Community Health Status Assessment: City and County of San Francisco

Prepared for:
The San Francisco Department of Public Health

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harder+company community research

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Executive Summary

The San Francisco Department of Public Health (SFDPH) engaged Harder+Company Community Research (Harder+Company), an independent consulting firm, to develop its Community Health Status Assessment (CHSA), one of four assessments that are part of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The CHSA takes a comprehensive look at the health status of San Francisco and helps identify priority community health and quality of life issues. This CHSA addresses four main questions: **How healthy are San Francisco residents? What does the health status of San Francisco look like? What health services and resources are available to San Francisco residents? What are the strengths and weaknesses in San Francisco that contribute to health?** The CHSA will serve many purposes including but not limited to planning health services in San Francisco, informing decision makers about San Franciscans' health status, identifying key health priorities for the city/county, and gaining a better understanding of health disparities and inequities. In addition, the CHSA provides a basis for further analysis and understanding about the relationships among the social determinants of health, health care coverage, utilization of health care services, and health status.

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 conducted a comprehensive review of secondary data from national, state and local sources to obtain the most current and reliable data for this CHSA. The following are **key findings from the San Francisco CHSA**.

2012 CHSA Key Findings for the City and County of San Francisco

- San Francisco is a culturally diverse and changing city.
    - 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.
    - 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.
- Data show that there are many health care resources available to San Franciscans; however, certain neighborhoods and sub-populations experience significant health disparities and inequities.
    - Black/African American babies in San Francisco have notably higher peri-natal and infant mortality rates compared to other racial/ethnic groups.
    - 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.
    - Black/African American men and women in San Francisco experience disproportionately higher mortality and premature mortality rates compared to other racial/ethnic groups.
    - Among San Franciscans, Latinos are at greatest risk for obesity.
    - 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 Hispanics have increased significantly.
    - 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.
    - Significant disparities exist between neighborhoods for risk of pedestrian injury and death.
    - The Tenderloin, South of Market and Bayview-Hunters Point neighborhoods far exceed the city/countywide rate and goal for preventable emergency room visits.
- 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.
- Mirroring the nation, cardiovascular diseases are among the leading causes of death in San Francisco overall.

San Francisco is a culturally diverse and changing city and county

General Population Characteristics

San Francisco is a seven by seven square mile, coastal, metropolitan city and county. It is densely populated with culturally diverse neighborhoods where over twelve different languages are spoken. The most recent US Census found that San Francisco has a population of 805,235 people and experienced mild growth since the last census (four percent). Although San Francisco was once considered to have a relatively young population, it has experienced a decrease among children and families with young children; there are more people moving out of San Francisco than moving in. 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 7 percent to 11 percent. The projected growth in **San Francisco's aging population has implications on the need for more long-term care options moving forward.**

Income Inequality + 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 A. 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.

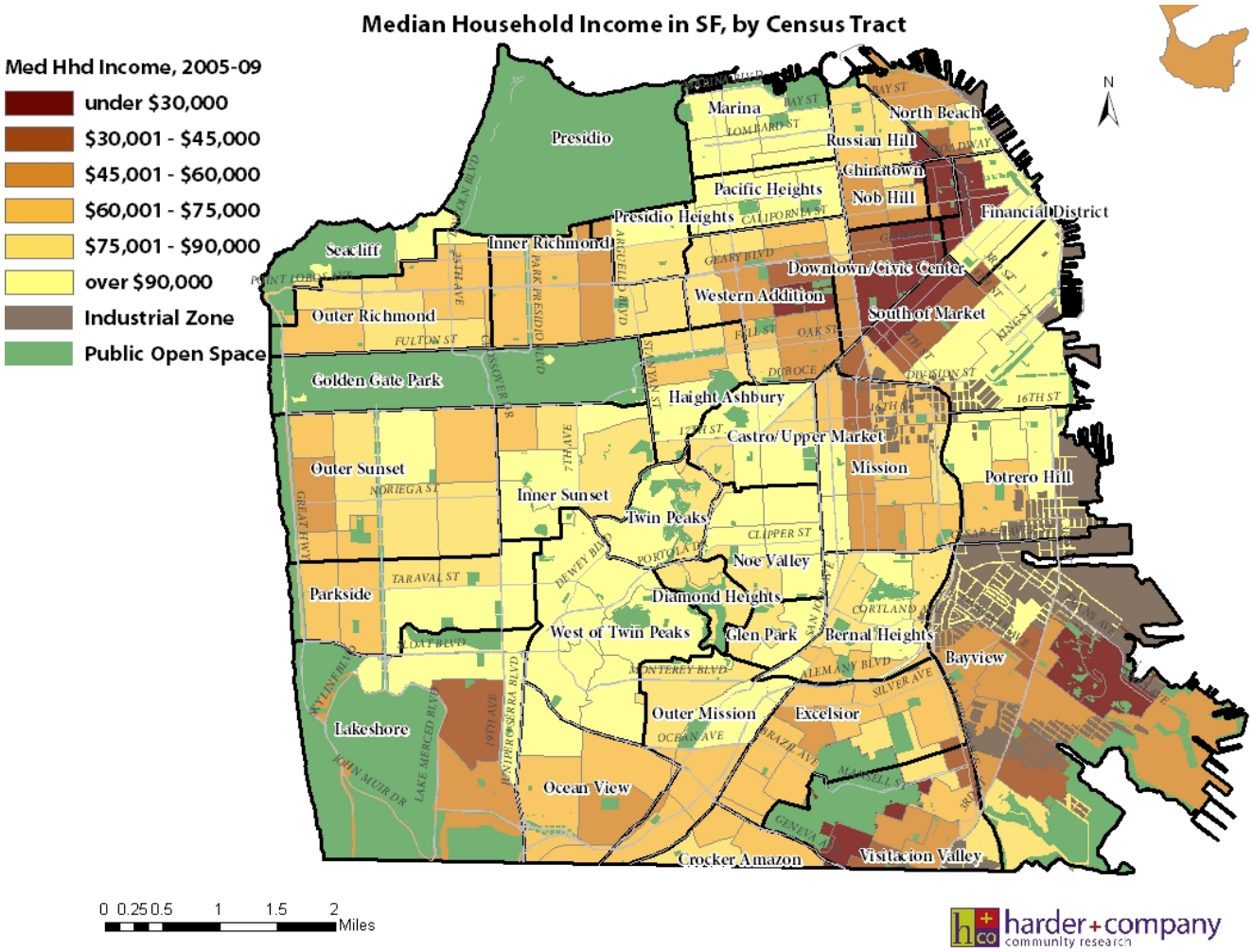
Exhibit A. Income inequality in Bay Area counties, 2006-2010

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, with larger values indicating greater inequality.*
Source: Healthy Development Measurement Tool, SFDPH

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

Exhibit B. Median household income by neighborhood, 2005-2009



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.

