SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Community Health Assessment + Profile

▪ September 2012 ▪

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Table of Contents

Executive Summary

In coordination with nonprofit hospital and academic partners, the San Francisco Department of Public Health (SFDPH) engaged in a 14-month community health assessment (CHA) process between July 2011 and August 2012. Serving California's only consolidated city and county – as well as a diverse population of 805,235 residents – SFDPH and its partners strove to foster a **community-driven** and **transparent** CHA aligned with **community values**.

Building on the success of Community Vital Signs, San Francisco's past community health assessment effort conducted in 2010, SFDPH relied on the Mobilizing for Action Through Planning and Partnerships (MAPP) framework to guide the current CHA. The result was a community-driven process that **engaged more than 500 community residents and local public health system partners** and embraced the following values:

- To facilitate **alignment** of San Francisco's priorities, resources, and actions to improve health and well-being.
- To ensure that **health equity** is addressed throughout program planning and service delivery.
- To promote **community connections** that support health and well-being.

To complete the CHA, SFDPH relied on 2010 Community Vital Signs data as well as data compiled from the four **MAPP assessments**:

- Community Themes and Strengths Assessment
- Local Public Health System Assessment
- Forces of Change Assessment
- Community Health Status Assessment.

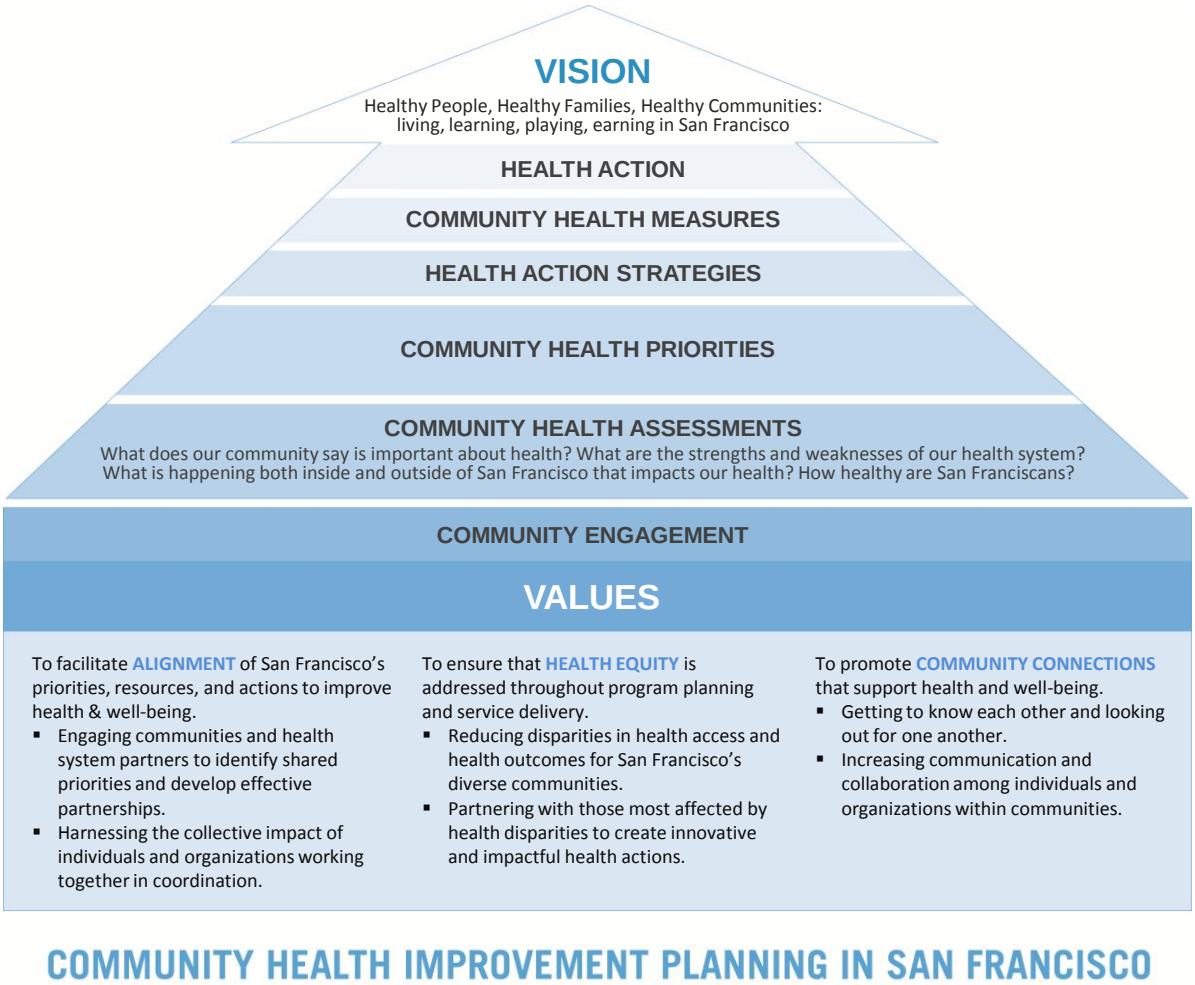
Top Photo: Residents from San Francisco's 21-neighborhood areas participate in a community visioning event. Bottom Photos, Left and Right: Community members attend task force meetings held in the Bayview-Hunters Point and Western Addition neighborhoods.

This collection of quantitative and qualitative CHA data provided a well-rounded base of information, which resulted in the following cross-cutting themes and possible health priorities for San Francisco:

- Ensure safe and healthy living environments
- Improve behavioral health
- Increase access to quality health care and services
- Increase physical activity and healthy eating
- Reduce the spread of infectious disease
- Support early childhood development
- Support seniors and persons with disabilities

The image below offers a graphic representation of San Francisco's CHA process to date while illustrating the city and county's path to community health improvement.

Exhibit 1. San Francisco's community health improvement planning model



Approach

San Francisco's Community-Driven Framework for Health Improvement and Alignment

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Committed to a community-driven health improvement process, San Francisco selected Mobilizing for Action through Planning and Partnerships (MAPP) as its framework. Developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), MAPP is a community-wide strategic planning process for improving community health. Facilitated by public health leaders and used by local health departments across the country, MAPP helps communities apply strategic thinking to prioritize public health issues and identify the resources needed to address them. MAPP is not an agency-focused assessment framework; rather, it is an interactive process that can improve the efficiency, effectiveness, and performance of local public health systems.

The MAPP process includes six key phases:

- Organizing for success and partnership development
- Visioning
- Conducting the four MAPP assessments
- Identifying Strategic Issues
- Formulating goals and strategies
- Taking action: planning, implementing, and evaluating

MAPP calls for the completion of four assessments to better inform the community health improvement process, which include the:

- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment
- Community Health Status Assessment

Exhibit 2. MAPP cycle

San Francisco selected MAPP as its framework, as the tool complements the city/county's commitment to engaging the community in health planning and action in a deliberate and meaningful way. MAPP also builds well on past community health improvement processes while more consistently involving traditional and non-traditional partners of the local public health system. In this way, MAPP offers a "new way of doing business" in San Francisco while achieving greater alignment between all members of the local public system and the community.

Healthy people, healthy families, healthy communities: living, learning, playing, earning in San Francisco

San Francisco's Health Vision

To guide its community health improvement effort, SFDPH convened community residents from each of the city/county's 21 identified neighborhood areas to help develop a health vision and values for San Francisco. Facilitated by an outside consultant, community residents gathered for a six-hour session to discuss their perceptions of "health" and those elements constituting a healthier San Francisco. A graphic artist captured community dialogue, as illustrated in the image below. Following the event, SFDPH vetted a possible vision statement with its hospital and academic partners as well as SFDPH leadership, the San Francisco Mayor's Office, and the San Francisco Health Commission.

Community + Partner Engagement

To yield a representative and transparent CHA process, SFDPH sought to engage a range of community residents and local public health system partners at each step. Specifically:

- **Hospital and academic partners** joined SFDPH to form the CHA/CHIP Leadership Council, which supported the CHA and will guide the development and implementation of San Francisco's Community Health Improvement Plan. The Leadership Council is committed to transparency and community and partner engagement throughout the community health improvement process.
- **Community residents from each of San Francisco's 21 neighborhood areas** came together for a day-long event to discuss their views of health and their hopes for San Francisco's health future. The result? Elements of a community-guided health vision for the City and County of San Francisco. (Please see Page 6 for more information.)
- SFDPH convened a **42-member Task Force** to support San Francisco's CHA and a parallel effort, the Health Care Services Master Plan (HCSMP).[1] Task Force members represented a range of community stakeholders such as hospitals/clinics, K-12 education, small business, urban planning, consumer groups, nonprofits representing different ethnic minority groups, and more. To ensure community participation in the HCSMP and CHA processes, the Task Force met a total of 10 times between July 2011 and May 2012 – four of those in different San Francisco neighborhoods – and engaged **more than 100 community residents** in dialogue to better determine how to improve the health of all San Franciscans with a particular focus on the city/county's most vulnerable populations. To encourage community dialogue, Task Force neighborhood meetings took place in the evening, and SFDPH provided interpretation services in Spanish and Cantonese.
- San Francisco engaged **224 community residents in focus groups** and interviewed **40 community stakeholders** to learn more about San Franciscans' definitions of health and wellness as well as perceptions of San Francisco's strengths versus areas for health improvement. Focus groups targeted San Francisco subpopulations (seniors and persons with disabilities, transgendered people, monolingual Spanish speakers, and teens) and specific neighborhoods (Bayview-Hunters Point, Chinatown, Excelsior, Mission, Sunset/Richmond, and Tenderloin). Focus group participants greatly informed San Francisco's health vision as well as the Community Themes and Strengths Assessment.
- A **10-member data advisory committee** comprised of local public health system partners, residents, and SFDPH staff oversaw the selection of data indicators for the Community Health

500+

Minimum estimate of the number of community residents and local public health system partners engaged throughout San Francisco's CHA process.

[1] San Francisco Ordinance No. 300-10 mandates the creation of a HCSMP that (1) identifies the current and projected needs for, and locations of, health care services in San Francisco, and (2) recommends how to achieve and maintain an appropriate distribution of, and equitable access to, such services.

Status Assessment (CHSA). This body also ensured the integrity of the CHSA's methodology and quantitative data.

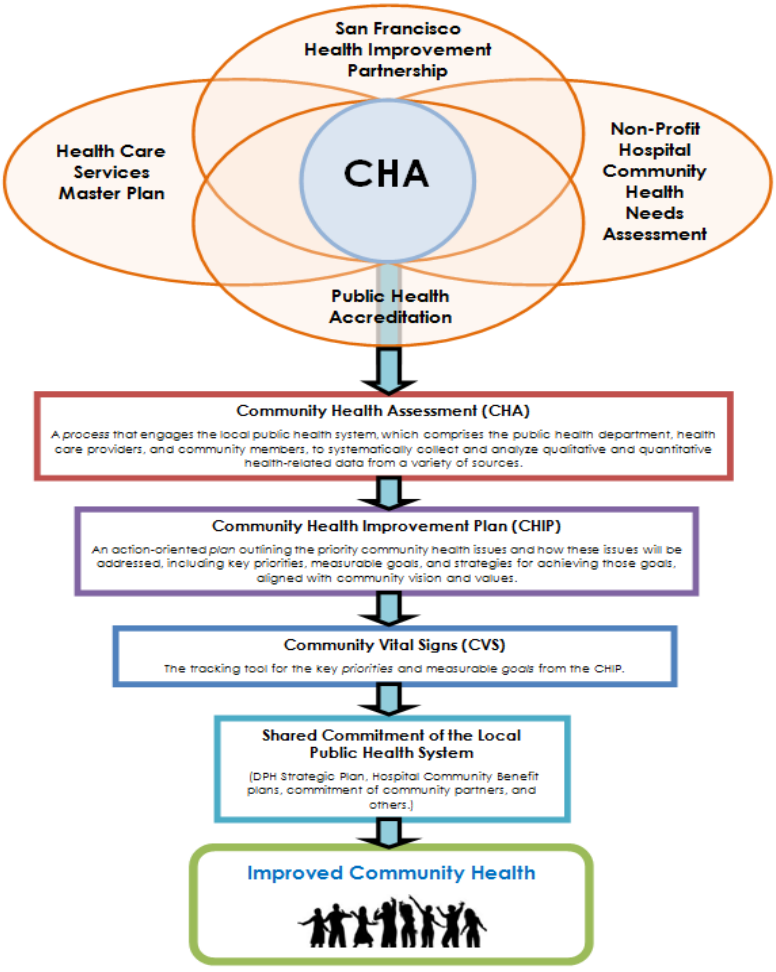
- In January 2012, approximately **50 representatives** from San Francisco neighborhoods, health care institutions, government agencies, community groups, and service providers gathered to complete the Local Public Health System Assessment.

SFDPH wishes to acknowledge the expertise, enthusiasm, and countless hours committed to the CHA effort by all persons listed above. SFDPH is committed to building on this foundation of community engagement and partnership as it develops and implements a community health improvement plan for San Francisco.

CHA as Catalyst for Alignment

As illustrated in the graphic below, numerous SFDPH and community efforts joined to inform San Francisco's CHA and the four MAPP assessments – and all for the purpose of improving community health. SFDPH used the CHA as a catalyst for community health alignment, resulting in a more streamlined and effective local public health system going forward.

Exhibit 3. San Francisco's alignment framework for community health improvement

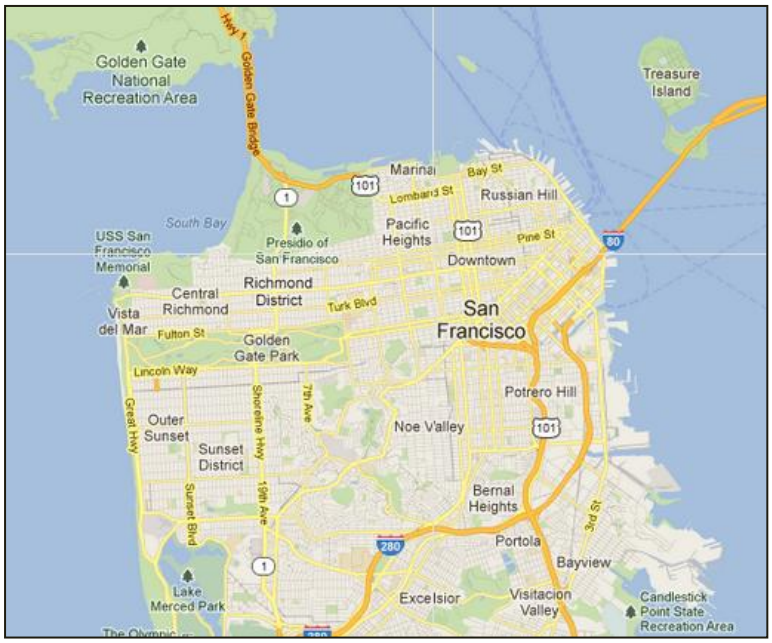


This framework of alignment, coupled with the MAPP model, yielded a San Francisco-tailored approach to community engagement and data collection, building on the strengths of the city/county's last community health assessment and improvement effort in 2010, Community Vital Signs (CVS).

San Francisco Snapshot

Overview

Located in northern California, San Francisco is a seven by seven square mile coastal, metropolitan city and county that includes Treasure Island and Yerba Buena Island just northeast of the mainland. The only consolidated city and county in the state, San Francisco is densely populated and boasts culturally diverse neighborhoods in which residents speak more than 12 different languages. According to the 2010 Decennial Census, San Francisco has a population of 805,235 residents and experienced mild population growth of nearly four percent between 2000 and 2010.



