies seem to be private sector or individual practices, there was an enormous overlap between the private real estate community and local governance, resulting in the consolidation of civic and economic power among a select few, and thus smudging out the public-private divide and rendering the two inseparably linked in racist policy design. (Moore, E., Montojo, N., & Mauri, N. 2019)

Over the course of the last century, as overtly racist policies were challenged successfully in court, as public tolerance for such matters weakened, and as the U.S. became increasingly embarrassed on the world stage due to the hypocrisy of pushing for democracy abroad while denying it to so many at home, private and public tactics shifted course to produce the same outcomes but with race-neutral (sounding) language. Zoning laws, for example, limited enormous swaths of local real estate to detached single-family homes, effectively excluding people of color and poor people from living in most residential areas and crowding them into industrial subsections within municipalities. The tremendous investment in the highway system that facilitated white flight from the cities to the suburbs in the 1950s, along with the urban renewal in response to "blight," displaced thousands of families of color (via governmental claims of eminent domain), depleting their tax bases and cordoning off their communities from basic services and investments (Palgan, Y. 2019). During the housing boom of the early 2000's, predatory lenders targeted communities of color, who had never had equal access to fair and

federally-backed loans. The result: Black and Latinx families were three times more likely to lose their homes to foreclosure in the great recession (Palgan, Y. 2019).

This history and more recent policies set the foundation for this project because, as a matter of fact, our current wealth

and housing inequities are no accident. They are by design. It is, therefore, as set forth by AFFH driven policies, the responsibility of government to unearth the experiences and stories of individuals most impacted by these inequities and subsequently find policy solutions to rectify them.



### Introduction

Communities of people who are designated as part of a protected class have deep roots in Sonoma County that span far beyond the arrival of white settlers, who through dispossession, violence, and corruption gained access to the land of Sonoma County. The fabrics of these communities are woven into that of the larger community, and as Sonoma County evolves into a majority-minority community, intentional and respectful engagement with

communities of color can help set us on a path toward transformative policymaking that has the potential to lead to healthy and thriving neighborhoods throughout the entire county. The Sonoma County Community Development Commission set on a journey to center equity and to redesign a framework for community engagement in order to truly get to the essence of these policies, and to center the voices that need to be centered.

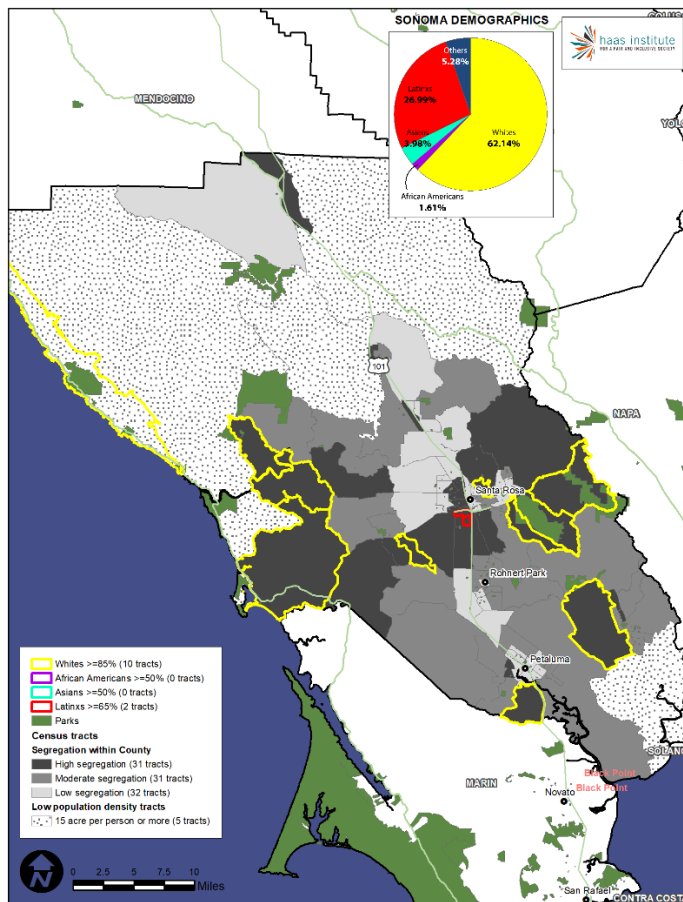


Figure 2: Segregation in Sonoma County

Understanding segregation and its impact on communities at the neighborhood level is key to understanding life in Sonoma County. Between “2000 and 2014, while the total population growth in the county was

7%, the people of color population grew by 46%[,] and [y]et, these populations continue to face lower wages and higher housing burdens” (The San Francisco Foundation, 2017).

To move beyond identifying outcomes such as housing discrimination and barriers to a living wage, we utilize our equity lens to dig down to the root causes: discrimination and disparate outcomes are symptoms of segregation, because segregation is about more than separation. Segregation's defining quality is separation combined with unequal power distribution, and therefore inequitable investment (and divestment) in communities living practically side-by-side.

As a method of seeking feedback on the specific barriers faced by community members, Community Engagement directly connects institutions to the communities they serve to ensure that systems change and policy making are responsive to and reflective of the needs, desires, and ideas of the community members themselves. As communities evolve within Sonoma County, and people of color and other traditionally minoritized groups move towards becoming the majority, it is key to the development of culturally-relevant services to understand what types of barriers, discrimination, and challenges these community members face when trying to access services and engage meaningfully in the public sphere.

Thus, bringing to light the history (and the current state) of segregation (and the through line from the past to the present) in the region is a starting point from which we can transform our systems (and break the cycle in which we inadvertently replicate such systems) of oppression. The set of briefs on segregation released by the Othering and Belonging Institute at University of California Berkeley in 2018 provides a detailed account of the high levels of segregation in the San Francisco Bay

Area's 9 counties, including Sonoma County. "The Bay Area is visibly segregated at the regional, county, metropolitan, municipal, and neighborhood levels" (Menendian, et al., 2018). Further, white people are the most segregated group within the region; minorities are much more likely to be integrated with each other than they are to be integrated with white communities. (Menendian, et al., 2018).

This, of course, is no accident. It is the result of over 150 years of law and of public and private policy and practices that are certainly not unique to Sonoma County, but from which Sonoma County was never immune. In the mid-20<sup>th</sup> century, for example, African Americans who managed to purchase property in Sonoma County had to contend with the real possibility of racially motivated violence and vandalism. In the 1950s, the Santa Rosa weekend home of San Francisco NAACP leader Jack Beavers was burned. Black and white neighbors alike agreed that the fire was likely a deliberate act "done to the family because of discrimination" (Moore et al., 2019).

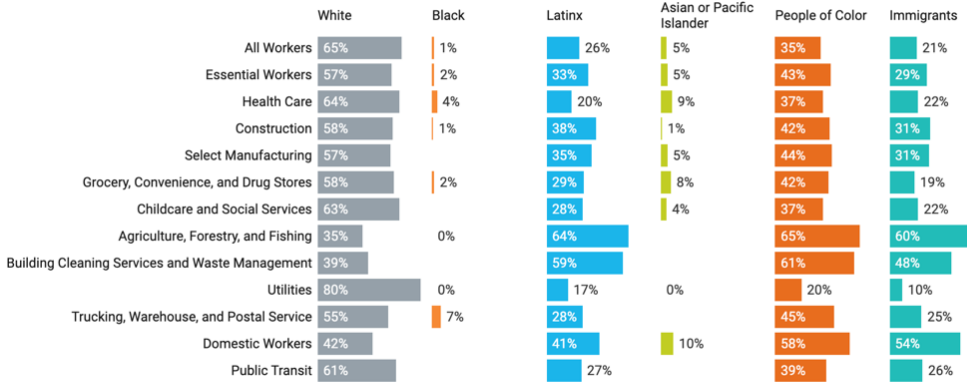
A 2017 study showed that rental inquiries made by households helmed by single mothers were 14.3% less likely to receive a response (relative to the control group) and inquiries that signaled a disability within the household were 12.5% less likely to get a response (Tomlin, 2017). This too, happens in Sonoma County. A recent local survey found that, for example, a quarter of respondents had experienced discrimination in the rental market. Hispanic families had been denied rental opportunities by landlords stating that they would not rent to single parents with children (Moore et al., 2019).

Between 2000 and 2015, the median asking rent for a two-bedroom unit in Sonoma County skyrocketed to \$2,300, requiring potential renters to earn more than \$40 an hour. During that same period, the number of low-income Latinx households in Sonoma County more than doubled. This trend occurred across the nine Bay Area counties to varying degrees, but “two of the five largest tract-level increases in low-income Latinx households [in] the Bay Area were in Santa Rosa, each gaining more than 500 households.” (UC Berkeley Urban Displacement Project and the California Housing Partnership, n.d.).

And this was all true before a global pandemic highlighted and exacerbated existing inequities. Recent

data and analysis contained in the 2020 Bay Area Equity Atlas regarding the disproportionate impact on the BIPOC (Black, Indigenous, People of Color) communities further evidences the connection between segregation, poor housing outcomes, and higher numbers of COVID-19 cases: systemic inequities and racism continue to perpetuate barriers, burden and adversely impact this population. The analysis revealed that “Latinx workers are disproportionately concentrated in frontline occupations where workers are more likely to live in or near poverty, lack US citizenship and health insurance, and have limited English proficiency.” (Henderson, 2020). Similarly, this Project found that most BIPOC households had members who worked in essential, frontline jobs. (Table 6).

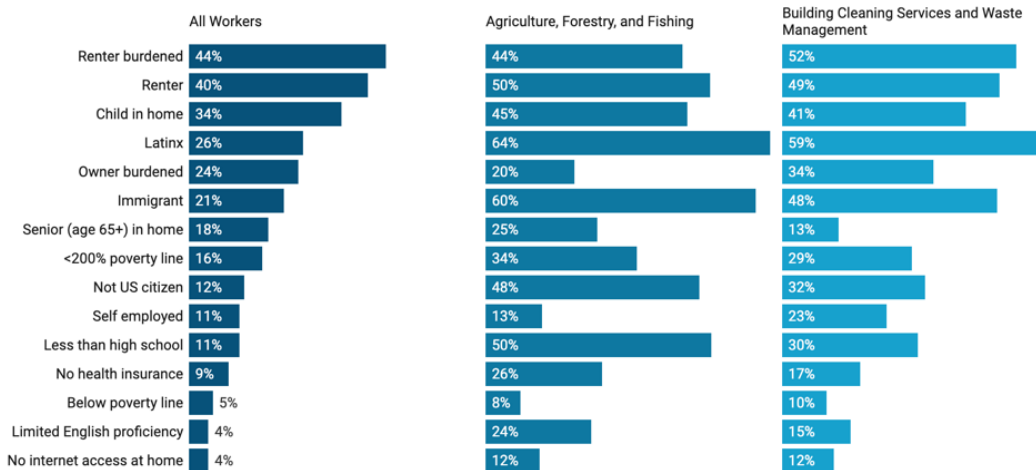
**Sonoma County workers of color and immigrants are disproportionately on the frontline**



Source: Center for Economic and Policy Research Analysis of American Community Survey, 2014-2018 5-Year Estimates. Note: Data for some groups is excluded because of small sample size.

Figure 3: Workers of Color on the Frontlines

### Workers in Sonoma County industries that are largely Latinx are socially and economically vulnerable



Source: Center for Economic and Policy Research Analysis of American Community Survey, 2014-2018 5-Year Estimates.  
 Figure 4: Latinx Rendered Vulnerable by Systemic Inequities

Maslow's hierarchy of needs tells us that human beings cannot function at their highest levels if their basic needs are not met. At the foundation of these needs lie the physical: The need to breathe, to eat, to be sheltered (Maslow, 1943). But what happens if these physical needs are being met, but only temporarily, or with the risk of removal always one health emergency or car accident or rent increase away? The Centers for Disease Control and Prevention (CDC) recognizes Adverse Childhood Experiences (ACEs) as causing a myriad of negative outcomes for children as they develop into adulthood. While ACEs are often defined using interpersonal examples, such as neglect or abuse, the CDC explains that these traumas include living in communities

that are segregated and dispossessed, as well as experiencing housing and food insecurity, and that the toxic stress that results can impact the brain in the very same way (CDC, 2019). A recent pre-publication study added that families who experience homelessness and spend time in shelters are impacted negatively by the lack of privacy and the unfamiliar rules that shape children's schedules. The authors concluded that stable housing is critical to reducing stress and its impacts on families (Brown & Thurber, as cited in PD&R Edge).

And folks in Sonoma County are experiencing this sort of toxic stress. A few responses from the general survey can illustrate the experience of renting here best:

- *“Adult single mom, living with two adult sons and we are not making it.”*
- *“I am concerned about not qualifying to stay in this affordable unit once the yearly reviews come up for any reason, such as if my oldest daughter starts working. Even though I am a single parent the management said if my household earned even \$200 more per month I would no longer qualify.”*
- *“I fear I will never be able to get a place to live because of the lack of enough housing in this*

- county. It is something I worry about every day.”
- “Rent takes about 98% of my income. So when a random emergency like a car breakdown happens I cannot afford to fix it.”
  - “I make too much money to get assistance, but rent is so high that I have a hard time. Yes, poor people need assistance, but people like me are stuck in the middle.”
  - “I am afraid of losing my home if the rent goes up again.”
- “I’m scared for my future. End of life choice would be better than homeless and disabled.”
  - “Parents shouldn’t have to be working multiple jobs just to keep food and the house running properly.”
  - “If anything happened to my spouse, my kids and I wouldn’t be able to afford a rental on my wages.”
  - “As a single mother of two children, I fear I will never be able to live on my own because I cannot afford it.”

Government has the opportunity to remove much of this toxic stress from within its jurisdiction, and according to the CDC, it has the responsibility to do so. “Policies that strengthen household financial security (e.g., tax credits, childcare subsidies, other forms of temporary assistance, and livable wages) and family-friendly work policies, such as paid leave and flexible and consistent work schedules, can prevent ACEs by increasing economic stability and family income, increasing maternal employment, and improving parents’

ability to meet children’s basic needs and obtain high-quality childcare. These types of policies can also prevent ACEs by reducing parental stress and depression and by protecting families from losing income to care for a sick child or family member. Strengthening economic supports for families is a multi-generation strategy that addresses the needs of parents and children so that both can succeed and achieve lifelong health and well-being.” (Houry, D. & Mercy, J., 2019).

### **Community Participation Process**

The Project team established its best practices for this effort by centering the values of Diversity, Equity and Belonging. Through these values, the project came to be comprised of a diverse group of professionals whose backgrounds provided an opportunity for the community engagement efforts to be culturally responsive, an iterative process. This led to a robust community participation process and engagement with communities whom have not traditionally been engaged because having an informed understanding of community and, more importantly, a collective respect for community made connection possible. In order to most effectively utilize and uplift the voices of the communities engaged, we utilized the following measurements:

### **Measurements of Well Being**

To define the categories and measurements for healthy and thriving communities, the team utilized the Human Development Index, "a measure made up of what most people believe are the very basic ingredients of human well-being: health, education, and income" (Measure Of America, n.d.), "and Social Determinants of Health, which are "designed to identify ways to create social and physical environments that promote good health for all" (Office of Disease Prevention and Health Promotion, 2020). With these measurements, as well as cultural characteristics for creating healthy and thriving communities, the project team chose the neighborhoods for neighborhood level engagement, stakeholders, focus groups populations, as well as designed the survey instruments, and other data collection tools to be utilized by community-based consultants.

### **Methods of Engagement**

The CDC defines community engagement as "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people... It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices" (CDC, 2011).

The team designed engagement strategies with the objective to remove barriers for the communities designated as protected classes to provide feedback and input for the AFFH Assessment. By engaging community-based leaders throughout the design process, conducting neighborhood level engagement and focus groups where participants were located, providing an incentive for giving us their time, and conducting stakeholder conversations and interviews that encompassed leaders outside of the Eurocentric power structure, the project sought to prevent replicating systems of oppression and disenfranchisement in collecting the voices of communities via Equity-Centered Design (ECD), and aspects of Community Based Participatory Research (CBPR). By centering belonging and cultural responsiveness in the design process, the project team was able to create safe[r] spaces for these populations to more freely provide feedback. These methods held the space for individuals to define themselves as they wished (we will discuss the limitations of this in the Future Directives section).

### General Online Survey

The tool utilized in order to collect the broadest level of data from any and all members throughout the county was an online survey, which for the purposes of this analysis will be referred to as “General Survey,” and those who responded to it will be referred to as “Respondents.” The General Survey is the most common method utilized when desiring input from the community. The Community Engagement team, however, understood that this method disenfranchises some of the very voices sought, and when utilized as the sole method for community input, it cannot be categorized as engagement (as defined above) nor as culturally responsive. It is also important to note that focus group participants were asked to fill out the survey online, which contributed to the increased participation of BIPOC (Black, Indigenous, People of Color) and respondents.

### Neighborhood Level Engagement

Neighborhood-based input and data collection was critical to the success of this project given the ways in which members of protected classes have been systematically and repeatedly disenfranchised and traumatized by governmental policies, institutions, and systems. The project team deliberately and successfully recruited a diverse pool of neighborhood interviewers, and then provided a thorough training on the goals of the project, the themes of Diversity, Equity and Belonging, and of best practices for data gathering. By recognizing the cultural wealth in these communities, Equity First needed only to adequately equip neighborhood

interviewers with the tools necessary to provide a safe interaction for the members of the neighborhoods visited, and to ensure successful data gathering. This type of engagement also served the purpose of humanizing data. Key Highlights from this neighborhood-level engagement include:

- Neighborhood interviewers went to people where they were, in their homes.
- Households willing to participate in the survey were provided a gift card.<sup>1</sup> Through this, the Project Team sought to acknowledge and honor that the time of community members is valuable and reflect the values of equity-centered design through action.
- The neighborhood interviewers conducted a conversation-style interview and filled out the survey instrument during the conversation.
- Neighborhood interviewers provided feedback on the neighborhoods targeted within the Census Tracts chosen for this project.
- Providing a sense of respect and safety for community members in answering questions was the number one priority. While they were encouraged to answer all questions, they were also given full agency to skip any and all questions that they were uncomfortable answering.

<sup>1</sup> Gift cards were \$10 each to Starbucks, Walmart and Target. Project team sought advice from members of the communities targeted on the types of stores that

would be most convenient and beneficial for them. Project team understood that this was the level of micro-level intentionality needed to ensure of this effort.

## Stakeholder Conversations and Interviews

The Stakeholder conversations and interviews engaged with existing trusted partners who serve populations most impacted by systemic inequities in Sonoma County. This form of engagement sought to engage stakeholders who interact directly with these populations including but limited to direct services providers such as case managers, nurses, teachers, outreach workers, leaders of communities etc. The stakeholder conversations were held throughout the 5 regions of the county: East, North, West, South and Central, which may also be delineated by supervisorial district. Four teams interviewed stakeholders who work with people who identify as Latinx, seniors, living with a disability, Native American, Black, Chinese, Filipino, Japanese, and folks who live in affordable housing. All but one of the interviews were conducted in a one-on-one setting, the exception being the interview of two employees at legal aid, the executive director and an attorney specializing in elder law.

## Focus Groups

Focus groups were conducted with specific populations whose experiences and perspectives would be harder to reach through the other methods of engagement. Focus groups were held in spaces deemed appropriate and safe[r] for these populations and at times most convenient for them. By receiving an invitation into their space, fully explaining the project to participants, explaining the impetus for their participation, and giving them full agency to engage at whatever level they felt comfortable doing so and being able to stop their participation at any time, we were able to hold a container, as was held during the door-to-door interactions to ensure that participants felt safe, and not obligated to respond in order to mitigate the opportunity for re-traumatization. Participants in these groups were given a Visa gift card<sup>2</sup> as a demonstration of respect and understanding.