San Francisco Fares Well Overall Though Health Disparities and Inequities Exist

The data in this report 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 improve access to health services and to reduce health disparities and inequities. The following is a summary of key findings in the CHSA.

Health burdens in San Francisco are tied to social determinants of health

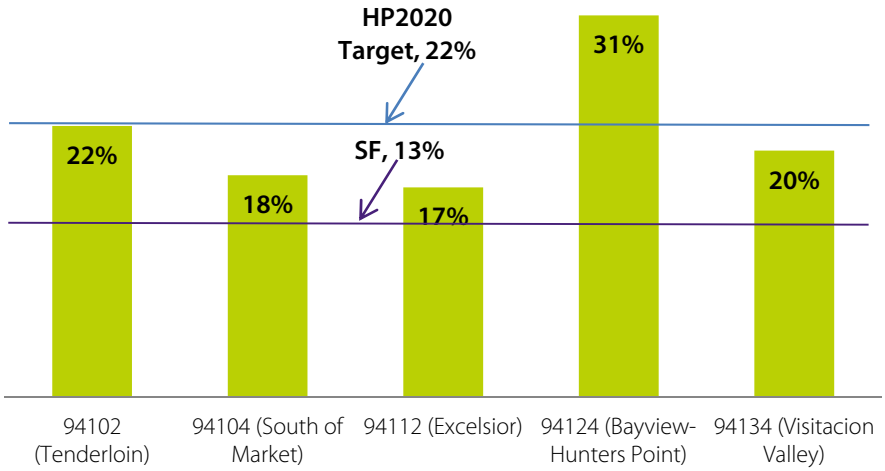
Social determinants of health are the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole. These social determinants are tied to health inequities: The systemic, unfair, avoidable, and unjust differences in health status and mortality (death) rates.[1] 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 obvious 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 C-F 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 C-E 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).

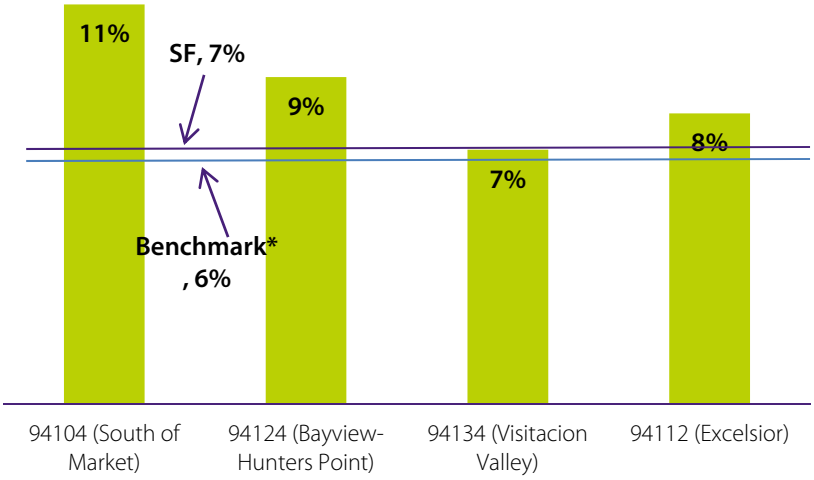
Exhibit C. Percentage of mothers who received no first trimester prenatal care, by neighborhood (2010)



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

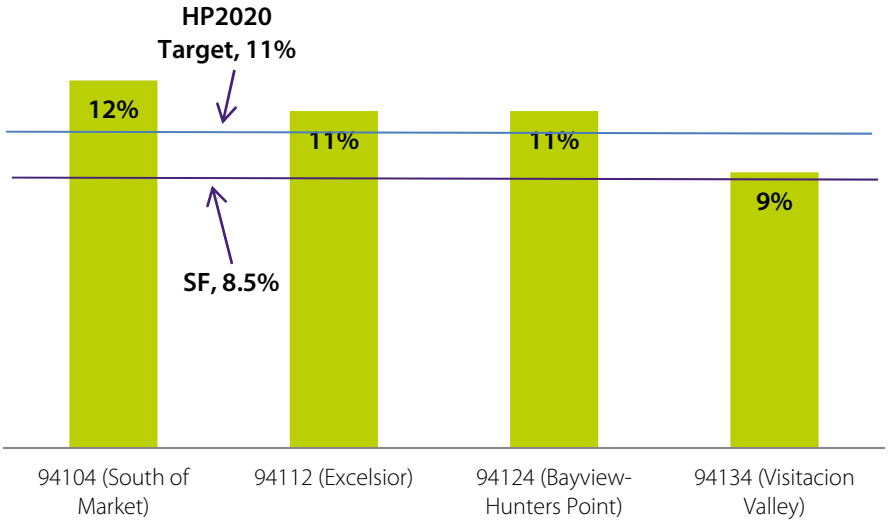
[1] National Association of County and City Health Officials as adapted from M. Whitehead.