Although San Francisco was once considered home to a relatively young population, the city/county has experienced a decrease among children and families with young children. In addition, over the next two decades, it is estimated that 55 percent of the population will be over the age of 45, and the population over age 75 will increase from seven to 11 percent. San Francisco's population will continue to change given that there are more people moving out of the city/county than are moving in.

Demographics

POPULATION + POPULATION DENSITY

San Francisco's population was 776,733 in 2000 and increased by 28,502 to 805,235 in 2010, representing a **3.7 percent growth**. During that same time period, there were 94,846 births and 64,847 deaths in San Francisco, accounting for a net population increase of 29,999. Additionally, more people left San Francisco between 2000 and 2010 than entered due to migration. The chart below compares the net change in San Francisco's population to that of California.

Exhibit 4. Net change in San Francisco and California populations, 2000 and 2010

	San Francisco	California
Population (2000)	776,733	33,871,648
Population (2010)	805,235	37,253,956
Change in population	28,502	3,382,308
Percent change	**3.7%**	**10.0%**
Births and Deaths		
Births	94,846	5,940,573
Deaths	64,847	2,571,224
Change due to births and deaths	29,999	3,369,349
Migration		
Change due to migration	(1,497)	12,959
Percent change due to migration	**-0.2%**	**0.0%**

Source: US Census Bureau 2000/2010 and California Department of Public Health

In 2010, San Francisco's average population density was **17,081** per square mile. The most densely populated neighborhoods appear below.

Exhibit 5. Population density per square mile by neighborhood (2010)

Neighborhood	Population Density per Square Mile	Total Population
Chinatown	70,416	9,424
Downtown/Civic Center	65,412	42,148
Nob Hill	60,140	22,169
Russian Hill	36,565	17,434
Western Addition	34,121	51,748
Mission	31,818	55,059
Pacific Heights	28,321	18,968
Crocker Amazon	28,187	13,160
Haight Ashbury	27,823	21,222
Inner Richmond	26,842	35,256

Source: Healthy Development Measurement Tool, SFDPH

AGE + SEX

Exhibit 6 below provides a breakdown of San Francisco's population by age and sex. Of San Francisco's 805,235 residents, 51 percent are male and 49 percent are female. San Francisco's population is older than that of California overall. Seventy-seven (77) percent of San Franciscans are adults age 25 or over, compared to 64 percent statewide. Further, seven percent of San Francisco residents are over age 75, compared to five percent statewide. The largest proportion of the population is between the ages of 25 and 44.

Exhibit 6. San Francisco population by age and sex compared to California (2010)

	San Francisco						California		
	Number			Percentage			Percentage		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 5	17,963	17,240	35,203	4.4	4.3	4.4	7.0	6.6	6.8
5 to 14	27,933	26,828	54,761	6.8	6.8	6.8	14.1	13.3	13.7
15 to 24	46,157	49,067	95,224	11.3	12.4	11.8	15.7	14.4	15.0
25 to 44	158,699	143,103	301,802	38.9	36.1	37.5	28.7	27.7	28.2
45 to 64	109,972	98,431	208,403	26.9	24.8	25.9	24.6	25.3	24.9
65 to 74	25,592	28,730	54,322	6.3	7.2	6.7	5.7	6.5	6.1
75 and older	22,146	33,374	55,520	5.4	8.4	6.9	4.3	6.3	5.3
Total	**408,462**	**396,773**	**805,235**						

Source: US Census Bureau, 2010

As Exhibit 7 illustrates, from 2000 to 2010, San Francisco experienced a decrease in both the number and percentage of children (ages 6-14) in its population and an increase in the percentage of adults (ages 25-64). The portion of the population for other age groups is relatively unchanged.

Exhibit 7. San Francisco population by age, 2000 and 2010

Age Group	San Francisco, 2000 Number	San Francisco, 2000 Percent	San Francisco, 2010 Number	San Francisco, 2010 Percent	10-year Trend
Young children (0-5)	31,633	4.1	35,203	4.4	↑
Children (6-14)	62,377	8.0	54,761	6.8	↓
Teens and Youth (Age 15-24)	89,388	11.5	95,224	11.8	↑
Adults (Ages 25 to 64)	487,224	62.7	510,205	63.4	↑
Seniors (65+)	106,111	13.7	109,842	13.6	↓
Total Population	**776,733**		**805,235**		↑

Source: US Census Bureau, 2000 and 2010

Based on projections made by the California Department of Finance, San Francisco's population growth is expected to be relatively mild over the next two decades. Estimates suggest that San Francisco's population will be 844,466 by 2020 and 854,675 by 2030 – representing a **4.9 percent growth over the next ten years and 6.1 percent over the next 20 years**.

When examining population projections by age (see Exhibit 8), estimates suggest that the **population over age 75 will increase** from seven percent to 11 percent by 2030, and 55 percent of the population will be over age 45. The population between the ages of 25 to 44 will drop from 37 to 26 percent.

Exhibit 8. San Francisco 2020 and 2030 population projections by age

Age Group	Percent of Total San Francisco Population			
	Current	2020 Estimate	2030 Estimate	Trend
Young children (0-5)	5	5	5	
Children (6-14)	6	8	6	
Teens and Youth (Age 15-24)	12	7	8	
Adults (Ages 25 to 44)	37	30	26	
Adults (Ages 45 to 64)	26	33	34	
Seniors (Ages 65 to 74)	7	10	10	
Seniors (Ages 75+)	7	8	11	
Total Population	**805,235**	**844,466**	**854,675**	

Source: California State Department of Finance

RACE/ETHNICTY

Between 2000 and 2010, San Francisco experienced **increases** in the proportion of residents who are Asian, Latino, some other race, two or more races, and American Indian/Alaska Native. The proportion of the population that is White, Black/African American, and Pacific Islander **decreased**. In addition to the deceasing proportion of Blacks/African Americans and Pacific Islanders, these communities also experienced declines in actual numbers between 2000 and 2010. **The decrease in the number of**

Blacks/African Americans in San Francisco is important to note. According to the 2009 report by the Mayor's Task Force on African American Out-Migration, the number of Blacks/African Americans residing in San Francisco in 1970 was about 88,000. By 2005, the number had dropped to 46,779. Between 1990 and 2000, the number of Black/African American households decreased by 20 percent, while the number of non-Black/African American households increased by 11 percent.

The exhibits below provide breakdowns by race and ethnicity and show the change in the population since 2000. Exhibit 9 displays the proportion of the total population that identified with one or more race/ethnicity categories. Please note that since individuals may identify as more than one race or ethnicity, the totals do not add up to 100 percent. Exhibit 9a displays the population breakdown by Hispanic or Latino and non-Hispanic or Latino categories and those proportions

Exhibit 9. San Francisco population by race and ethnicity, 2000 and 2010

	San Francisco, 2000		San Francisco, 2010		Trend
Race and Ethnicity[2]	Number	Percent	Number	Percent	2000 -2010
Total Population	**766,733**		**805,235**		↑
White	411,427	53.7	390,387	48.5	↓
Asian	239,565	31.2	267,915	33.3	↑
Hispanic or Latino (of any race) [3]	109,504	14.3	121,774	15.1	↑
Black/African American	60,515	7.9	48,870	6.1	↓
Some other race	50,368	6.6	53,021	6.6	↑
Two or more races	33,255	4.3	37,659	4.7	↑
American Indian and Alaska Native	3,458	0.5	4,024	0.5	↑
Native Hawaiian / Other Pac. Islander	3,844	0.5	3,359	0.4	↓

Source: US Census Bureau, 2000 and 2010

Exhibit 9a. San Francisco population by Hispanic or Latino ethnicity, 2000 and 2010

	San Francisco, 2000		San Francisco, 2010		Trend
Race and Ethnicity	Number	Percent	Number	Percent	2000 -2010
Total Population	**766,733**		**805,235**		↑
White (non-Hispanic)	385,728	50.3	337,451	41.9	↓
Hispanic or Latino (of any race)[3]	109,504	14.3	121,774	15.1	↑
Other (non-Hispanic)	271,501	35.4	346,010	43.0	↑

Source: US Census Bureau, 2000 and 2010

[2]The percentages represent the proportion of the total population that identifies with the corresponding race/ethnicity category. On the US Census, people were able to mark more than one race category. Additionally, Hispanic origin is an ethnicity that is calculated separately from race categories. The percents, therefore, do not add up to 100%.

[3] The 2000 and 2010 Censuses report that people of Hispanic origin may be of any race. People were asked to answer the question on race by marking one or more race categories shown and their percentage is calculated independently from the other race categories. For the US Census, ethnic origin is considered to be a separate concept from race.

Asians make up one third (33 percent) of the population of San Francisco compared to 13 percent of Californians. Statewide, there are a higher proportion of Whites, Hispanics/Latinos, other races and Native Americans as seen in the Exhibit 10 below.

Exhibit 10. San Francisco population by race and ethnicity, compared to California (2010)

Race and Ethnicity	San Francisco		California
	Number	Percent (rates that exceed the CA average are **bold**)	Percent (rates that exceed the SF average are **bold**)
White	390,387	48.5	**57.6**
Asian	267,915	**33.3**	13.0
Hispanic or Latino (of any race)	121,774	15.1	**37.6**
Black/African American	48,870	6.1	6.2
Some other race	53,021	6.6	**17.0**
Two or more races	37,659	4.7	4.9
American Indian and Alaska Native	4,024	0.5	**1.0**
Native Hawaiian or other Pacific Islander	3,359	0.4	0.4
Total Population	**805,235**		

Source: US Census Bureau, 2010

Socioeconomic Characteristics

INCOME + POVERTY

Although the median household income in San Francisco seems relatively high at $70,040, San Francisco has the largest income inequality of the nine Bay Area counties as indicated below in Exhibit 11. Income inequality is directly related to health inequality, with higher income linked to better health: the greater the gap between the richest and poorest people, the greater the differences in health.

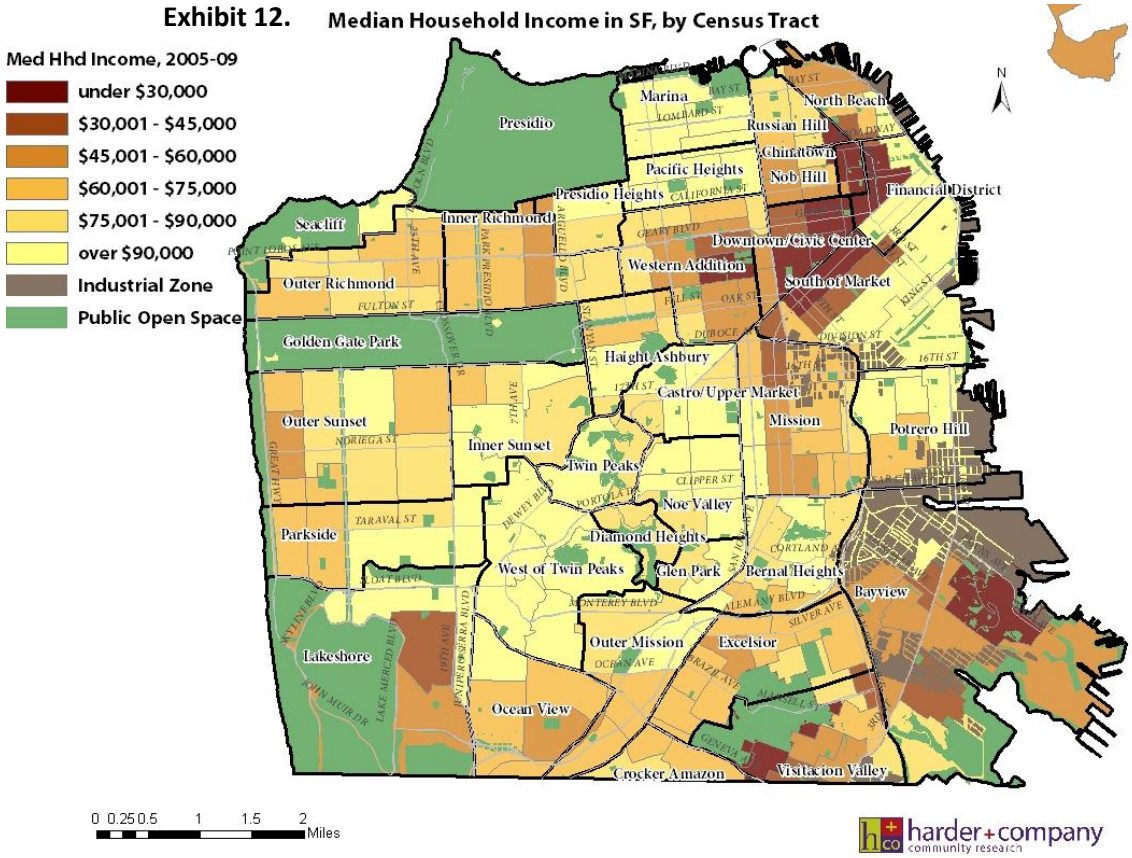
Exhibit 11. Income inequality in Bay Area counties, 2006-2010

County	Gini coefficient* *(larger values indicate greater inequality)*
San Francisco	**0.51**
Marin	0.50
San Mateo	0.47
Alameda	0.46
Napa	0.46
Contra Costa	0.45
Santa Clara	0.45
Sonoma	0.44
Solano	0.40

**The Gini coefficient measures the distribution of income relative to the distribution of people – how much income do the poorest 10 percent of the population control, the poorest 20 percent, and so on. The Gini coefficient ranges from 0 to 1, and larger values* indicate *greater inequality.*
Source: Healthy Development Measurement Tool, SFDPH

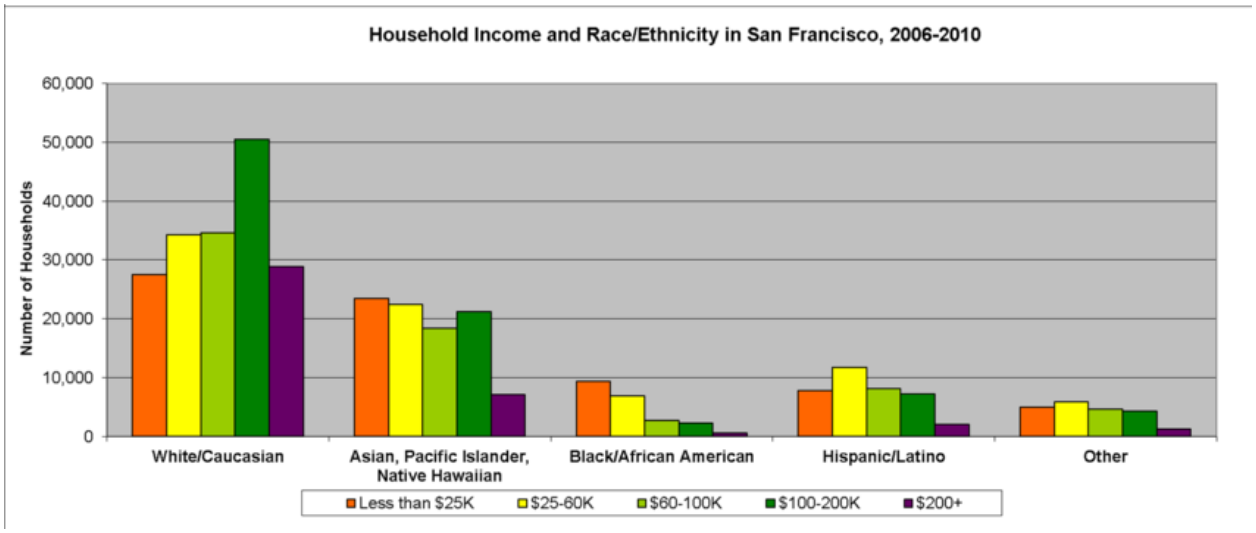
Income disparities also exist among San Francisco neighborhoods as indicated in Exhibit 12 below.