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<sup>2</sup> Visa gift cards were \$50.



## Analysis and Discussion

### *General Online Survey*

The tool to collect the broadest level of input from any and all members throughout the county was an online survey, which for the purposes of this analysis will be referred to as “General Survey”, and those who responded to it will be referred to as “Respondents.” This method, however, cannot be catalogued as a method of community engagement, because a meaningful interaction between a community member and a representative of the project did not take place. This is a Eurocentric mechanism that is traditionally utilized and at most accomplishes a level of outreach that results in a onetime, one-sided interaction. This method can further cause disenfranchisement of the very communities feedback is sought from and whose designation as protected classes stem from a history of oppressive systems. It is not a culturally responsive strategy when dealing with diverse populations and populations who are further disenfranchised by the technological divide. Given that this was not the sole method utilized, and other robust methods were prioritized and resourced, the Project team agreed to utilize this tool as an umbrella for any members of protected classes and the community as a whole to be able to provide input as desired. The survey was available in English and Spanish. The General Survey took place during the initial months of the COVID – 19 pandemic.

A total of 446 surveys were submitted, 242 (n=436) responses completed by individuals who identified as white/Caucasian and 193 individuals who identified as BIPOC. 30 surveys were submitted in Spanish.

### *Neighborhood Survey*

The Neighborhood level interviews captured through the survey tool (Neighborhood Survey) were utilized to capture the voices of community members (Interviewees), who have not been adequately captured through traditional community input tools, i.e. the online survey. The Project team sought to conduct genuine engagement by utilizing this culturally responsive method. The majority of Interviewers spoke both English and Spanish, and a few Interviewers only spoke Spanish.

Neighborhoods targeted were those with high Latinx population density and within these neighborhoods, there was a particular focus placed on subsections of neighborhoods with potentially higher levels of renters, who have traditionally encountered impediments to fair housing. The intent was to get a more in-depth understanding of the challenges that these communities face as renters in apartment complexes.

The neighborhood survey was conducted months prior to the COVID-19 pandemic.

A total of 130 surveys were completed with 129 surveys connected to census tracts. The range responses per census tract was between 17-26, which for the purpose of this Project met the overarching goal of 20 per census tract. The following is a breakdown of the census tracts targeted, identified by names used in the Portrait of Sonoma, in an effort to create uniformity of census tract identification across studies.

| Census Tracts - Neighborhoods         | HD Score | Total Occupied Homes | Total % Renters | % Latinx Pop |
|---------------------------------------|----------|----------------------|-----------------|--------------|
| Roseland Creek                        | 99       | 1436                 | 49%             | 62%          |
| Roseland                              | 98       | 1218                 | 72%             | 65%          |
| Sheppard                              | 97       | 1482                 | 45%             | 63%          |
| Fettters Springs (Agua Caliente West) | 96       | 1831                 | 53%             | 69%          |
| Rohnert Park - A Section              | 92       | 2408                 | 76%             | 43%          |
| Central Healdsburg                    | 82       | 1667                 | 56%             | 47%          |

*Table 1: Neighborhood Level Engagement*

### Identity Markers

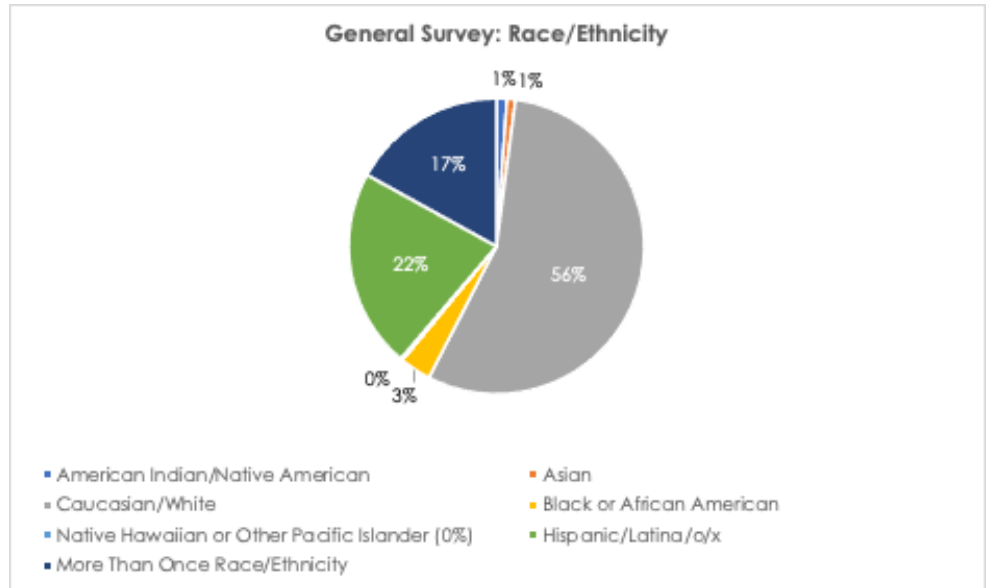
Throughout history, identity markers, such as race, ethnicity, national origin, sexual orientation, and gender, have been used by individuals to self-identify and have simultaneously been weaponized by the dominant class to categorize, essentialize, and oppress individuals and populations who are now designated as protected classes. Because identity markers can be used to self-liberate or to oppress, asking people to self-identify in the form of a survey is a fraught enterprise. The socially constructed concepts of race and ethnicity are quite complex and cannot neatly be fit into a few

categories. The ways in which individuals choose to identify themselves can be as diverse as the population itself. The Project team attempted to expand the narrow categories utilized in Eurocentric data gathering tools, yet the attempts fell short in creating a question that granted all members of the community the agency to self-identify. Nonetheless, the Race/Ethnicity categories are presented in different configurations to give a glimpse of the variations chosen by Respondents. The primary language spoken at home indicated by Respondents will follow.

**Race/Ethnicity**

**General Survey:**

Graph 1 illustrates the breakdown of the Race/Ethnicity of the 436 Respondents who answered the question out of 446 Respondents who filled out the General Survey. Individuals who identified as white/Caucasian make up 56% of Respondents and BIPOC Respondents makeup 44%.



Graph 1: General Survey - Race/Ethnicity

**General Survey:** Table 2 illustrates (vertically) the variations chosen by Respondents.

| General Survey: Breakdown of Race/Ethnicity Variations |                                 |       |                 |                           |   |                     |
|--|---------------------------------|-------|-----------------|---------------------------|---|---------------------|
| General Survey: Breakdown of Mentions by Respondents   | American Indian/Native American | Asian | white/Caucasian | Black or African American | Native Hawaiian or Other Pacific Islander | Hispanic/Latina/o/x |
| American Indian/Native American                        | 28                              | 0     | 0               | 0                         | 0   | 0                   |
| Asian  | 4                               | 15    | 0               | 0                         | 0   | 1                   |
| white/Caucasia   | 14                              | 10    | 242             | 10                        | 0   | 27                  |
| Black or African American                              | 3                               | 1     | 0               | 26                        | 0   | 0                   |
| Native Hawaiian or Other Pacific Islander              | 1                               | 5     | 0               | 1                         | 1   | 1                   |
| Hispanic/Latina/o/x                                    | 7                               | 0     | 0               | 3                         | 0   | 123                 |

Table 2: General Survey - Race/Ethnicity Variations

**General Survey:** Table 3 illustrates that specifications listed under the categories of Asian and under Hispanic/Latina/o/x, which were the only two categories with that field availability. This prevented Respondents who identified with other categories

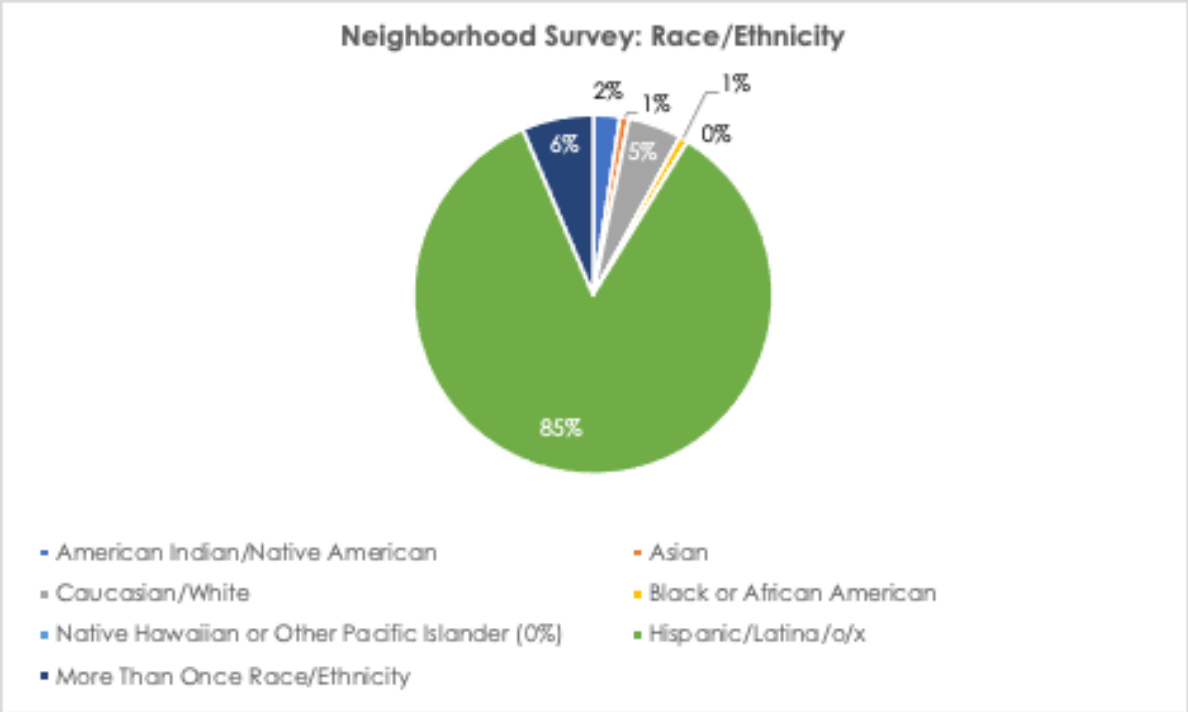
from listing specifications, because while there was a category for "Other," it is important to note that no one utilized that field whereas the fields for specifications directly following a specific category were utilized as showcased below.

| General Survey: Race/Ethnicity Specifications | Number of Times Mentioned | General Survey: Race/Ethnicity Specifications  | Number of Times Mentioned |
|---|---------------------------|--|---------------------------|
| Mexico  | 55                        | Japanese   | 1                         |
| Mexico City                                   | 7                         | Latina   | 1                         |
| Chile   | 3                         | Mexican American   | 1                         |
| El Salvador                                   | 3                         | Mexico, Guanajuato   | 1                         |
| Hispanic                                      | 3                         | Mexico, Spain  | 1                         |
| Nicaragua                                     | 2                         | Mix, Caucasian, Asian  | 1                         |
| American/California Native                    | 1                         | Mixed  | 1                         |
| Bolivian, white                               | 1                         | Mostly Hispanic .6or7 black family and mostly white  | 1                         |
| Chinese/ 4th Generation Mexica-American       | 1                         | Native American from Mexico  | 1                         |
| Costa Rica                                    | 1                         | Oaxacan, Mestizo   | 1                         |
| Cuba  | 1                         | Polish and English   | 1                         |
| Dominican Republic                            | 1                         | Puerto Rico  | 1                         |
| Eritrean                                      | 1                         | Puerto Rico (I'm white but don't consider myself Caucasian. My parents are from the island of Puerto Rico) | 1                         |
| Filipino                                      | 1                         | Spain  | 1                         |
| Filipino, other                               | 1                         | Texas  | 1                         |
| Hispanic/European                             | 1                         | U.S.   | 1                         |
| Indigenous Oaxacan                            | 1                         |  |                           |

*Table 3: General Survey - Race/Ethnicity Specifications*

**Neighborhood Survey:** As noted above, and as further evidenced in Graph 2, the neighborhood level engagement sought to focus on the

Hispanic/Latina/o/x community. Eighty-five percent (85%) or 106 interviewees self-identified as Hispanic/Latina/o/x (n=125).



Graph 2: Neighborhood Survey - Race/Ethnicity

**Neighborhood Survey:** Table 4 illustrates (vertically) the variations chosen by Respondents.

| Neighborhood Survey: Breakdown of Race/Ethnicity Variations |                                 |       |                 |                           |   |                     |
|---|---------------------------------|-------|-----------------|---------------------------|---|---------------------|
| Neighborhood Survey: Breakdown of Mentions by Respondents   | American Indian/Native American | Asian | white/Caucasian | Black or African American | Native Hawaiian or Other Pacific Islander | Hispanic/Latina/o/x |
| American Indian/Native American                             | 5                               | 0     | 0               | 0                         | 0   | 2                   |
| Asian   | 0                               | 0     | 0               | 0                         | 0   | 0                   |
| white/Caucasian   | 0                               | 0     | 6               | 0                         | 0   | 3                   |
| Black or African American                                   | 0                               | 0     | 0               | 2                         | 0   | 1                   |
| Native Hawaiian or Other Pacific Islander                   | 0                               | 0     | 0               | 0                         | 2   | 2                   |
| Hispanic/Latina/o/x   | 0                               | 0     | 0               | 1                         | 2   | 114                 |

Table 4: Neighborhood Survey - Race/Ethnicity Variations

**Neighborhood Survey:** Table 5 illustrates the specifications listed under the categories of Asian and under

Hispanic/Latina/o/x, which were the only two categories with that field availability.

| Neighborhood Survey: Race/Ethnicity Specifications | Number of Times Mentioned |
|--|---------------------------|
| Mexico   | 21                        |
| Michoacán  | 2                         |
| Guatemala, Michoacán                               | 1                         |
| Hispanic, Pomo Indian                              | 1                         |
| Oaxaca   | 1                         |
| Tapatio  | 1                         |
| Yucatan  | 1                         |

Table 5: Neighborhood Survey - Race/Ethnicity Specifications

**Primary Language**

**General Survey:** 378 Respondents identified English as their primary language, 57 identified Spanish as their primary language, 8 identified other: Bilingual, British, Italian, Japanese, Korean, Spanglish (n= 443).

**Neighborhood Survey:** 107 individuals identified Spanish as their primary language, 21 identified their English as their primary language. Amongst Latinx households 99 identified Spanish as the primary language while 6 identified English as their primary language.

**Other Markers**

**General Survey:** 112 Respondents identified themselves as single parents, and of those 80% identified as Female, 9% Male, 2% Nonbinary/Trans, 9% Other.

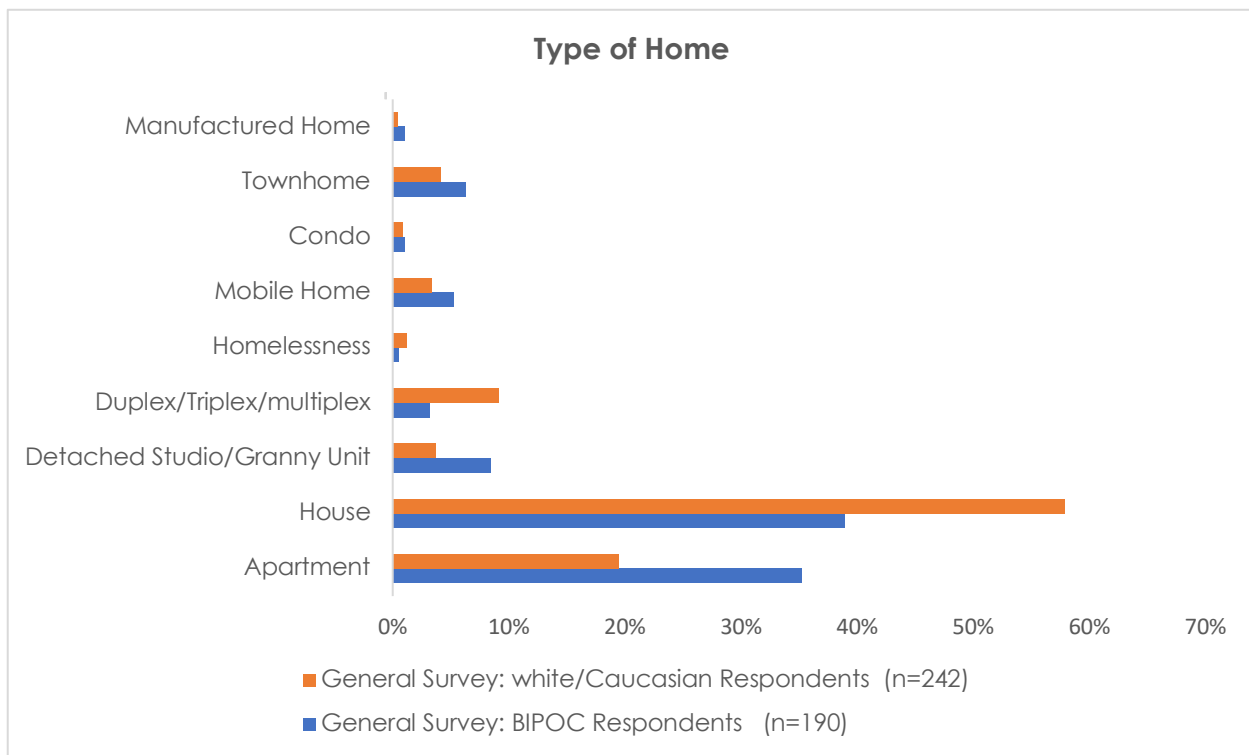
**Neighborhood Survey:** 77% (n=128) of households identified a male as head of household.

### Housing

One of the key areas of the Social Determinants of Health is Neighborhood and Built environment which includes the quality of housing experienced. All aspects of the experience of living in a home, the stressors that come with maintaining a home, doing upkeep on a home, and the built environment surrounding the home can have a huge impact on the quality of life of

individuals. “Low-income families may be more likely to live in poor-quality housing that can damage health. These homes may be poorly insulated, lack air conditioning, and cost more to heat, leaving homes either too hot or too cold, which has been linked to poorer health outcomes.” (Office of Disease Prevention and Health Promotion, 2020)

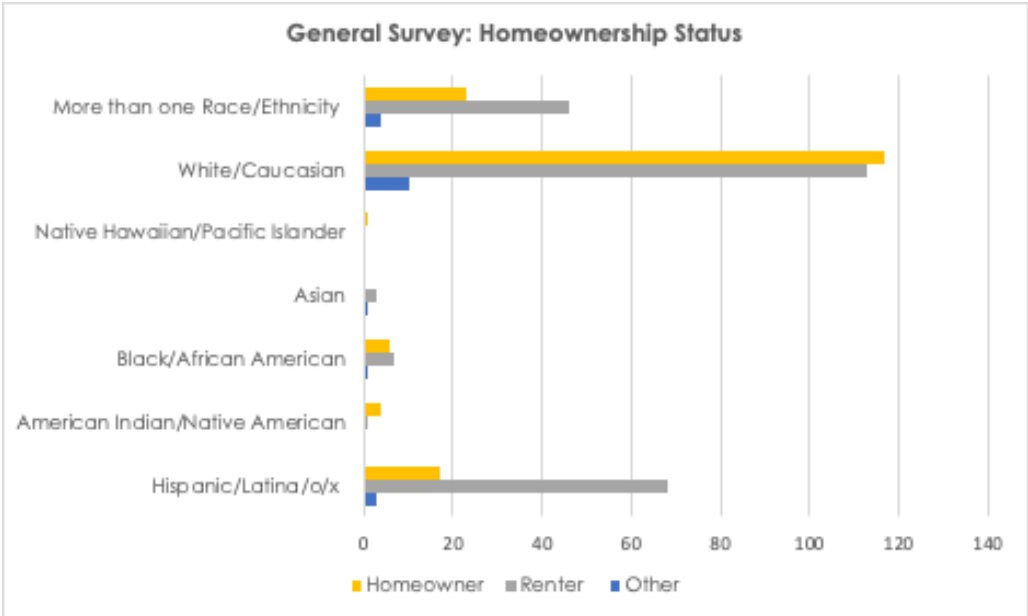
General Survey Respondents indicated that the following are the types of homes they live in. As mentioned, Neighborhood Survey Interviewees lived mainly in Apartment complexes.