Exhibit D. 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

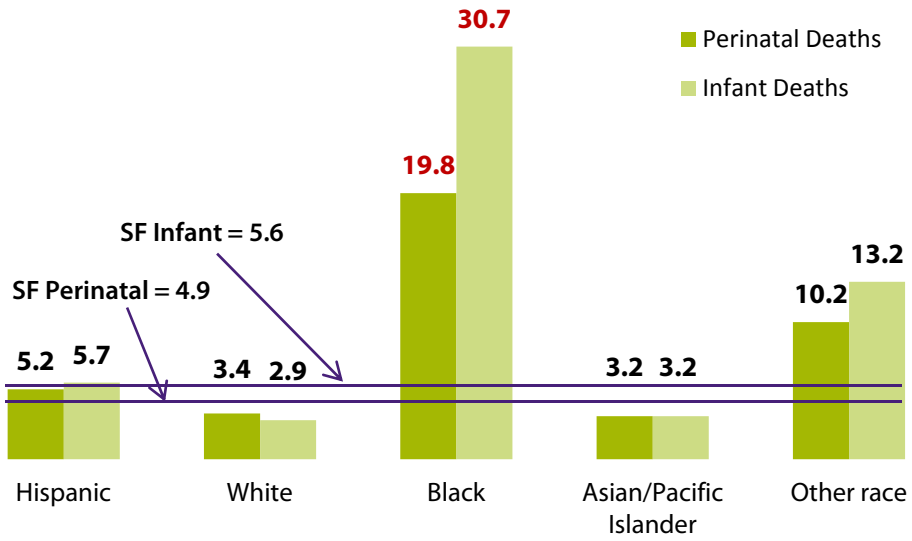
Exhibit E. Percentage of pre-term births (less than 37 weeks gestation) by neighborhood (2010)



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 F. 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 F. 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 C-E 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 G), disparities across racial/ethnic groups still exist.

Exhibit G. 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**	

	2001	2002	2003	2004	2005	2006	2007	2008	2009	Trend
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).[2] Exhibit H below displays rates of homicide, physical assault, and rape/sexual assault for the ten 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.

Exhibit H. 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

[2] 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.

Mortality by 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 I and J below.

Exhibit I. 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 J. 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

Causes of death for females	Asian death rate	Black death rate	Latino death rate	White death rate	Overall San Francisco death rate
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.

Pedestrian Injuries and Deaths

Exhibit K below shows the number and rate of pedestrian injuries and deaths for the ten 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 K. 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**

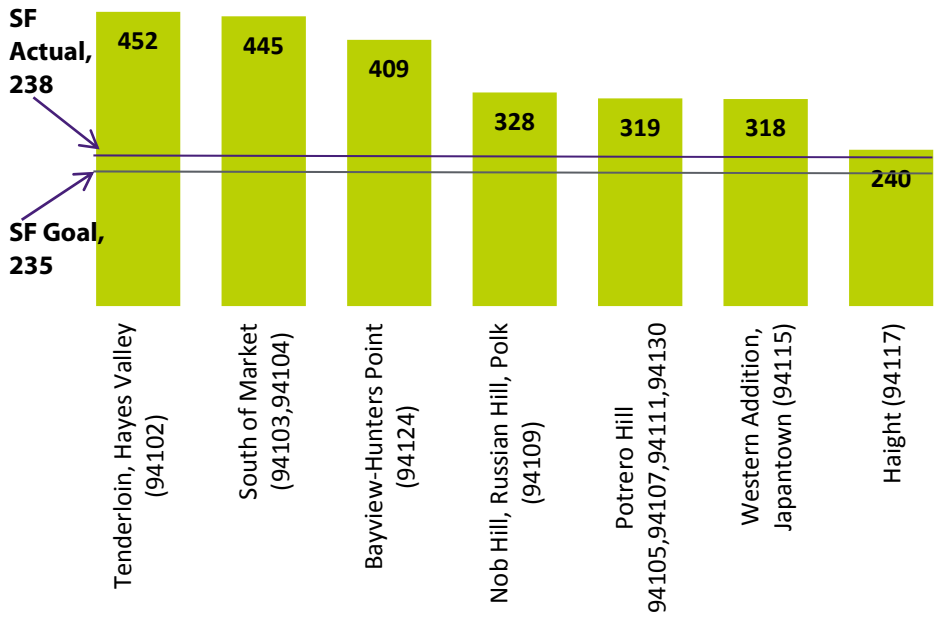
** Annual rate calculated from 2004-2008 SWITRS data and 2007 population data from Applied Geographic Solutions, Inc.*
*** N=52 pedestrian injury records did not include intersection data that would allow them to be geocoded. Those injuries are therefore not represented in the neighborhood totals but 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.[3] Exhibit L 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 L. 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.

[3] A lower number is considered to be better.

Obesity

San Francisco's obesity rate is **17.2 percent**, which is **lower** than the state rate (22.7 percent). Among San Franciscans, however, the group most at risk for being obese is **Latinos,** as seen below in Exhibit M. Over half (57 percent) of Latino adults in San Francisco are obese with a rate far exceeding the state rate and national benchmark.

Exhibit M. 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.** 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,[4] 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 N and O below, cardiovascular diseases such as ischemic heart disease and stroke are among the leading causes of death for men and women in San Francisco.

[4] 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 N. Age-adjusted leading causes of death for males in San Francisco, 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 O. 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 are available to San Francisco residents

Data in the CHSA on health care resources 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.
- 95 percent of children under 18 had health insurance.
- Nearly all adults 65 and older had health insurance.
- 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).
- There are at least 55 primary care health centers throughout San Francisco.
- 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.
- The number of dentists per 100,000 population in San Francisco is **219**, compared to 85 statewide.
- 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.

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 neighborhoods, and there are communities and sub-populations experiencing the health disparities and inequities described above. Although increasing access to care may help improve some health outcomes, CHSA data show that health outcomes are determined by more than the availability of physical "brick and mortar" health care resources.

How can the connection to health services be made?

Together, the health outcome findings and the data on health resources raises questions regarding how to narrow that gap.

