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Assessing Equity in Local Housing Policies in California

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Abstract

With research documenting the relationships among housing, neighborhood, and inequities as a backdrop, this research examines whether, and how, inclusionary housing (IH) policies in California incorporate equity principles into the policy language, including policy design and intended outcomes. We then examine where in the policy cycle a conceptualization of equity and its social processes reside. We select "inclusionary housing" (IH) policies, because of its oft-cited approach to addressing housing inequity and its corresponding potential to advance health, economic, and racial equity. While policies that focus on affordability may be able to advance goals related to racial, economic, or health equity, a 2021 report from *Grounded Solutions* finds a dearth of available data that shows the outcomes of inclusionary housing programs by race and/or ethnicity. Our analysis shows that dimensions of economic, health, and racial equity are varied: economic equity is most explicit in IH policy given the policy foci to address affordability, yet even here equity is often underspecified or stated as a process or outcome. Health equity appears most often as an intersection with economics, but the domain of health equity is less explicit, although discernable in some IH policies. Racial equity is least present in IH policies. We recommend various ways to bring these three overlapping dimensions of equity into housing policy to ensure justice.

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INTRODUCTION

Discriminatory housing policies—the historical and systemic structures that allocate and shape housing and neighborhood conditions, are known drivers of racial, health, and economic inequities in the United States (U.S.). Federal, state, and local policies concerning the development and management of homeownership as well as public and affordable rental housing (e.g., Section 8) produce the well-documented impacts of segregation, poverty, and wealth concentration. Additionally, they produce racial, economic, and other disparities around health and well-being in the United States. Housing policies, coupled with other intentional government actions and their enforcement mechanisms, perpetuated structural inequalities that have effectively denied racialized and marginalized groups the right to exercise choice in where they live, a reality exacerbated by intersecting inequities in outcomes related to health, race, and economic status.³

The concept of “equity” represents a recent conceptual and social justice-oriented approach to social change that explicitly recognizes the historical, socio-political, and structural causes of present-day inequities, including those in housing. Social equity by definition includes an assertion that social-structural forces differentially affect outcomes for socially constructed population groups. These approaches call for policies and practices, informed by the social determinants of inequity and the establishment of systems, to correct unjust policies understood as intentional actions established to deny opportunity, health, and well-being to some segments of the population. Social equity begins epistemologically with this understanding, but also represents a theory of social change: the intentional design of policies can produce opportunities and promote social justice-oriented approaches that can overturn these historical social conditions and their social determinants through the advancement of opportunity and well-being.

¹ This paper is based on a proposal, coauthored with Professors Ayse Pamuk, Jennifer Shea, XiaoHang Liu and Laura Mamo, all at San Francisco State University, on rethinking IH policies in light of the COVID-19 Pandemic in California.

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³ One oft-cited example is the National Housing Act of 1934, which established the Federal Housing Administration (FHA). The FHA instructed its administrators to deny insurance for mortgages not located in racially homogenous white neighborhoods. This institutionalized redlining practices that continue to perpetuate racial disparities in access to adequate and affordable housing (Gooden 2017).

Health inequalities among "racial" groups -- White, Black, Latinx, Asian and Pacific Islander, and other racialized communities -- are well-documented and show that racial differences in health exist despite income and class (Marmot 2010, 2014; Williams 2012; Chetty et al. 2020; Chetty, Henden & Katz 2016). As sociologist and epidemiologist David Williams argues, because virtually every health-enhancing resource is linked to where one lives in the U.S., a key to improving health and reducing disparities is to improve the quality of neighborhood and housing environments. There are multiple examples illustrating that neighborhood transformation is possible and associated with improved health. For example, the Yonkers Housing Intervention was a citywide de-concentration of public housing. As a result, there is increased attention on housing and neighborhoods as social-structural determinants of the intersecting aspects of racial, economic, and health inequity in practice. Housing and neighborhoods can serve as drivers and sites of potential social change toward both opportunity and equity.

Housing, place, and neighborhoods are known to be drivers of health, racial, and other social disparities often exacerbated by historical, intentional, and unjust practices and policies in the U.S. There is a large and growing literature on housing, place, and neighborhood as social determinants of health (Braveman, Egerter and Williams 2011; Marmot 2010, 2014). As such, these are also domains for the application of equity and social justice approaches. Racial segregation, specifically, is documented as a key driver of inequity that shapes opportunities for health and well-being (Acevedo-Garcia 2019; Acevedo-Garcia et al. 2016, Chetty et al. 2020; Barber; Williams & Collins 2001; Williams 2012) as well as a source for social changes to distribute opportunities more equitably. In the U.S., segregation is neither natural nor accidental; it is a deliberate, long-lasting, and embedded system of inequality. It is an organized social system, like racism itself, in which the allocation of power and resources ensures dominance and subordination. Marmot (2014, p S517) notes that reducing health inequities among residents requires a holistic approach to systemic change that includes environmental conditions, access to affordable and nutritious foods, as well as access to transportation and roads, quality schools, day-care, medical care, and well-paying jobs.

With research documenting the relationships among housing, neighborhood, and inequities as a backdrop, we examine whether and how inclusionary housing (IH) policies in California incorporate equity principles into the policy language, including policy design and intended outcomes. IH policies can be a set of rules or a government initiative that either encourages or requires the creation of affordable housing units or the payment of fees for affordable housing investments when new development occurs (Jacobus 2015). We focus on IH policy because of its often-cited approach to addressing housing inequity and its corresponding potential to advance health, economic, and racial equity. While policies that focus on affordability may be able to advance goals related to racial, economic, or health equity, a 2021 report from Grounded Solutions finds a dearth of available data that shows the outcomes of inclusionary housing programs by race and/or ethnicity (Grounded Solutions, 2021). In the absence of data needed to conduct an empirical analysis, we completed a qualitative policy analysis that critically examines the language used in the policy documents.