Exhibit 12. Median Household Income in SF, by Census Tract



Within San Francisco, people of color, on average, have lower household incomes compared to White/Caucasian residents.

Exhibit 13. Household income by race/ethnicity in San Francisco, 2006-2010



Source: The Healthy Development Measurement Tool, SFDPH

Poverty rates exceed the city/county average for the following groups of people: females, people age 65 and older, Blacks/African Americans, people of "other" race, people of two or more races, Latinos, and female heads of households. Please note that increasing housing prices and lack of affordable housing contribute to San Francisco's widening income and poverty disparities in San Francisco.

EDUCATION

On average, San Francisco's residents have a higher level of educational attainment relative to the state. Exhibit 14 below compares the highest level of education completed by San Francisco residents versus statewide averages.

Exhibit 14. Educational attainment for residents age 25 and over (2010)

Educational Attainment	San Francisco Percent (n = 620,010) (rate that exceeds the CA average is **bold**)	California Percent (n = 24,097,200) (rates that exceed the SF average are **bold**)
Did not complete high school	14.1	**19.3**
High school graduate (includes equivalency)	14.2	**20.8**
More than high school	**71.7**	59.9

Source: American Community Survey 2010, 1-Year Estimates

The citywide public school graduation rate for the Class of 2009-2010 was 75.8 percent, slightly higher than the state rate of 74.4 percent; however, the following populations have lower graduation rates than the city's public school average: American Indian or Alaska Native, Pacific Islander, Hispanic/Latino

of any race, Black/African American, English learners, special education students, and migrant students. Exhibit 15 below displays countywide public school graduation rates by race/ethnicity and by program.

Exhibit 15. Public high school graduation rates[4] by race/ethnicity and program (Class of 2009-2010)

Cohort Outcomes, by Race/Ethnicity[5]	**Number of Cohort Students**	**Cohort Graduation Rate** (rates below the SF rate are **bold**)
Two or More Races, Not Hispanic	51	90.2
Asian, Not Hispanic	2,288	89.6
Filipino, Not Hispanic	298	81.2
White, Not Hispanic	498	76.7
American Indian or Alaska Native, Not Hispanic	25	**72.0**
Pacific Islander, Not Hispanic	55	**67.3**
Hispanic or Latino of Any Race	1,037	**62.7**
Black/African American, Not Hispanic	688	**48.6**
Cohort Outcomes, by Program		
Socioeconomically Disadvantaged	3,078	76.6
English Learners	1,175	**68.5**
Special Education	558	**54.8**
Migrant Education[6]	32	**37.5**
All Students	**5,065**	**75.8**

Source: California Department of Education, Educational Demographics Office, 2009-2010

Exhibit 16 below details educational attainment for the 10 San Francisco neighborhoods with the smallest percentage of residents who have a high school education or more.

[4] These data represent all San Francisco County public schools reported to the California Department of Education as follows: SF County Office of Education, San Francisco Unified School District, City Arts and Tech, Five Keys, Gateway, Leadership, Metro Arts and Tech.,

[5] Race/ethnicity sums to less than 4,313 because 89 students did not report that information.

[6] The Migrant Education Program is a federally funded program designed to support high quality and comprehensive educational programs for migrant children to help reduce the educational disruption and other problems that result from repeated moves.

Exhibit 16. Percentage of adults (age 25+) with a high school education or more by neighborhood,* 2005-2009

Neighborhood	Percent with a high school education or more	90 percent margin of error
Chinatown	45.7	6.2
Visitacion Valley	66.9	5.5
Bayview	70.4	4.9
Excelsior	72.9	3.2
Crocker Amazon	74.7	5.7
Ocean View	76.7	3.6
Outer Mission	79.4	3.4
Downtown/Civic Center	79.6	3.1
Mission	81.3	2.6
Twin Peaks	81.4	7.9
San Francisco	**85.6**	**0.6**

** Ten neighborhoods presented are those with the smallest percentage of residents with a high school education or more.*
Source: Healthy Development Measurement Tool, SFDPH

HOUSING + HOMELESSNESS

San Franciscans face a high cost of living, largely because of high housing costs. High housing costs relative to an individual or household's income may result in one or more outcomes with adverse health consequences. That is, spending a high proportion of income living in overcrowded conditions, accepting lower cost substandard housing, moving to an area where housing costs are lower, or becoming homeless can contribute to poor health outcomes and/or placing a lower priority on one's health. Additionally, lower cost housing is often substandard with exposure to waste and sewage, physical hazards, mold spores, cockroach antigens, inadequate heating and ventilation. San Francisco's high degree of income inequality may exacerbate these situations.

I'm putting a lot of money [into housing]. *I've got a faucet but my hot water doesn't work or it doesn't turn around or it's clogged. My light socket – everything's wired to one socket because parts don't work in the other box. I've been living with this for 6 months and that's not right.*

- Transgender resident

Rent Burden

According to the US Department of Housing and Urban Development, spending more than 30 percent of household income on housing (including both rent and utility costs) is financially burdensome. Exhibit 17 below shows the 10 San Francisco neighborhoods with the greatest percentage of renter households whose gross rent (contracted rent amount plus estimated average monthly utility costs) is 50 percent or more of their household income.

Exhibit 17. Proportion of San Francisco renter households whose gross rent is 50 percent or more of household income by neighborhood,* 2005-2009

Neighborhood	Percent of renter households
Visitacion Valley	31
Bayview	30
Excelsior	29
Ocean View	29
Lakeshore	28
Downtown/Civic Center	27
Financial District	26
Western Addition	24
Chinatown	23
Presidio	23
San Francisco	**20**

** Neighborhoods presented are the ten in which the greatest percentage of residents spend 50 percent or more of their household income on gross rent.*
Note: Gross rent is the contract rent plus the estimated average monthly cost of utilities and fuels.
Source: Healthy Development Measurement Tool, SFDPH

Homelessness

According to the latest homeless count for San Francisco, the supervisorial districts with the greatest numbers of homeless people are District 6 (Tenderloin, South of Market, North Mission, Civic Center, South Beach, Mission Bay, Treasure Island/Yerba Buena Island and Downtown) and District 10 (Bayview-Hunters Point, Potrero Hill and Visitacion Valley). Exhibit 18 below details the numbers of homeless people in San Francisco by supervisorial district, which also includes families.

Exhibit 18. Homelessness by San Francisco supervisorial district (2011)

Supervisorial District	Individuals	Persons in Families	Persons in Vehicles, Encampments, or Parks	Total Persons (highest two rates are **bold**)	Percent (highest two rates are **bold**)
District 1	66	4	45	115	1.8
District 2	157	0	22	179	2.8
District 3	216	0	2	218	3.4
District 4	15	0	68	83	1.3
District 5	151	2	46	199	3.1
District 6	2,026	420	165	**2,611**	**40.4**
District 7	26	0	30	57	0.8

Supervisorial District	Individuals	Persons in Families	Persons in Vehicles, Encampments, or Parks	Total Persons (highest two rates are **bold**)	Percent (highest two rates are **bold**)
District 8	81	0	27	108	1.6
District 9	216	69	24	309	4.8
District 10	1,387	75	659	**2,121**	**32.9**
District 11	24	4	41	69	1.1
City of San Francisco	326	61	2	389	6.0
Total	**4,691**	**635**	**1,129**	**6,455**	-
Percent of Total	72.7	9.8	17.5	-	-

Source: San Francisco Human Services Agency, San Francisco Unsheltered Homeless Count 2011

IMMIGRATION + LANGUAGE

Immigration

Most people who live in San Francisco were born in the United States. However, compared to the state as a whole, San Francisco has a lower percentage of residents who were born in the United States and a higher percentage of residents who were born abroad and later became legal citizens. Exhibit 19 below compares immigration status in San Francisco with statewide data.

Exhibit 19. Immigration status in San Francisco compared to California (2010)

San Francisco: Immigration Status	Under 18 Years Old		18 Years and Older		San Francisco Total	
	Count	Percent	Count	Percent	Count	Percent
Native	98,059	91.1	421,319	60.4	519,378	64.5
Foreign Born; Naturalized U.S. Citizen	2217	2.1	169,553	24.3	171,770	21.3
Foreign Born; Not a U.S. Citizen	7,309	6.8	107,006	15.3	114,315	14.2
Total	107,585		697,878		805,463	
California: Immigration Status						
Native	8,735,995	93.9	18,462,939	65.8	27,198,934	72.8
Foreign Born; Naturalized U.S. Citizen	96827	1.0	4,536,682	16.2	4,633,509	12.4
Foreign Born; Not a U.S. Citizen	474,407	5.1	5,042,513	18.0	5,516,920	14.8
Total	9,307,229		28,042,134		37,349,363	

Source: American Community Survey 2010, 1-Year Estimates

Non-English Speakers

A majority of San Francisco residents over age five speak only English at home. The next most commonly-spoken languages are Chinese and Spanish. Exhibit 20 below displays the most common primary languages spoken at home by San Francisco residents age five and over.

At the [clinic in Chinatown] it's convenient because a lot of people speak Chinese. At [SF hospital] you have to wait for the translator to explain something to you. My English level is ok for daily speaking. For medical questions I need a translator, but it takes a long time. Sometimes I don't want to wait so I just guess what it's about.
- Chinese Excelsior resident

Exhibit 20. Primary language spoken at home for residents ages 5 and over (2010)

Language Spoken at Home	Count	Percent
Speak only English	423,551	55.0
Chinese	144,627	18.8
Spanish or Spanish Creole	88,517	11.5
Tagalog	24,532	3.2
Russian	10,700	1.4
French (incl. Patois, Cajun)	9,749	1.3
Vietnamese	9,017	1.2
Korean	7,444	1.0
Total	**770,164**	

Source: American Community Survey 2010, 1-Year Estimates

Among people who do not exclusively speak English at home, 46.4 percent speak English "very well" and 53.6 percent speak English "less than very well."

In Kindergarten through 12th grade, "English Learners" make up 30.0 percent of San Francisco's public school students, compared to 23.2 percent of California's public school students. In San Francisco, 46.5 percent of public school Kindergarten students are classified as "English Learners," which is substantially greater than the state average of 28.7 percent. Most of San Francisco's "English Learner" Kindergarten students speak either Spanish or Cantonese. Exhibit 21 below shows the most common languages spoken by San Francisco's Kindergarten "English Learners."

Exhibit 21. Primary languages spoken by Kindergarten "English Learners" in public schools

Languages of "English Learners" in Kindergarten	Number of Kindergarteners	Percent of English Learners
Spanish	967	43.9
Cantonese	820	37.2
Vietnamese	78	3.5
Mandarin (Putonghua)	52	2.4
Filipino (Pilipino or Tagalog)	40	1.8
Other non-English languages	39	1.8
Russian	36	1.6
Arabic	30	1.4
Japanese	29	1.3
Toishanese	25	1.1
Total English Learners, SFUSD	**2,202**	

Source: California Department of Education, Educational Demographics Office 2010-11

Major Findings by MAPP Assessment

Community Themes and Strengths Assessment

PURPOSE

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues residents feel are important by answering questions like:

- What do the terms "health" and "wellness" mean to you?
- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can improve community health?

METHODS

Data for this assessment come from the community visioning session, a series of focus groups commissioned by the San Francisco Department of Public Health (SFDPH), the recommendations of the Health Care Services Master Plan (HCSMP) Task Force, and public testimony presented at HCSMP Task Force meetings. Focus groups targeted San Francisco subpopulations (seniors and persons with disabilities, transgendered people, monolingual Spanish speakers, and teens) and also specific neighborhoods (Bayview-Hunters Point, Chinatown, Excelsior, Mission, Sunset/Richmond, and Tenderloin). Focus groups were conducted in Winter/Spring 2012 by two different contractors: Harder + Company Community Research and Heartbeets.

FINDINGS

Key findings from the CTSA appear below and are presented by theme:

- Healthy Eating and Active Living. Community visioning event participants and many focus groups – including all neighborhood focus groups – emphasized the importance of healthy eating and active living in their conception of what it means to be healthy. Residents noted the need for affordable, accessible fresh foods and safe and affordable opportunities for physical activity.
- Clean, Accessible Natural Environment. Many community residents cited the importance of a clean environment in promoting optimal health and wellbeing. Bayview residents, for example, cited concerns about environmental toxicity. Many residents noted their desire for increased green space in San Francisco.
- Community Engagement + Partnerships. Visioning event and focus group participants indicated that community engagement and

  community partnerships are integral to fostering population health in San Francisco. Greater

Graphic artist Dan Jumanan illustrated community dialogue at several focus group sessions in which participants shared their views on health as well as San Francisco's strengths and opportunities for growth in terms of health and wellness. Please see above for examples from the Mission and Chinatown neighborhoods.

opportunities for community engagement, for example, would increase residents' investment in improving health while creating a great sense of support within neighborhoods. Partnerships with community (e.g., between police, medical institutions, government, etc.) would enhance the local public health system (LPHS), better leverage community resources, and enable the LPHS to better address real and perceived community needs.

- "Learning and Earning" Opportunities. Residents noted the importance of access to a quality, affordable education and economic (i.e., job) opportunities in order to secure a living wage that supports healthy choices.
- Outreach and Education. Focus group participants and community members noted that lack of information or knowledge about resources sometimes prevents them from accessing the health care services they need. They cited the need for greater outreach and education to bridge this information gap.
- Support Services: Public comment and focus group participants commonly noted the importance of support services (e.g., navigators and "promotoras") in helping people access needed services and health information.
- Location and Transportation. Public comment and focus group comments touched on the importance of the location of health care facilities. Several members of the public – and representative from all focus groups – noted that lengthy travel between home and health care, particularly via public transit, pose a barrier to care.
- Cultural Competency and Language Access. The need for culturally competent health care services, including language access, emerged throughout public comment and focus groups.
- Extended hours. Some members of the public as well as participants in the monolingual Spanish focus group noted that they experienced limited access to health care services due to limited hours of operation.
- Appropriate Use of Emergency Services. Excelsior focus group participants suggested that increasing access to urgent care centers would decrease inappropriate use of emergency services. In addition, focus group participants and community members noted that long wait times for appointments can be a barrier to care and can encourage inappropriate emergency room use.
- Cost. Many focus group participants cited cost as a barrier to care, particularly for the uninsured.
- Affordable Dental and Vision Services. Many focus group participants noted the need for greater access to *affordable* dental and vision services.

Violence has shaken up our children's lives. It is hard for them to function. We need… mental health services and counselors for children to speak with. We need more psychiatrists in the schools. The children are suffering.

- A Bayview resident

- Safety. Certain communities and subpopulations face violence to greater degrees than others. In addition to threatening one's physical health, violence also subjects communities to trauma and possible mental health issues. When asked to envision what a healthy San Francisco would look like, many residents cited safety as a key component.
- Mental Health Services. Participants in the transgender and monolingual Spanish speaker focus groups cited mental health services as a particular need for their communities.

- Satisfaction with Services. Many focus group participants –especially those with private insurance coverage – noted overall satisfaction with the services they receive in San Francisco, and many noted the importance of customer service in the provision of health care. Medi-Cal recipients expressed a desire for more options when choosing a health care provider. Teen focus group participants expressed overwhelmingly high satisfaction with school wellness centers.