+ **What are the barriers to accessing the appropriate services?**

- **Do health and wellness providers have the cultural competency and overall capacity to address the health problems affecting these populations and future changes to the population of the city?**
- **What are the actual services needed to address these disparities? How should such services be distributed?**
- **How can services be better connected to those who are experiencing problems?**
- **What are the health care access expectations of service providers? Of consumers?**
- **Will better access to health and wellness services improve health outcomes for residents of the Tenderloin, South of Market, Bayview-Hunters Point, and Visitacion Valley? For Black/African American men and women living in these neighborhoods?**

Discussions and solutions that come from these questions may one day help San Franciscans who fall into that gap and have regular experiences such as the one described by this Chinese speaking resident in Southeast San Francisco:

> *As a low-income worker, it is hard to access health care because of health insurance, so I go to [*a SF hospital*] or other places. It may take up to an hour to travel there. It is hard to get translation and sometimes I have to bring my own translation. Getting medication is difficult and not convenient. I have to travel further in the city and often multiple times to get one medication, and wait countless hours. It affects my work schedule because I can't take that much time off.*

This quote illustrates that culture, language, income, employment, transportation, and geography all play a role in access to health care and taking care of one's health and wellness.

The intent of the CHSA is to use these data and questions to guide crucial processes such as planning for current and future health services in San Francisco, inform decision makers of the health status of San Francisco, help identify key health priorities for the city, and gain a better understanding of health disparities and inequities. The data in this CHSA is presented to emphasize the importance of looking at health status data alongside demographic, socioeconomic, health care resource, quality of life, and environmental data to gain a better and more holistic understanding of health burdens and inequalities. It is the hope of the contributors to this document that these data spark and encourage ongoing dialog and commentaries that lead to meaningful changes in citywide programs and policies, as well as improved future iterations of this CHSA.

Technical Notes: Methods and Limitations

Harder+Company 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). These data were exported in database formats, cleaned, and basic statistical techniques were applied to analyze trends. Where applicable, benchmark or target data were included.

All data were carefully reviewed and analyzed to ensure that they accurately address and respond to each of the indicators and category areas. Sample sizes for datasets were examined 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."

The data compiled from OSHPD to examine health care utilization throughout San Francisco describes individuals who access some kind of health service based on patient discharge data or patient registration data. Therefore, this data does not capture those who did not access health services or who access health services at a health agency whose data is not collected or reported to OSHPD. In addition, neither OSHPD nor any other source provides comprehensive data regarding the distribution of private sector health professionals and the patients they serve. This information gap reflects the fragmented nature of the health care system and illustrates the difficulty of health service planning for optimal community health.

Also, although US Census 2010 data were released between the end of 2011 and early 2012, all of the data required for this report were not yet available, such as the descriptive breakdown of poverty status in San Francisco. In those instances, data from the American Community Survey (ACS) 2009 and 2010, an ongoing sample survey calculated by the US Census Bureau, were used and cited as such. Additionally, certain demographic data is no longer available through the US Census but rather comes through the ACS.

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; as illustrated in Appendices A and B). Finally, population descriptions (e.g., race/ethnicity categories) may vary throughout the report based on the source of the data.

San Francisco Community Health Status Assessment

The San Francisco Department of Public Health (SFDPH) engaged Harder+Company Community Research (Harder+Company), an independent consulting firm, to develop its Community Health Status Assessment (CHSA), one of four assessments part of the Mobilizing for Action Through Planning and Partnerships (MAPP) framework. The CHSA takes a comprehensive look at the health status of San Francisco and helps identify priority community health and quality of life issues. This CHSA addresses four main questions: **How healthy are San Francisco residents? What does the health status of San Francisco look like? What health services and resources are available to San Francisco residents? What other factors contribute to health in San Francisco?** The CHSA will serve many purposes including but not limited to planning health services in San Francisco, informing decision makers about San Franciscans' health status, identifying key health priorities for the city/county, and gaining a better understanding of health disparities and inequities.

The CHSA provides data from more than 150 indicators over ten broad-based categories. These categories are:

- 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

In this report, the data from the above categories show that the City and County of San Francisco, with its diverse population and contrasting neighborhood communities, is performing well in many areas but also has key opportunities to improve access to health services and to reduce health disparities and inequities.

Method and Limitations

Harder+Company 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). These data were exported in database formats, cleaned, and basic statistical techniques were applied to analyze trends. Where applicable, benchmark or target data were included.

All data were carefully reviewed and analyzed to ensure that they accurately address and respond to each of the indicators and category areas. Sample sizes for datasets were examined 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."

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Also, although US Census 2010 data were released between the end of 2011 and early 2012, all of the data required for this report were not yet available, such as the descriptive breakdown of poverty status in San Francisco. In those instances, data from the American Community Survey (ACS) 2009 and 2010, an ongoing sample survey calculated by the US Census Bureau, were used and cited as such. Additionally, certain demographic data is no longer available through the US Census but rather comes through the ACS.

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; as illustrated in Appendices A and B). Finally, population descriptions (e.g., race/ethnicity categories) may vary throughout the report based on the source of the data.

Focus Groups

In addition to the review of quantitative data, Harder+ Company conducted five consumer focus groups throughout San Francisco. The focus groups were organized by the following areas: *older adults and the disabled, lesbian/gay/bisexual/transgender (LGBT), monolingual Spanish-speaking, Excelsior families, and the Richmond/Sunset neighborhood areas.* In addition, SFDPH conducted a teen focus group. Recruitment for the focus groups was community-based and local health and social services providers also assisted with the recruitment. Each focus group consisted of up to 12 participants. Guided open-ended discussions in each group focused on the connection (or disconnection) of consumers to health care services in San Francisco. Quotations and themes from the focus groups are included, where applicable, throughout the CHSA.

MAPP

This CHSA was developed as a part of the National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a strategic tool that helps communities improve health and quality of life through community-wide strategic planning. MAPP is used to identify key resources, take into account unique circumstances and needs, and form effective partnerships for strategic action. The MAPP process involves completion of four assessments – including the CHSA – that are key to improving community health. The CHSA comprises a core list of health indicators in ten broad-based categories. By gathering data for each of these indicators and then comparing the jurisdiction's data to trend information, established benchmarks, and/or peer, state and national data, San Francisco will use CHSA data to identify priority health issues for community action.