To do so, we first analyzed the specific ways current housing policies incorporate or omit attention to three dimensions of social equity: health, economic, and racial. Here, we answer a

call from Johnson and Svara (2011, p. 20) to examine social equity in the public sector, helping to “specify more precisely what equity is and how it is possible to systematically examine when and how equity is being achieved.” Our research aims to ascertain the degree to which three dimensions of equity (economic, health, and racial) are either explicitly stated, implicitly included, or excluded from policy language, with a specific focus on the policy cycle stages of constructing the policy problem, goals, and implementation processes. First, we looked for the ways equity emerged and how it was defined. We then examined its place in the IH policy cycle. Finally, we considered different framings found in traditional IH policies and COVID-19 “emergency policies” implemented in the wake of the ways the vulnerabilities differentially swept across place, communities, and people's lives.

“Emergency” policy reflects by definition a sudden, serious, dangerous event that needs immediate action. As evidenced by a 2020 Urban Institute report, housing policies typically have not explicitly promoted economic mobility or racial equity, and emergency/recovery policies often fail “to fold racial equity into their design, implementation, and evaluation” (Urban Institute 2020, p. 1). While COVID-19 represented an emergency in need of action, many of the drivers of its inequality – such as systemic racism, are deliberate, long lasting, and embedded in policies, including those pertaining to housing. The health and economic disparities COVID-19 unpeeled across the US and the world was neither sudden nor unforeseeable, especially in terms of their disproportionate impacts on communities of color. Take for example, housing eviction and displacement, a central focus on emergency housing policies. Research has shown that displacement is a public health issue (Mamo & Acosta 2020; AEMP Collective 2021), yet the economic and power relations that shape evictions are long-standing, historical inequities in contrast to a sudden, unexpected event.

Overall, our findings make explicit the interlocking nature of racial and economic equity with health equity and seek ways to identify and, ultimately, advocate for the inclusion of these three principles in all housing policies. We conclude with actionable recommendations for research and practice because “housing disparities are fundamentally unjust and merit remedial action because of their significant impact, their concentration among the most vulnerable, and their socially created and unnatural origins that represent a failure of American government to uphold its responsibilities” (Swope & Hernandez 2019, pp. 8-9).

RESEARCH METHODS, DATA SOURCES, AND ANALYSIS

Developing and Testing the Equity Coding Scheme

Starting from an understanding that “bringing an equity lens to housing is about much more than affordability; equitable housing must also connect workers, residents, and communities of color to the jobs, schools, services, and community assets that will enable them to thrive and be healthy” (Rose & Miller 2016, p. 1), we identified three dimensions of equity discussed in the scholarly literature in the fields of inclusionary housing policy, health equity, and public policy/administration. These dimensions set the groundwork for the analysis of equity in inclusionary housing policies in CA as well as in emergency housing policies produced in

response to the COVID-19 pandemic. Table 1 provides the definitions we adopted for each equity dimension based on our scan of the scholarly literature.

Table 1: Conceptualizations of Equity based on Literature

Equity	An approach to eliminating or ameliorating pervasive, unjust, and unfair systems and outcomes by creating mechanisms to correct imbalances and distribute opportunities by need or historic harm (not by equal measures). A core value of equity, here, is to create just and fair inclusion (Rose & Miller 2016) for population-level groups constructed along hierarchies of advantage and oppression (Braveman et.al. 2017).
Economic Equity	Policies that target variables known to affect economic stability for individuals, households, and communities, and correct unfair and unjust disparities in wealth, income, and economic opportunity. Target variables include proximity to good jobs, access to capital, adequate and affordable housing, quality education, and reliable transportation). Economic equity has at least two conceptual subunits. The first is economic mobility, which is a real opportunity for people affected by unjust disparities in wealth, income, and economic opportunity to exercise agency, be involved in their community, and achieve a decent standard of living (Ellwood and Patel 2018, cited in Urban Institute 2020, p.2). The second is workforce equity, meaning that the demographic make-up of workers in each jurisdiction reflects that of the community as a whole and is distributed across a range of sectors and functions at various levels (Nelson & Brooks 2016).
Racial Equity	Systemic processes and policies designed to reverse racist policies that create meaningful opportunities and experiences for people most affected by racism to be involved in developing, implementing, and evaluating policies and practices that impact them, whether directly or indirectly, currently enforced or as legacies of past policies (Nelson & Brooks 2016). Racial equity is process and outcome: equitable outcomes are realized when racial classification no longer determines (a) whether some racial groups have access and opportunities to resources that others are excluded from and (b) a range of socio-economic outcomes, including income, age, and health.
Health Equity	Health equity is broadly defined as ensuring that “everyone has a fair and just opportunity to be as healthy as possible.” This requires an understanding of social pathways to health and the recognition and removal of obstacles, such as poverty and discrimination, as well as their consequences (e.g., lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (Braveman et al. 2017, pg. 2). Achieving health equity requires action to intentionally reduce inequalities along lines of socioeconomic, racial, and lines of opportunity and disadvantage (Marmot 2014).

We used the definitions in Table 1 as a guide to develop a qualitative coding scheme to analyze a dataset of IH policies. Due to the affordability focus of IH policies and legal restrictions, particularly related to using race in policy, we did not expect to find many instances of the use of the word “equity” when describing the policies. We expected to find few or no explicit uses of any of the equity dimension phrases (i.e., economic equity, health equity, racial equity). However, we did suspect that equity concepts may be embedded implicitly in some policies, so we developed a coding scheme to capture the processes or ‘code’ words or phrases that may be used as proxies for equity. We developed these codes beginning with San Francisco IH policies because of our familiarity with the policy landscape and its progressive leanings.

To develop the coding scheme, we iterated between reviewing our definitions of the equity dimensions and reading the IH policy language to see if any words or phrases evidently

encompassed a similar meaning or action as the equity definitions from the literature. The literature on IH policy and the policy cycle helped us develop more specific codes related to how the policies might construct their goals or desired outcomes (i.e., the change the policy is meant to bring about), target populations (i.e., change for whom, by whom), implementation mechanisms (i.e., policy tools or levers meant to result in the desired outcomes), and accountability mechanisms (i.e., measures for assessing whether the policy was achieving desired outcomes). We tested and refined these codes to San Francisco housing policies and sought to develop additional “open” codes as well as further refine a working definition of each of the three dimensions of equity. This resulted in a set of overarching (parent) codes: domain of equity, target approach, target population, and phase in the policy cycle: each with multiple subordinate (child) codes referring to the characteristic. For this report, we present findings only for the domain of equity and policy cycle codes. Table 2 provides examples of the words and phrases we examined as proxies for each equity dimension.