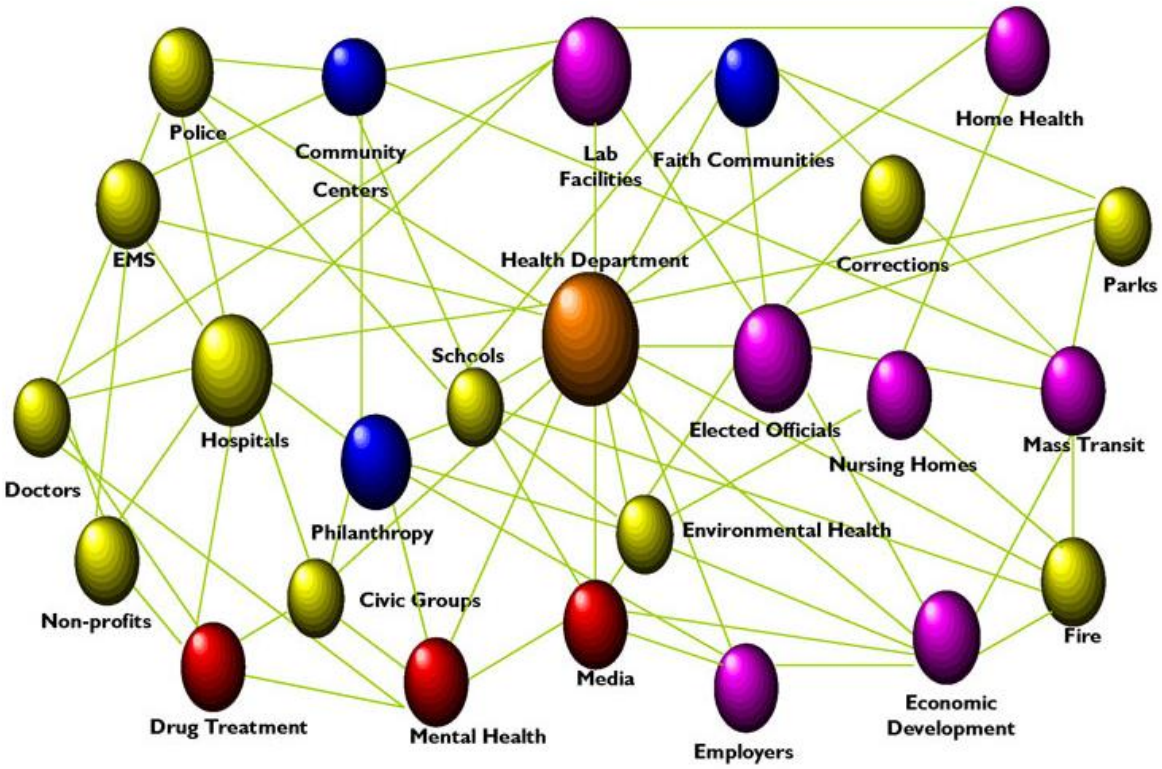
Local Public Health System Assessment

PURPOSE

The Local Public Health System Assessment (LPHSA) reviews the strengths and opportunities for growth within a local public health system, defined broadly to include all organizations/entities that contribute to the public's health (e.g., community-based organizations, hospitals and clinics, SFDPH , academic institutions, community residents, etc.). The LPHSA answers the questions:

- What are the activities, competencies, and capacities of the local public health system?
- How are the 10 Essential Public Health Services (EPHS) being provided to our community? (Please see Exhibit 24 for a list of the 10 EPHS.)

Exhibit 22. Graphic depiction of a local public health system



Source: National Association of County and City Health Officials

METHODS

In January 2012, SFDPH and the San Francisco Department of Environment (DOE) collaborated to conduct a day-long LPHSA in partnership with approximately 50 local public health system representatives. To conduct this assessment, SFDPH and DOE administered a modified version – one focused on high-level questions – of the Local Public Health System Performance Assessment Instrument developed by the National Public Health Performance Standards Program.

SFDPH and DOE divided participants into groups organized by each of the 10 EPHS. Group members were then asked to identify the extent to which San Francisco performs activities associated with each EPHS using a rating scale ranging from a minimum value of 0 percent (absolutely no activity is performed pursuant to the standards) to a maximum of 100 percent (all activities associated with the standards are performed at optimal levels). For purposes of calculating a score for each action, a numerical value (using a scale of 1 to 5) was assigned to each level of LPHSA's rating system, and corresponds to the percentage scores, as follows:

Exhibit 23. San Francisco Local Public Health System Assessment Rating System

Rating System	Percentage Scores	Scale
Don't Know/Not Aware	No percentage score	N/A
No Activity	0%	1
Minimal Activity	Between 0% and 25%	2
Moderate Activity	Between 26% and 50%	3
Significant Activity	Between 51% and 75%	4
Optimal Activity	Between 76% and 100%	5

The LPHSA team calculated San Francisco's composite average performance score for each EPHS by averaging all action scores associated with the EPHS.

FINDINGS

- There is minimal activity by the local public health system to monitor health status to identify community health problems.
- There is moderate activity by the local public health system to diagnose and investigate health problems and health hazards.
- There is moderate activity to inform, educate and empower individuals and communities about health issues.
- There is minimal activity by the local public health system to mobilize community partnerships to identify and solve health problems.
- There is moderate activity by the local public health system to develop policies and plans that support individual and community health efforts.
- There is significant activity by the local public health system to enforce laws and regulations that protect health and ensure safety.

Moderate

The San Francisco Local Public Health System's overall rating. Many LPHSA participants felt that San Francisco could improve its degree of coordination and communication among partners.

- There is moderate activity by the local public health system to link people to needed personal and health services and assure provision of health care when otherwise unavailable.
- There is moderate activity by the local public health system to assure a competent public and personal health care workforce.
- There is moderate activity by the local public health system to evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
- There is minimal research by the local public health system to research for new insights and innovative solutions to health problems.

Exhibit 24. Summary of composite performance scores by Essential Public Health Service

Essential Public Health Services		Score	Activity Rating
1	Monitor health status to identify community health problems.	2.74	Minimal
2	Diagnose and investigate health problems and health hazards.	3.82	Moderate
3	Inform, educate, and empower individuals and communities about health issues.	3.66	Moderate
4	Mobilize community partnerships to identify and solve health problems.	2.71	Minimal
5	Develop policies and plans that support individual and community health efforts.	3.63	Moderate
6	Enforce laws and regulations that protect health and ensure safety.	4.17	Significant
7	Link people to needed personal and health services and assure provision of health care when otherwise unavailable.	3.22	Moderate
8	Assures a competent public and personal health care workforce.	3.20	Moderate
9	Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.	3.01	Moderate
10	Research for new insights and innovative solutions to health problems.	2.97	Minimal
Overall Performance Score		**3.31**	**Moderate**

Forces of Change Assessment

PURPOSE

The Forces of Change (FCA) Assessment examines the context in which the community and its public health system operate. The FCA answers questions such as:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

METHODS

For this assessment, SFDPH relied on information compiled in a series of four issue briefs developed to support the Health Care Services Master Plan Task Force, a parallel process to the CHA. The four issue briefs focused on the following topics:

- Health Reform and California's 115 Medicaid Waiver
- Health Care Finance
- Health Information Technology + Innovation
- "Connectivity" to Services via Physical Proximity, Public Transit, Language/Culture, and Health Literacy

FINDINGS

- If implemented, Health Reform will place greater demand on San Francisco's health care resources.
    - Up to 117,000 non-elderly San Franciscans (ages 0-64) are uninsured currently. This figure provides a useful upper bound of need when considering San Francisco's capacity to meet increased health care demand following the implementation of Health Reform.
        - Many of San Francisco's uninsured already access care through a "medical home" thanks to Healthy San Francisco.
        - Nearly half of San Francisco's non-elderly uninsured are being served through existing capacity.
    - San Francisco exceeds benchmarks of primary care supply despite national and state shortage suggestions.
    - Despite the high number of primary care physicians, San Francisco may lack sufficient primary care providers to serve the expanded Medi-Cal population in a timely manner.
        - San Francisco expects to have an estimated 30,000 new Medi-Cal beneficiaries following Health Reform implementation. Medi-Cal is California's Medicaid program.
        - California physicians are less likely to serve Medi-Cal patients compared to those with Medicare and/or private insurance. California has the 47th lowest Medicaid reimbursement rate in the nation.
        - Health Reform will increase the Medicaid primary care reimbursement rate to equal that of Medicare – but only through 2014.
        - Because of standards imposed by California's current 1115 Medicaid waiver and the California Department of Managed Health Care, San Francisco risks financial

30,000

Estimated number of **new Medi-Cal beneficiaries in San Francisco** following Health Reform implementation. This estimate is based on San Francisco's current General Assistance, food stamp, and Healthy Families recipients compared against new Medi-Cal eligibility criteria.

Source: San Francisco Human Services Agency

loss if timely access standards are not met. This is a particular concern given San Francisco's expanding Medi-Cal population.

- Despite the high number of primary care physicians, San Francisco may lack sufficient primary care providers to serve the uninsured.
  - San Francisco should preserve the Healthy San Francisco program and maintain the program's provider network.
- Specialty care access is likely to remain an issue for the uninsured and those on Medi-Cal.
- The state could mitigate provider supply concerns by:
  - Increasing provider participation in Medi-Cal and the California Health Benefit Exchange;
  - Increasing flexibility between primary care and specialty care provider roles; and
  - Using nurse practitioners and physician assistants to the fullest extent of their education and training.

- Health care finance trends – including provider reimbursement mechanisms – impact the provision and outcomes of patient care.
  - The implementation of Medicaid reforms will fall heavily on Medi-Cal Managed Care, which exists in San Francisco.
  - Hospital systems will be heavily impacted by reimbursement changes under Health Reform.
    - Medicare will launch hospital reimbursement reforms as performance incentives.
    - Medicaid will adjust (i.e., eliminate) hospital payments for specified hospital-acquired conditions.
    - To compensate for the expected increase in the number of insured patients, Health Reform will decrease "disproportionate share hospital" (DSH) Medicare and Medicaid payments to certain hospitals.[7]

47th

California has the 47th lowest Medicaid reimbursement rates in the nation.

  - Under Health Reform, Federally Qualified Health Centers (FQHC) receive incentives to serve the expanded insured population – increasing patient access to care – though FQHC federal base funding is threatened.
  - Health Reform's federal Medicaid primary care reimbursement incentive is unlikely to drive significant expansion of primary care providers serving Medicaid recipients – particularly in California.
  - Health Reform advances the prioritization of home- and community-based long-term care services into which Medi-Cal could opt (e.g., 1915(i) Waiver). Long-term care is a particular concern given San Francisco's expanding senior population.

[7] DSH provides special funding to certain hospitals in recognition of the higher operating costs they incur in treating a large number of low-income patients.

- Funding and system fragmentation (e.g., Medi-Cal Managed Care carve-outs) can lead to fragmentation in care and the patient experience. Access to support services – particularly for patients most likely to struggle with accessing and following through with care (e.g., multiply diagnosed persons) – can help patients navigate the fragmented system successfully.

- Innovations in health information technology and health care delivery are shaping San Francisco's health care future and offer the potential to improve access to care for all San Franciscans, including the city/county's more vulnerable residents.
  - HealthShare Bay Area, a regional health information exchange, will afford San Francisco and East Bay health care providers with a secure, controlled, and interoperable method for exchanging and aggregating patient health information across all participating providers of care.
  - The federal Electronic Health Record (EHR) Incentive Payment Program assignment methodology for FQHCs should be modified to enable an FQHC entity to receive incentive funds for providers who predominantly practice there.
  - Using nurse practitioners and physician assistants to the fullest extent of their education and training represents an innovation in primary care that could be useful in San Francisco.
  - San Francisco should advance an actionable "Health in All Policies" (HiAP) policy for the City. HiAP is an approach that looks at all policy-making through a health lens with the objective of promoting and protecting the health of the population by addressing the social and physical environment influences on health.
  - Promote community collaboration across the local public health system (e.g., with community-based organizations, academic institutions, etc.) to improve health outreach, education, and service delivery.
  - Foster collaboration between existing community resources databases to create a single streamlined, comprehensive community resource repository for San Francisco. Explore complementing the resulting streamlined system with "connectors" to facilitate and follow-up on community resource referrals.

- Existing service, or "connectivity" gaps in San Francisco, may prevent San Francisco's vulnerable populations from accessing appropriate health care services needed to optimize their health and wellness.
  - Geographic proximity to health care services is not a clear problem in San Francisco. San Francisco offers a rich array of services in its footprint of 49 square miles.
  - Health care access is more difficult for residents – particularly low-income residents – for whom easily walking, biking, taking public transit, or driving is not an option.

        - San Francisco must ensure that residents – particularly those without regular car access – have available a range of appropriate transportation options (e.g., public transportation, shuttle services, bike lanes, etc.) that enable them to reach their health care destinations safely, affordably, and in a timely manner.

- Certain San Francisco populations are more susceptible to limited health literacy and related outcomes – including San Francisco's vulnerable populations (e.g., older adults, minority populations, immigrants, low-income persons, etc.).
    - At intake, providers or qualified clinic staff should assess the health literacy and cultural/linguistic needs of the patient, so that care may be tailored to each patient's needs.
- Approximately 24 percent of San Franciscans age five and older speak English less than very well, leaving them at risk for poorer health outcomes and more limited health care access.
- Limited cultural competence negatively impacts the patient experience and health outcomes, a particular concern for San Francisco's diverse population.
    - Developing a well-trained and culturally competent health care workforce will be key in meeting the health needs of San Francisco's diverse communities.
    - Increasing diversity within San Francisco's health care workforce may increase providers' levels of cultural competence.
    - Expanding the availability of provider "warm lines" (e.g., like the National Physician's Post-Exposure Prophylaxis Hotline) could foster the exchange of information – including best practice information on the provision of culturally competent services in San Francisco.

39 percent

Estimated number of African Americans in San Francisco with a health literacy level equivalent to the 8th grade or below. According to the Rapid Estimate of Adult Literacy in Medicine (REALM), persons with health literacy skills at the 7th or 8th grade level (23.4 percent of African Americans in San Francisco) will struggle with most patient education materials; persons with health literacy skills between the 4th and 6th grade levels (10.1 percent of African Americans in San Francisco) will need to receive materials tailored to a limited-literacy audience and may struggle with prescription labels; persons at the 3rd grade health literacy level or below (5.7 percent of African Americans in San Francisco) may not be able to read even limited-literacy materials, will need repeated oral instructions, and may need additional help (e.g., illustrations, audio recordings, etc.) to act on health information appropriately. Please note that health literacy data is not available for other racial/ethnic groups in San Francisco.

Source: San Francisco African American Community Health Equity Council

Community Health Status Assessment

PURPOSE

The Community Health Status Assessment (CHSA) identifies priority community health and quality of life issues. By reviewing data along more than 150 health indicators, San Francisco's CHSA attempts to answer questions such as:

- How healthy are San Francisco residents?
- What does the health status of our community look like?

METHODS

SFDPH engaged Harder+Company Community Research (Harder+Company), an independent consulting firm, to develop its CHSA. The CHSA provides data for more than 150 indicators over ten broad-based categories. Those categories include:

- Demographic characteristics
- Socioeconomic characteristics
- Health resource availability
- Quality of life
- Behavioral risk factors
- Environmental health indicators
- Social and mental health
- Maternal and child health
- Death, illness and injury
- Communicable disease

Harder+Company, in conjunction with a 10-member data advisory committee, conducted a comprehensive review of secondary data sources to obtain the most current and reliable data for the CHSA. Secondary data sources and resources include but are not limited to the US Census 2000 and 2010, the American Community Survey 2009 and 2010, the California Department of Public Health (CDPH), the California Department of Finance (DOF), the California Office of Statewide Health Planning and Development (OSHPD), the California Department of Education (CDE), SFDPH, SFDPH Healthy Development Measurement Tool (HDMT), Health Matters in San Francisco, the California Health Interview Survey (CHIS), the Behavior Risk Factor Survey and Surveillance (BRFSS), Health Resources and Services Administration (HRSA), Healthy People 2020 (HP 2020), the 2012 County Health Rankings, and Community Health Status Indicators. All data are cited throughout the report. In all cases, Harder+Company used the most current data available to complete the current CHSA (i.e., data that were considered preliminary were not used).