Graph 3: General Survey - Type of Home

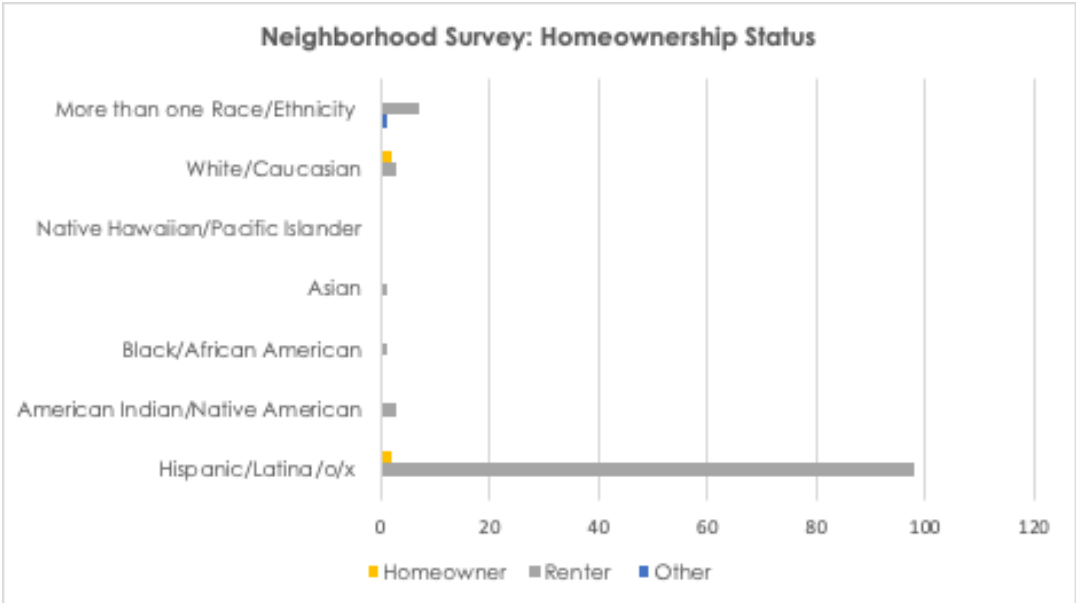
**Home Ownership**

**General Survey:** 238 Respondents identified themselves as renters, 168 as homeowners and 19 as other (experiencing homelessness, living with family, owning RVs, motorhomes, or mobile homes). 52 Respondents identified that they live in Affordable Housing. 44 Respondents identified that they live in a home that is accessible to persons with disabilities. (n=425).



Graph 4: General Survey - Homeownership Status

**Neighborhood Survey:** 113 Interviewees identified themselves as renters, 4 as homeowners, and 1 as other. (n=118).



Graph 5: Neighborhood Survey - Homeownership Status



### **Multi-Generational Households**

**General Survey:** 43% (n=446) of Respondents identified having children under 18 and of those responses there were an average of 1.84 children per household. 30% of Respondents identified being or having person(s) who were 65 years old and above and of those responses there were an average of 1.4 (n=132) adults 65 and over per household. 28% of Respondents identified being or having a person with a type of disability and of those responses there were an average of 1.2 (n=123) individuals per household.

### **Rent Support**

**General Survey:** 39 Respondents identified receiving support to pay rent.

### **Temporary Guests**

**General Survey:** 77 (n=446) Respondents identified having a person(s) staying at their home in a bedroom temporarily, 38 identified as charging rent and the most common space temporary guests were inhabiting were bedrooms. 30 Respondents identified having a person(s) staying in a different type of space (living room [sofa], garage, granny unit) at their home.

### **Fear of Displacement**

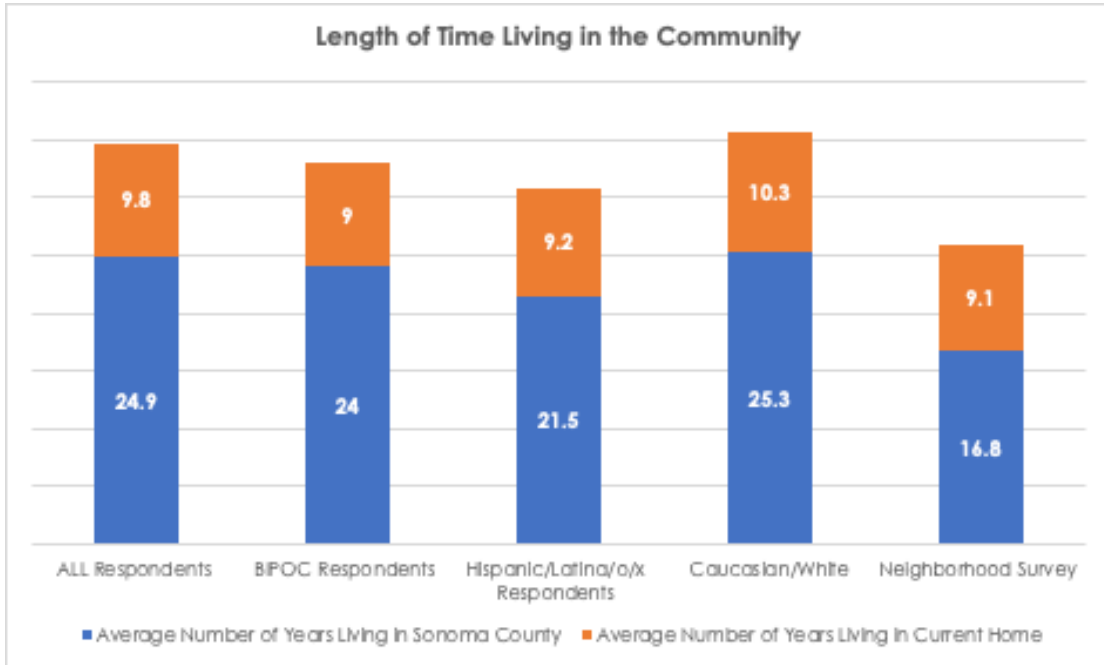
**General Survey:** the average number of years Respondents indicated to have lived in Sonoma County is 24.9 (n= 435). The average number of years Respondents indicated to have lived in their current home is 10.2 (n= 437).

**Neighborhood Survey:** 78% (n=130) interviewees identified having children ages 0-18 in the household. Responses identified three children per household as the largest group at 35% (n= 45). Twenty (20) interviewees identified having elderly (over 65) in the household. Eight (8) interviewees identified having both children (0-18) and elderly (65+) residing in the same household, and four (4) of these had a person with disabilities. Seven (7) interviewees identified having a person with a disability in the household.

**Neighborhood Survey:** Seven (7) interviewees identified receiving support to pay rent.

**Neighborhood Survey:** Eighteen (18) interviewees identified having a person(s) staying at their home in a bedroom temporarily, thirteen (13) identified as charging rent for the bedroom(s). Five (5) interviewees identified having a person(s) staying in a different type of space (living room [sofa], garage) within their home and three (3) identified as charging rent for the space.

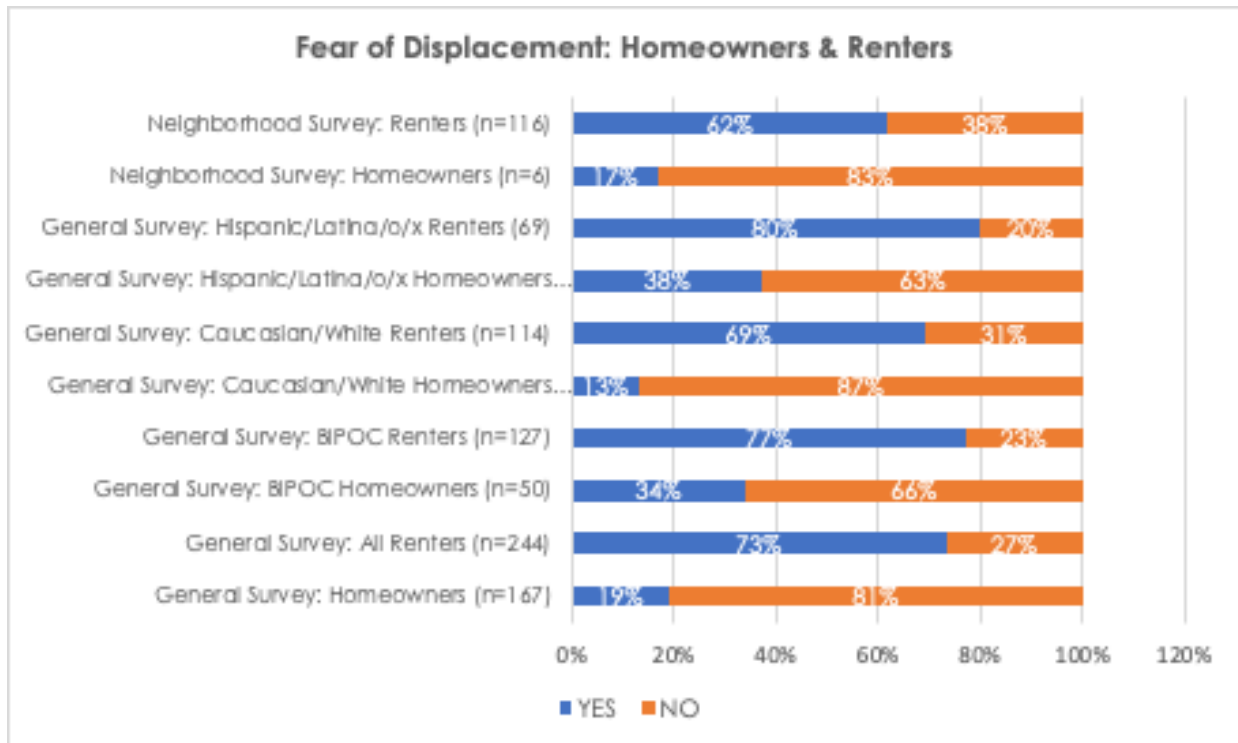
**Neighborhood Survey:** the average number of years Interviewees indicated to have lived in Sonoma County is 16.8 years (n=130). The average number of years Interviewees indicated to have lived in their home is: 9 years (n=129).



Graph 6: Length of Time Living in the Community

Graph 7 shows the breakdown of difference both by race/ethnicity and renter/homeowner both Respondents

and Interviewees on whether they were afraid that they would not be able to continue living in their neighborhood.



Graph 7: Fear of Displacement

**Rent Increases**

Respondents and Interviewees were both asked if they experienced rent increases in the last 5 years, and by how much each time.

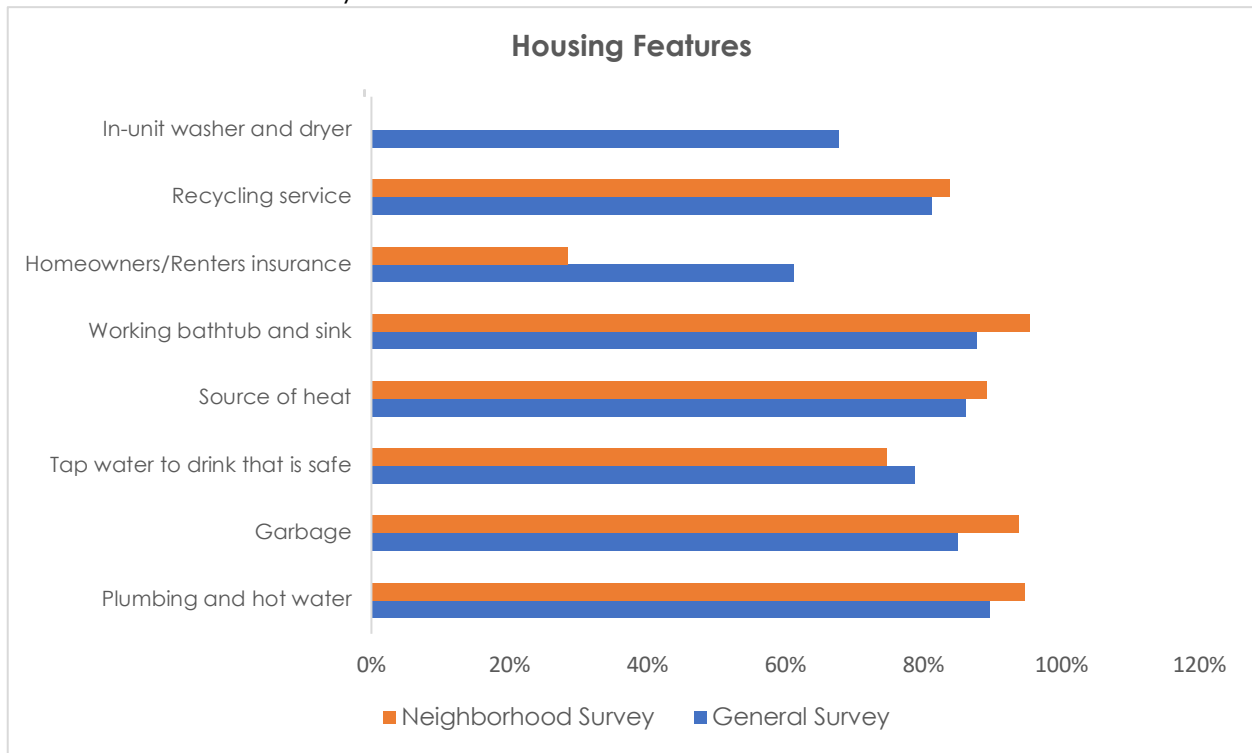
**General Survey:** One hundred eighty-one (181) Respondents identified a rent increase in the last 5 years. Respondents identified experiencing rent increases an average of three (3) times in the last five years.

**Neighborhood Survey:** Eighty-six (86) Interviewees identified a rent increase in the last 5 years, 53 interviewees specified amount increase(s), and the average amount increase experienced was \$443. An additional 33 interviewees identified the number of times they had experienced a rent increase, but not the amount. These Interviewees experienced rent increases in the last five years an average of 3 times

**Housing Features**

There are basic housing features assumed to be accessible to every household. However, when forced to live in substandard housing, some households may not actually have access to such. Access to safe drinking water and sanitation is a basic human right ("United Nations", 2014), and is a part of having access to the opportunity to lead safe and healthy lives. Access to

heating and plumbing are also key, as is access to renter's insurance, especially with the heightened risk and manifestation of climate change-fueled disasters in Sonoma County. In Graph 8, Respondents (n=437) and Interviewees (n=126) indicated which features they have access to. Interviewees were not asked about in-unit washer and dryer.



Graph 8: Housing Features

**Discrimination**

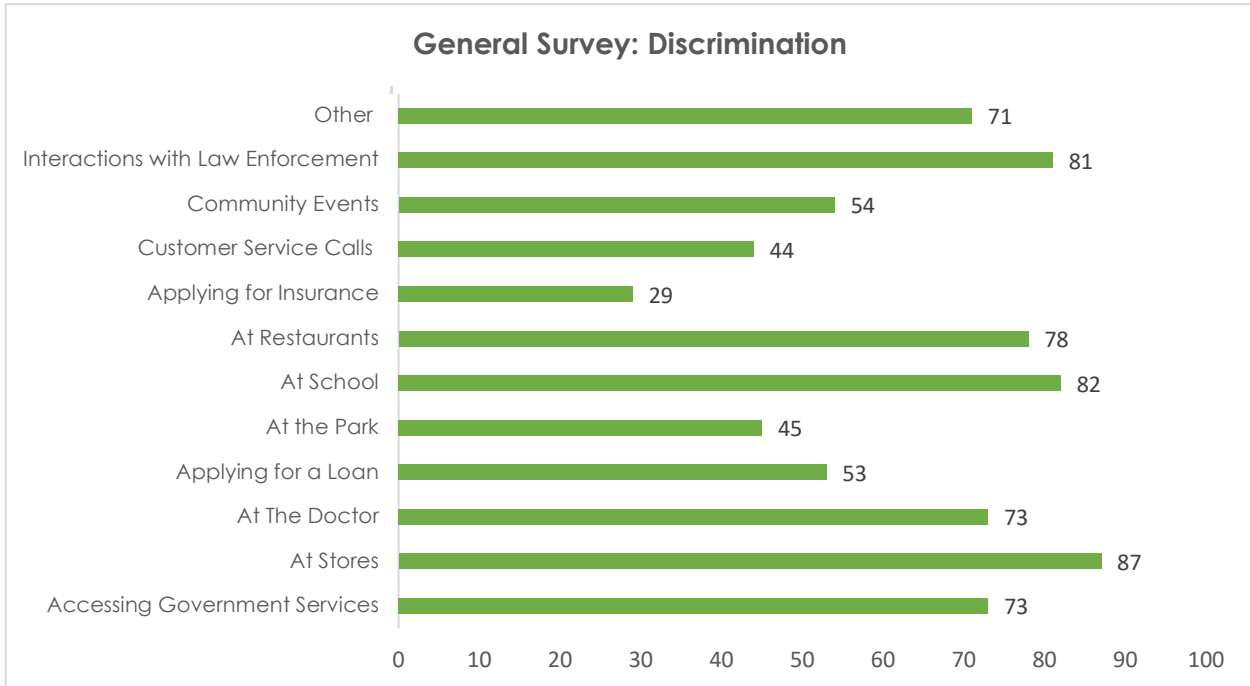
Discrimination and the anticipation of future discrimination, including daily microaggressions, bullying, hate crimes, over-policing, under-resourcing, and disparate health care, result in toxic stress that is literally killing people of color and other minoritized communities. Increased risk of heart disease, low birth weight, insomnia, obesity, maternal mortality, mental health disabilities, and death is a direct result of daily assaults on these daily assaults on wellbeing (Gee, G. 2016).

One way to look at the relationship between discrimination and health is by the direct relationship between, for example, exclusion from accessing a

living wage and the ability to pay for healthy food and secure housing; or that between health care disparities and maternal mortality. But the relationship goes beyond this. Simply the stress of repeated experiences with discrimination creates a condition called an “allostatic load,” wearing away at the body’s systems, so that it is more susceptible to a variety of poor health outcomes (Gee, G. 2016, McEwen, B. 1998).