Table 2: Coding Scheme for Equity in Housing Policies

Domain of Equity	Description	Conditions and Examples of Use
Equity (general)	An action or goal designed to create fairness or justice	May be expressed as "recapture" or "land value recapture"; rooted in the idea that the public should share in portion of increased value of new/re-developed property; community developments may include affordable housing. Might also reference commercial linkage fees or impact fees.
Economic Equity	An action or goal designed to redistribute capital, resources, or services	As referenced by specific income-based target populations or economic development, vitality more broadly. May overlap with target approaches, especially affordability, access to good paying jobs, protections around workers' rights, access to health insurance, and equity in the neighborhood. This also includes concepts about removing barriers, increasing affordability, creating stability (eviction prevention), and rent control.
Racial Equity	An action or goal designed to counter effects of historic racism	As referenced to countering effects of historic, systemic, institutionalized racism. Mechanisms that right the historic harms of racism on Black, Indigenous, people of color (BIPOC) among other marginalized and minoritized racial groups. These mechanisms would explicitly create racial reparations, reforms, or opportunities for those denied opportunity. Vulnerable populations, disproportionately impacted groups, disadvantaged, and other terms noting racial disparities.
Health Equity	An action or goal designed to ensure opportunities for health and well-being.	Reference to making healthy spaces/places/resources for those disproportionately impacted by poor housing, pollution, lack of food, lack of health care, no open spaces, and parks, etc. May also reference concerns related to the spread of COVID-19.

DATA SOURCES AND SAMPLE SELECTION: CREATING A DATASET FOR ANALYSIS

Working with colleagues at SFSU's Applied Housing Research Institute (AHRI), we took our lead from Dr. XiaoHang Liu's (2021) selection of five pairs of cities, as described in her paper, "Social Vulnerability to COVID-19 Pandemic in California Cities." Dr. Liu created a social vulnerability index based on the 145 largest cities in CA and found that a city's vulnerability to COVID-19 was strongly associated with its socio-economic status, household composition, "minority" population, and housing characteristics; overcrowdedness, rent burden, and co-ownership cost burden were also important. Together these affirm the necessity of stable and affordable housing. Given the wide regional variation, to conduct further analysis of IH policy, Liu built a dataset of city pairs (pairing a city with one IH policy to one without it). We chose to draw on this established analysis as our sample.

Selection of IH & Emergency Affordable Housing Policies in Sample Cities

Table 3 illustrates the dataset for this paper. Following Wang and Balachandran (2021, p.7), we include both "*traditional IH programs* that are either mandatory or voluntary in yielding affordable units on-site or off-site, or payments in-lieu of fees. . . [and] *linkage/impact fee programs* that generate fees for the development of affordable housing from commercial development, residential development, or both."

We gathered all IH policies and emergency housing policies in the five pairs of cities selected based on shared vulnerability indices. To locate the IH policies, we started with Grounded Solutions' (2020) nationwide inventory of IH policies. We supplemented that with a Google search using search terms "inclusionary housing ordinance" and "inclusionary housing policy" along with the name of the city and state of CA, including the online California municipal codes library, available at <https://library.municode.com/ca>. We further mined the internet by exploring other relevant websites, particularly of affordable housing nonprofits and local government housing agencies.

To identify emergency policies in the non-IH cities, we began with a spreadsheet compiled by a colleague at AHRI and supplemented that with a Google search for emergency housing policies in the selected cities using search terms such as "eviction moratorium", "emergency housing policy", and "tenant protection". We excluded Emergency Grant Programs not encoded in policy language from our analysis and those that simply guided residents to county or state level emergency policies or program.

Analytic Steps

To analyze the policies in our data set, a team of two investigators and a third coder followed the general principles of qualitative analysis. We performed an iterative process of 'open' coding and examining the literature to establish the code definitions and conditions based on a San Francisco IH policy. We then imported all policies into the software Dedoose and a team of two: one investigator and one coder, coded the policies, meeting frequently to ensure intercoder reliability. Two researchers coded each policy. The investigators then generated

reports for each equity domain and analyzed its framing and place in the policy cycle. At the same time, we considered the ways IH policies and emergency policy framings align and differ in conceptualization of the problem, approach, and policy cycle.

Table 3: CA City Policies

Policy Name	Policy City	Emergency Policy(Y/N)	Year Adopted	IH Policy before COVID-19 (Y/N)
Inclusionary Housing and Affordable Impact Fee Requirements	Fontana	N	2005	Y
AH Impact Fee	Glendale	N	2019	Y
Inclusionary Housing Requirement	Glendale	N	2019	Y
Glendale Density Bonus	Glendale	N	2006	Y
IH and Linkage Fee Policy	Richmond	N	2020	Y
Tenant Anti-Harassment Ordinance	Richmond	Y	2021	Y
Eviction Moratorium	Richmond	Y	2021	Y
Riverside Resolution No. 23558	Riverside	Y	2020	N
Mixed Income Housing	Sacramento	N	2015	Y
Density Bonuses	Sacramento	N	2013	Y
Housing Trust Fund Fee	Sacramento	N	1989	Y
Sacramento Eviction Moratorium	Sacramento	Y	2020	Y
Sacramento Eviction Moratorium Amendment1	Sacramento	Y	2020	Y
Sacramento Eviction Moratorium Amendment2	Sacramento	Y	2020	Y
Inclusionary Housing Program	Salinas	N	1992	Y
EOC Director Executive Order	Salinas	Y	2020	Y
Housing Opportunity Ordinance	Santa Ana	N	2011	Y
Santa Ana Emergency Policy	Santa Ana	Y	2020	Y
Santa Maria Eviction Moratorium	Santa Maria	Y	2020	N
Vallejo Eviction Moratorium	Vallejo	Y	2020	N

FINDINGS: IZ POLICIES, EQUITY, AND THE NEED FOR SOCIAL JUSTICE

A. Equity Concept Definitions and Conditions

Racial Equity

We found that racial equity was rarely overtly indicated as a process or outcome of IH policies by using the term equity. However, its presence emerged by implication and especially when associated with preventing, or not exacerbating, racial segregation. Racial segregation is widely understood as the concentration and spatial separation of racial groups into social enclaves, often resulting in a concentration of poverty combined with disenfranchisement and/or lack of wealth and opportunity. The concentration of poverty that has resulted from discriminatory policies, and efforts to provide economic-based actions to ensure housing

affordability and affordable access to places and neighborhoods with resources and services that produce the opportunities to take part in resource provision, is often used as a proxy for racial equity. As such, our analysis of the presence of the concept of "racial equity" in inclusionary housing policies was most often found when policies described their goal as ensuring that affordable housing development "would not increase residential segregation." For example, a policy frames preventing further segregation as part of its goal: In a "pre-COVID" IH policy from Salinas, California, the policy states, "The location [or re-location] of housing will not tend to cause racial segregation" [169]. This affirms the historical and unjust determinant of inequity as driven by intentional processes of racially segregating groups and thereby segregating opportunity and disenfranchisement. We found that racial equity in IH policies emerges as an attempt to no longer cause or exacerbate segregation.