Harder+Company examined dataset sample sizes to ensure that they were large enough for analyses, particularly for sub-populations. If sample sizes were not large enough, results were either aggregated over several years, were not presented, or the indicator was presented as "statistically unstable."

For community health/population interviews such as CHIS and BRFSS, many survey items are rotated and asked in alternate years; therefore, results from those sources may be presented in varying years or in multi-year estimates. Where comparisons are presented, if differences over time or between groups are statistically significant they are noted as such.

A limitation of the cross-sectional data currently available is that it does not allow for examination of the cumulative or interactive effects of various factors that may impact health status. (E.g., being poor, female, Latino, and living in a certain neighborhood may have cumulative effects on the risk of disease and illness that are not reflected in individual indicators). In addition, while neighborhood boundaries do not necessarily reflect residents' lived experiences or their personal definitions of neighborhood, geographic data are presented in the format in which they are available (i.e., planning neighborhood, zip code, supervisorial district). Finally, population descriptions (e.g., race/ethnicity categories) may vary throughout the report based on the source of the data.

FINDINGS

CHSA data show that, overall, San Francisco fares well in key health areas compared to other counties in the state and the nation; however, the data also clearly demonstrate that the City and County of San Francisco, with its diverse population and contrasting neighborhood communities, has key opportunities to reduce health disparities and inequities. The following is a summary of key findings in the CHSA.

Health Burdens in San Francisco Tied to Social Determinants of Health

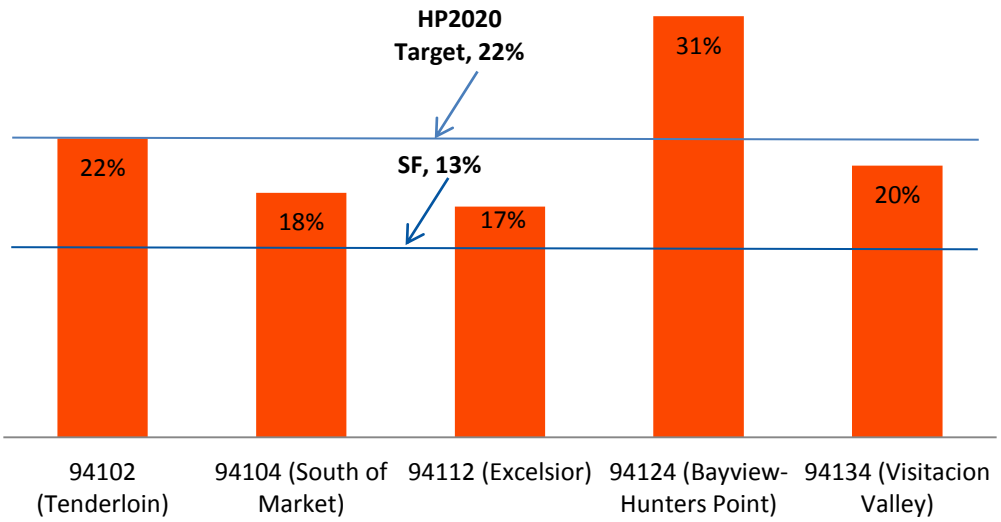
Social determinants of health are the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole. These social determinants are tied to health inequities: The systemic, unfair, avoidable, and unjust differences in health status and mortality (death) rates. This section highlights specific health outcomes, conditions or events that have a higher than average burden on individuals, communities or heath care providers. Throughout the full report, health burdens as well as the social determinants of health that affect the outcome(s) are described more fully. Close examinations of the health outcomes alongside the social determinants of health reveal health disparities that disproportionately affect specific San Francisco sub-populations.

Poor Prenatal Care and Birth Outcomes

Although San Francisco fares well overall in the area of prenatal care and birth outcomes (rating at or better than state outcomes and national benchmarks), there exist **major disparities by race/ethnicity and neighborhood** as seen in Exhibits 25-28 below.

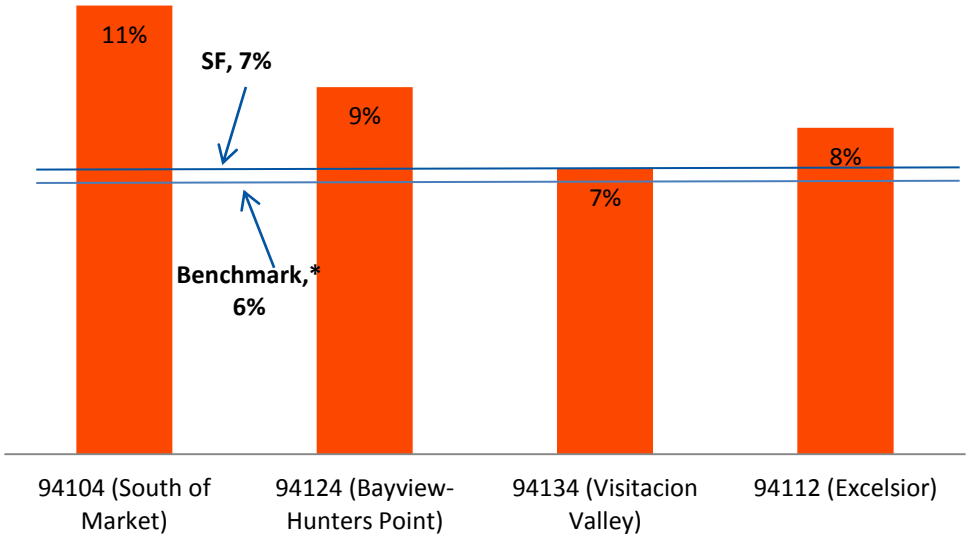
When examining birth data by San Francisco zip codes, there are areas that stand out as having higher than the city/county rate in all of the following three areas: receiving no first trimester prenatal care, low birth weight babies, and preterm births, as seen in Exhibits 25-27 below. Those zip codes include 94102 (Tenderloin, for no first trimester prenatal care only), 94104 (South of Market), 94112 (Excelsior), 94124 (Bayview-Hunters Point), and 94134 (Visitacion Valley).

Exhibit 25. Percentage of mothers who received no first trimester prenatal care, by neighborhood (2010)



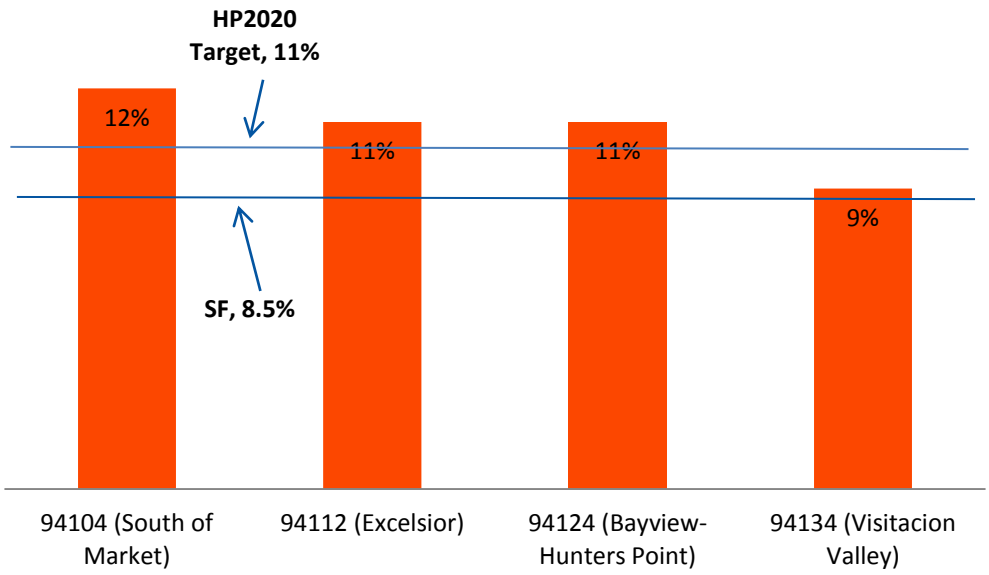
Source: California Department of Public Health Birth Files, calculated by SFDPH, 2010

Exhibit 26. Percentage of low/very low birth weight babies by neighborhood (2010)



** Benchmark is from 2012 County Health Rankings; represents the 90th percentile nationally*
Source: California Department of Public Health Birth Files 2010, calculated by SFDPH

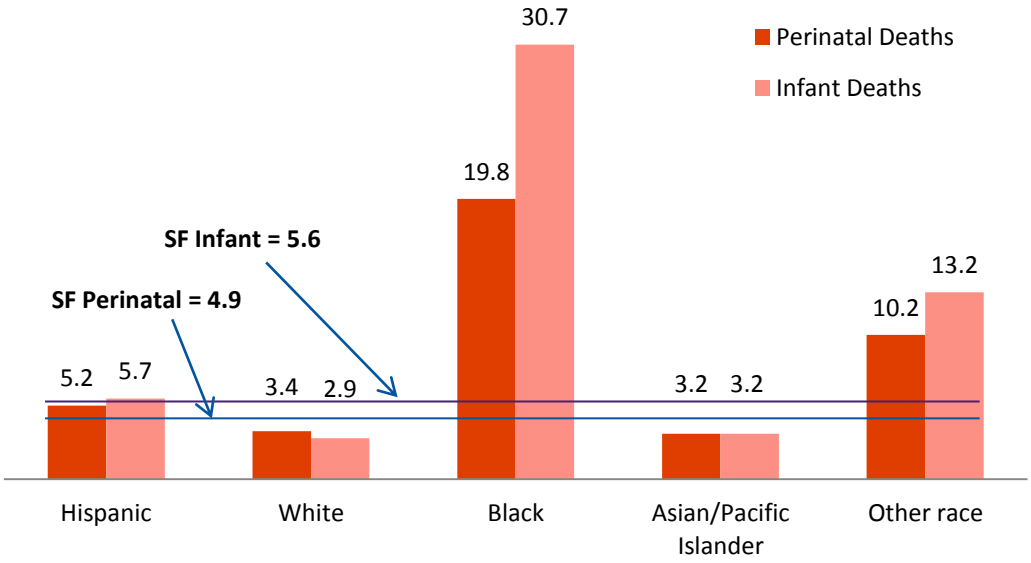
Exhibit 27. Percentage of pre-term births (less than 37 weeks gestation) by neighborhood (2010)



Source: California Department of Public Health Birth Files 2010, calculated by SFDPH

When examining mortality outcomes by race/ethnicity in San Francisco, it is clear that there are much **higher peri- and post-natal death rates among Blacks/African Americans**, as illustrated in Exhibit 28. The perinatal death rate among Blacks/African Americans was five times higher than San Francisco's rate and the infant death rate was six times higher. "Other race" also has much higher peri- and post-natal death rates.

Exhibit 28. Perinatal and infant mortality rates per 1,000 in San Francisco by race/ethnicity (2008)



Source: CDPH Improved Perinatal Outcome Data Report 2008, California County Profile

The neighborhoods displayed above in Exhibits 25-27 as well as the Black/African American population in San Francisco all experience **higher rates of poverty, higher rates of single female-headed households,** and **lower levels of education** compared to the city overall.

Safety and Violent Crime

The overall death rate in San Francisco has decreased over time; however, **homicide** is one cause of death that had **increased significantly** in the recent past. Between 2000-2003 and 2004-2007 homicides increased by 48 percent, and homicide rose from the 19th to 11th leading cause of death among men in San Francisco. (Homicide data is analyzed in three-year increments to increase the stability of the resulting rates.) When examining premature causes of death among males, it is the third leading cause of death; the average age of male death is 32 in San Francisco. While recent data from the San Francisco Police Department show a **dramatic decline in the number of homicides** between 2007 and 2009 (see Exhibit 29), disparities across racial/ethnic groups still exist.

Exhibit 29. Number of homicides of San Francisco residents by race/ethnicity, 2001-2009

	2001	2002	2003	2004	2005	2006	2007	2008	2009	Trend
White	14	10	12	8	13	11	14	10	9	
Asian	6	6	4	7	4	7	4	4	3	
Latino	15	8	15	10	15	16	18	23	8	
Black/African American	**26**	**27**	**24**	**41**	**39**	**33**	**34**	**35**	**21**	
Hawaiian/Pacific Islander	0	0	0	2	1	0	2	2	0	
Native American	0	0	0	0	0	0	0	1	0	
Other	0	0	0	0	0	0	0	0	0	
Multi-race	1	0	3	1	1	5	1	2	0	
Unknown	3	0	0	0	0	0	0	1	0	
TOTAL	**65**	**51**	**58**	**69**	**73**	**72**	**73**	**78**	**41**	

Source: San Francisco Police Department Compstat 2012

San Francisco has an annual violent crime rate of **853** per 100,000, which is **higher** than both the state average (520 per 100,000) and the national benchmark (100 per 100,000).[8] Exhibit 30 below displays rates of homicide, physical assault, and rape/sexual assault for the 10 neighborhoods with the highest rates of these violent crimes. The following neighborhoods (bolded below) appear in the top 10 for all three categories: Bayview-Hunters Point, Downtown/Civic Center, Financial District, Golden Gate Park, Mission, North Beach, and South of Market.

[8] Source: 2006 to 2008 data from County Health Rankings; data reported for 2006 and 2007 accessed through the Interuniversity Consortium for Political and Social Research (ICPSR) National Archive of Criminal Justice Data; 2008 data requested directly from FBI's Criminal Justice Information Services.

Exhibit 30. Violent crime by neighborhood*, 2005-2007

Neighborhood	Homicides per 1,000 population	Neighborhood	Physical assaults per 1,000 population	Neighborhood	Rape / sexual assault per 1,000 population
Golden Gate Park	7.4	**Golden Gate Park**	1,074	**Golden Gate Park**	51.5
Bayview-Hunters Point	1.4	**Financial District**	209	**South of Market**	9.0
South of Market	0.9	**South of Market**	167	**Financial District**	7.1
Potrero Hill	0.8	**Downtown/Civic Center**	160	**Treasure Island/YBI**	6.7
Downtown/Civic Center	0.5	**Bayview-Hunters Point**	75	**Downtown/Civic Center**	4.3
Mission	0.5	**North Beach**	71	**Mission**	2.7
Visitacion Valley	0.5	**Mission**	69	**Bayview-Hunters Point**	2.4
Western Addition	0.5	Chinatown	56	Chinatown	2.4
Financial District	0.3	Potrero Hill	52	North Beach	2.3
North Beach	0.3	Castro/Upper Market	49	Visitacion Valley	2.1
Ocean View	0.3				
SAN FRANCISCO	**0.3**	**SAN FRANCISCO**	**44**	**SAN FRANCISCO**	**1.7**

**Neighborhoods that appear in all three violent crime categories are bolded.*
Source: Healthy Development Measurement Tool, SFDPH, SFDPH

Mortality by Race/Ethnicity in San Francisco

Although the overall death rate in San Francisco (601 per 100,000) is lower than the state and the nation (666 and 741 per 100,000 respectively), Blacks/African Americans in San Francisco experience a disproportionately higher death rate than all other racial/ethnic groups as shown in Exhibits 31 and 32 below.