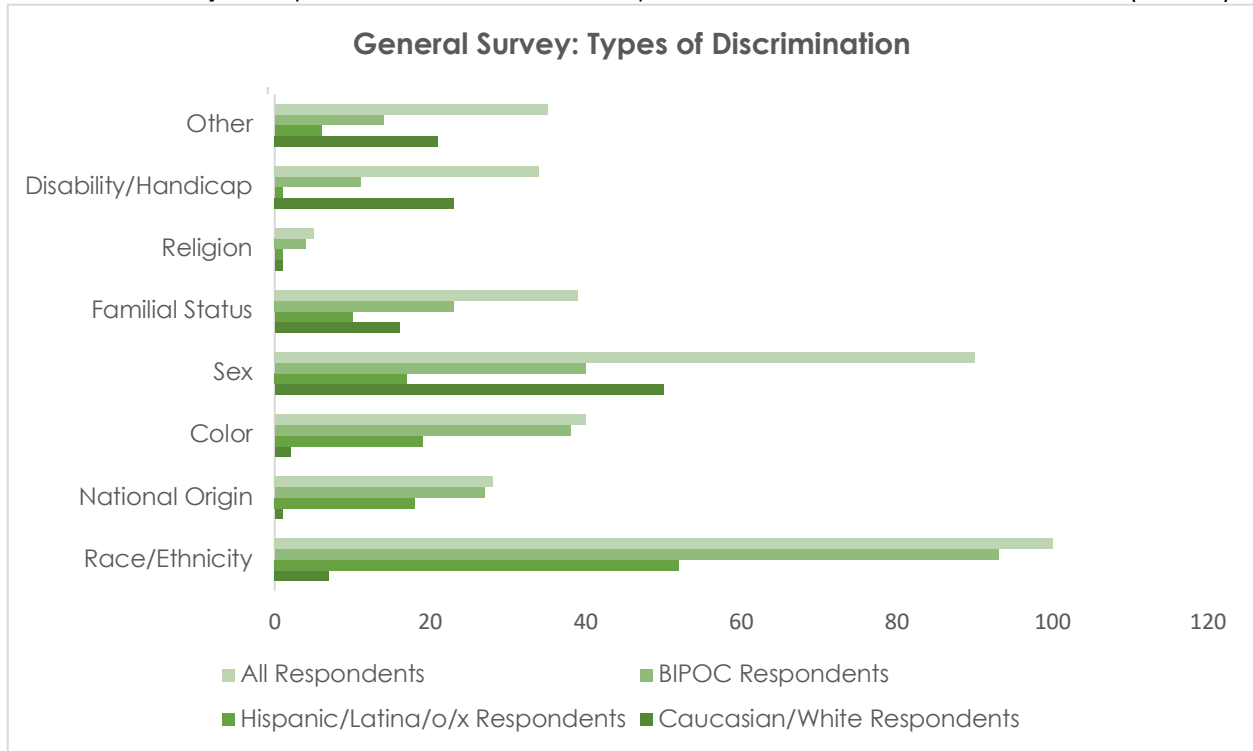
Respondents and Interviewees were asked to identify situations where they felt they were treated unfairly based on *race, color, religion, national origin, sex, disability or familial status.*

**General Survey:** Graph 9 shows types of places Respondents (n= 256) mentioned experiencing that they were treated unfairly due to the aforementioned markers



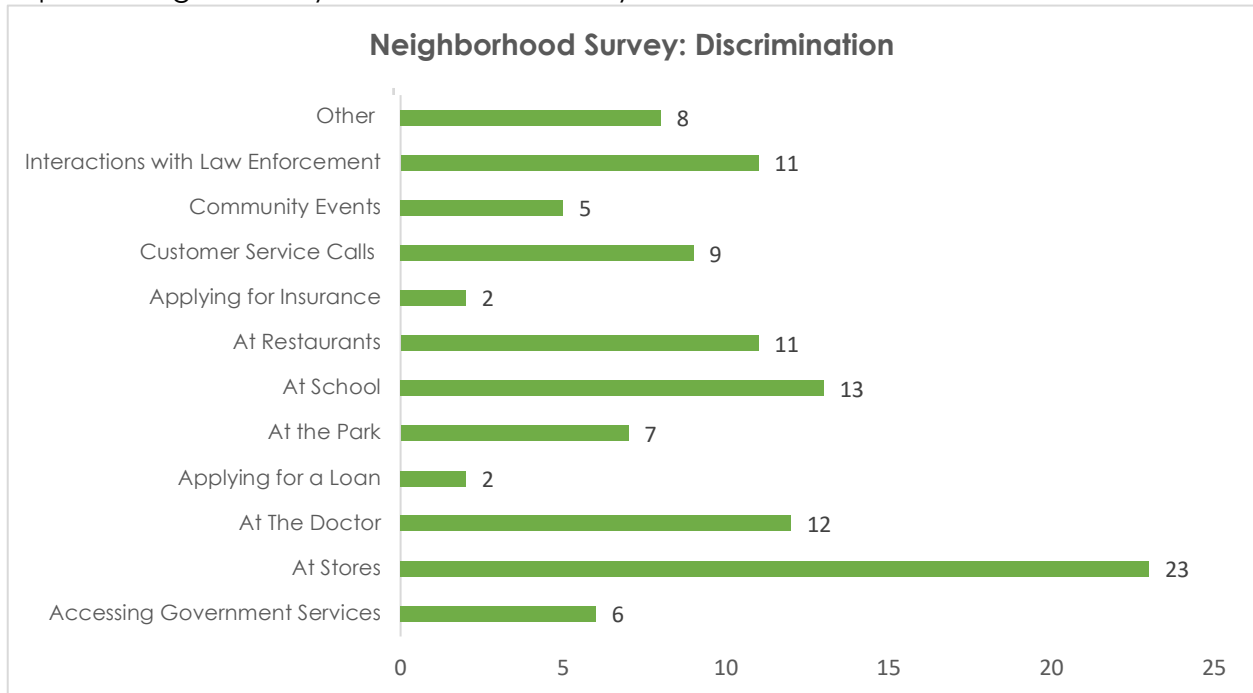
Graph 9: General Survey - Discrimination

**General Survey:** Graph 10 shows reasons Respondents faced Discrimination for (n=234).



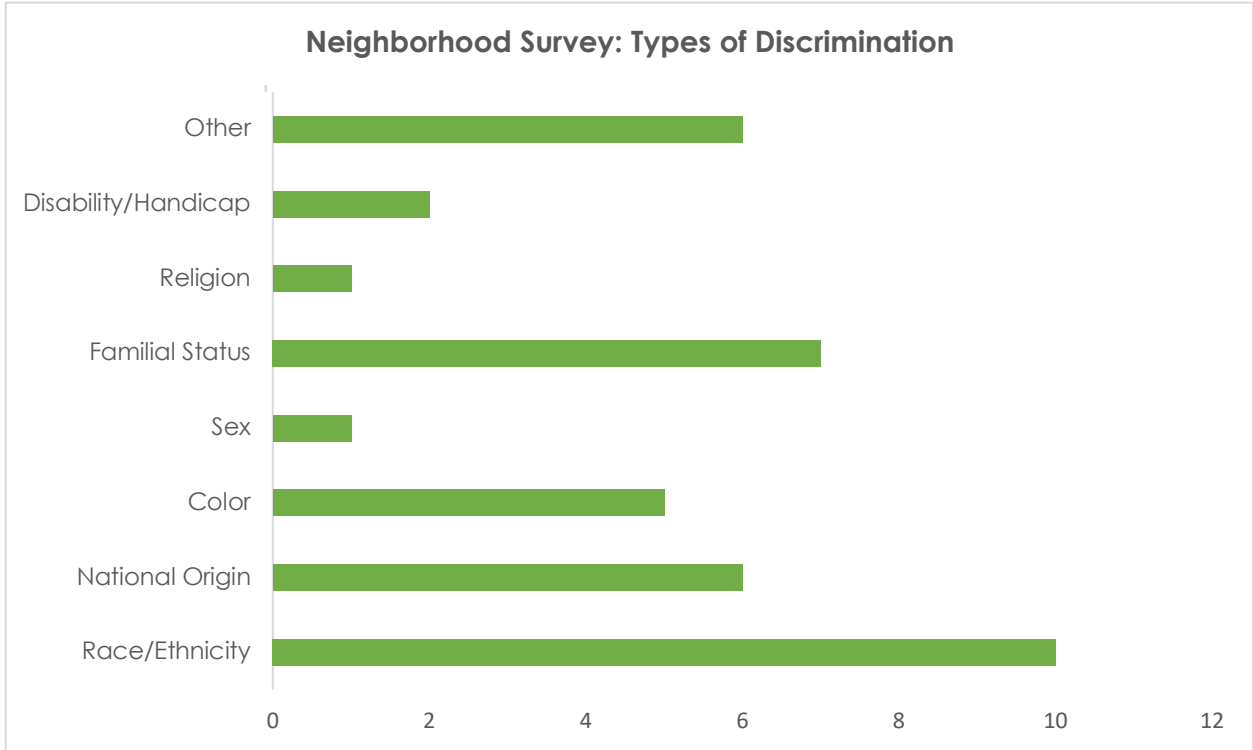
Graph 10: General Survey - Types of Discrimination

**Neighborhood Survey:** Graph 11 shows type of places Interviewees (n= 53) mentioned experiencing that they were treated unfairly due to the aforementioned markers.



Graph 11: Neighborhood Survey - Discrimination

**Neighborhood Survey:** Graph 12 shows reasons Respondents faced Discrimination for (n=23).



Graph 12: Neighborhood Survey - Discrimination

**Transportation**

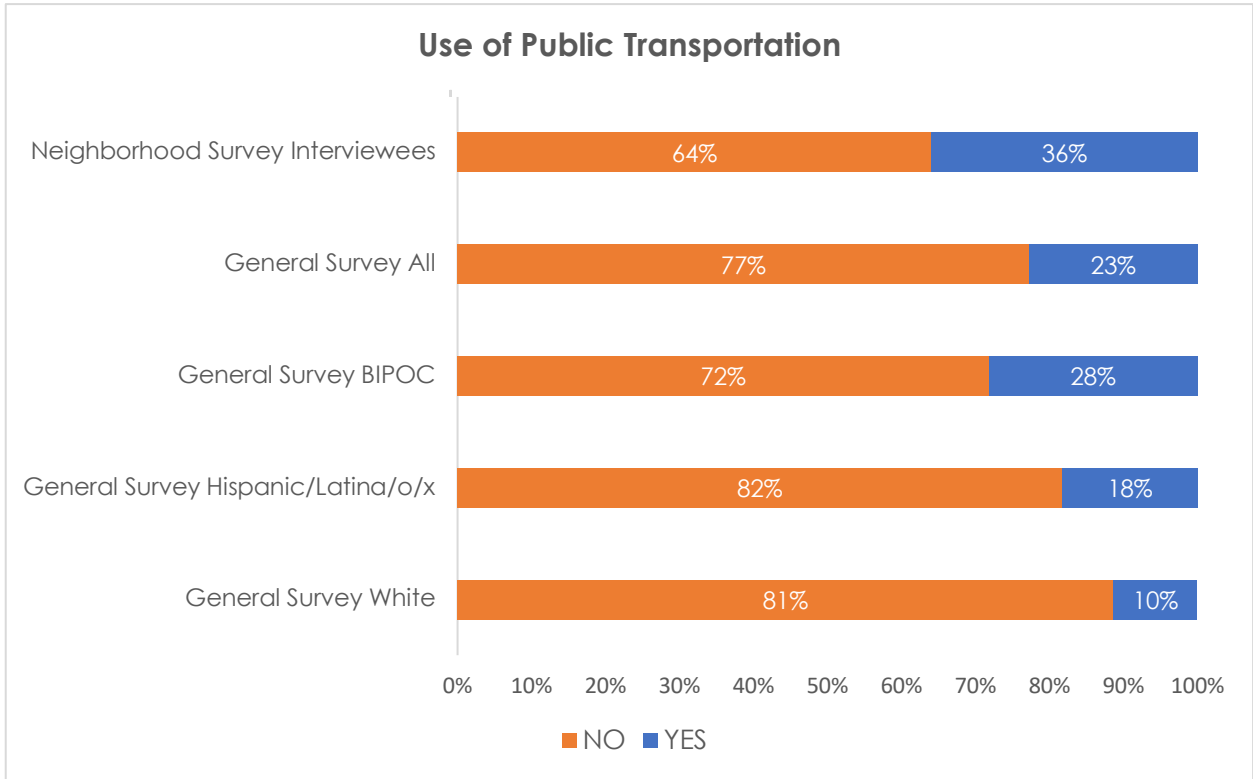
One of the Goals of the U.S. Dept of Health and Human Services' Healthy People 2030 is to "Promote Safe and Active Transportation" because "[g]etting people to use motor vehicles less often can help improve their health. Mass transit options, like buses and trains, produce far less air pollution than cars — and people who walk and bike places get more physical activity." (ODPHP, 2020) It is evident that the benefits to individuals and their families in creating a robust public transportation system goes far beyond timely departures and arrivals.

According to Healthy People 2030 "Communities that invest in mass transit and promote active transportation can help protect the environment and improve health" (ODPHP, 2020). Further, As stated in the Portrait of Sonoma and the Fortalezas study, healthy communities have accessible public transportation, yet Sonoma County continues to struggle in providing public transportation that meets the needs of community members. (Domínguez et al., 2020; Measure of America, 2020)

**General Survey:** Twenty three percent (23%, n=404) of Respondents indicated that someone within their household utilizes public transportation, and 96% (n=441) own a car. 173 Respondents identified **inadequate schedules, hours, routes, accessibility, affordability, lack of frequent transportation to smaller cities/towns, inadequate accessibility, schedules, and fares of the SMART train** as main barriers to public transportation being able to meet their needs.

**Neighborhood Survey:** Thirty six percent (36%, n=129) Interviewees indicated that someone within their household utilizes public transportation, and 91% (n=128) own a car. Thirty-nine (39) Interviewees identified **Inadequate public transportation (stop too far/frequency/unprotected from elements/expensive)** as main barriers to public transportation being able to meet their needs. 10 interviewees indicated that they felt burdened by the cost of gasoline.

Graph 13 indicates that more neighborhood survey interviewees utilize public transportation than does any other grouping from the General Survey.



Graph 13: Use of Public Transportation

## Income

The relationship between income and health outcomes is multi-faceted. Low-income families are less likely to have job-provided insurance and access to consistent primary and preventative care. When incomes only cover substandard housing, people are more likely to live without access to high quality drinking water, and more likely to live with issues like mold. When people with low incomes live amongst each other, their neighborhoods are more likely to be food deserts, have fewer parks and sidewalks, and so on. Much like people who experience discrimination, people with low incomes (and often there is an intersection between these two groups) experience similar toxic stress that breaks down the body's ability to respond in a healthy way (Khullar, D. & Chokshi, D., 2018). Similarly, those whose low income requires them to take multiple jobs have less time to be with family, and care for

their own health, and experience additional stress.

### **General Survey:** 20% (n=436)

Respondents indicated that someone within their household holds more than one job. 47% Respondents indicated that someone within their household received government assistance. Table 6 showcases the types of industries Respondents identified being employed within.

**Neighborhood Survey:** Sixteen percent (16%, n= 123) of the interviewees indicated that someone within their household holds more than one job. Thirty-eight (38) interviewees indicated that someone within their household received government assistance. The types of industries interviewees indicated members of their households are employed in are majority in essential services.

| General Survey: Type of Employment  | Responses | Neighborhood Survey: Type of Employment | Responses |
|-------------------------------------|-----------|---|-----------|
| Retired/unemployed                  | 82        | Carpenter/Construction/Landscape        | 30        |
| Business/office/ reception          | 63        | Farmer/Vineyard/Field                   | 24        |
| Government                          | 49        | Cook/Bartender/Chef/Restaurant          | 17        |
| Construction/Landscape              | 44        | Housecleaning/Janitorial                | 13        |
| Education                           | 35        | Driver/Transportation                   | 11        |
| Health care/social work/therapy     | 32        | Cashier/Sales                           | 9         |
| Cashier/sales/retail                | 23        | Caregiver/Childcare                     | 7         |
| Restaurant/Cook/Chef                | 22        | Healthcare/Social work                  | 6         |
| Non-profit                          | 21        | Business Owner/Office                   | 4         |
| Caregiver/Childcare                 | 17        | Education                               | 3         |
| House cleaning/custodial/janitorial | 9         | Retired/Unemployed                      | 3         |
| Farmer/fields/agriculture           | 8         | Government                              | 2         |
| Driver/Transportation               | 5         | Multiple Sectors                        | 2         |
| Student                             | 5         | Mechanic                                | 1         |

Table 6: Employment



## Health

Health, poverty, housing insecurity, income, and community wellbeing are all interconnected. Having adequate health care (including dental and mental health care) and access to healthy food, housing, and outdoor spaces are all crucial to individual, family, and community health. Having one's health, having a healthy family, is crucial to gaining access to higher wage jobs and secure housing. Health really is, therefore, in a feedback loop with the other topics covered by the survey.

*"Stress level making a living in Sonoma County is taking a toll on our health. Considering leaving this beautiful place due to cost."*

*"The lack of programs available for substance abuse and mental health."*

*"No tenemos seguro medico."<sup>3</sup>*

*"Pues por ahora el miedo a contagiarnos con el [CO]VID al tener que salir a trabajar."<sup>4</sup>*

*"Me gustaría que viviéramos con menos estrés. Siempre estamos preocupados por pagar los gastos. Y por si nos van a*

Health disparities are nothing new, but the COVID-19 pandemic has made them impossible to ignore. COVID has ravaged BIPOC and poor communities, many of whom work in jobs deemed essential without access to proper PPE or the protections of government, many of whom live in substandard and overcrowded housing conditions where isolation is impossible, many of whom don't have access to health care or to culturally responsive treatment, many of whom are subjected daily to assaults on their health.

*dejar vivir en la casa que estamos rentando por más tiempo."<sup>5</sup>*

*"None - we have good health insurance."*

*"Medical Insurance, losing my job and not being able to pay rent."*

*"Dental care is too expensive and cannot be afforded."*

*"There is five people at home and only one of them is covered with health benefits."*

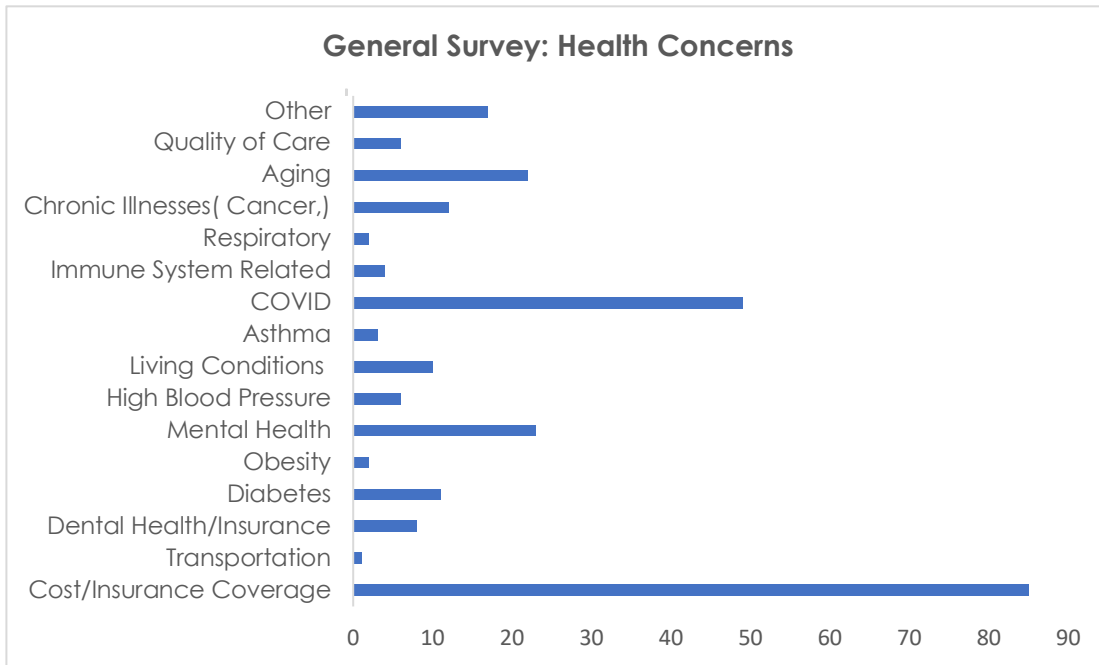
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<sup>3</sup> We don't have health insurance.

<sup>4</sup> Now, we are afraid of becoming infected with COVID because we have to go out to work."