DEMOGRAPHIC CHARACTERISTICS

In this section:

- Population and population density
- Age and sex
- Race and ethnicity
- Population projections

Demographic Characteristics

This first section of the Community Health Status Assessment (CHSA) presents key demographic and socioeconomic characteristics of San Francisco residents. These are key characteristics that provide context to the Health Care Services Master Plan (HCSMP) and to San Francisco's broader efforts to develop actionable health priorities to improve the health of city and county residents. These characteristics also inform deeper examinations of San Francisco's health status as well as particular issues of health care access.

Population and Population Density

These data describe how San Francisco's population has changed over time in size and number per square mile. This information helps determine if the number of health services, resources and facilities are keeping up with population growth and density and to determine where the greatest changes are taking place.

Net Change in Population

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 increase of 29,999. Additionally, more people left San Francisco between 2000 and 2010 than entered due to migration. Exhibit 1 below compares the net change in San Francisco's population to that of California.

Exhibit 1. 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

Population Density by Neighborhood

In 2010, San Francisco's average population density was **17,081** per square mile. The most densely populated neighborhoods appear below (Exhibit 2). See Appendix G for population density in all neighborhoods.

Exhibit 2. 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 and Sex

Data on age and sex may be used to determine whether there are adequate services that meet the needs of particular age groups such as pediatric, adult or senior services and gender-based services.

Exhibit 3 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.[5] 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.

San Francisco's population is older than that of California overall. Seven percent of San Francisco's residents are over 74 compared to five percent statewide.

[5] Accurate numbers for the transgender population are not available; however, transgender individuals comprise an estimated 0.03% of the population, according to the 2010 San Francisco HIV Prevention Plan.

Exhibit 3. 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 the following table illustrates (Exhibit 4), 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. See Appendix G for yearly numbers and percent of San Francisco's population by age group.

Exhibit 4. San Francisco population by age, 2000 and 2010

	San Francisco, 2000		San Francisco, 2010		10-year Trend
Age Group	Number	Percent	Number	Percent	
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

Race and Ethnicity

Data on race and ethnicity can help determine whether the demographics of health care and wellness personnel are reflective of the population and also to help assess the need for culturally competent health care services. Race is also a social determinant of health, which can contribute to health inequities.

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.[6]

The exhibits below provide breakdowns by race and ethnicity and show the change in the population since 2000. Exhibit 5 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 5a displays the population breakdown by Hispanic or Latino and non-Hispanic or Latino categories and those proportions total 100 percent. (Also see footnotes below for further explanation of US Census race/ethnicity categories.)

Exhibit 5. San Francisco population by race and ethnicity, 2000 and 2010

	San Francisco, 2000		San Francisco, 2010		Trend
Race and Ethnicity[7]	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) [8]	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

[6] 2009 Report of the San Francisco Mayor's Task Force on African American Out-Migration

[7] 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%.

[8] 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.

Exhibit 5a. San Francisco population by Hispanic or Latino ethnicity, 2000 and 2010

Race and Ethnicity	San Francisco, 2000		San Francisco, 2010		Trend
	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

Compared to California, Asians make up a higher proportion of the San Francisco population. 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 6 below.

Compared to California, Asians make up a higher proportion of the San Francisco population – more than 2.5 times the rate of Asians statewide.

Exhibit 6. 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

The following table (Exhibit 7) displays the race and ethnicity breakdown by San Francisco neighborhoods.

Exhibit 7. San Francisco population by race/ethnicity and neighborhood (2010)

Neighborhood	Percent White (non-Latino/a)	Percent Asian / Pacific Islander (non-Latino/a)	Percent Latino/a	Percent African American/ Black (non-Latino/a)	Percent Multi-ethnic (non-Latino/a)	Percent Other ethnicity (non-Latino/a)	Percent Native American/ Alaska Native (non-Latino/a)
	Categories with proportions higher than the citywide average are **bolded.**						
Bayview	6	33	**25**	**33**	**3**	0.2	**0.3**
Bernal Heights	**45**	16	**30**	4	**4**	0.3	**0.3**
Castro/Upper Market	**74**	10	10	2	3	**0.5**	0.2
Chinatown	13	**80**	3	2	1	0.1	0.1
Crocker Amazon	12	**57**	**27**	2	2	0.2	0.1
Diamond Heights/Glen Park	**61**	16	13	6	**4**	0.2	0.2
Downtown/Civic Center	37	28	**21**	**10**	**4**	**0.4**	**0.6**
Excelsior	14	**49**	**32**	3	2	0.3	0.1
Financial District	**48**	**40**	6	3	2	0.2	**0.3**
Haight Ashbury	**72**	10	8	5	**4**	0.3	**0.3**
Inner Richmond	**47**	**39**	7	2	**4**	**0.4**	0.1
Inner Sunset	**53**	**34**	7	2	**4**	**0.4**	0.2
Lakeshore	**44**	**35**	12	4	**4**	**0.4**	0.2
Marina	**80**	11	6	1	3	0.3	0.1
Mission Bay	**45**	**39**	8	4	**4**	0.3	0.2
Mission	39	12	**42**	3	3	0.3	**0.4**
Nob Hill	**46**	**43**	7	2	3	0.2	0.2
Noe Valley	**72**	11	11	2	**4**	0.3	0.2
North Beach	**49**	**39**	6	3	2	0.3	0.1
Ocean View	16	**52**	**17**	**13**	2	0.2	0.2
Outer Mission	22	**48**	**25**	2	3	0.2	0.2
Outer Richmond	41	**47**	6	2	**4**	**0.4**	0.2
Outer Sunset	32	**57**	6	1	3	0.3	0.1
Pacific Heights	**77**	12	5	1	3	0.3	0.1
Parkside	34	**56**	6	1	3	0.2	0.1
Potrero Hill	**60**	14	13	**9**	**4**	**0.4**	**0.3**
Presidio	**75**	9	8	2	1	**0.4**	0.2