Exhibit 31. Age-adjusted male death rates per 100,000 population by race/ethnicity, 2004-2007

Causes of death for males	Asian death rate	Black death rate	Latino death rate	White death rate	Overall San Francisco death rate
	All death rates are per 100,000 population				
1 Ischemic heart disease	97.2	**219.1**	101.9	**148.8**	*128.8*
2 Lung cancers	**52.0**	**84.4**	23.5	51.2	*51.0*
3 Stroke	**48.8**	**72.2**	38.6	37.2	*43.8*
4 Chronic Obstructive Pulmonary Disease (COPD)	30.8	**56.6**	15.8	**38.1**	*34.7*
5 Hypertensive heart disease	19.4	**90.2**	20.4	**38.1**	*32.8*
6 Pneumonia	25.7	**42.5**	17.8	**36.9**	*31.2*
7 HIV/AIDS	--	**78.1**	26.8	**35.0**	*27.6*
8 Alzheimer's, other dementia	21.9	**37.9**	20.0	**29.7**	*25.8*
9 Colon cancers	16.1	**36.4**	--	**21.2**	*18.8*
10 Drug overdose	--	**72.6**	11.0	22.1	*18.8*

Bold = higher than SF rate *Green = lowest of other ethnicities* ***Red = highest of other ethnicities***
Source: California Department of Public Health 2004-2007, calculated by SFDPH

Exhibit 32. Age-adjusted female death rates per 100,000 population by race/ethnicity, 2004-2007

Causes of death for females	Asian death rate	Black death rate	Latino death rate	White death rate	Overall San Francisco death rate
	All death rates are per 100,000 population				
1 Ischemic heart disease	57.6	**139.1**	59.9	**91.4**	79.1
2 Stroke	**45.4**	**63.9**	31.1	38.2	42.3
3 Lung cancers	22.7	**57.9**	14.0	**35.8**	29.3
4 Alzheimer's, other dementia	19.9	**38.4**	25.0	**37.1**	29.2
5 Hypertensive heart disease	17.1	**62.4**	15.8	21.6	22.2
6 Pneumonia	17.1	**23.1**	10.8	**24.5**	20.2
7 Breast cancer	12.6	**30.1**	11.5	**26.6**	19.5
8 COPD	7.3	**23.5**	9.5	**24.2**	15.6
9 Colon cancers	12.0	**24.9**	--	12.4	12.5
10 Diabetes mellitus	11.2	**33.8**	11.0	7.6	11.1

Bold = higher than SF rate *Green = lowest of other ethnicities* ***Red = highest of other ethnicities***
Source: California Department of Public Health 2004-2007, calculated by SFDPH

This trend is even more pronounced when examining premature deaths. Black/African American men and women experience the highest number of years of life lost for all causes of premature death even though Blacks/African Americans represent just over six percent of San Francisco's total population.

Pedestrian Injuries and Deaths

Exhibit 33 below shows the number and rate of pedestrian injuries and deaths for the 10 San Francisco neighborhoods with the highest rates. In nearly all neighborhoods listed, pedestrians are at greater risk for injury and death than the city/county overall.

Exhibit 33. Rate and number of pedestrian injuries and deaths by neighborhood, 2004-2008

Neighborhood	Annual rate per 100,000 residents*	Number of pedestrian injuries and deaths**
Financial District	1,319	308
Chinatown	288	111
South of Market	286	394
Downtown/Civic Center	241	519
North Beach	150	106
Castro/Upper Market	134	112
Western Addition	130	281
Glen Park	120	23
Mission	109	328
Outer Mission	101	138
San Francisco	**101**	**3,962**

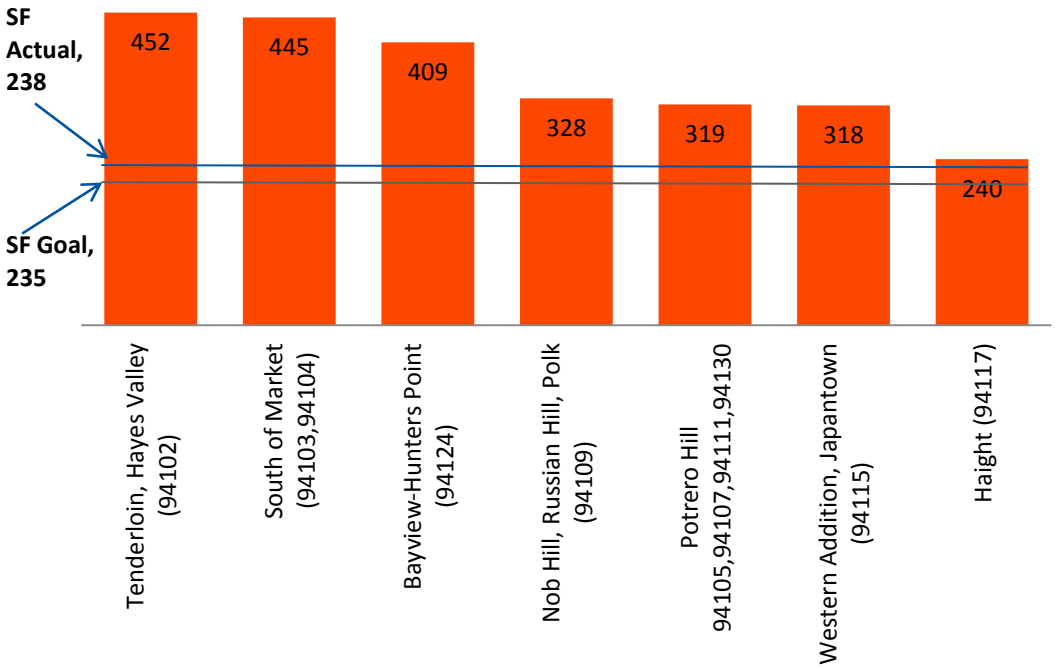
** Annual rate calculated from 2004-2008 SWITRS data and 2007 population data from Applied Geographic Solutions, Inc.*
*** N=52 pedestrian injury records did not include intersection data that would allow them to be geocoded. Those injuries are therefore not represented in the neighborhood totals but are included in the overall total for San Francisco.*
Source: Healthy Development Measurement Tool, SFDPH

Preventable Emergency Room Visits

Information on preventable emergency room visits is often used as an indicator of the availability and use of primary care services: The lower the rate of preventable emergency room visits, the better the availability of and access to primary care. Conditions for preventable emergency room visits include primary care services such as pregnancy, eye exams, and bacterial infections. Individuals without access to primary care services often seek treatment in emergency rooms.

The rate of preventable emergency room visits in San Francisco in 2006-2008 was 238 per 10,000. According to Health Matters in San Francisco, the target for San Francisco is 235 per 10,000. Exhibit 34 below shows how rates of preventable emergency room visits vary by neighborhood areas in San Francisco. The **Tenderloin**, **South of Market** and **Bayview-Hunters Point** neighborhoods far exceed the citywide rate as well as San Francisco's goal.

Exhibit 34. Rates of preventable emergency room visits by select San Francisco neighborhoods,*^ 2006-2008



** Rates per 10,000*
^ These neighborhoods correspond to communities in which Health Care Services Master Plan meetings were held, based on an analysis of risk indicators from Health Matters in San Francisco.
Source: Health Matters in San Francisco, 2006-08 Measurement Period

Interestingly, the two neighborhoods with the highest rates of preventable emergency room visits – Tenderloin and South of Market - are also areas that appear to have the highest concentration of primary care health centers. These two neighborhoods, however, are also among **the most densely populated, experience high rates of poverty, have a high rate of homelessness and experience poor pregnancy and birth outcomes** as described above.

Obesity

Exhibit 35. Percentage of adults who are overweight or obese by race/ethnicity (2009)

Race/Ethnicity	Percent Overweight (BMI 25.0 – 29.9)		Percent Obese (BMI 30.0 or higher)		National Benchmark for Percent Obese (percent of adults that report a BMI≥30)
	San Francisco	California	San Francisco	California	
Black (non-Latino)	40.0*	36.8	33.4*	27.6	
White (non-Latino)	31.4	33.9	13.2	21.1	
Asian (non-Latino)	22.0	24.4	7.1*	7.2	
Latino	17.4*	36.4	**56.9**	**29.9**	
Two or More Races (non-Latino)	14.2*	28.5	5.5*	24.0	
All	26.7	33.6	17.2	22.7	**25.0****

**Statistically unstable – has not met the criteria for a minimum number of respondents needed and/or has exceeded an acceptable value for coefficient of variance.*
*** Benchmark is from 2012 County Health Rankings; represents the 90th percentile nationally*
Source: CHIS, 2009

Tuberculosis

In 2011, 108 new cases of active tuberculosis (TB) were diagnosed in San Francisco. **San Francisco ranks third in California with 13.4 cases per 100,000 compared to 5.8 cases per 100,000 statewide.**[9] Data show that **Asians bear the largest burden of new TB cases**, corresponding with San Francisco's population trend of having a much higher proportion of Asians compared to California. Also, according to SFDPH's Tuberculosis Control Section, the **TB rate among Hispanics increased significantly between 2005 and 2008** due to an ongoing outbreak of cases among day laborers and an increase in foreign-born Latinos living in San Francisco.

Cardiovascular Diseases among Leading Causes of Death in San Francisco Overall

Though San Francisco's death rate is lower than that of both California and the United States,[10] San Francisco mirrors the nation in that cardiovascular diseases are among the leading causes of death among male and female residents. As indicated in Exhibits 36 and 37 below, cardiovascular diseases such as ischemic heart disease and stroke are among the leading causes of death for men and women in San Francisco.

[9] Tuberculosis Control Section, SFDPH and CDPH Tuberculosis Control Branch
[10] The overall death rate in San Francisco is 601 per 100,000 people, which is lower than California (666 deaths per 100,000) and the United States (741 deaths per 100,000).

Exhibit 36. Age-adjusted leading causes of death for males, 2000-2003 and 2004-2007

Current Rank	Causes for Males	Deaths	Rate per 100,000 ('04-'07)	Rank for '00-'03	Change in Rank
1	**Ischemic heart disease**	**2023**	**128.8**	**1**	**--**
2	Lung, bronchus, trachea cancer	813	51.0	3	↑
3	**Cerebrovascular disease (stroke)**	**682**	**43.9**	**2**	↓
4	**Chronic obstructive pulmonary disease (COPD)**	**541**	**34.7**	**4**	**--**
5	**Hypertensive heart disease**	**529**	**32.8**	**5**	**--**
6	Lower respiratory infection	482	31.2	6	--
7	HIV/AIDS	519	27.6	7	--
8	Alzheimer's, other dementia	391	25.8	10	↑
9	Colon, rectum cancer	298	18.8	9	--
10	Drug overdose, unintentional	357	18.8	13	↑
11	Violence/assault, all mechanisms (homicide)	255	17.7	19	↑
	ALL CAUSES	12,442	773.7	899.3	↓

** Cardiovascular diseases bolded in chart above.*
Sources: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files, 2000-2003 and 2004-2007 per 100,000 using year 2000 US standard population

Exhibit 37. Age-adjusted leading causes of death for females in San Francisco, 2000-2003 and 2004-2007

Rank	Causes for Females	Deaths	Rate per 100,000 ('04-'07)	Rank for '00-'03	Change in Rank
1	**Ischemic heart disease**	**1938**	**79.1**	**1**	**--**
2	**Cerebrovascular disease (stroke)**	**1007**	**42.3**	**2**	**--**
3	Lung, bronchus, trachea cancer	600	29.3	3	--
4	Alzheimer's, other dementia	793	29.2	6	↑
5	**Hypertensive heart disease**	**518**	**22.2**	**4**	↓
6	Lower respiratory infection	511	20.0	5	↓
7	Breast cancer	383	19.5	7	--
8	**COPD**	**356**	**15.6**	**8**	**--**
9	Colon, rectum cancers	279	12.5	9	--
10	Diabetes mellitus	244	11.1	10	--

Rank	Causes for Females	Deaths	Rate per 100,000 ('04-'07)	Rank for '00-'03	Change in Rank
	ALL CAUSES	11089	494.7	575.9	↓

** Cardiovascular diseases bolded in chart above.*
Sources: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files, 2000-2003 and 2004-2007

Many Health Care Resources Available to San Francisco Residents

Health care resource data in the CHSA show the following:

- 94 percent of San Franciscans between the ages of 18-64 either had health insurance or were enrolled in Healthy San Francisco.[11,12]
- 95 percent of children under 18 had health insurance.[13]
- Nearly all adults 65 and older had health insurance.[14]
- The ratio of population to primary care physicians in San Francisco is 401:1. San Francisco ranks above all other counties in the state for this measure and far outpaces the national benchmark (631:1). [15]
- There are at least 55 primary care health centers throughout San Francisco.[16]
- The ratio of population to mental health providers in San Francisco is 571:1 compared to 1,853:1 statewide. San Francisco ranks 2nd for this measure statewide after Marin.[17]
- The number of dentists per 100,000 population in San Francisco is 219, compared to 85 statewide.[18,19]
- In San Francisco, there are 3.0 licensed available general acute care hospital beds per 1,000 population compared to 1.9 per 1,000 statewide.[20]

High Rate of Primary Care Providers

San Francisco has more than twice the rate of primary care providers than California, ranks better than all other counties – and far exceeds the national benchmark.

These data appear to show that there are many health care resources available to San Francisco residents; however, **availability does not necessarily equate with accessibility**. In spite of these resources, there are still very high rates of preventable emergency room use by residents in certain

[11] Health Matters in San Francisco; American Community Survey 2010, 1-Year Estimates
[12] HSF is not health insurance, but rather an innovative program of the San Francisco Department of Public Health (SFDPH) designed to make health care services accessible and affordable to uninsured San Francisco adults, aged 18 to 64. Also see section on HSF below.
[13] American Community Survey 2010, 1-Year Estimates
[14] American Community Survey 2010, 1-Year Estimates
[15] Health Resources and Services Administration Area Resource File (ARF), 2009, via 2012 County Health Rankings
[16] Health Care Services Master Plan Task Force Process, July 2011 – May 2012
[17] Health Resources and Services Administration's Area Resource File (ARF) 2008 data, via 2012 County Health Rankings
[18] Community Health Status Indicators, Community Health Status Report, 2009
[19] Maiuro, L. "Emergency Department Visits for Preventable Dental Conditions in California." California HealthCare Foundation, 2009.
[20] OSHPD, Hospital Beds 2010

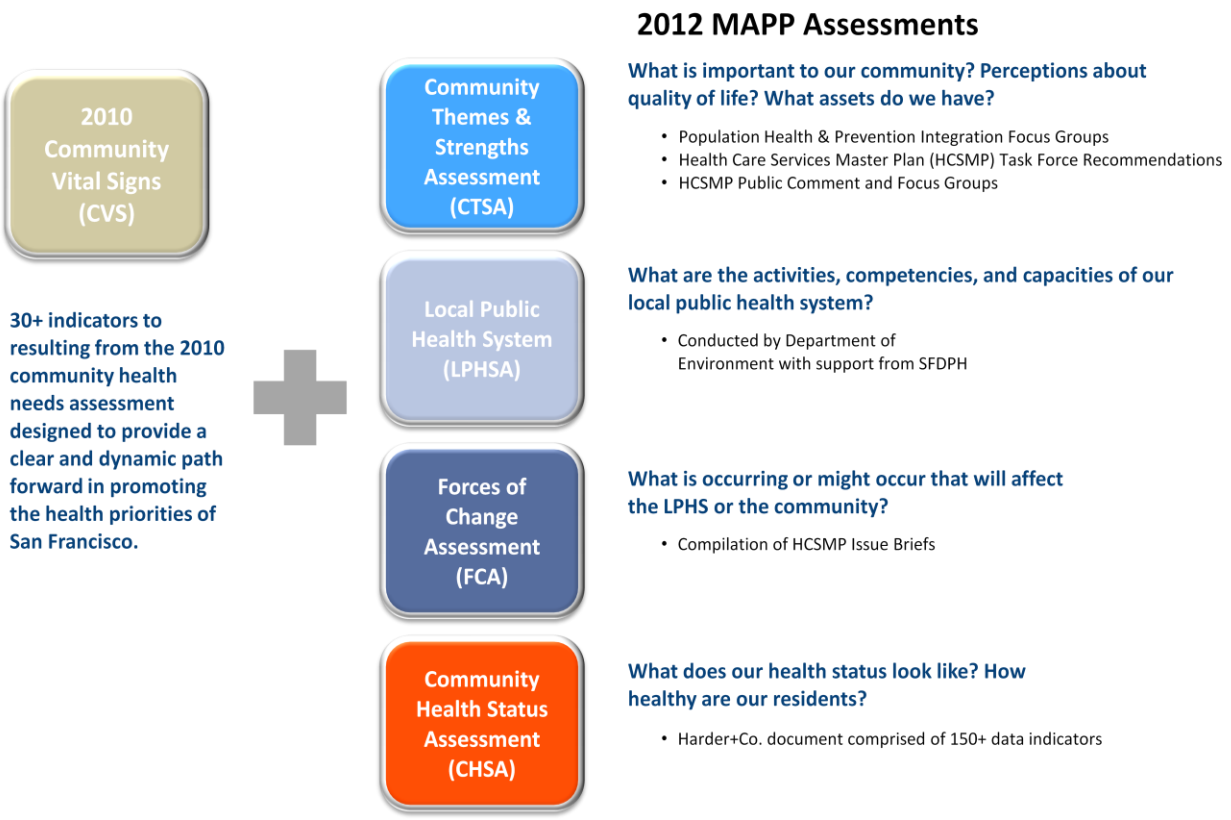
neighborhoods, and there are communities and sub-populations experiencing the health disparities and inequities described above.