In contrast, racial equity was asserted more robustly in emergency policies, such as Eviction Moratoriums, enacted during the COVID-19 pandemic. One policy put into place in Richmond (part of Contra County, CA) states: the "policy will serve justice and promote racial and ethnic equity for African American and Latino Renters who are otherwise more likely to be evicted and/or contract COVID-19" [162]. Here racial equity is expressed as a goal to correct for the intersecting health and economic disparities experienced by Black and Latino residents. This goal is consistent with evidence that these residents experienced the disproportionate impact of COVID-19 exposure with Black residents evicted at "double the rate of other renters." While seemingly more robust in advocating for social justice, and thus, opportunity investment, the racial equity claim is not one of ongoing approach to historical inequality or one that will continue in the future. Once the moratorium policy ends, evictions and other displacement will likely resume, thereby having little impact on preventing the reproduction of racial inequity in housing and beyond. Indeed, with the state of California's eviction moratorium ending on October 1, 2021, many are expecting an onslaught of evictions.

Health Equity

Health equity was most often expressed in terms of affordable housing itself being a social driver of health outcomes. For example, Fontana's IH Policy [34] states, "Lack of access to affordable housing has a direct impact upon the health, safety and welfare of the residents of the city. The city will not be able to contribute to the attainment of state housing goals or to retain a healthy environment without additional affordable housing." In this and other similar policy statements, it is the general "health, safety, and welfare" that is oft stated without reference to equity concerns. For example, Salinas' IH policy begins with a declaration that housing is essential to health: "housing shortage for persons of very low, low, and moderate incomes is detrimental to the public health, safety, and welfare of residents..." [169] with the goal that IH must fill the need (i.e., increase housing supply) and ensure people with all incomes are housed, as a driver of their health. The distribution of housing resources to low-income groups is an exemplar of the intersection of health equity and economic equity.

Our analysis reveals while housing itself is a health-seeking determinant (being housed is a basic need), IH is not always placed in the context of equity of opportunity for groups historically disenfranchised from such opportunity. One example of how IH policies invoke the concept of health absent a connection to equity, health was often linked to environmental

conditions and the presence of hazardous materials, such as in the Salinas IH Policy: “Any hazardous materials have been mitigated to the satisfaction of the city prior to transfer of title. The site is not located in a 100-year flood plain. The site meets all required federal and state environmental standards” [169]. Statements such as these referred to basic building codes and recognized the illness producing qualities of place. In another example from Sacramento, density was conditioned upon ensuring that there is not an “adverse impact . . . upon the public health and safety or the physical environment . . . for which there is no feasible method to satisfactorily mitigate or avoid the specific adverse impact without rendering the development unaffordable . . .” [268]. Public health and safety are raised in the context of affordability, yet these policies remain silent on related equity issues.

Nonetheless, health equity, in contrast to racial equity, appeared to be a principle articulated in IH policies in Fontana, Glendale, Richmond, Sacramento, Salinas, and Santa Ana. We found health equity principles often articulated as policy goals to increase what are known to be health determining social conditions – access to affordable transportation, quality food outlets or health care, and jobs and education, for example. It seems these policies sought to ensure affordable housing comes with access to resources, services, and opportunities considered drivers of well-being.

At times health equity emerged as intersecting with other social conditions such as proximity to jobs, the economic diversity of residents in communities or the housing stock itself, or access to things like transportation and childcare services. In Fontana, the IH policy [34] stated: “. . . mitigate environmental and other impacts that accompany new residential and non-residential development by protecting the economic diversity of the city's housing stock, reducing traffic, transit, and other related impacts, promoting jobs/housing balance and reducing the demands placed on transportation infrastructure in the region.” Another example comes from Salinas, “Access to public transportation shall be equal to or better than that available to the residential development” [169]. Other policies, such as in the city of Fontana state: “. . .and the impact that the lack of affordable housing production has on the health, safety, and welfare of the city’s residents including its impacts on traffic, transit and related air quality impacts, and the demands placed on the regional transportation infrastructure.” [Fontana IH Policy 34].

Health equity in Traditional IH policies did reflect the dimension of equity as consistent with public health scholarship. The Glendale Density Bonus Policy DBP, for example, states:

. . .to construct a housing development that includes affordable units and includes a childcare facility that will be located on the premises of, as part of, or adjacent to the housing development, unless the director of community development or hearing officer finds, based on substantial evidence, that the community had adequate childcare facilities. . . [106]

Here, health equity refers to an action to ensure service provision access and opportunities needed for health and well-being. The policy includes an intersectional dimension of health equity with economic equity as well. As the policy continues,

Of the children who attend the childcare facility, the children of very low-income households, low-income households, or moderate-income households shall be equal to or greater than the percentage of dwelling units that are required to be affordable to very low-income households, low-income households, or moderate-income households. [106].

While this health equity dimension was present in a few IH policies, we found many more in the context of emergency policies aligned with COVID-19. A Richmond Tenant Anti-harassment ordinance, for example, frames the need to regulate discriminatory and harassing behaviors. The policy states:

the purpose of this policy is to deter harassing behavior by landlords against residential tenants, to encourage residential landlords to follow the law and uphold their responsibility to provide habitable rental properties, and to give residential tenants and the City of Richmond legal recourse when tenants are subjected to harassing behavior by their landlords [161]

In this section, harassing behavior is implicitly understood as a determinant of ill health and/or as a form of power and discrimination, that prevents opportunities for health. Specifically, that displacement itself (in the form of eviction) would create negative health impacts. As the policy states:

the City Council further recognizes that the displacement of residential tenants, particularly during the COVID-19 pandemic, increases the risk that Richmond residents will lack stable and appropriate housing and therefore seek to institute measures to reduce the impacts of displacement on tenants, particularly tenants of limited financial means. [161].