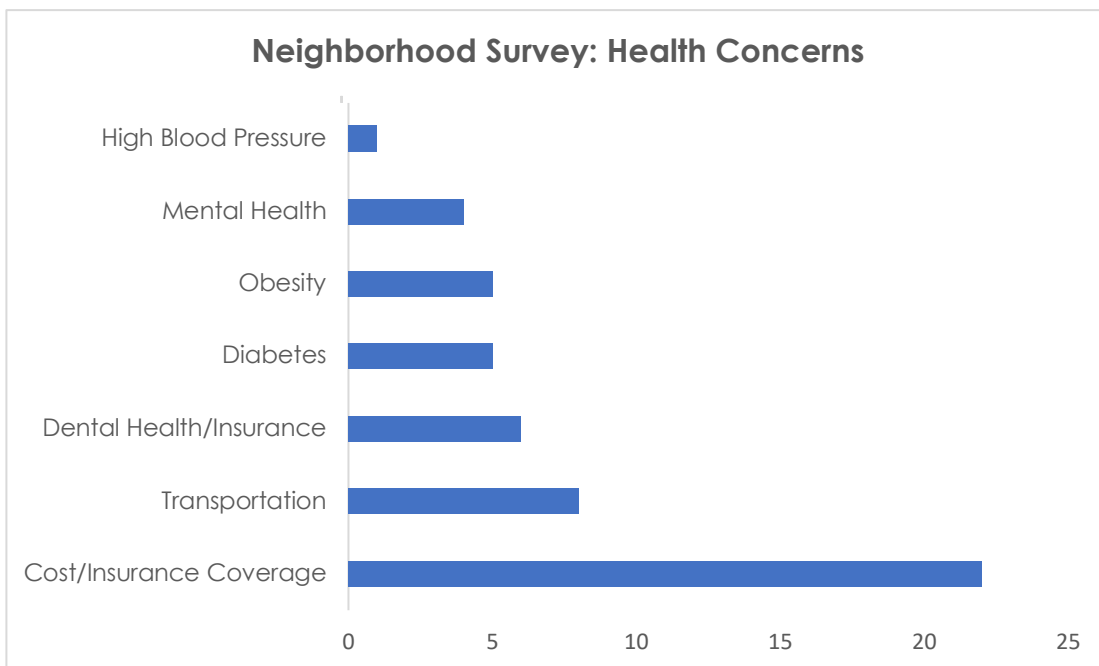
<sup>5</sup> I would like to live with less stress. We are always worried having to pay bills, and about whether or not we will be allowed to keep renting longer.

**General Survey:** Graph 14 indicates the types of health concerns Respondents had around health care (n=261).



Graph 14: General Survey - Health Concerns

**Neighborhood Survey:** Thirty-eight (38) interviewees identified receiving different types of government assistance with WIC (24) and Food Stamps/SNAP (14) as the most commonly identified. Graph 15 indicates the types of health concerns interviewees identified (n=51).



Graph 15: Neighborhood Survey - Health Concerns

**Dental Care**

The Behavioral Health Risk Survey conducted in 2012 found that Seventy-seven percent (77%) of survey respondents with incomes at 200% of FPL or higher reported having had their teeth cleaned by a dentist or dental hygienist within the past year, as compared with 47% of those with

incomes below that level. Among respondents living below FPL, only 35% report cleaning within the past year; 16% report not having had their teeth cleaned in the past 5 years; and 11% report never having had them cleaned (County of Sonoma: Prioritized Community Health Needs, 2012).

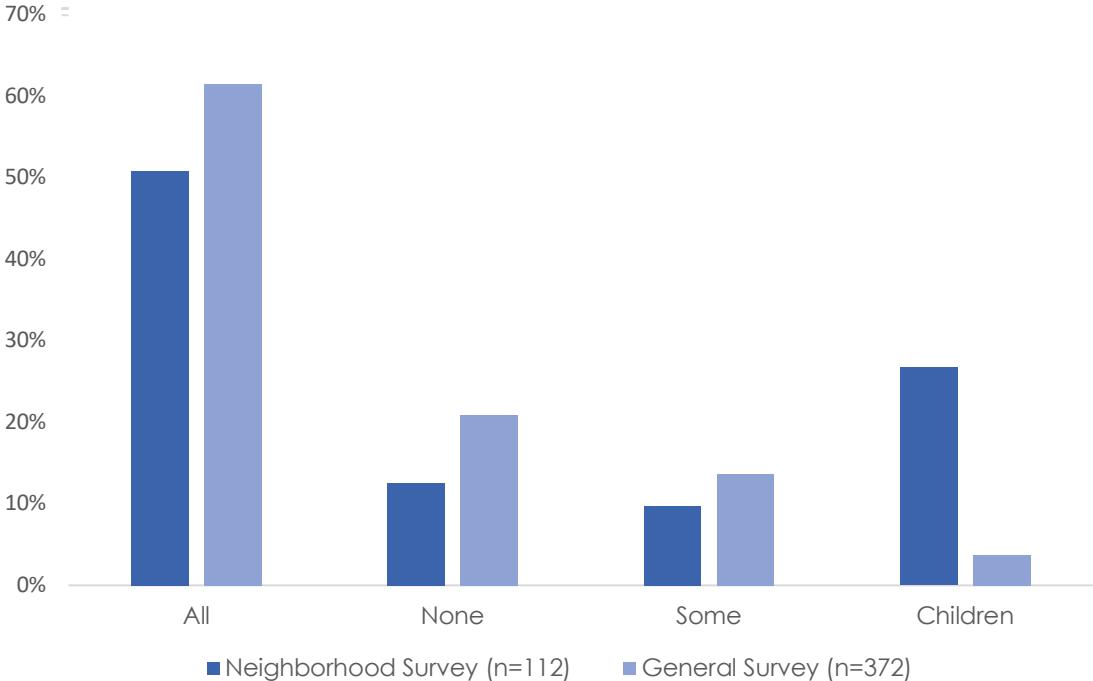
**General Survey:** Respondents identified the type of coverage their households possessed. 294 Respondents (79%) identified one or more individuals within their household with dental coverage.

answer to dental health coverage, ninety-eight (98) interviewees (88%) identified one or more individuals in the household with dental coverage.

**Neighborhood Survey:** One hundred and Twelve interviewees provided an

Cost of dental insurance was named as a health concern for both Respondents and Interviewees.

**Dental Insurance Coverage**

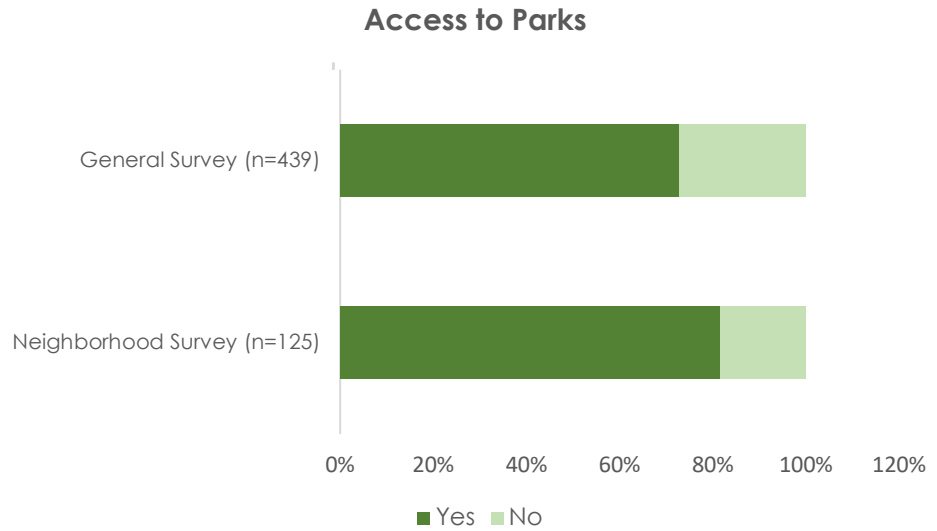


*Graph 16: Dental Insurance Coverage*

**Park Access**

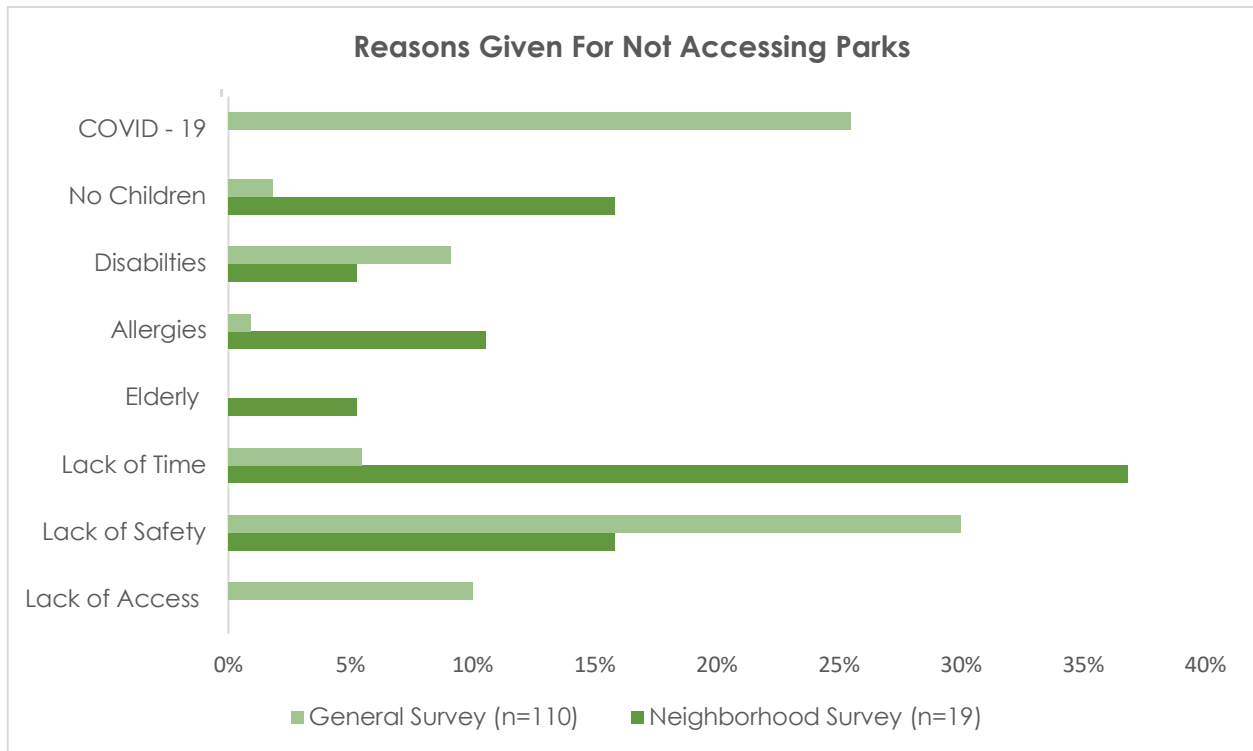
Safe access to the outdoors and nature are key to ensuring health of individuals.

Respondents and interviewees were asked to indicate if they had access to the park. Graph 17 denotes that most individuals have access to parks. The General Survey was launched during the Shelter in Place order due to the global COVID – 19 pandemic.



Graph 17: Access to Parks

Respondents and Interviewees who indicated that individuals within their household do not go to the park gave the following reasons:

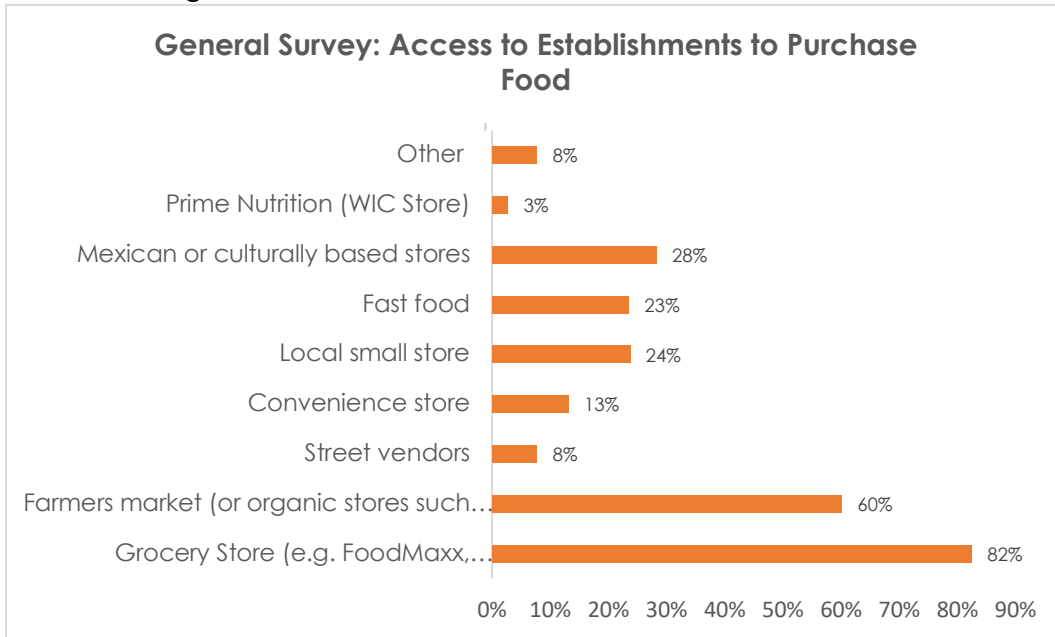


Graph 18: Reasons for Lack of Access to Parks

**Food Access**

Access to fresh and healthy quality foods is critical to the wellbeing of individuals. However, access to such is not always possible, especially for communities existing in food deserts.

Graph 19 indicates the types of establishments Respondents access to purchase their food (n=443).



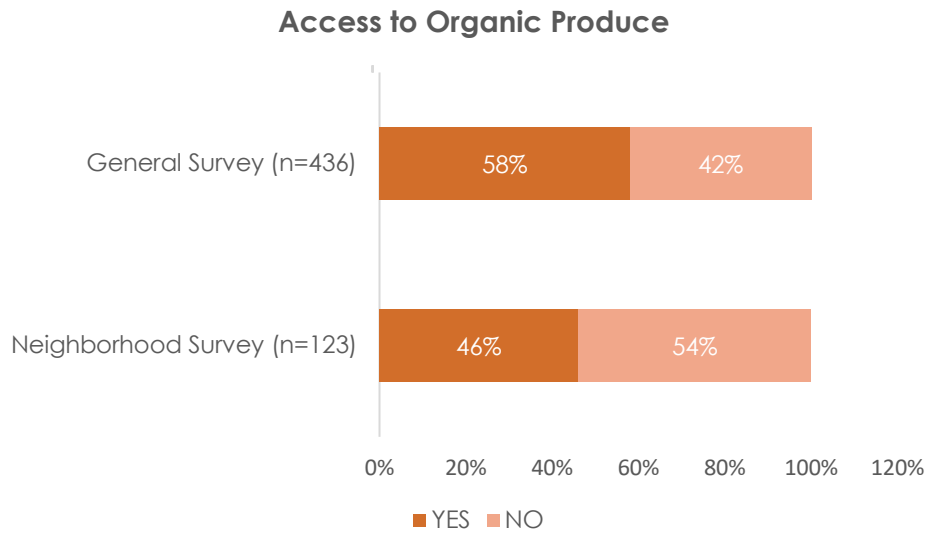
Graph 19: General Survey - Access to Establishment for Food

Graph 20 indicates the types of establishments Interviewees access to purchase their food (n=127).



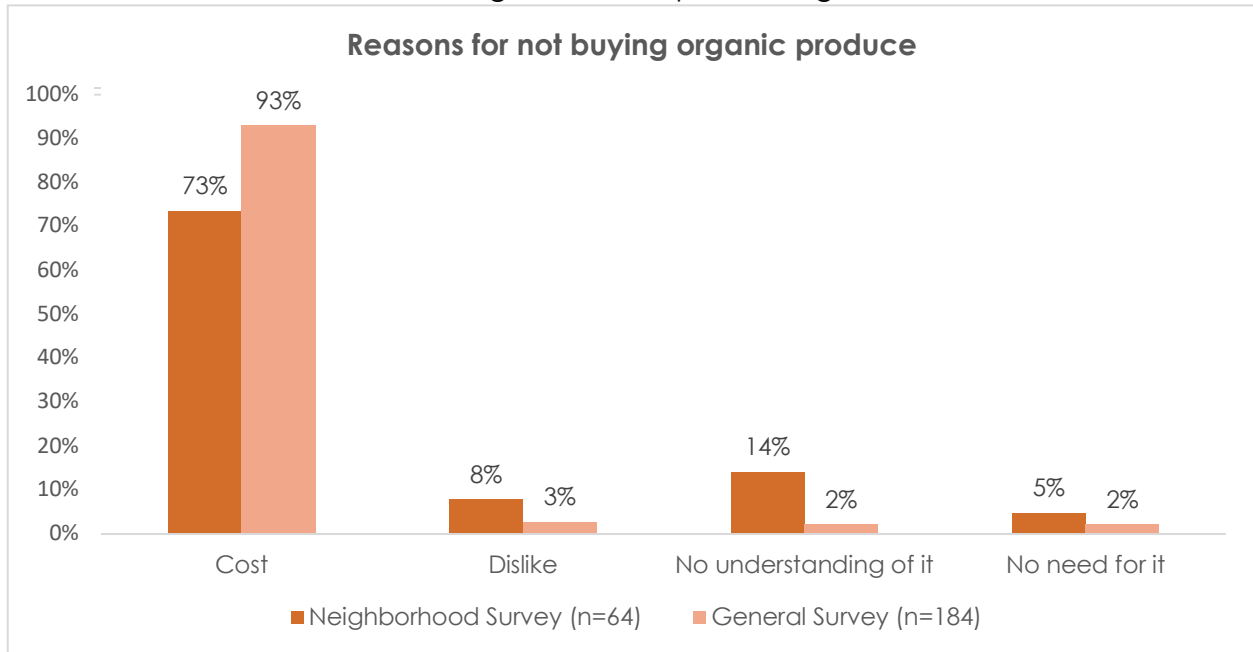
Graph 20: Neighborhood Survey - Access to Establishment for Food

Respondents and Interviewees were asked whether or not they purchased organic produce. In the General Survey over half of the Respondents noted that they do buy Organic produce whereas in the neighborhood survey the inverse was true for Interviewees.



Graph 21: Access to Organic Produce

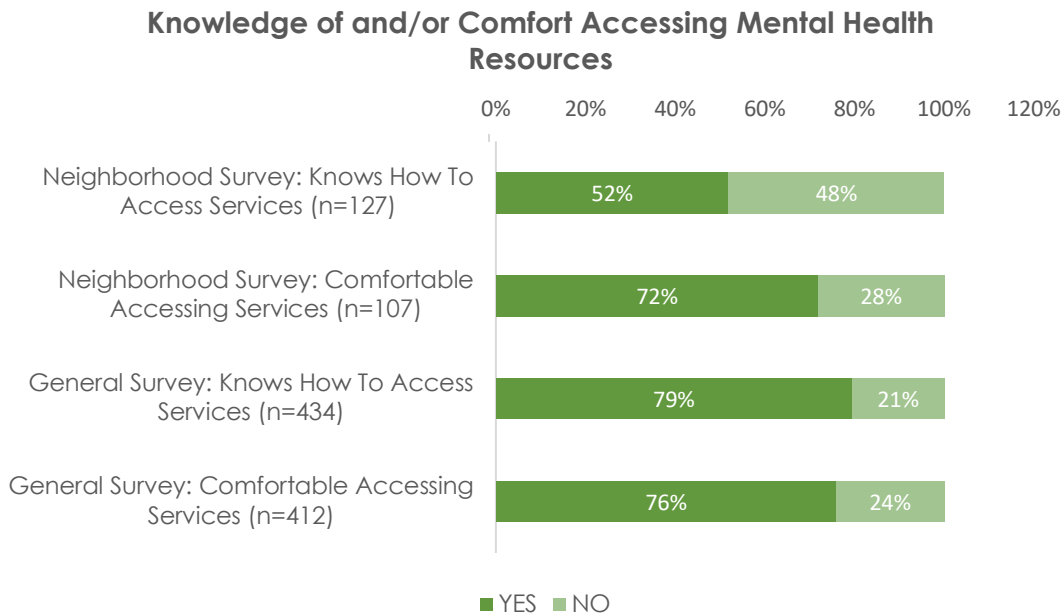
Graph 22 shows the reasons given for not purchasing organic produce. Cost of organic food was the number one reason given for not purchasing it.