Data Synthesis: Blending the Past + Present to Improve the Future

Overview

To build on its successful history of community engagement and health assessment, San Francisco elected to synthesize data collected from the four MAPP assessments with data gathered as part Community Vital Signs (CVS), the city/county's last community health assessment and improvement effort conducted in 2010. Combining CVS and MAPP data yielded a more aligned community health assessment approach tailored to San Francisco as illustrated in the following graphic.

Exhibit 38: San Francisco CHA data sources



Process

To honor community members' substantive contributions of time and energy devoted to generating MAPP data for the 2012 CHA process, San Francisco's CHA/CHIP Leadership Council – consisting of SFDPH, hospital , and academic partner representatives – took initial responsibility for synthesizing MAPP and CVS data as follows:

1. SFDPH staff grouped MAPP and CVS data by common themes, using "sticky wall" technology to group like data points.
2. SFDPH documented the outcomes of the sticky wall exercise in grid form, presenting easy-to-understand high-level data concepts by data source (e.g., MAPP assessment vs. CVS) and overarching theme. (Please see Appendix A fort the finalized grid document.)
3. SFDPH staff vetted the resulting data synthesis grid with other members of the CHA/CHIP Leadership Council, the San Francisco's Mayor's Office, and SFDPH leadership and amended the document as necessary.
4. On August 3, 2012, community residents and members of the broader local public health system had the opportunity to comment on the data synthesis grid following an in-depth presentation of MAPP and CVS data. Event participants approved and finalized the grid, included here as Appendix A.

SFDPH staff member, Jim Soos, participates in a sticky wall exercise to synthesize San Francisco's CHA data in July 2012.

What is a "sticky wall"?

A sticky wall is a large adhesive surface that affords groups a visual and consensus-based means of organizing similar ideas into cross-cutting concepts and themes. Commonly used as part of Technology of Participation (ToP) facilitation methods, the sticky wall technique:

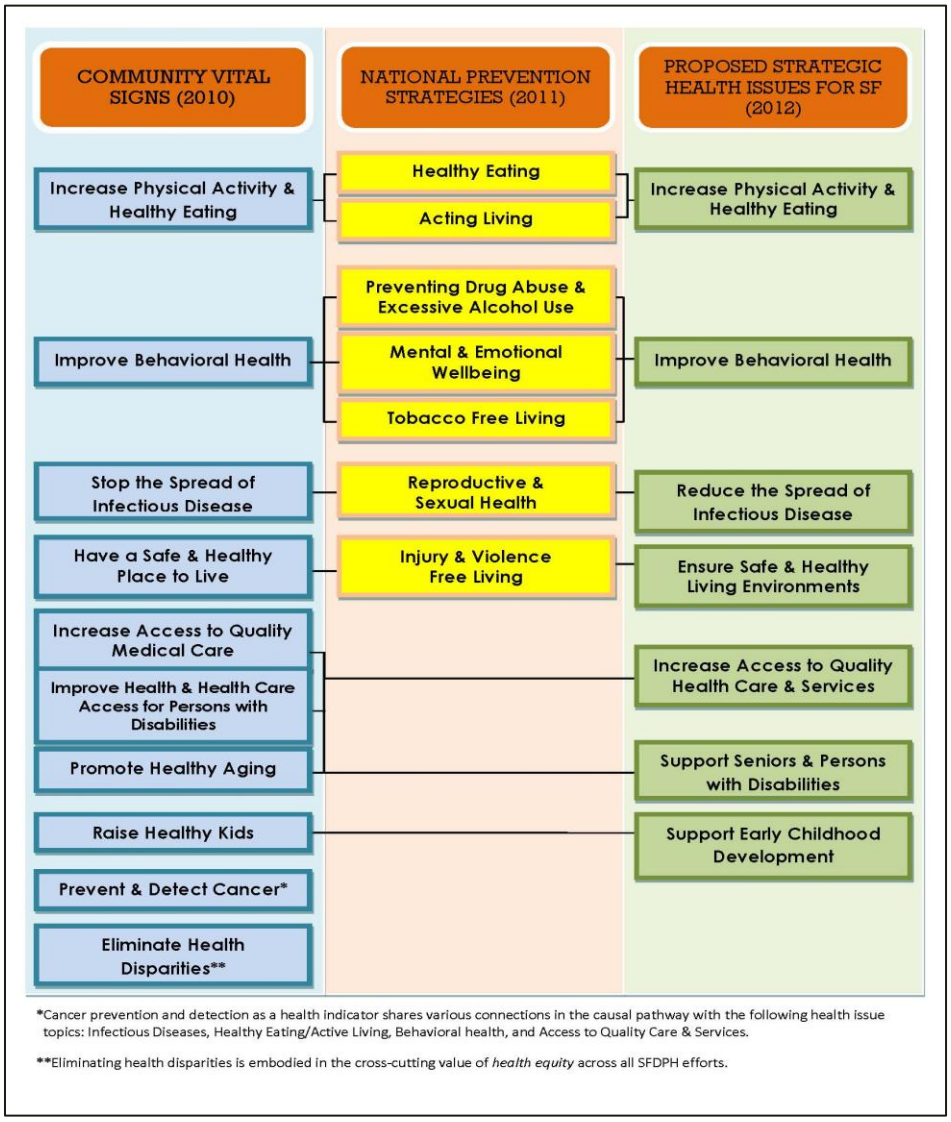
- Engages the participation of all group members,
- Helps groups – small and large – reach consensus, and
- Builds an effective team partnership

SFDPH relied on the sticky wall technique throughout its CHA process, using it both to develop San Francisco's health vision and values as well as to synthesize CHA data into possible health priorities.

Results

CHA data synthesis yielded the seven cross-cutting themes listed below:

- Ensure safe and healthy living environments
- Improve behavioral health
- Increase access to quality health care and services
- Increase physical activity and healthy eating
- Reduce the spread of infectious disease
- Support early childhood development
- Support seniors and persons with disabilities



As illustrated at right, the 2012-identified themes align strongly with national efforts, such as the National Prevention Strategy, as well as San Francisco's past community health assessment and improvement efforts. These themes also served as the starting point for generating health priorities for San Francisco, more fully described in San Francisco's Community Health Improvement Plan (CHIP).

For a graphic representation of each San Francisco-identified cross-cutting theme and its associated data sources, please see Appendix B.

Appendix A: San Francisco CHA Data Synthesis Grid by Cross-Cutting Theme + Data Source

Please see the pages that follow for San Francisco's final CHA data synthesis grid by cross-cutting theme and data source.

Potential Priority Health Issues for San Francisco

	2012 ASSESSMENTS				*2010 ASSESSMENT*
SOURCE ASSESSMENT / TOPIC	**Community Themes and Strengths Assessment** • Population Health & Prevention (PHP) Integration Focus Groups • Health Care Services Master Plan (HCSMP) Task Force Recommendations • HCSMP Public Comment and Focus Groups	**Local Public Health System Assessment** Conducted by Department of Environment with support from SFDPH	**Forces of Change Assessment** Compilation of HCSMP Issue Briefs	**Community Health Status Assessment** Harder+Co. document comprised of 150+ data indicators	**Community Vital Signs**
Ensure Safe & Healthy Living Environments	• Certain communities and subpopulations face violence to greater degrees than others. In addition to threatening one's physical health, violence also subjects communities to trauma and possible mental health issues. When asked to envision what a healthy San Francisco would look like, many residents cited safety as a key component. • Residents noted the importance of access to a quality, affordable education and economic (i.e., job) opportunities in order to secure a living wage that supports healthy choices. • Many community residents cited the importance of a clean environment in promoting optimal health and wellbeing. Bayview residents, for example, cited concerns about environmental toxicity. • The HCSMP should address identified social and environmental factors that impede and prevent access to optimal care, including but not limited to violence and safety issues as well as environmental hazards.	• There is moderate activity by the local public health system to diagnose and investigate health problems and health hazards. • There is significant activity by the local public health system to enforce laws and regulations that protect health and ensure safety.		• San Francisco has an annual violent crime rate that is higher than the state average and national benchmark. • Disparities in crime appear to exist by race/ethnicity and neighborhoods. • Significant disparities exist between neighborhoods for risk of ped. injury & death. • Homicide is the leading cause of death among Latino males in San Francisco. • Although there appears to be a recent dramatic decline in the number of homicides in San Francisco, Blacks/African Americans are more likely than those in other racial/ethnic groups to die of homicide.	• Rate of pedestrian injuries and deaths ○ Current: 101/100,000 ○ Target: 20/100,000 • Violent crime rate ○ Current: 8.45/1,000 ○ Target: 1.0/1,000 • Ratio of bike lanes and bike paths to miles of road ○ Current: 0.066 miles of bike lanes to 1 mile of streets ○ Target: 0.054 miles of bike lanes to 1 mile of streets

	2012 ASSESSMENTS				*2010 ASSESSMENT*
SOURCE ASSESSMENT / **TOPIC**	**Community Themes and Strengths Assessment** • Population Health & Prevention (PHP) Integration Focus Groups • Health Care Services Master Plan (HCSMP) Task Force Recommendations • HCSMP Public Comment and Focus Groups	**Local Public Health System Assessment** Conducted by Department of Environment with support from SFDPH	**Forces of Change Assessment** Compilation of HCSMP Issue Briefs	**Community Health Status Assessment** Harder+Co. document comprised of 150+ data indicators	**Community Vital Signs**
				• Income inequality is growing. San Francisco has the highest degree of income inequality among Bay Area counties, and certain sub-populations are more likely than others to experience poverty.	
Improve Behavioral Health	• Participants in the transgender and monolingual Spanish focus groups cited mental health services as a particular need. • The HCSMP should promote behavioral health, including the integration of behavioral health and medical care services.				• Age-adjusted death rate due to suicide ○ Current: 10.7/100,000 ○ Target: 5.0/100,000 • Adults who smoke ○ Current: 12.5% ○ Target: 12% • Lung & Bronchus Cancer Incidence Rate ○ Current: 51.6/100,000 ○ Target: 48.7/100,000 • Liver & bile duct cancer incidence rate ○ Current: 14.8/100,000 ○ Target: 5.5/100,000
Increase Access to Quality Health Care & Services	• The need for culturally competent health care services, including language access, emerged throughout public comment and focus groups. • Some members of the public as well as participants in the monolingual Spanish focus group noted that they experienced limited access to health	• There is moderate activity by the local public health system to evaluate the effectiveness, accessibility, and quality of personal and population-based health	• Health Reform will place greater demand on San Francisco's health care resources. • Health care finance trends – including reimbursement	• More than 12 languages are spoken in San Francisco, a sign of its cultural diversity. • San Francisco offers a rich array health care services and	• 98 percent of San Franciscans have health insurance or enrolled in a comprehensive access program (Goal = 100%). • Preventable emergency room visits: ○ Current: 237.8/10,000

	2012 ASSESSMENTS				*2010 ASSESSMENT*
SOURCE ASSESSMENT / **TOPIC**	**Community Themes and Strengths Assessment** • Population Health & Prevention (PHP) Integration Focus Groups • Health Care Services Master Plan (HCSMP) Task Force Recommendations • HCSMP Public Comment and Focus Groups	**Local Public Health System Assessment** Conducted by Department of Environment with support from SFDPH	**Forces of Change Assessment** Compilation of HCSMP Issue Briefs	**Community Health Status Assessment** Harder+Co. document comprised of 150+ data indicators	**Community Vital Signs**
	care services due to unlimited hours of operation. • Many focus group participants noted the need for greater access to affordable dental and vision services. • Medi-Cal recipients expressed a desire for more options when choosing a health care provider. • Many focus group participants cited cost as a barrier to care, particularly for the uninsured. • Public comment & focus group comments touched on the importance of the location of health care facilities. Several members of the public – and representatives from all focus groups – noted that lengthy travel between home & health care, particularly via public transit, pose a barrier to care. • Excelsior focus group participants suggested that increasing access to urgent care centers would decrease inappropriate use of emergency services. • Focus groups participants & community members noted long wait times for appoint-ments can be a barrier to care & can encourage inappropriate emergency room use. • Many focus group participants, especially those with private health coverage, noted overall satisfaction with services received in San Francisco, and many noted the importance of	services. • There is moderate activity to inform, educate, and empower individuals and communities about health issues. • There is moderate activity by the local public health system to link people to needed personal and health services and assure the provision of health care when otherwise available.	mechanisms – impact the provision and outcomes of patient care. • Innovations in health information technology and health care delivery are shaping San Francisco's health care future and offer the potential to improve access to care for all San Franciscans, including the city/county's more vulnerable residents. • Approximately 24% of San Franciscans age five and older speak English less than very well, leaving them at risk for poorer health outcomes and more limited health care access. • Certain San Francisco subpopulations are more susceptible to limited health	resources to residents; however, resource availability does not necessarily equate with access. • The Tenderloin, South of Market and Bayview-Hunters Point neighborhoods far exceed the city/countywide rate and goal for preventable emergency room visits.	○ Target: 234.6/10,000 • Hospitalization rate due to congestive heart failure ○ Current: 30.9/10,000 ○ Target: 18.3/10,000 • Hospitalization rate due to uncontrolled diabetes ○ Current: 0.40/10,000 ○ Target: 0.40/10,000 • Hospitalization rate due to immunization-preventable pneumonia or flu ○ Current: 7.1/10,000 ○ Target: 2.6/10,000

	2012 ASSESSMENTS				*2010 ASSESSMENT*
SOURCE ASSESSMENT / **TOPIC**	**Community Themes and Strengths Assessment** • Population Health & Prevention (PHP) Integration Focus Groups • Health Care Services Master Plan (HCSMP) Task Force Recommendations • HCSMP Public Comment and Focus Groups	**Local Public Health System Assessment** Conducted by Department of Environment with support from SFDPH	**Forces of Change Assessment** Compilation of HCSMP Issue Briefs	**Community Health Status Assessment** Harder+Co. document comprised of 150+ data indicators	**Community Vital Signs**
	customer service in the provision of health care. • Public comment & focus group participants commonly noted the importance of support services (e.g., navigators and "promotoras") in helping people access needed services and health information. • Focus group participants & community members noted that lack of information or knowledge about resources prevents them from accessing the health care services they need. They cited the need for greater outreach & education to bridge this information gap. • The HCSMP should ensure that health care and support service providers have the cultural, linguistic, and physical capacity to meet the needs of San Francisco's diverse population. • The HCSMP should ensure that San Francisco residents – particularly those without regular car access – have available a range of appropriate transportation options (e.g., public transportation, shuttle services, bike lanes, etc.) that enable them to reach their health care destinations safely, affordably, and in a timely manner. • The HCSMP should, to maximize service effectiveness and cost-effectiveness, ensure collaboration between San Francisco's existing health and social services networks		literacy and related outcomes – including San Francisco's vulnerable populations (e.g., older adults, minority populations, immigrants, low-income persons, etc.). • Approximately 24% of San Franciscans age five and older speak English less than very well, leaving them at risk for poorer health outcomes and more limited health care access. • Existing service, or "connectivity," gaps (e.g., in transportation, cultural and linguistic access, etc.) in San Francisco may prevent San Francisco's vulnerable populations from accessing		