Similarly, the executive order in the city of Salinas attempted to impose “substantive limitations to protect the health, safety, and welfare of its citizens in light of the emergency declaration regarding the COVID-19 pandemic” [170]. Sacramento’s eviction moratorium amendment intervened in the unnecessary displacement of residents (at least until viral spread is contained; 271). The Sacramento Eviction Moratorium went into effect on March 4, 2020, following the Governor’s declaration of a State of Emergency in California due to the threat of COVID-19 and subsequent county emergency orders. These are policy measures taken to protect tenants of harassment, displacement, and undue exposure to an airborne virus in a time of crisis. The Sacramento policy states:

...in the interests of protecting the public health and preventing transmission of the coronavirus, it is essential to avoid unnecessary displacement of tenants. Prohibiting evictions on a temporary basis is needed until the spread of the virus can be minimized and the emergency restrictions lifted [270].

Like other emergency policies, Sacramento’s emergency policy [270] is meant to address an immediate, short-term crisis rather than a designed intervention meant to address long-term systemic inequities that existed pre-COVID. Indeed, the policy makes clear its limited scope with the following statement: “Nothing in this ordinance waives a tenant’s obligations to pay

back rent owed once this ordinance is no longer effective,” indicating they have only up to 120 days after the expiration of the state's eviction moratorium (including any extensions thereof), to pay their landlord all unpaid rent without incurring any related late fees. Furthermore, the policy recognizes that delayed payment of rent can be due to loss of income as a result of illness such as “COVID-19 or caring for a household or family member who is sick with COVID-19.” It also recognizes payment delays due to the economic fall-out of the pandemic “lay-off, loss of hours, or other income reduction resulting from COVID-19 or the state of emergency” or due to a “stay home, self-quarantine” or other order to reduce exposure; or a lost wages due to a need “to care for a home-bound school-age child.” We add this detail as an example of the ways domains of equity are at times intersecting in policy language. Emergency policies during COVID-19, like Sacramento’s, were most reflective of principles of equity.

Economic Equity

Unsurprisingly, the framing of economic equity is most often rendered by IH policies. This is the case given the very goal of making housing affordable to people with incomes that do not allow for the attainment of “market rate” housing. We also are keenly aware of the ways in which economic equity overlaps with and is often used as a proxy for racial equity given the need to reduce inequities of socio-economic status through housing to ameliorate racial and economic segregation and poverty concentration. Indeed, IH policies often identify housing affordability as the primary policy problem for local governments to address, by helping to ensure an adequate supply of housing for low-income residents. For example, “local governments have responsibility to use the power vested in them to facilitate the development of housing to make adequate provision for the housing needs of all economic segments of the community” (City of Richmond’s IH and Linkage Fees Policy 160). The means of doing so, of course, vary by ordinance with the majority being to set aside a percentage of units for low-income residents, collecting in-lieu fees from developers, using in-lieu fees to support affordable housing development or by some other means. Differences arise in terms of the mechanisms through which IH, or an emergency policy seeks to achieve economic equity and for whom (households, homeowners, renters, workforce, etc.)

Richmond’s IH and Linkage Fee Policy, in accordance with all IH policies rely on market-rate housing to produce affordable Below Market Rate units for lower income groups. As such they also develop market-rate housing to produce affordable Below Market Rate units for lower-income groups. Yet Richmond goes a step further and explicitly states a need to disinvest in market-rate homes for those with privilege. As stated, “The City's inclusionary housing requirements will assist in alleviating the use of available residential land solely for the benefit of households that are able to afford market-rate housing, because such market-rate development will be required to contribute to the provision of affordable housing for the entire Richmond community.” This rule for development and the use of land is to ensure the distribution of resources to economically disenfranchised groups.

In many ways, affordability as a goal of IH policies is by its characteristic an economic equity goal: it is establishing housing opportunity in markets where without such effort certain groups would likely be without housing. This approach, therefore, is acknowledging the pervasiveness of inequality and the need for mechanisms to address it. Yet at the same time,

affordability is only one step toward economic equity; a principle that more fully would require addressing other structural determinants (education resources, access to jobs, access to affordable childcare, disability claims, and reversing the economic barriers for people who have previously been incarcerated, etc.). Indeed, a single approach to affordable housing without these other issues may well reproduce and not alleviate economic inequality by reinforcing patterns of residential segregation, disenfranchisement, and exclusion from opportunity.

The policies we reviewed included many references to the affordability of housing and access to it for people from a range of economic means, identifying goals such as “protecting the economic diversity of the city’s housing stock,” as stated in the Fontana IH Policy [34] or by ensuring “the continued affordability of the inclusionary units, as stated in the Salinas IH policy [169]. However, these policy goals infrequently referenced a concern for economic equity, whether as a process or as an outcome. In other words, using IH policy as a tool to fulfill local government’s obligation to ensure housing availability to people with low incomes does not erase or overcome, the ways neighborhoods, place, and housing have produced and reinforced racial disenfranchisement, economic disparities, and health inequities. We found economic equity to be solely about access to housing (not jobs, education, and other resources that would ensure and produce opportunity).

The Eviction Moratorium, in Richmond, in contrast, does recognize that an emergency policy cannot achieve economic equity.

Whereas, even after the State, County and City lift their states of emergency and other regulations are lifted, Richmond tenants will still need temporary additional protections from evictions because of the magnitude of their financial losses sustained as a result of the COVID-19 pandemic” [162].

This is relevant for our recommendation as well: that displacement and eviction prevention should be incorporated into IH policies to achieve economic, health, and racial equity.