Graph 22: Reasons for Lack of Access to Organic Produce

**Mental Health Access**

Respondents and Interviewees indicated their knowledge of and/or comfort accessing mental health resources.



*Graph 23: Knowledge of and/or Comfort Accessing Mental Health Resources*

**Community and Safety**

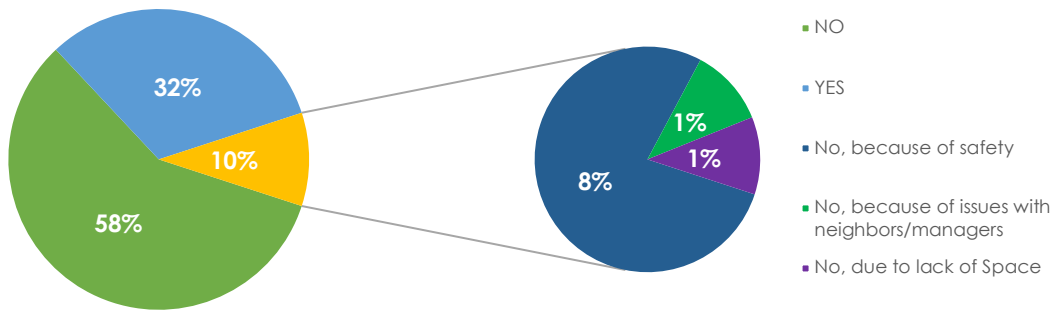
Relationships are important for physical health and psychosocial well-being. Relationships are conceptualized

through terms such as social cohesion, social capital, social networks, and social support. (ODPHP, 2020)

**Children Playing Outside**

**General Survey:** Respondents indicated whether their children play outside (n=242) and the following reasons on Graph 24 were given as to why their children do not play outside.

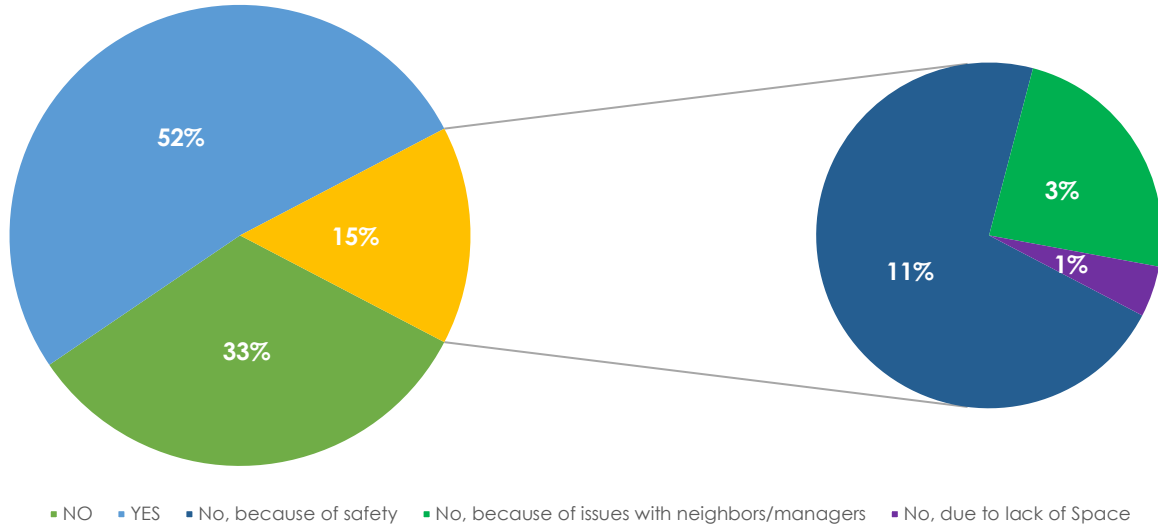
**General Survey: Do Children Play Outside?**



*Graph 24: General Survey - Access to Open Space for Play*

**Neighborhood Survey:** Interviewees indicated whether their children play outside (n=116) and the following reasons on Graph 25 were given as to why their children do not play outside.

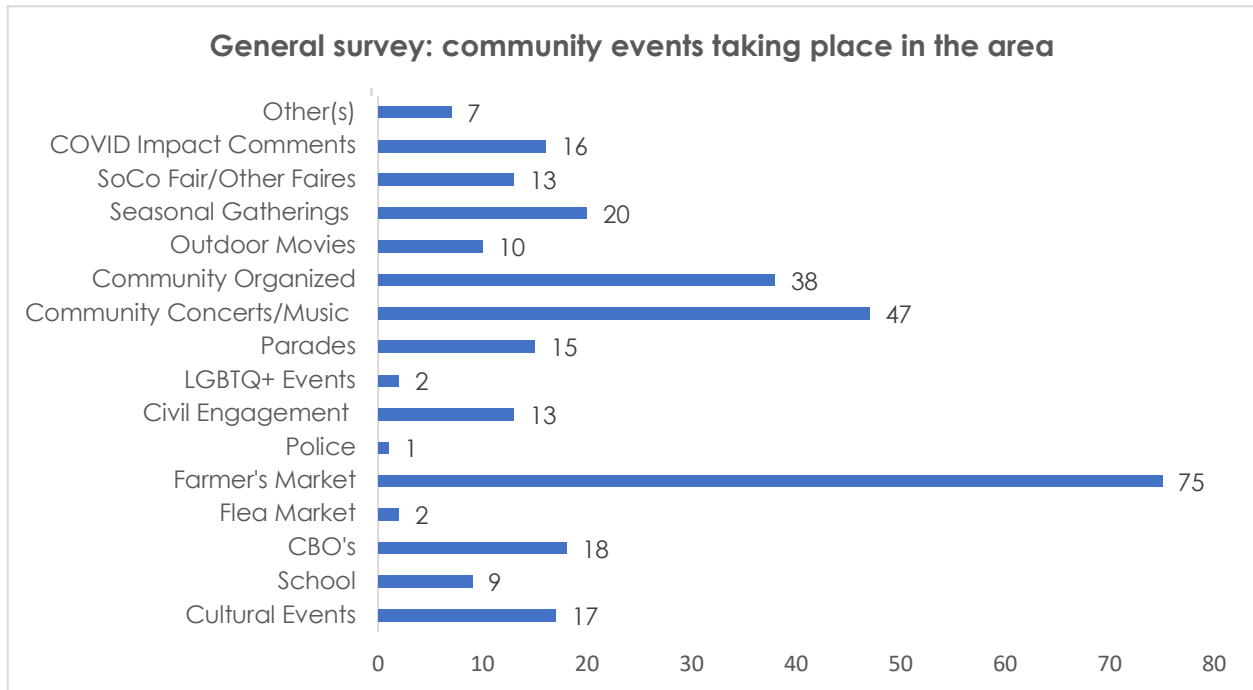
**Neighborhood Survey: Do Children Play Outside?**



Graph 25: Neighborhood Survey - Access to Open Space for Play

**Community Events**

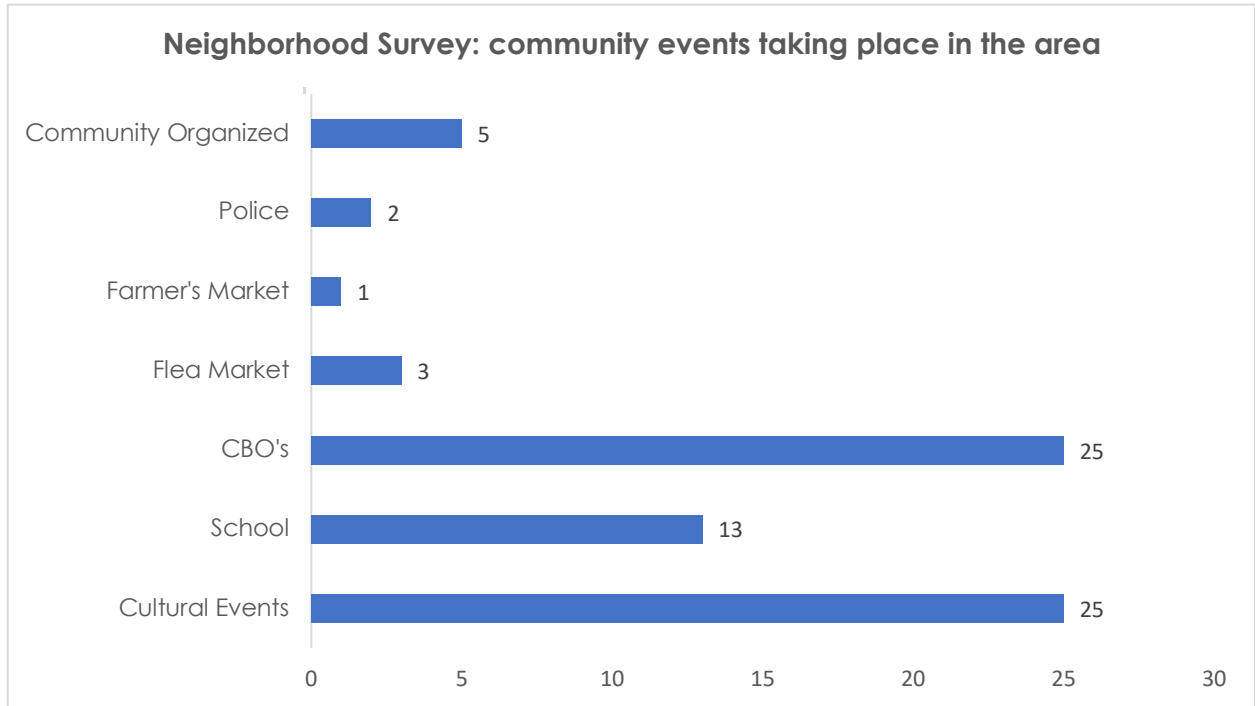
**General Survey:** Graph 26 shows which community events Respondents indicated take place in their area.



Graph 26: General Survey - Community Events



**Neighborhood Survey:** Graph 27 shows which community events Respondents indicated take place in their area.

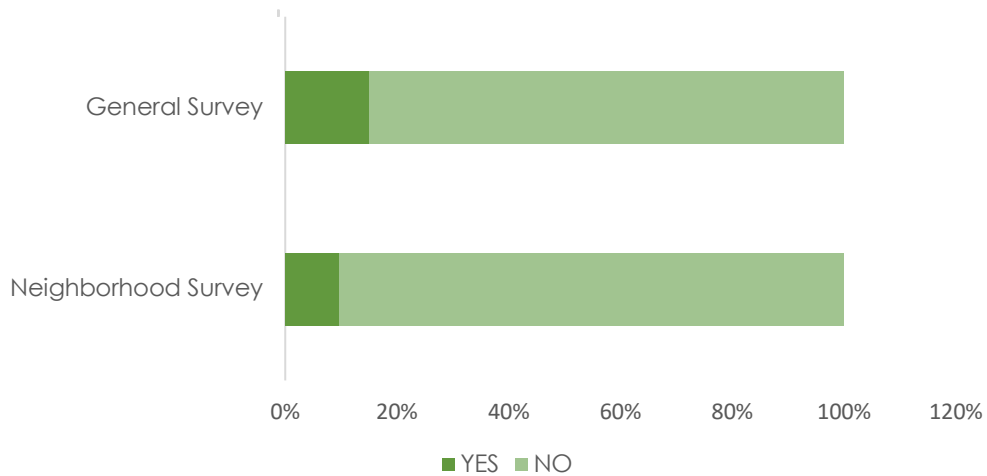


Graph 27: Neighborhood Survey - Community Events

**Elected Representatives**

The majority of Respondents (n=406) and Interviewees (n=124) indicated that Elected Representatives do not visit their neighborhoods.

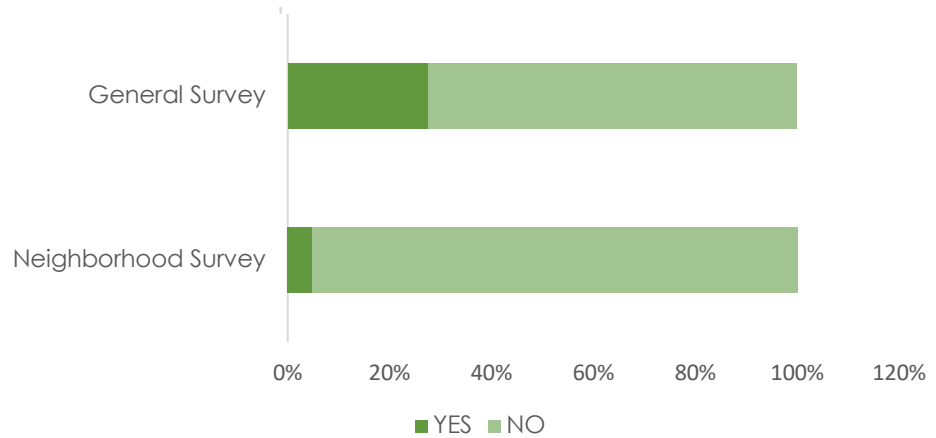
**Experience of Elected Representatives Visiting Neighborhoods**



Graph 28: Access to Elected Representatives

28% (n=383) of Respondents indicated that they call their representatives and/or government offices when there is a need in their neighborhood as compare to 5% of Interviewees (n=124).

### Call Elected Representatives/Government Agencies when there is a need in Neighborhood

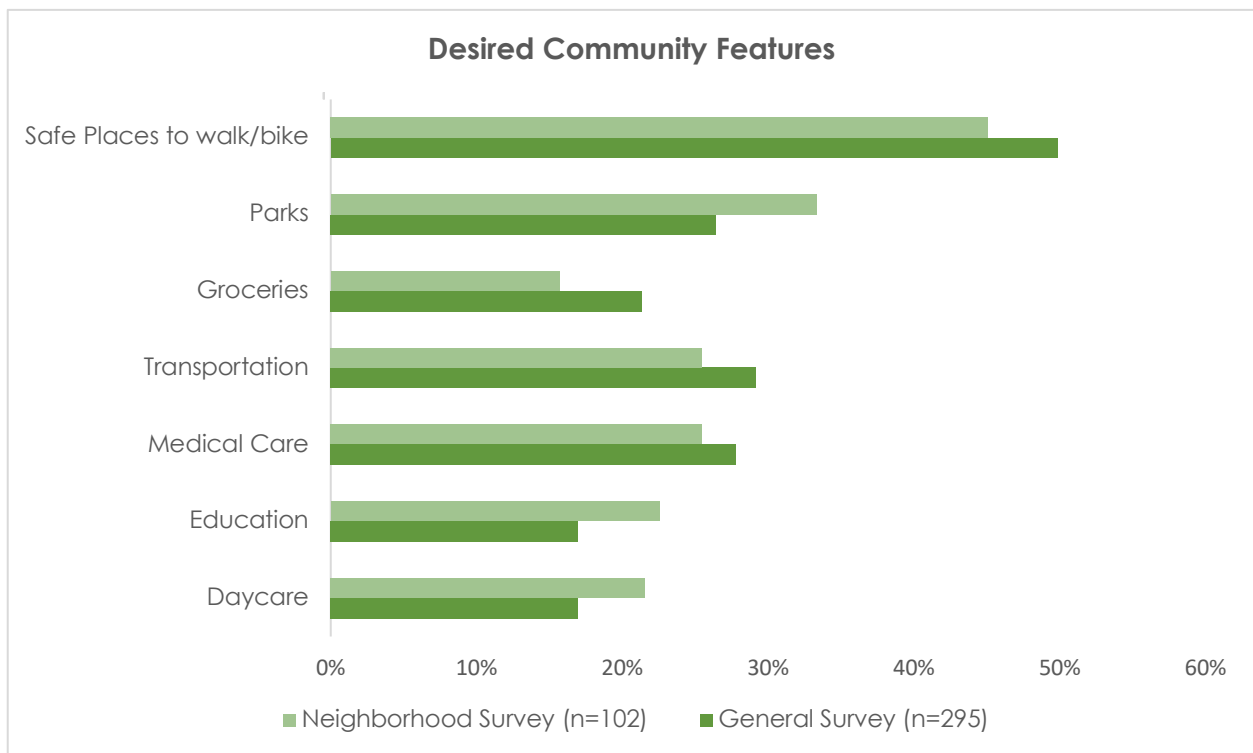


Graph 29: Confidence in Government Representatives

### Community Features

Access to physical spaces and built environments that are clean, safe and accessible are critical to building healthy and thriving communities.

Respondents and Interviewees indicated the types of features they would like access to.

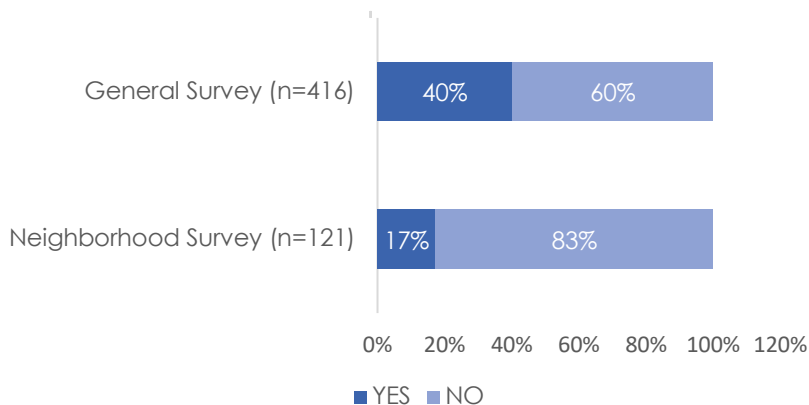


Graph 30: Desired Community Features

### Support Systems

According to the Social Determinants of Health, belonging to civic groups expanded participants' social networks, which made them more aware of opportunities to be physically active in their community. Engaging in meaningful civic activities can also help individuals develop a sense of purpose, which may promote continued civic participation. (ODPHP, 2020). On Graph 31 Respondents and Interviewees indicated whether they hold membership in a community group.

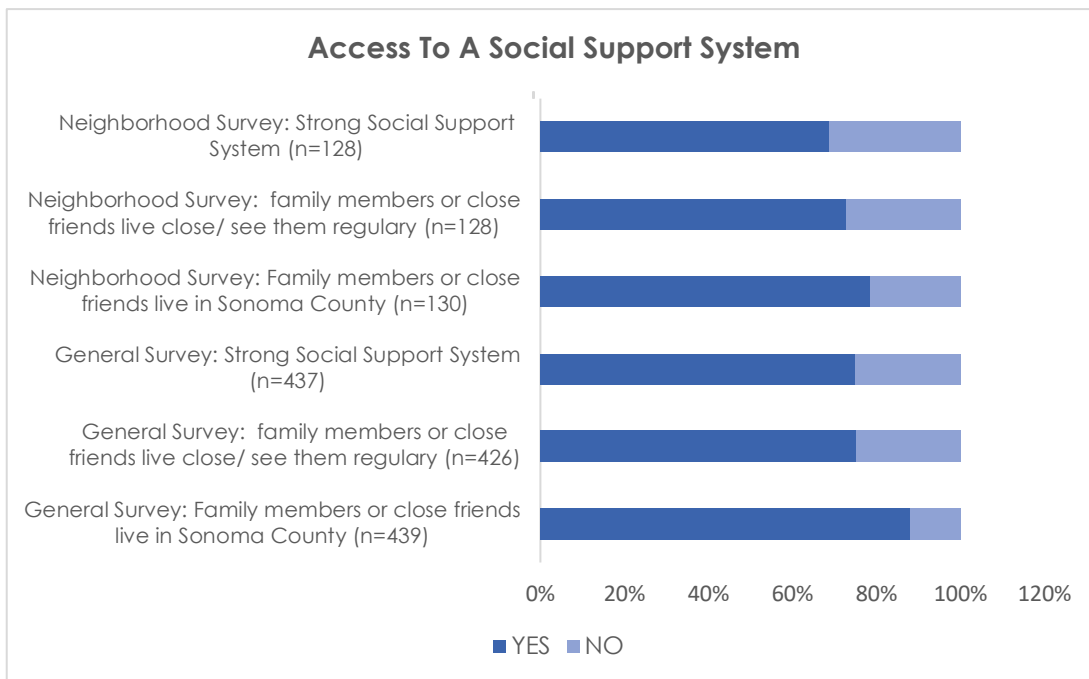
**Membership in Community Groups**



Graph 31: Membership in Community Groups

The Social and Community Context domain in the Social Determinants of Health discusses the importance of support systems. It states that Relationships are important for physical health and psychosocial well-being. Relationships are conceptualized through terms such as social cohesion, social capital, social networks, and social support. (ODPHP, 2020)

**Access To A Social Support System**



Graph 32: Access to a Social Support System

## Final Comments

Respondent and Interviewees were asked to provide final comments. Comments not relating to concerns were for the most part to show gratitude for the survey/interview. Neighborhood interviewees yielded high positivity around their neighborhood and/or communities.