Neighborhood	Percent White (non-Latino/a)	Percent Asian / Pacific Islander (non-Latino/a)	Percent Latino/a	Percent African American/ Black (non-Latino/a)	Percent Multi-ethnic (non-Latino/a)	Percent Other ethnicity (non-Latino/a)	Percent Native American/ Alaska Native (non-Latino/a)
	Categories with proportions higher than the citywide average are **bolded.**						
Presidio Heights	**72**	18	5	1	3	0.3	0.1
Russian Hill	**58**	**34**	5	1	2	0.2	0.1
Seacliff	**68**	20	5	2	**4**	0.3	0.2
South of Market	42	32	11	**9**	**4**	**0.4**	**0.5**
Treasure Island/YBI	27	19	**23**	**23**	1	0.3	**0.6**
Twin Peaks	**60**	20	10	6	3	**0.5**	0.2
Visitacion Valley	6	**57**	**21**	**13**	2	0.2	0.2
West of Twin Peaks	**56**	29	8	2	**4**	**0.5**	0.1
Western Addition	**53**	20	10	**13**	**4**	**0.4**	**0.3**
San Francisco	**42**	**33**	**15**	**6**	**3**	**0.3**	**0.2**

Source: Healthy Development Measurement Tool, SFDPH

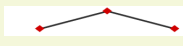
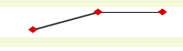
Population Projections

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. The 2010 Census has established San Francisco's current population at 805,235. 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 the age of 45. The population between the ages of 25 to 44 will drop from 37 percent to 26 percent.

By 2030, it is estimated that 55 percent of the population will be over the age of 45.

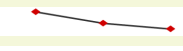
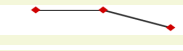
Exhibit 8. San Francisco 2020 and 2030 population projections by age

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

When looking at population projections by race and ethnicity (see Exhibit 9 below), estimates suggest that there will be increases in the White and Pacific Islander populations and decreases among the Hispanic, Asian, Black/African American, and Native American populations by 2030.

Exhibit 9. San Francisco 2020 and 2030 population projections by race/ethnicity

	Percent of Total San Francisco Population			
	Current	2020 Estimate	2030 Estimate	Trend
White	42	47	47	
Hispanic	15	13	12	
Asian	33	31	30	
Pacific Islander	0	1	1	
Black/African American	6	6	5	
Native American	1	0	0	
Multi-race	3	3	3	
Total Population	**805,235**	**844,466**	**854,675**	

Source: California State Department of Finance

SOCIOECONOMIC CHARACTERISTICS

In this section:

- Income and poverty
- Employment
- Education
- Household composition
- Housing
- Homelessness
- Immigration

Socioeconomic Characteristics

The following sections present crucial indicators of the social and economic circumstances of San Francisco individuals and families. Are families living in poverty? Are people employed? How might these factors change the accessibility and use of health care services? How might these factors contribute to health and wellness overall? Socioeconomic characteristics are considered social determinants of health.

Income and Poverty

Household income and levels of poverty are important factors to consider when examining the health status of San Francisco residents. People with lower incomes are often found to have higher risks than people with higher incomes for giving birth to low birth weight babies, for suffering injuries or violence, for getting most types of cancers, and for getting chronic conditions.[9] Also, metropolitan areas with relatively high income inequality have lower average life expectancy and higher rates of violence.[10] The following data describe the variation in median household income by San Francisco neighborhoods and poverty broken down by different demographic factors, including families with children.

Income

In 2005-2009, the median household income in San Francisco was **$70,040,** and the average per capita income was **$44,373**. The table below (Exhibit 10) shows the 10 wealthiest and 10 poorest neighborhoods in San Francisco in terms of median household income. Exhibit 11 shows the distribution of median income by census tract on a map of San Francisco. See Appendix G for data on all San Francisco neighborhoods.

Exhibit 10. Median household income and per capita income for wealthiest and poorest San Francisco neighborhoods, 2005-2009

Neighborhood	Median household income (2005-20009)	Per capita income (2005-2009)
Top 10 – Median Household Income (Above SF median)		
Seacliff	$162,903	$87,976
West of Twin Peaks	$125,027	$58,594
Pacific Heights	$109,307	$101,257
Noe Valley	$105,797	$62,952
Marina	$102,450	$87,353
Potrero Hill	$98,198	$58,650
Presidio Heights	$96,542	$74,329
Castro/Upper Market	$92,237	$67,206