B. Policy Cycle Analysis

How IH policies precisely incorporate equity principles into their rules and procedures is of analytic significance. Public policy scholars have long recognized that policymaking and implementation occurs in phases that are part of policy cycle: agenda setting, formulation, adoption, implementation, and evaluation (Lindblom & Woodhouse 1993; Parsons 1995). The agenda-setting phase includes identifying and defining the policy problem. Once a policy problem gets on the agenda, public officials weigh alternatives and debate the best course of action to address the problem – this is the policy formulation phase. Once a policy proposal is formulated, it is debated and, if adopted, implemented, and evaluated. Our research examines policy language in IH policies implemented before the onset of the COVID-19 pandemic as well as emergency policies put in place to respond to the pandemic.

To some degree, policy language reflects the policy cycle. For example, the first paragraphs of a policy tend to define the problem being addressed (e.g., lack of supply of affordable housing), identify a target population (e.g., low, and very low-income households),

and a broad policy goal (e.g., increase density). This introductory language derives from the agenda-setting phase. As it moves into the formulation phase, policymakers identify a range of policy instruments and implementation options. As policymakers formulate policies, they identify the policy goals (also called objectives or intended outcomes), or what the policy intends to achieve and how those goals should be achieved (in other words how the policy will be implemented). The adopted policy identifies those policy instruments and implementation options and may include more specific intended outcomes. Sometimes policy language will include some requirements for evaluation.

Policy language matters for several reasons throughout the policy cycle. During the agenda-setting phase, advocates use language to explain (and construct) social conditions and to establish those conditions as public problems (Kingdon 1995; Stone 2003). As Gooden (2017, p. 823) notes, “problems are solved, conditions are tolerated” – in other words, some social conditions never make it out of the agenda-setting phase because they are not accepted as public problems. As the policy cycle moves from agenda-setting to policy formulation, policymakers and advocates start with the problem definition agreed upon during the agenda-setting phase. The goals they identify in relation to solving that problem may focus on creating opportunity or removing barriers to opportunity, specific results or changes the policy is meant to bring about, or both. Policy goals “can be seen as the expression of a political consensus in which different values are being balanced against each other. Values that have been translated in goals and conditions that should be taken into consideration” (Bekkers, Fenger & Scholten 2017, p. 9).

Policy language in emergency policies may be more targeted regarding problem identification and policy goals, because the policy is crafted to mitigate the impacts of an unexpected crisis. In the context of COVID-19, those policies were formulated specifically to curb the public health threat and, in some cases, to soften the economic impacts. Our analysis is driven by questions such as: Are concerns for equity expressed explicitly or implicitly in the problem definition? Is equity a stated goal of the policy? Is equity referenced as part of implementation? Are evaluation criteria, metrics, or expectations focused on equity?

Phase of the Policy Cycle: Problem Definition/Agenda Setting

Traditional IH policies and Linkage/Impact fee policies, most often identify the policy problem as the supply of affordable housing, sometimes with a concern for the quality or adequacy of the housing stock and sometimes for proximity to things like jobs, transit, and green space. These policies often use the terms “economic” or “health” but not “race” to define the policy problem. None of the policies we examined explicitly mentioned a concern for, or a problem related to, equity in any form.

Some of these policies implicitly invoke the concept of economic equity implicitly as a policy problem. For example, we find economic equity implicit in Richmond’s IH and Linkage Fees Policy’s [160] recognition of the policy problem as a need “to facilitate the development of housing to make an adequate provision for the housing needs of all economic segments of the community.” Here, a concern for economic equity can be discerned from the focus on housing adequacy for all economic segments.

While many of the policy problem statements mention health, they are relatively silent on the concept of health equity. For example, Fontana’s IH policy [34] acknowledges the link between the problem of a lack of affordable housing and a general concern for the health of its residents and retaining a healthy environment in the city overall: “Lack of access to affordable housing has a direct impact upon the health, safety and welfare of the residents of the city. The city will not be able to contribute to the attainment of the state housing goals or retain a healthy environment without additional affordable housing.”

Yet, the emergency policies we analyzed more often made explicit references to concerns for equity, health equity in particular, but sometimes also racial and economic equity. We found one policy, a Santa Ana Emergency Policy [56] to explicitly define the problem of housing affordability to include a need to increase socio-economic equity:

It is difficult to meet the many housing needs which include, but are not limited to increasing the housing supply and mix of housing types, rental or ownership opportunities, affordability, promoting infill development and socio-economic equity, the protection of environmental resources, and the encouragement of efficient development patterns

Others implicitly refer to concerns for economic equity in the context of the COVID-19 pandemic. One example comes from Richmond’s Eviction Moratorium [162], which acknowledges that the problem of protecting tenants from evictions will continue after the states of emergency and related regulations are lifted and links it directly to financial losses they incurred:

Whereas, even after the State, County and City lift their states of emergency and other regulations are lifted, Richmond tenants will still need temporary additional protections from evictions because of the magnitude of their financial losses sustained as a result of the COVID-19 pandemic.

The Salinas Emergency Policy [170] frames the problem as one of fairness to business deemed essential to community well-being, stating “commercial activity and businesses are essential to a vibrant and healthy community and this Order provides stability and fairness as businesses have been affected by COVID shutdowns.” And a Tenant Antiharassment Ordinance is explicit in its focus on uneven power dynamics between landlords and tenants, implicitly invoking a concern for economic equity by framing the problem as a need “to reduce the impacts of displacement on tenants, particularly tenants for limited financial means” [161].

Perhaps not surprisingly, given the context of the COVID-19 pandemic, concerns for public health are articulated explicitly, but health equity is often left implicit in the emergency policies we examined. As with the non-emergency IH policies, the problem definitions include broad concerns for the “health, safety and welfare” of residents and the needs for cities to protect them. Following are a few examples:

- From the Salinas Emergency Policy [170]: “there is an urgent need for the City of Salinas to impose substantive limitations to protect the health, safety, and welfare of its citizens in light of the emergency declaration regarding the COVID-19 pandemic”
- From the Richmond Tenant Antiharassment Ordinance [161]: “reasonable regulation of aspects of the residential landlord-tenant relationship is necessary to foster constructive communication, maintain an adequate supply of rental housing units and protect the health, safety and general welfare of the public”
- From the Richmond Urgency Ordinance (“Eviction Moratorium”) [162]: “Whereas, an urgency ordinance that is effective immediately is necessary to avoid the immediate threat to public peace, health, and safety as failure to adopt this Urgency Ordinance would result in the avoidable displacement of Richmond residents from their homes or increase the City residents’ and community members’ exposure to COVID-19”
- From the Santa Ana Emergency Policy [56]: “Lack of housing units in the City of Santa Ana is a threat to public health and safety and requires urgent intervening action by the City Council”

Racial equity appears in the problem identification of only one of the emergency policies we examined, The Richmond Eviction Moratorium [162], but appears explicitly and twice in that policy, using the phrase “racial and ethnic equity” once. The policy identifies the disproportionate negative health and housing impacts on its African American and Latino population.