*"ADA Housing is even harder to find and when the managers say ADA compliant it does not always mean the whole apartment. When you use a wheelchair, you need the whole place to be accommodated to your needs in order to feel like you have full independence."*

*"Affordable housing applications for seniors especially are ridiculous! Insist, when reviewing plans for affordable housing, that applications be simplified. PLEASE!"*

*"Affordable housing is severely lacking in Sonoma County. If anything happened to my spouse, my kids and I wouldn't be able to afford a rental on my wages. Even an apartment would be out of our price range and take my entire wages with nothing left for food or bills."*

*"Cost of living is way too high for single income educators to live here. Do we only want married teachers? Cost of living is way. Too. High. Rent is way too high. I will never be able to buy a house*

*with student loan debt and such a low salary. Teachers in this county make 20% below the state average."*

*"I am afraid of losing my home if the rent goes up again. I can't afford current rents here. I moved here from Berkeley 25 years ago because it was cheaper here but now it's not. I am afraid of becoming homeless."*

*"Wishes 'they' would give more thought about increasing rent. Feels as people's wages don't increase but their rent does regardless of income increase. Household usually needs to figure out how to manage their home and cut off other aspects."*

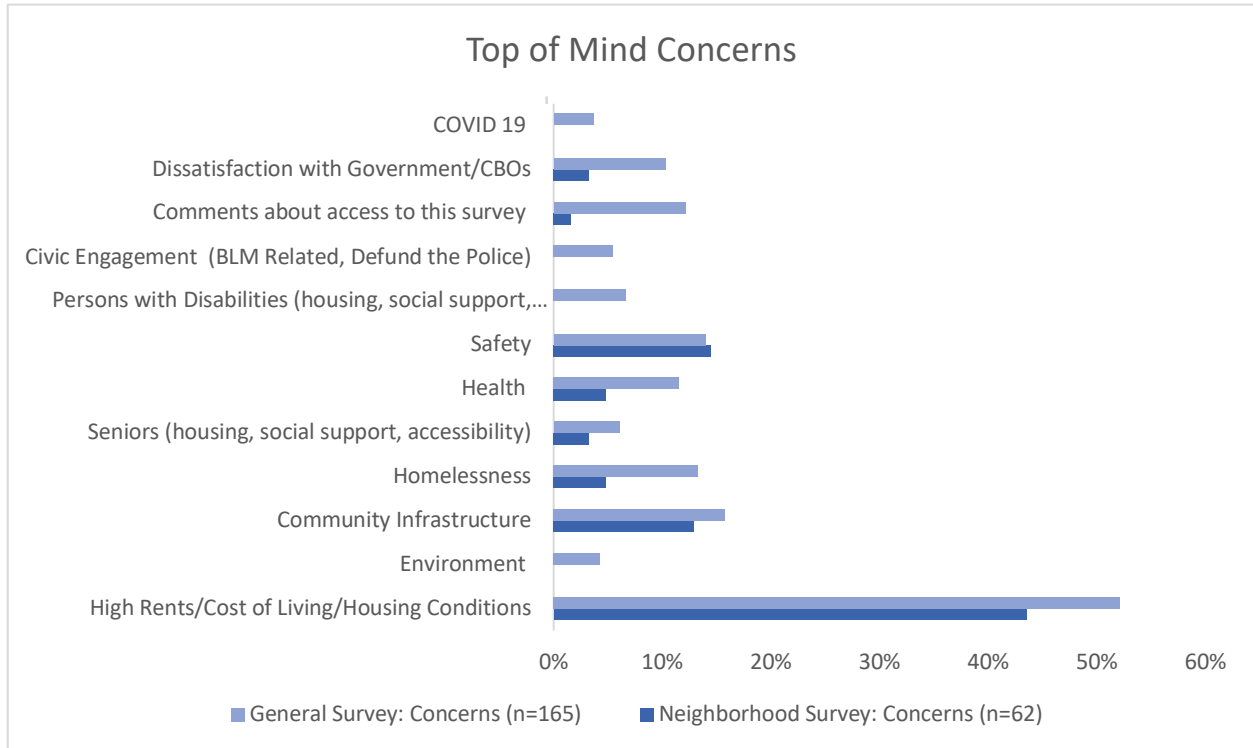
*"We have no access to dental insurance because the cost is so high, we allocate our income towards paying our home therefore sacrificing our dental health. We don't qualify for low income services yet we can't afford things because of the cost of living."*

*"Thank you for being considerate of our opinion in our neighborhood."*

*"[Sought] mental health services for children. Father was deported and witnessed it."*

*"They don't allow us to have pets and sometimes they are needed for mental health. There is not enough lighting and safety around here."*

Graph 33 indicates the top of mind concerns identified by Respondents and Interviewees.



Graph 33: Top of Mind Concerns

## Stakeholder Conversations and Interviews

We will begin here with the interviews with stakeholders, individuals who work/serve in organizations that support members of one or more classes of protected status. The purpose of these stakeholder interviews was to create a data bridge between the general survey and the focus groups/individual interviews that we will discuss in the next section. In other words, if the purpose of a survey is to gather data from a wide swath of the population, and the focus groups are designed to zoom in on the experiences of a few members of each community (which results in deeper but less generalizable data), stakeholder interviews are designed to get at some of that qualitative data for a larger group of people by identifying folks who have genuine relationships with the communities and can speak to the needs of the community as a whole. Neither of these methodologies paint a complete picture on their own, but taken together, themes emerge that can show us the

broad strokes as well as the details and help us formulate and implement equitable and community-responsive policies in response to our housing emergency.

Stakeholder conversations included employees and members (all together “stakeholders”) of organizations from all regions of the county. Stakeholders identified the following as populations they serve: *Latina/o/x, Non-Latinx POC, Women, Youth, People Experiencing Poverty, Spanish-Speakers, Countywide, Region Specific, Undocumented, Seniors, People with Disabilities, People with Mental Health Disabilities, Native Americans, Black Community, Japanese Community, Chinese Community, Filipino Community, Native American Community, People Living in Affordable Housing.*

| Participating Community Partners                        |  |
|---|--|
| Reach for Home  | Latino Service Providers   |
| Corazon Healdsburg                                      | Humanidad  |
| Alliance Medical Center                                 | Santa Rosa Health Centers  |
| Petaluma Adult School - McDowell Family Resource Center | Community Building Initiative - Roseland   |
| Petaluma Health Center                                  | River to Coast   |
| St. Vincent De Paul - Youth Commission                  | CAP Sonoma - Community Engagement Dept   |
| Hanna Institute   | Graton Day Labor Center  |
| La Luz Center   | La Plaza - Nuestra Cultura Cura  |
| F.I.S.H.  | VOICES Sonoma  |
| Sonoma Valley Community Health Center                   | National Association for the Advancement of Colored People (NAACP) Sonoma county |
| Becoming Independent                                    | Burbank Housing  |
| Midpen Housing  | Sonoma County Indian Health  |
| Living Bridges  | Legal Aid of Sonoma County   |
| Redwood Empire Chinese Association                      | Filipino American National History Society                                       |
| Japanese American Citizens League                       |  |

Table 7: Stakeholders - Community Partners

Stakeholders were asked a series of targeted questions regarding the impacts of the housing crisis, access to transportation and employment, exposure to poverty, discrimination, belonging, and support systems.

Though each stakeholder described challenges that were unique in combination to the populations that they work with, clear themes emerged.

**Experience or Threat of Displacement**

Stakeholders identified the following as top of mind concerns for the communities they serve. The overall housing shortage is more acute when it comes to affordable housing as well as

in the rental market. This shortage has a number of intertwined consequences: Rents are high, forcing people into overcrowded housing conditions, to remain in substandard housing, or to leave the area. Stakeholders mentioned that this is more acute for those who receive housing vouchers, who also feel trapped in their low-wage jobs due to hard and fast income caps for eligibility. Disability advocates point out that for those with mental health disabilities, fear of displacement exacerbates their health struggles, and advocates for the elderly said that as they age, they increasingly face the threat of soft evictions.

| Experience or Threat of Displacement     |  |
|--|--|
| High Costs of Rent                       | Burdensome Process for Section 8   |
| Overcrowding                             | Rules are overly rigid and not culturally responsive                         |
| High Deposit and Rental Application Fees | Unjust Affordable Housing Wage Caps trap people in poverty                   |
| Burdensome Rental Process & timetable    | Lack of Resources  |
| Substandard Housing                      | Seniors and people with disabilities are More Vulnerable                     |
| Fear                                     | Lack of Protections  |
| Property Managers                        | Lack of Rent Control   |
| Low availability of affordable housing   | Mistreatment, discrimination   |
| Exacerbates mental health disabilities   | Lack of information about renters' rights and about what to do when violated |

*Table 8: Stakeholders - Experience or Threat of Displacement*

**Disparities in Access to Services:**

Stakeholders identified the following as top of mind concerns for the communities they serve. Though these communities in many ways require access to services more than the general population, stakeholders across the board illuminated the barriers that

their clients have to equitable access to basic services. Stakeholders pointed to physical distance coupled with unreliable transportation and/or inflexible working hours as major barriers, as well as stigma, red tape, and the lack of cultural responsiveness among providers.

| Disparities in Access to Services   |  |
|---|--|
| Physical separation from service providers                                      | Lack of reliable transportation  |
| Hourly-wage jobs that restrict access to services available during business day | Native Americans in tribes not federally recognized do not have access to services that such recognition confers |
| Services are not administered in culturally responsive ways                     | Stigma around asking for help or discussing problems outside family/community                                    |
| Difficult to locate and navigate  | Lack of information regarding availability   |

Table 9: Stakeholders - Disparities in Access to Services

### **Disparities in Access to Employment**

Stakeholders identified the following as top of mind concerns for the communities they serve. The barriers facing the communities represented in the stakeholder interviews were nuanced and community-specific, but the struggle to access equitable employment opportunities were universal. Stakeholders serving the Latinx community pointed out that undocumented folks will often stay in unsafe, unfair, underpaid jobs because they are too afraid to speak up and

because alternate employment is difficult to find. But youth, and in particular those entering the job market after college, also have difficulty finding adequate employment. Legal Aid pointed out that because they often have to work in entry level/retail/service positions to support themselves during college, they are unable to take the unpaid internships their peers use to pad their resumes before beginning their careers. Lack of accessible, affordable childcare with sufficient hours was also cited as a major barrier.

| Disparities in Access to Employment                                     |   |
|---|---|
| Lack of Documentation Leads to Lack of Opportunity/Discrimination/Abuse | Lack of Affordable Transportation   |
| Low Wages   | Income Level to Qualify for Services Too Low. Vicious Cycle   |
| Lack of Opportunities for Employment Due to Individual Identifiers      | Systems Are Difficult to Navigate   |
| Lack of Affordable Child Care with sufficient hours                     | Youth living in poverty cannot afford to take unpaid internships, negatively impacting their post-bac prospects |
| Long commute times  | Working multiple low-wage jobs  |

Table 10: Stakeholders - Disparities in Access to Employment



**Exposure to Trauma**

Stakeholders identified the following as top of mind concerns for the communities they serve. Access and barriers to access do not exist in a vacuum. Acknowledging the trauma (locational, ongoing, multi-generational) that members of these communities experience were

mentioned throughout stakeholder interviews. These included recent traumas such as COVID-19 and annual fires (along with the subsequent secondary traumas such as loss of housing, income, air quality, and community), as well as historical traumas such as colonization, forced assimilation, and internment camps.

| Exposure to Trauma  |   |
|---|---|
| Annual Catastrophic Fires and subsequent loss of housing, income, school time, and air quality                      | COVID-19 and subsequent loss of family and community members, school, income, housing |
| Multi-century collective trauma of colonization, assimilation, environmental degradation, and extractive capitalism | Repeated betrayal by federal, state, and local government                             |
| Despair emerging from entrenched poverty  | Addiction epidemic  |
| Incarceration and family separation   | Japanese Internment and Displacement during and after World War II.                   |

Table 11: Stakeholders -Exposure to Trauma

**Effects of Exposure to Poverty**

Stakeholders identified that following as top of mind concerns for the communities they serve.

| Effects of Exposure to Poverty        |                               |
|---------------------------------------|-------------------------------|
| Fractured Family Dynamics             | Bad Housing Conditions        |
| Health/Mental Health/Trauma/Stigma    | Increased Bullying at Schools |
| Service Provision Perpetuates Poverty |                               |

Table 12: Stakeholders -Exposure to Poverty

**Impediments to Safe Living**

Stakeholders identified the following as top of mind concerns for the communities they serve.

| Impediments to living in a safe environment  |   |
|--|---|
| Lack of Engagement by Agencies Who Work on Safety  | Lack of Housing that is Affordable, including affordable housing. |
| Lack of Government Engagement and Investment   | Lack of livable wages   |
| Lack of investment in infrastructure and Upkeep of neighborhoods   | Lack of representative leadership                                 |
| Lack of accessible health/mental health services/nutritious food options (food deserts exist in these neighborhoods) | Lack of accessible and clean community spaces                     |
| Lack of Access to Proper Transportation  | Lack of equity in systems   |
| Lack of investment in making buildings/Housing ADA   | Lack of Access to Economic Stability                              |

*Table 13: Stakeholders -Impediment to a Safe Environment*

**Sense of Belonging**

Stakeholders identified the following as top of mind concerns for the communities they serve. Most respondents spoke of the ways in which they do and do not feel a sense of belonging in Sonoma County.

Respondents pointed to in-group belonging among families in like-situations and in shared spaces like school and church, but simultaneously expressed that they don't feel that sense of belonging in the broader community.

| Sense of Belonging   |  |
|--|--|
| Contributing Positively  | Contributing Negatively  |
| In-group belonging – familial, cultural, housing complex,                              | Lack of belonging in larger community  |
| Schools, churches, and other community organizations provide a deep sense of community | Fear of displacement for self and actualized for others frays the sense of community |
| Long-term residents in affordable housing become a family                              | Distrust of government, law enforcement  |

*Table 14: Stakeholders -Sense of Belonging*

## Focus Group

At the outset of the project, the plan was to conduct culturally responsive, in-person focus groups with impacted community members, on their own turf, in their preferred languages, and conducted by a trusted community member with already built relationships. The first focus group, with youth who identify as BIPOC, preceded the COVID-19 pandemic, and was conducted this way. For the remaining groups, the

engagement plan had to be shifted online. Focus groups were moved to platforms such as zoom. For those community members who did not have access to technology enabling their participation in these groups, they were asked the same questions in the form of one-on-one interviews.

| Community Represented  | Number of Participants | Format   |
|--|------------------------|--|
| Affordable housing tenants in Sonoma, Santa Rosa, and Petaluma | 15                     | Two focus groups and a series of one-on-one interviews |
| Youth who identify as BIPOC                                    | 6                      | Focus Group  |
| Seniors – living in affordable housing                         | 4                      | Focus group  |
| Seniors – general  | 3                      | Focus group  |
| Native American Community                                      | 5                      | Focus group and a one-on-one interview                 |
| People with mental health disabilities                         | 7                      | Focus Group  |
| People with physical disabilities                              | 6                      | Focus group  |
| Black Community  | 3                      | Focus group  |
| Mobile home residents  | 4                      | Focus group  |
| People experiencing homelessness                               | 1                      | One-on-one interview                                   |

*Table 15: Focus Groups - Communities Represented*

We will present the data from these focus groups in narrative form, rather than in tables, because the purpose of focus group data is fundamentally different from that of stakeholder interviews and survey tabulation. Here we look to paint a more holistic picture of the ways in which policies interact with identity in disparate ways. Housing was mentioned across the board as an issue by all participants respondents, but

how do Native home-seekers and home-seekers who are experiencing homelessness differ in their interactions with housing authorities? The aim here is to shed light on the ways in which our lack of culturally and community responsive systems push people farther towards the margins, so that we may begin to design systems that foster true belonging.

## **Housing**

Respondents across focus groups told interviewers that there is simply too little affordable housing to go around, that it takes much too long to get into it, that available housing is too small for the price, and that the documentation required to get in is too onerous and too hard to figure out. Though these issues were almost universal, there were ways in which people's intersectional identities impacted their specific experiences. For example, the respondent experiencing homelessness spoke both of the specific complications with gathering documentation that comes with homelessness, as well as their worry that they would not find housing that would take their newly acquired voucher in the five months they were allotted before they would lose it. One of the respondents with a mental health disability spoke about surviving two years with daily suicidal ideation while trying to find affordable and stable housing. Native American respondents said that getting into affordable housing is particularly difficult for those transitioning from a reservation because they have not been able to establish a credit history, as well as because of the large proportion of folks with felony convictions. Youth respondents echoed the difficulties getting housing without credit history and added that the expectation that they would live with strangers to increase affordability was not culturally sensitive.

Once in affordable housing, multiple groups mentioned that they were treated poorly by management. Multiple stories arose in which residents' cars had been towed after 15 minutes because they forgot to put their stickers on. One elderly respondent told a story

about a night when the smoke alarms were malfunctioning. No management was onsite, and the fire department didn't come, so the residents took the alarms down to get some sleep. In the morning, they were threatened by management with being written up for destroying property. Elderly respondents reported that management treated them as though they were stupid and took advantage of them.

Multiple respondents spoke about feeling trapped by affordable housing. They told of turning down better jobs or quitting second jobs because the added income would make them ineligible for their current housing (but not be enough to make other housing options accessible). In addition to being trapped in poverty, they felt trapped in housing that is falling into disrepair and not being improved by management who knows that their residents have nowhere else to turn. Respondents feel afraid to complain and express that their needs don't get met when they do. For the elderly and disabled populations, this failure to fix issues in a timely matter is particularly dire, they pointed out.

Many respondents also told interviewers that they don't know whom to go to or what to do when their rights are being violated or when they need to seek help. One respondent talked about price gouging after the 2017 fires. It was happening, they said, and no one was doing anything about it. Another respondent said that he had never sought out services or needed to receive a housing voucher, but "has no idea where to even start or go if he needed to." The respondent experiencing homelessness said, "There are too many organizations working with homelessness. It is nice that there are

lots of efforts going on, but I don't always know where to go for help. 211 has recently become a resource to find organizations to help, but still they are often changing and hard to know who to call."