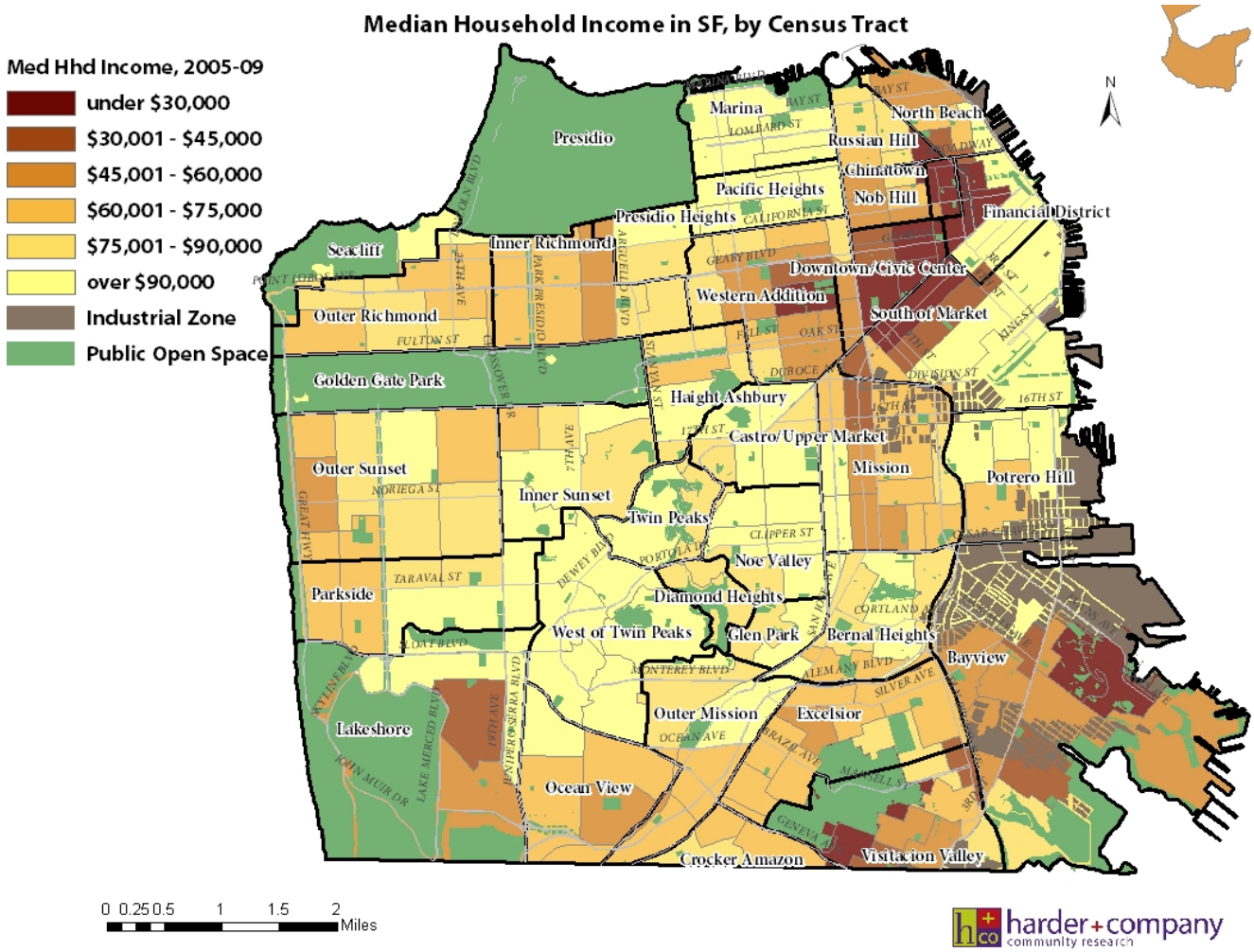
[9] Yen IH and Syme SL. 1999. The Social Environment and Health: A Discussion of the Epidemiologic Literature. Annual Review of Public Health 20:287-308.

[10] Lynch JW, Kaplan GA, Pamuk ER, Cohen RD, Heck KE, Balfour JL, Yen IH. Income inequality and mortality in metropolitan areas of the United States. Am J Public Health. 1998;88(7):1074-1080.

Neighborhood	Median household income (2005-20009)	Per capita income (2005-2009)
Inner Sunset	$85,696	$39,110
Bernal Heights	$85,607	$41,317
Bottom 10 – Median Household Income (Below SF median)		
Ocean View	$67,487	$25,343
Excelsior	$67,405	$23,562
Mission	$63,623	$37,667
Lakeshore	$62,917	$32,513
Western Addition	$53,990	$47,111
Nob Hill	$53,283	$46,485
Visitacion Valley	$44,373	$17,651
Bayview	$43,151	$19,484
Downtown/Civic Center	$24,491	$26,003
Chinatown	$17,630	$18,573

Note: The median household income is statistically unstable for the following neighborhoods: Financial District, Presidio, Treasure Island/Yerba Buena Island, Twin Peaks
Source: Healthy Development Measurement Tool, SFDPH

Exhibit 11. Median household income by neighborhood, 2005-2009



As indicated previously, income inequality, a measure of the distribution of income, is often associated with decreased life expectancy, higher mortality, and reduced self-rated health status.[11] The greater the gap between the richest and poorest people, the greater the differences in health.[12] One measure of income inequality is the Gini coefficient, which measures the distribution of income relative to the distribution of people. The Gini coefficient ranges from zero to one, with larger values indicating greater inequality. Exhibit 12 below shows that San Francisco has the largest Gini coefficient, or highest degree of income inequality, of the nine Bay area counties.

[11] Lynch J, Smith GD, Harper S, Hillemeier M, Ross N, Kaplan GA, Wolfson M. Is income inequality a determinant of population health? Part 1. A systematic review. Milbank Q. 2004;82(1):5-99.

[12] World Health Organization. Health Impact Assessment: The Determinants of Health . http://www.who.int/hia/evidence/doh/en/.

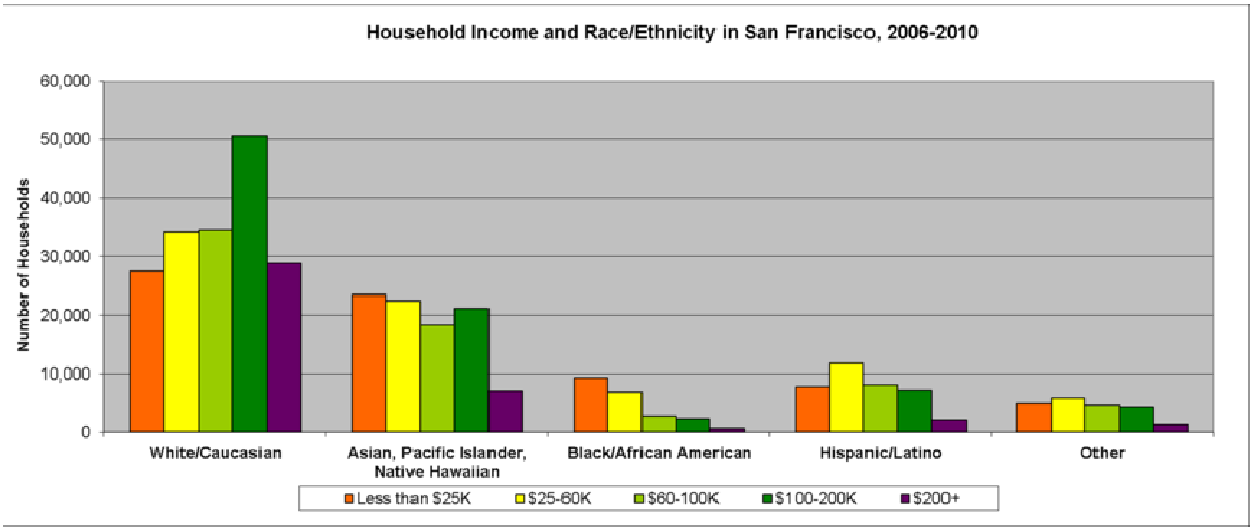
Exhibit 12. Income inequality in Bay Area counties, 2006-2010

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, with larger values indicating greater inequality.*
Source: Healthy Development Measurement Tool, SFDPH

Exhibit 13 below displays household income by race/ethnicity in San Francisco for 2006 through 2010. On average, people of color in San Francisco have lower household incomes than Whites/Caucasians.