- In Contra Costa County, African American and Latino residents have been disproportionately impacted by the COVID-19 pandemic, and according to the Contra Costa County Health Department, the County’s African American and Latino residents have contracted COVID-19 at a higher rate than other racial and ethnic groups.
- This Urgency Ordinance will serve justice and promote racial and ethnic equity for African American and Latino renters who are otherwise more likely to be evicted and/or contract COVID-19.

Phase of the Policy Cycle: Policy Formulation

The policy formulation phase includes both the identification of policy goals or intended outcomes, and the implementation mechanisms and policy tools that will be used. Policy tools include incentives, sanctions, rewards, taxes, subsidies, and regulations.

Policy goals are established during the policy formulation phase and are informed by the way the policy problem is framed. Policy goals may be specific, but more frequently are left vague for public administrators and other implementers of policy to interpret. In examining the equity dimensions invoked in policy language, we also looked for references to goals focused on minimizing obstacles to opportunity versus those that focus on specific results. We did so because, as Blessett and co-authors (2019, p. 285) note “the distinction between the policy objective (outcome) of equality of opportunity versus that of equality of results holds particular relevance in achieving racial and gender social equity in the public sector.” For example, extant

research documents that housing standards and codes have long prioritized economic development and planning goals. Additionally, they failed to identify public health goals or be informed by health-based evidence (Swope & Hernandez 2019).

A few of the policies we examined refer to economic equity in identifying policy goals. Though we did not find the phrase “economic equity” used in policy goals, explicit goals related to economic equity were identified, though the goal is focused on creating or protecting equality of opportunity (based on the assumption that having an adequate supply of affordable housing includes having equal opportunity to access it) instead of equality of results. For example, Richmond’s IH and Linkage Fees Policy [160] aims to “to make available an adequate supply of housing for persons of all economic segments of the community, and the City desires to modify the inclusionary housing ordinance to achieve the most affordable housing while not constraining housing development in the City.”

Fontana’s policy can be interpreted as including both economic and health equity goals, as illustrated with the following statement. Those policy goals focus on equality of opportunity (removing barriers) rather than results:

Offset the demand on housing created by new development and mitigate environmental and other impacts that accompany new residential and non-residential development by protecting the economic diversity of the city’s housing stock, reducing traffic, transit, and other related impacts, promoting jobs/housing balance [34]

Other policies include goals related to the promotion of overall health and well-being of residents. For example, Richmond’s Eviction Moratorium, which indicates that “the purpose and intent of this ordinance is to prevent displacement, reduce the transmission of COVID-19, respond adequately to the local emergency declared by the City of Richmond due to COVID-19, and to promote the stability and the health and safety of residential tenants” [162].

Policy Implementation & Evaluation

Language related to policy implementation is also developed during the policy formulation phase and reflects the policy tools available, appropriate, and/or preferred to address the problem. We find that most of the policy language related to implementation focuses on developers. This includes setting targets for the number/percent of affordable units, whether they have to be on-site, offering alternatives, and incentives. This language expresses no equity concerns, whether implicitly or explicitly. Because there is not a great deal of variation in implementation language across policies, we provide one example comes from Glendale’s IH Requirements Policy [105]:

- “A developer may request to provide a different unit mix of the inclusionary units than the unit mix of the non-inclusionary units. If the developer chooses this option, the developer shall provide inclusionary units with at least a ten percent increase in the bedroom count”
- “The developer may request to provide inclusionary units with per unit floor area less than the per unit floor area of non-inclusionary units. If the developer chooses this option,

the developer shall provide additional inclusionary units above and beyond the minimum number of inclusionary units required”

References to economic equity in policy implementation are implicit where they exist, and often focus on restricting profitability from affordable units, including the length of time units must meet affordability requirements. As with the policy goals, the implementation language can be categorized as focusing on equality of opportunity – again focused on the maintaining the supply of affordable housing – rather than equality of results. The following examples illustrate how implementation has a significant focus on the duration of the required affordability period:

- “Inclusionary units in residential ownership projects shall remain affordable for a period of at least 45 years from the date of occupancy through recordation of a covenant agreement. If the applicant of a multifamily rental project chooses to construct inclusionary units pursuant to an affordable housing agreement in lieu of paying the affordable housing impact fee, those rental units shall remain affordable for a period of at least 55 years from the date of occupancy through recordation of a covenant agreement” (Fontana IH Policy [34])
- “Lower-income target units shall remain restricted and affordable to the designated group for a period of 30 years or a longer time.” (Sacramento Density Bonuses [268])
- “The change of use of an existing, economically obsolete building into a new, more productive use such as apartments, condominiums or live/work units is permitted subject to compliance with the following standards” (Santa Ana Housing Opportunity Ordinance [55])
- “The term of affordability for all inclusionary units shall be thirty years. A longer term of affordability may be required if the residential development receives a subsidy of any type, including but not limited to loan, grant, mortgage financing, mortgage insurance, or rental subsidy, and the subsidy program requires a longer term of affordability.” (Salinas IH Policy [169])

We found just one example of an implementation restriction that implies a concern for health equity, in Richmond's Eviction Moratorium, which provides that “a nuisance that creates an imminent health and safety threat within the meaning of subsection (C)(1) above cannot be the Tenant’s COVID-19 related illness or exposure to COVID-19, whether actual or suspected” [162].

Though evaluation is generally considered a separate phase in the policy cycle for heuristic reasons, we include it here, in part because policy scholars have long recognized feedback effects between policy implementation and evaluation. That recognition rests in the reality that formative program evaluation data as well performance measurement metrics are often taken into consideration as policies are renewed or “tweaked” from year-to-year. We found no evidence in the policies of any evaluation requirements related to equity. This is not surprising, especially regarding racial equity, because of the policies’ silence on racial equity goals or in describing the policy tools to be used in implementation. The absence of

accountability for the other two dimensions of equity we focus on – economic and health – may be more surprising, but less so considering the literature in public policy and administration that documents the lack of outcome measures or accountability mechanisms for policies commonly thought to promote social equity (Gooden 2017; Scally, Champion & Neal 2020).