### **Access to resources/services**

Many respondents expressed a wish for more on-site services at their housing complexes, especially for the elderly and for those with mental health disabilities. This was coupled with the sense that getting help from management was difficult, leading to a feeling that they have no choice but to be self-sufficient. The respondent experiencing homelessness said the same about their interactions with authorities such as police officers. People across groups said that they learn about resources by word-of-mouth, or they just fend for themselves. "The best advice and resource connection [I have] received is from others who are homeless," explained the respondent experiencing homelessness. One respondent living in Burbank Housing told the interviewee that Burbank Housing texts residents with information about rental and food assistance, as well as regarding COVID-19.

Location of housing had a large impact on whether people felt that they had adequate access to the services that they need. Respondents in the mobile home community as well as those living in affordable housing said that there were no bus stops near their housing, severing them from resources. For respondents with disabilities, lack of reliable transportation combined with extended distance to services was problematic, and one respondent pointed out that sidewalks lined with

untrimmed bushes and potholes made traveling by foot or wheelchair treacherous for this community. Youth respondents added that the hours of operation were a barrier to accessing services. On the other hand, residents living in an affordable housing complex for the elderly said that the proximity of the housing to downtown made their lives much easier.

Both Native respondents and elders mentioned the technology divide. Seniors spoke of not being computer literate, and Natives spoke of lack of access to smart phones. This divide is, in and of itself, and inequitably distributed resource, but it also exacerbates the resource divide beyond. Both groups explained that this tech divide renders it much harder to access resources because "everything is online." One Native respondent added that library closures during COVID-19 is cutting them off from their one viable workaround.

Health care was a concern for multiple respondents. One respondent with a physical disability said that health insurance doesn't cover training for those with new sight impairments. Elders were concerned that they would be unable to afford rising medical costs. And those in affordable housing said that they had inequitable access to health care. Of course, they said, this was made immediate by the pandemic, but they were also concerned with gaining access to mental health care. Youth echoed the need for better access to mental health. They spoke of the lack of a critical mass of therapists of color, and that those who do exist are difficult to find and/or may not be covered by insurance.

Many respondents expressed experiencing discrimination. Seniors feel they get overcharged for services and taken advantage of due to their age. Native respondents said that there is a misperception that they are rich due to casino income, resulting in less access for much-needed services. Black respondents said that the many immigrants from Eritrea are denied access due to language barriers (which is particularly harmful with un-translated emergency notifications) in addition to living and driving and shopping while black. Youth reported not being able to find physical spaces that welcome them or youth-friendly activities that don't include alcohol. They also feel unwelcomed as people of color, members of the LGBTQIIA+ community, and/or as children of immigrants. The individual experiencing homelessness said that she experiences racism, classism, ableism, and homophobia, and that they feel they have to hide as much as they can from the gatekeepers that separate them from services.

### **Dehumanization**

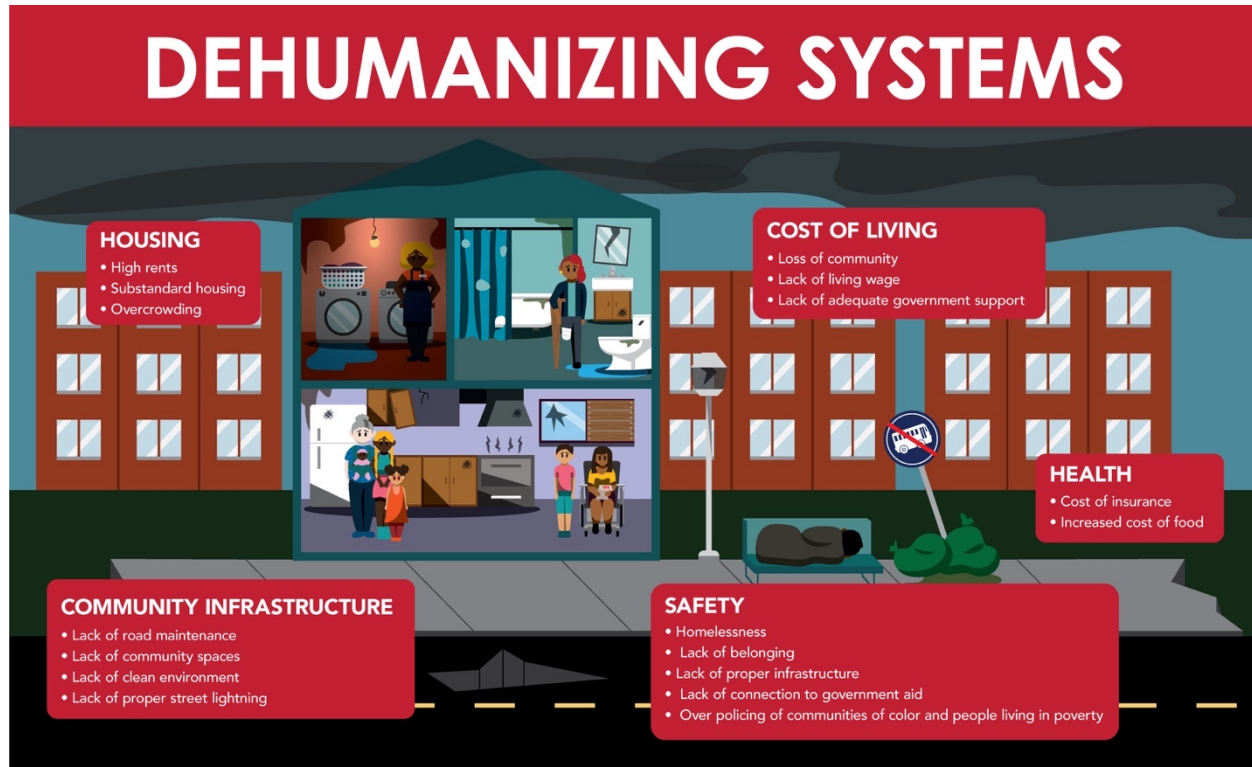
A fundamental takeaway from all focus groups, across identity markers and topics of reflection, was that the institutions most present in their lives (and those who wield their bureaucratic weaponry) regularly and systematically stripped from them their agency.

Participants said that in their interactions with authorities, whether management in housing complexes, police officers, or those providing resources or services, they experienced pervasive disrespect and dehumanization. They painted a picture of being overregulated and overpoliced while being under-trusted and under-supported. They made three-dimensional the reality that in our society, we don't trust poor people to make decisions regarding their own lives. "I just want to be treated like a human being," one respondent said.

### **Belonging**

Respondents across the board said that they feel a sense of belonging amongst their community, though not all of them included their housing community in that umbrella term. Some affordable housing tenants said that the long-time residents create community together and feel as if they are a family (though they excluded management from this group), while others said that the culture of restriction and hyper-regulation from management killed what was once a sense of community.

Many respondents pointed to folks in similar positions/cultures/etc. to oneself, church groups, family and friends, and community groups as spaces of belonging.



## Discussion

It is abundantly clear that the systems that currently serve people in the aforementioned protected classes are not serving them well. People who are experiencing poverty or homelessness, people in low-wage hourly jobs, and people of color are confronted with tremendous barriers that trap them, their families, and their communities in cycles of poverty. Some of those barriers are logistical: Services open during the business day do not work for people in hourly-wage jobs who cannot leave to access them, nor do services located on the other side of town work for those without reliable transportation. Some of the barriers are cultural: Discussing family difficulty or mental health struggles outside of one's immediate circle is less socially acceptable in some cultures than in others. Most are a little bit of both: Credit checks are based on a dominant culture of consumption and accumulation that is not shared by all

members of our community, including, but not limited to Native American folks, AND lack of financial literacy education leaves many community members in the dark regarding how to develop a credit history.

Regardless of whether the barriers are logistical or cultural, however, it is the systems that must change, both to reflect the realities of people's lives and to be genuinely inclusive of everyone who lives here and every community's cultural practices and ways of being. The alternative is to continue to leave members of our community out and behind. This, of course, is not a true alternative, as it is neither morally defensible nor in anyone's best interest. When everyone is included, when everyone is securely housed and fed, when everyone has access to health care (physical and mental, preventative and diagnostic) as well as a living wage,

when all community members are able to show up as their whole selves without fear of discrimination or marginalization, the entire community benefits in meaningful ways (Din, W., Ding, L., & Wachter, S. 2016).

Leaders must, therefore, use the power conferred by an inequitable system to effect equity-centered systems-change. The time is now.

Before getting into specific recommendations for the issues highlighted above then, here are a few strategies that we recommend government officials use when beginning the process of redesign:

**Treat all community members as fully human.** This may sound obvious, but it is not often operationalized. Engage people who are most deeply impacted by governmental policy in generating solutions and trust them to know what is best for themselves and for those they serve. Because we live in a society formed with the central tenets of white supremacy, patriarchy, and capitalism, leaders are less likely to have experienced food or housing insecurity themselves. (Though of course there are leaders who have experienced such hardship). If, as a leader, that is not a part of your life experience, consider what it might feel like to be treated as a potential fraud when attempting to feed your family or to have all of your basic needs governed by someone else. It is a basic measure of humanity that we all must be able to self-determine what is best for our families. People experiencing poverty or homelessness, people of color, people with disabilities, are PEOPLE. Ask them what they need to be able to fulfill their basic needs. Listen to them. Resource them.

**Streamline the system and provide wrap-around support.** Vulnerable populations need protections AND proactive solutions. Vouchers do nothing if people can't find housing that will take them. The bureaucracy, red tape, rules, rules, and more rules, wait times, and documentation, would be onerous under the best of circumstances. But navigating them while under-resourced, overworked, and traumatized by proximity to poverty is virtually impossible. Provide families with one point-of-entry for all of their resource needs.

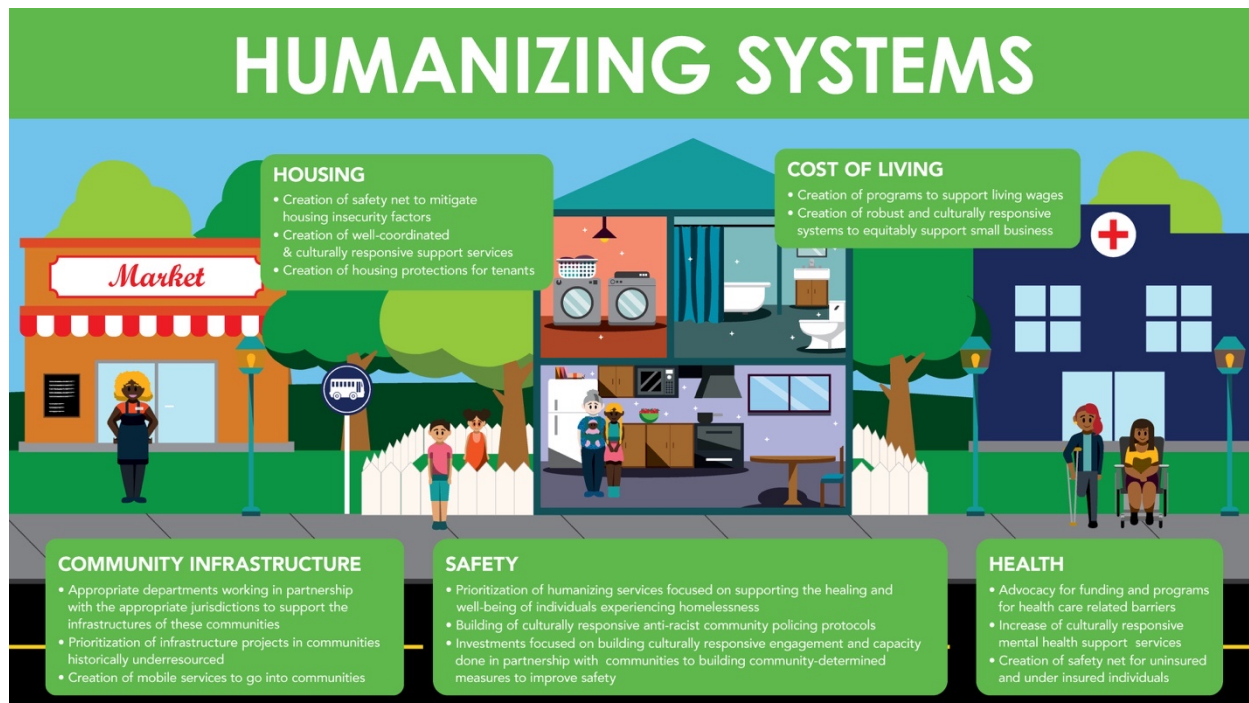
**Trust and resource culturally responsive community partners.** Many people living in protected classes have, at best, a fraught relationship with government. This is a rational response to consistent neglect and betrayal by government at all levels (colonization, forced assimilation, slavery, Jim Crow, sundown towns, police brutality and militarization, redlining, divestment, predatory lending, internment and concentration camps, etc.). Pay community partners (people who are embedded in, and ideally who come from, the community itself) to be the bridge between government and people, while you do the long, hard work to develop these relationships and connections going forward. Be mindful of the long, storied history of betrayal. Alliances will be fragile at the beginning because of this history. Tread lightly, and do not break the trust you are building now.

**Meet people where they are.** As much as we believe that we can build an economy that is less extractive than our current one, change does not happen overnight. People ARE overworked and under-resourced, have unreliable access to transportation, etc.



Understand that hourly-wage workers without a car will likely be unable to come to the housing authority across town in the middle of the day. Mobile services, pop-ups, family-friendly weekend and evening hours with targeted communications through trusted partners and staffed by community members are ways to make government services more accessible.

**Design to the margins.** If you are not centering the experiences of seniors with disabilities, people without documentation, Native American women, single parents, you are inherently leaving people out. Centering people on the margins of the dominant society will capture the needs and the value of everyone.



## Recommendations

**Housing:** High cost of rent, lack of upkeep of buildings, onerous process and timetable for accessing housing, hyper-regulation of tenants, lack of protections, and mistreatment by managers are all impediments to fair housing and contributing factors to adverse health effects and barriers to thriving community and well-being.

**Recommendations:** Provide and ensure housing protections for tenants, build a safety net, streamline processes, create sliding-scale housing options, train managers, and provide adequate, well-coordinated, and culturally responsive support in conjunction with existing, trusted community partners.

**Services:** Lack of reliable transportation, limited hours, lack of physical proximity, maze of service providers without a central hub, stigma, and lack of culturally responsive methodology, are all barriers to equitable access to services.

**Recommendations:** Meet people where they are literally and figuratively, by

designing culturally relevant, anti-Racist, wrap-around services with a single point of entry, and resource embedded community partners to implement them during flexible hours and on-site when possible.

**Safety:** Lack of lighting, gang activity, speeding cars, theft, lack of safety on streets and parks, and homelessness are some of the aspects identified that create a lack of safety in these communities. This coupled with the lack of connection to government agencies, lack of trust and lack of sense of belonging, keeps communities from being able to be healthy and thrive.

**Recommendations:** Support communities to build neighborhood level engagement and connection with law enforcement agencies, train and encourage law enforcement to build culturally responsive, anti-racist, community policing protocol, and prioritize services to individuals experiencing homelessness who reside in these neighborhoods so that they too

are able to live in healthy and thriving communities.

**Community Infrastructure:** Lack of proper street lighting, lack of road maintenance, lack of community spaces, lack of green spaces, lack of youth-friendly spaces, lack of clean environment and lack of functional transportation are all contributors to the lack of sense of belonging, health and connection.

**Recommendations:** Direct appropriate departments to work in partnership with appropriate jurisdictions and agencies to prioritize infrastructure projects in these communities, and to collaborate with the community to bring their vision to life.

**Health:** Cost of insurance, lack of access to culturally responsive care and practitioners of color, increase in cost of food, lack of organic produce,

pollution, community and inter-generational trauma, and fear are all contributors to increased rates of disease, trauma and death.

**Recommendations:** Fund health in these communities, advocate for state and federal funds for health-related projects, provide safety net for uninsured and underinsured individuals and increase mental health support.

**Cost of Living:** Lack of increase in wages, higher cost of living, rigid wage requirements for housing vouchers, and inability to qualify for basic government supports lead to displacement and a loss of community.

**Recommendations:** Create a program that supports living wages to reflect the cost of living and provide support to small businesses to be able to afford paying dignified wages to their employees.

### Consultants' Positionalities

There were several consultants and interviewers who were a part of conducting community engagement for this project. This means that the collective knowledge, wisdom, and biases of all these individuals as embedded within the execution of this project. For the purpose of this report, Equity First provides the positionality of the two lead consultants engaged to provide this written account of the community engagement conducted.

#### Ana Lugo, Lead Consultant

Bias is inherent in most actions, and it is no different in engagement, analysis, or any other function generated by consulting firms. It is a priority for the Principal<sup>6</sup> of Equity First to ensure clients and readers of its products understand the socially constructed lens through which she has come to form her identity descriptors. Principal identifies as a

cisgender woman, an immigrant, nonindigenous, nonblack, from the dominant culture of Mexico and most specifically from Mexico City, who does not have a physical or developmental disability, who has the privilege of telecommuting during the pandemic, and who is able to comfortably meet her economic needs. These identity descriptors create limitations for Principal in fully understanding, accounting for, and remaining aware of the impacts of this study for the populations targeted.

#### Jenny Levine- Smith, Consultant

Identifies as a cisgender white woman, who is Jewish, second generation born in the United States, does not have a physical or developmental disability, who has a college degree, has the privilege of telecommuting and access to healthcare during the pandemic, and who is able to comfortably meet her economic needs and those of her family.

### Future Directions and Lessons Learned

1. Future community engagement must continue to evolve culturally responsive strategies in order to capture voices from subpopulations such as Indigenous communities, LGBTQIIA+, People with Functional Needs, migrant workers without documentation, youth experiencing homelessness, etc.

2. Substandard housing is directly linked to health consequences. Future

research must include a focus on these types of living conditions that housing features alone was not able to capture.

3. Redesign and expand questions focused on identity markers of participants, in order to support them in self-determining the ways in which they want to identify themselves.

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<sup>6</sup> Founder of Equity First Consulting.

## Conclusion

This report explored impediments to fair housing and disparities impacting the communities surveyed, identified on Table 1, in census tracts/or neighborhoods with HD score of 82 or more (most in the high nineties). Many interviewees are experiencing the threat of displacement and fear that the cost of housing and living will take them away from their communities. The larger implications for Sonoma County as a whole include a permanent loss of important cultural fabric which weaves the communities together and makes Sonoma County the attractive and desirable destination that it is.

The key to healthy and thriving communities is honoring and resourcing the people who make up these communities, their values and their love for their neighborhoods and neighbors. Latinx and Indigenous communities have strong cultural identities across Sonoma County, and recognizing and embracing those communities is critical to better understanding how inequities adversely affect them as well as the types of resources required to achieve fair housing and healthy communities throughout Sonoma County.

We operationalized “recognizing and embracing” by building relationships and engaging in robust community engagement strategies (meeting people where they are, compensating them for their time, engaging trusted community partners and stakeholders) and centering the voices of those most dispossessed by government policies.

Systems change without such a process results in the maintaining of the status quo and the continued marginalization of our neighbors.

Members of these communities indicated that they love their neighborhoods. That love is evidenced by their fear of displacement and stories about the great need for housing protections, infrastructure investments, wage increases, and culturally responsive safety mechanisms. These communities have long been deprived and dispossessed of their resources; therefore, a reallocation of resources and protections will be necessary.

Housing is the first step toward giving individuals and their families full agency over their lives. In order to develop anti-racist policies in Sonoma County, we must understand segregation, its publicly and privately created root causes, its impacts on communities at the neighborhood level, and the ways in which fragmented institutions and systems continue to perpetuate such. Housing insecurity and burdens are not isolated nor are they mutually exclusive from educational outcomes, from health outcomes, nor from discriminatory attitudes. They are all interconnected and must be treated as such. It will benefit these communities, and indeed for the entire county, for leaders throughout the community to listen deeply and act based on the true understanding of the needs of and in true collaboration with community.

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