	2012 ASSESSMENTS				*2010 ASSESSMENT*
SOURCE ASSESSMENT / **TOPIC**	**Community Themes and Strengths Assessment** • Population Health & Prevention (PHP) Integration Focus Groups • Health Care Services Master Plan (HCSMP) Task Force Recommendations • HCSMP Public Comment and Focus Groups	**Local Public Health System Assessment** Conducted by Department of Environment with support from SFDPH	**Forces of Change Assessment** Compilation of HCSMP Issue Briefs	**Community Health Status Assessment** Harder+Co. document comprised of 150+ data indicators	**Community Vital Signs**
	and the community. • The HCSMP should facilitate sustainable health information technology systems that are interoperable, consumer-friendly, and that increase access to high-quality health care and wellness services. • The HCSMP TF encourages SFDPH and the Planning Department to explore incentives for the development of needed health care infrastructure. Incentives should facilitate and expedite projects that meet the goals of the HCSMP TF, without creating unintended negative consequences (e.g., housing displacement). • The HCSMP should promote the development of cost-effective health care delivery models that address patient needs.		appropriate health care services needed to optimize their health and wellness. • Promote community collaboration across the local public health system (e.g., with community-based organizations, academic institutions, etc.) to improve health outreach, education, and service delivery.		
Increase Physical Activity and Healthy Eating	• Many focus groups – including all neighborhood focus groups – emphasized the importance of healthy eating and active living. Residents noted the need for affordable, accessible fresh foods and safe and affordable opportunities for physical activity. • Many residents noted their desire for increased green space in San Francisco to facilitate activity. • The HCSMP should assess the need for future health care facility development and plan for San Francisco's evolving			• Four of the top five leading causes of death for men in San Francisco are related to cardiovascular disease. • Three of the top five causes of death for women in San Francisco are related to cardiovascular disease. • African-Americans have far higher rates	• Adults engaging in moderate physical activity ○ Current: 26.3% ○ Target: 30% • Retail food environment index ○ Current: 3.18 fast food/convenience stores per produce outlet ○ Target: 3.10 fast food/convenience stores per produce outlet • Proportion of households within a ½ mile of a farmer's

	2012 ASSESSMENTS				*2010 ASSESSMENT*
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	health care needs to support "healthy" urban growth.			of death due to cardiovascular disease than San Franciscans overall. • Among San Franciscans, Latinos are at greatest risk for obesity.	market ○ Current: 35% ○ Target: 88% • 7th grade students who are physically fit ○ Current: 66.3% ○ Target: 66.1%
Reduce the Spread of Infectious Disease		• There is moderate activity to inform, educate, and empower individuals and communities about health issues.		• HIV/AIDS is the 7th leading cause of death among men in San Francisco, with a death rate among Black/African American men nearly three times that of the city overall. • San Francisco has experienced an increase in active tuberculosis (TB) cases and ranks third statewide. Foreign-born Asians bear the largest TB burden; TB rates among Latinos have increased significantly.	• Number of clinicians on the SF Hep B Free Clinician's Honor Roll (DPH) ○ Current: 702 clinicians ○ Target: 1,350 clinicians • Infants fully immunized at 24 months ○ Current: 79% ○ Target: 90 % • HIV incidence estimate ○ Current: 621 new infections ○ Target: 467 new infections • Chlamydia incidence rate ○ Current: 530.4/100,000 ○ Target: 314.6/100,000 • Gonorrhea incidence rate ○ Current: 258.6/100,000 ○ Target: 47.5/100,000 • Primary and secondary syphilis rate ○ Current: 44.0/100,000 ○ Target: 2.1/100,000 • Liver and bile duct cancer incidence rate

	2012 ASSESSMENTS				*2010 ASSESSMENT*
SOURCE ASSESSMENT / **TOPIC**	**Community Themes and Strengths Assessment** • Population Health & Prevention (PHP) Integration Focus Groups • Health Care Services Master Plan (HCSMP) Task Force Recommendations • HCSMP Public Comment and Focus Groups	**Local Public Health System Assessment** Conducted by Department of Environment with support from SFDPH	**Forces of Change Assessment** Compilation of HCSMP Issue Briefs	**Community Health Status Assessment** Harder+Co. document comprised of 150+ data indicators	**Community Vital Signs**
					○ Current: 14.8/100,000 ○ Target: 5.5/100,000
Support Early Childhood Development	• Tenderloin residents reported a lack of nearby family health services such as prenatal and pediatric care			• Black/African American babies in San Francisco have notably higher peri-natal and infant mortality rates compared to other racial/ethnic groups. • The South of Market, Excelsior, Bayview-Hunters Point and Visitacion Valley neighborhoods, exceed city/county rates across three prenatal care and birth outcome risk factors.	• Mothers who received early prenatal care ○ Current: 87.3% ○ Target: 90% • Hospitalization rate due to pediatric asthma ○ Current: 11.9/10,000 ○ Target: 3.3/10,000
Support Seniors and Persons with Disabilities	• The HCSMP should ensure that San Francisco has a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities to support their ability to live independently in the community			• Over the next two decades, it is estimated that 55 percent of San Franciscans will be over the age of 45, and the population over age 75 will increase from seven percent to 11 percent by 2030. This has implications for the need of more long-term care options moving forward.	• Influenza rate for residents age 65+ ○ Current: 76.2% ○ Target: 90% • Hospitalization rate due to hip fractures among women ages 65+ ○ Current: 581.5/100,000 ○ Target: 433.8/100,000 • Hospitalization rate due to hip fractures among men ages 65+ ○ Current: 319.2/100,000 ○ Target: 204.7/100,000

	2012 ASSESSMENTS				*2010 ASSESSMENT*
SOURCE ASSESSMENT / **TOPIC**	**Community Themes and Strengths Assessment** • Population Health & Prevention (PHP) Integration Focus Groups • Health Care Services Master Plan (HCSMP) Task Force Recommendations • HCSMP Public Comment and Focus Groups	**Local Public Health System Assessment** Conducted by Department of Environment with support from SFDPH	**Forces of Change Assessment** Compilation of HCSMP Issue Briefs	**Community Health Status Assessment** Harder+Co. document comprised of 150+ data indicators	**Community Vital Signs**
				• San Francisco has experienced a decrease in the number of families with young children.	• Average wait time before receiving home-delivered meals ○ Current: 36 days ○ Target: 45 days • Disabled persons with health insurance ○ Current: 94.1% ○ Target: 100% • Percentage of San Francisco corners with curb ramps ○ Current: 89% ○ Target: 100% • Number of SFDPH-subsidized supportive housing units ○ Current: 996 units ○ Target: 1650 units • Mammogram history ○ Current: 81.2% ○ Target: 70% • Colon Cancer Screening ○ Current: 77.8% ○ Target: 50%

Appendix B: Graphic Representation of Cross-Cutting Themes + Data by Source

The pages that follow present graphically San Francisco's seven cross-cutting CHA data themes by data source. These images were part of a larger CHA data presentation shared with community residents and local public health system partners on Friday, August 3, 2012.

Ensure Safe & Healthy Living Environments

2010 Community Vital Signs

Rate of pedestrian injuries and deaths
- Current: 101/100,000
- Target: 20/100,000

Violent crime rate
- Current: 8.45/1,000
- Target: 1.0/1,000

Ratio of bike lanes and bike paths to miles of road
- Current: 0.066 miles of bike lanes to 1 mile of streets
- Target: 0.054 miles of bike lanes to 1 mile of streets

Community Themes & Strengths

- Some communities experience more violence than others
- Violence subjects communities to trauma and mental health issues
- Social determinants of health (e.g., economic opportunity and education) impact available healthy choices
- Concerns about environmental toxicity in some neighborhoods

Community Health Status

- Violent crime rate is higher than state average & national benchmark
- Disparities in crime by race/ethnicity & neighborhood
- Significant disparities in pedestrian injury & death by neighborhood
- Homicide is leading cause of death among Latino males
- African Americans more likely to die of homicide
- Income inequality is growing and some populations more likely to experience poverty

Local Public Health System

- Moderate activity to diagnose and investigate health problems and hazards
- Significant activity to enforce laws and regulations that protect health and safety

Forces of Change

Improve Behavioral Health

2010 Community Vital Signs

Age-adjusted death rate due to suicide
- Current: 10.7/100,000
- Target: 5.0/100,000

Adults who smoke
- Current: 12.5%
- Target: 12%

Lung & Bronchus Cancer Incidence Rate
- Current: 51.6/100,000
- Target: 48.7/100,000

Liver & bile duct cancer incidence rate
- Current: 14.8/100,000
- Target: 5.5/100,000

Community Themes & Strengths

- Participants in the transgender and monolingual Spanish focus groups cited mental health services as a particular need.
- The HCSMP should promote behavioral health, including the integration of behavioral health and medical care services.

Community Health Status

Local Public Health System

Forces of Change

Increase Access to Quality Health Care & Services

2010 Community Vital Signs

98 percent of San Franciscans have health insurance or enrolled in a comprehensive access program (Goal = 100%).

Preventable emergency room visits:
- Current: 237.8/10,000
- Target: 234.6/10,000

Hospitalization rate due to congestive heart failure
- Current: 30.9/10,000
- Target: 18.3/10,000

Hospitalization rate due to uncontrolled diabetes
- Current: 0.40/10,000
- Target: 0.40/10,000

Hospitalization rate due to immunization-preventable pneumonia or flu
- Current: 7.1/10,000
- Target: 2.6/10,000

Community Themes & Strengths

- Need for culturally competent health care services, incl. language access
- Individuals experience limited access to health care services due to unlimited hours of operation
- Need for greater access to affordable dental, vision, and urgent care services
- Medi-Cal recipients expressed a desire for more options when choosing a health care provider
- Cost is a barrier to care, particularly for the uninsured
- Long travel time from home to health facilities to home, particularly via public transit
- Long wait times for appointments
- Overall satisfaction with services, and many noted the importance of customer service in the provision of health care
- Support services, such as navigators and "promotoras" are important
- Lack of information or knowledge about health care resources
- Ensure collaboration between San Francisco's existing health and social services networks and the community
- Need sustainable health information technology systems
- Explore incentives for the development of needed health care infrastructure.
- Promote the development of cost-effective health care delivery models

Community Health Status

- More than 12 languages are spoken in San Francisco, a sign of its cultural diversity.
- San Francisco offers a rich array health care services and resources to residents; however, resource availability does not necessarily equate with access
- Tenderloin, South of Market and Bayview-Hunters' Point neighborhoods far exceed the citywide rate and goal for preventable emergency room visits

Local Public Health System

- Moderate activity to evaluate the effectiveness, accessibility, and quality of personal and population-based health services
- Moderate activity to inform, educate, and empower individuals and communities about health issues
- Moderate activity by the local public health system to link people to needed personal and health services & assure the provision of health care when otherwise available.

Forces of Change

- Health Reform will increase demand on health resources
- Health care financing affects provision & outcomes of care
- Innovations in technology offer potential to improve access and care
- 24% of San Franciscans speak English less than well
- Some subpopulations experience limited health literacy
- Connectivity gaps (e.g., transportation, language access) present barriers to care
- Promote community collaboration to improve outreach, education & services delivery

Increase Physical Activity & Healthy Eating

2010 Community Vital Signs

Adults engaging in moderate physical activity
- Current: 26.3%
- Target: 30%

Retail food environment index
- Current: 3.18 fast food/convenience stores per produce outlet
- Target: 3.10 fast food/convenience stores per produce outlet

Proportion of households within a ½ mile of a farmer's market
- Current: 35%
- Target: 88%

7th grade students who are physically fit
- Current: 66.3%
- Target: 66.1%

Community Themes & Strengths

- Neighborhood focus groups emphasized importance of healthy eating and active living
- Need for affordable, accessible fresh foods and safe and affordable opportunities for physical activity
- Desire for increased green space
- Future development to support healthy urban growth

Community Health Status

- 4 of top 5 leading causes of death for men are related to cardiovascular disease
- 3 of top 5 causes of death for women related to cardiovascular disease
- African Americans have far higher rates of death due to cardiovascular disease
- Latinos are at greatest risk for obesity

Local Public Health System

Forces of Change

Reduce the Spread of Infectious Disease

2010 Community Vital Signs

Number of clinicians on the SF Hep B Free Clinician's Honor Roll
- Current: 702 clinicians
- Target: 1,350 clinicians

Infants fully immunized at 24 months
- Current: 79%
- Target: 90 %

HIV incidence estimate
- Current: 621 new infections
- Target: 467 new infections

Chlamydia incidence rate
- Current: 530.4/100,000
- Target: 314.6/100,000

Gonorrhea incidence rate
- Current: 258.6/100,000
- Target: 47.5/100,000

Primary and secondary syphilis rate
- Current: 44.0/100,000
- Target: 2.1/100,000

Liver and bile duct cancer incidence rate
- Current: 14.8/100,000
- Target: 5.5/100,000

Community Themes & Strengths

Community Health Status

- HIV/AIDS is the 7th leading cause of death among men in San Francisco
- Death rate due to HIV/AIDS among African American men is nearly 3x that of city overall
- Increase in active tuberculosis, ranking 3rd statewide

Local Public Health System

- Moderate activity to inform, educate and empower individuals and communities about health issues

Forces of Change

Support Early Childhood Development

2010 Community Vital Signs

Mothers who received early prenatal care
- Current: 87.3%
- Target: 90%

Hospitalization rate due to pediatric asthma
- Current: 11.9/10,000
- Target: 3.3/10,000

Community Themes & Strengths

- Tenderloin residents reported a lack of nearby family health services such as prenatal and pediatric care

Community Health Status

- African American babies have notably higher peri-natal and infant mortality
- South of Market, Excelsior, BVHP and Visitacion valley exceed city rates for three prenatal care and birth outcome risk factors

Local Public Health System

Forces of Change

Support Seniors & Persons with Disabilities

2010 Community Vital Signs

Influenza rate for residents age 65+
- Current: 76.2%
- Target: 90%

Hospitalization rate due to hip fractures among women ages 65+
- Current: 581.5/100,000
- Target: 433.8/100,000

Hospitalization rate due to hip fractures among men ages 65+
- Current: 319.2/100,000
- Target: 204.7/100,000

Average wait time before receiving home-delivered meals
- Current: 36 days
- Target: 45 days

Disabled persons with health insurance
- Current: 94.1%
- Target: 100%

Percentage of San Francisco corners with curb ramps
- Current: 89%
- Target: 100%

Number of SFDPH-subsidized supportive housing units
- Current: 996 units
- Target: 1650 units

Mammogram history
- Current: 81.2%
- Target: 70%

Colon Cancer Screening
- Current: 77.8%
- Target: 50%

Community Themes & Strengths

- HCSMP should ensure a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities to support their ability to live independently in the community

Community Health Status

- Over the next 2 decades, 55% of San Franciscans will be over age 45 and those over age 75 will increase from 7% to 11%
- Decrease in the number of young families with children

Local Public Health System

Forces of Change