DISCUSSION, RECOMMENDATIONS, AND NEXT STEPS

Our analysis shows that dimensions of economic equity are most explicit in IH policy given the policy foci to address affordability, equity is often undertheorized or stated as a process or outcome. The intersection with health appears often, but the domain of health equity underemphasized, although present in some IH policies. Racial equity is least present in IH policies. These dimensions, however, when referenced by attribution to the meaning from scholarly literature often lack the definitional requirement of repairing or redressing historical, intentional, and unfair systems. Instead, they address the opportunity creation as established by access to housing, and health seeking resources and services, such as jobs, healthy parks, education, and childcare. These equity domains are most instructive when considered within the policy cycle, illuminating the ways they are differentially applied, with some attention to the construction of the problem statement and least present evaluation and accountability. This is instructive for policy and practice.

For health equity, we found that COVID-19 was a significant driver of emergency policy decisions and goals. These emergency policies reflect the sudden, serious, and dangerous nature of the COVID-19 pandemic and a need to intervene. Yet, they are inadequate to address the deliberate and embedded ways systemic racism is built-into housing and neighborhoods. The system of housing allocation and neighborhood conditions must change in-place; not by moving people but by changing neighborhood opportunities. As public health scholars well-document, racism is embedded and embodied in neighborhoods and place and manifests itself through health disparities. Rebuilding neighborhood and place-based opportunity is a matter of life and death for Black people and communities of color.

Our findings are consistent with those from a 2020 Urban Institute study that reviewed 10 policies enacted after Hurricane Katrina and during the COVID-19 pandemic. Studies document that housing policies lack a focus on dimensions of equity. “Most programs focused on one aspect of economic mobility- economic success- without the others. None of the programs articulated racial equity as an explicit goal or process” (Urban Institute 2020, p. v).

In addition, after reviewing literature on the various aspects of housing and health, Swope and Hernandez (2019) argue that the current housing crisis leaves room for vision about minimum standards that include health as a consideration in housing adequacy. They note that housing policies and codes have typically focused on economic development and planning without much consideration from a public health perspective or of health-based evidence.

There is a real need to go beyond temporary emergency policies like eviction moratoriums. That need is fueled by the social equity imperative in public administration. Even before the pandemic, social equity had been receiving renewed attention in scholarship and practice; that attention has intensified during the COVID-19 pandemic.

Recommendations

"[W]e know there is a connection between housing distribution and the quality and equity of education, between school dropouts and delinquency, between the location of a throughway and demography, land values, and public finance," Mosher wrote in 1967 (Mosher 1967, 325, cited in Guy & McCandless 2012, p. S6-7) and long before W.E.B. DuBois had been documenting the ways place and opportunity shape the health and life of Black Americans. If DuBois and Mosher recognized those connections in the early and middle years of the 20th century, why do they still exist in our century? Critical Race theory has been asking just this: despite laws and policies discrimination continues and housing is a well-known site of racial, health, and economic inequities. For our small part, we examined policy language, including problem framing and the research that informs it, to open the door for discussions about the role policy language plays in perpetuating inequities and/or doing some work toward equity.

We join Benfer and co-authors (2021, p. 7) in urging policy makers to recognize that COVID-19 is, in policy language, a “focusing event” - one that happens suddenly and infrequently and reveals current or future harms that are concentrated geographically or in ways that disproportionately impact some communities more than others. Typically, focusing events are so sudden that they become known to public officials and the public-at-large more-or-less simultaneously (Birkland 1997; Kingdon 1995). The focusing event concept is entirely consistent with a social equity approach to public policy and administration in that it recognizes systemic disadvantages and the power dynamics that create and perpetuate those disadvantages. Moreover, focusing events are seen as potential sources of empowerment for historically marginalized groups to reframe persistent policy problems and potential solutions (Birkland 1998).

We also join advocates and social equity-minded policymakers seeking to reimagine and reframe the need for inclusionary housing policies as a policy solution intended to advance the intersectional dimensions of social equity – health, economic, and racial. Importantly, they should revamp implementation practices to ensure that policy tools are designed to advance equity. For example, we might replace “density bonuses” with “equity bonuses” that target specific dimensions of equity developers would be expected to help advance. As they work to craft new policy alternatives and the language to explain them, policymakers should include requirements for accountability that measure the policy’s contributions toward advancing those dimensions of equity.

At the same time, we acknowledge that affordable housing policy is more constrained in its ability to change dramatically or quickly, for reasons often stated: (1) it is embedded in a cross-sector partnership model of implementation that also crosses local, state, and federal policy domains, (2) that partnership model involves complex financing models, tax incentives, and vouchers, and (3) increasing supply by building is time-consuming for political and logistic reasons (Brassil 2010; Schwartz 2021; Tighe & Mueller 2013).

Nonetheless and regardless of whether the focusing event approach works, policy makers and public administrators should keep in mind that most policy change is incremental and slow.

In addition, policy change through administrative actions has been increasingly common in recent years, with administrative rules accounting for more new policies than those enacted by legislatures (at state and federal levels, anyway; Johnson & Svava 2011; Merriman 2021). One possibility in this context may be to add eviction moratoriums and displacement prevention goals and protection mechanisms into traditional IH policies as they are renewed.

Future Directions for Research

In the immediate term, we have two aims related to this research. First, we will take a closer look at two of the codes we used to analyze the policies but not reported on here - “target approach” and “target population”. We will analyze (1) the degree to which they overlap with any of the three equity dimensions central to this research and (2) whether they overlap with one another in any of the phases of the policy cycle in ways that reflect equity concerns or goals.

Another goal directly related to this study is to explore a set of research questions that deserves empirical examination. Has the COVID-19 pandemic served as a focusing event for changes in affordable housing policy? If so, have those changes advanced more equitable housing policies that explicitly consider the intersections of race, economic well-being, and health? Why or why not?

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Appendix: List of Housing Policies Examined (Study Sample)

Inclusionary Housing Policies

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