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



Source: The Healthy Development Measurement Tool, SFDPH

Poverty: Individuals

Poverty rates are higher than the city average for the following groups: females, 65 and older, African Americans, people of "other" race, Latinos, and female heads of household.

In 2010, **12.5 percent** of San Francisco residents were living below the poverty level.[13] The following groups of people exhibited higher than average rates of poverty: **females, people age 65 and older, Blacks/African Americans, people of "some other race,"[14] people of two or more races, Latinos, and families with female heads of households**. Exhibit 14 below details poverty status for San Francisco residents by sex, age, and race/ethnicity. The reported data may be conservative since the cost of living in San Francisco is higher than average – the cost of meeting one's basic needs in San Francisco is $30,286 for a single adult, compared to $27,456 in Alameda, $28,281 or $23,972 in Sonoma Counties.[15] (Also see Exhibit 15 below which reports percent living below 200 percent of the poverty threshold by neighborhood.)

Exhibit 14. Poverty status by sex, age, and race/ethnicity (2010)

Poverty Status for Individuals	Total	Count below Poverty Level	Percent below Poverty Level (rates that exceed the SF average are **bold**)
By Sex			
Male	404,494	47,385	11.7
Female	394,353	52,845	**13.4**
By Age			
Under 18 Years Old	105,667	12,336	11.7
18 to 64 Years Old	584,455	71,980	12.3
65 Years Old and over	108,725	15,914	**14.6**
By Race/Ethnicity			
Black or African American	48,622	11,902	**24.5**
Some other race	35,244	5,698	**16.2**
Two or more races	28,902	4,228	**14.6**
Hispanic or Latino origin (of any race)	121,121	16,990	**14.0**
Asian	267,317	33,312	12.5
White	411,386	44,429	10.8
Population for Whom Individual Poverty Status Is Determined[16]	**798,847**	**100,230**	**12.5**

Source: American Community Survey 2010, 1-Year Estimates
Note: Data not available for American Indian and Alaska Native or Native Hawaiian and Other Pacific Islander because the number of sample cases is too small.

[13] In 2010, the Federal Poverty Level was $22,050 for a family of four, with an increase of $3,740 for each additional family member.
[14] "Some other race" was included in the Census for respondents who were unable to identify with the five Office of Management and Budget race categories. Respondents who provided write-in entries are included in the "some other race" category.
[15] Self-Sufficiency Standard, Insight Center for Community Economic Development; http://www.insightcced.org/index.php?page=ca-sss
[16] Poverty status is not determined for anyone living in group quarters (i.e., any place where people live together on a more than temporary basis including military barracks, prisons (not jails), nursing homes (not hospitals); college residence halls; workers' dormitories; and facilities for people needing emergency shelter (e.g., domestic violence shelters, homeless shelters, natural disaster shelters).

The following table (Exhibit 15) shows neighborhoods in San Francisco with higher rates of poverty than San Francisco citywide, based on the percentage of people who live at or below 200 percent of the Census Poverty Threshold (CPT). This measure was calculated specifically for neighborhoods in San Francisco because San Francisco has a higher than average cost of living. As opposed to the federal poverty line alone, the CPT, which is based on the Federal Poverty Line also accounts for age in addition to the number of people per household; the cut-offs used by the CPT are generally higher for households with children and lower for senior households without children. In 2009, the poverty threshold for two adults and a child under 18 was $17,268; 200 percent of the CPT for the same time period and same family was $34,536. Chinatown had the highest percent of poverty at 68 percent followed by the Downtown/Civic Center neighborhood at 55 percent. See Appendix G for a full list of neighborhood poverty rates.

Exhibit 15. Proportion of population living below 200 percent of the Census Poverty Threshold (CPT) for individuals, 2005-2009

Neighborhood	Percent of individuals living below 200% CPT
Chinatown	68
Downtown/Civic Center	55
South of Market	44
Treasure Island/YBI	44
Bayview	39
Visitacion Valley	39
Financial District	34
Mission	33
Nob Hill	31
Western Addition	31
Mission Bay	30
Lakeshore	29
Excelsior	28
North Beach	28
Ocean View	28
San Francisco	**26**

Source: The Healthy Development Measurement Tool, SFDPH; American Community Survey 2009, 5-year estimates

Poverty: Children and Families

In 2010, the **poverty rate for San Francisco's families with children under 18 years old was 9.2 percent**. This rate was substantially lower for married couples with children and much higher for single female-headed households. Exhibit 16 below shows poverty rates for different household types in San Francisco, with and without children. Rates that exceed the citywide average are bolded.

Exhibit 16. Poverty status of children and families (2010)

Group	Count	Percent below Poverty Level (rates that exceed the SF average are **bold**)
Families[17]	149,581	7.6
Families with Related Children under 18	60,389	9.2
Married Couple Families	108,883	4.9
Married Couple Families with Children Under 18	41,316	5.0
Female Householder, No Husband Present	28,415	**16.7**
Female Householder, No Husband Present with Children Under 18	14,171	**22.1**
Population for Whom Poverty Status Is Determined	**798,847**	**12.5**

Source: American Community Survey 2010, 1-Year Estimates

Employment

Employment data can highlight potential gaps in private health insurance coverage based on employment and unemployment. Employment data can also be viewed as a predictor of how health care services might be utilized. According to research cited on the Healthy Development Measurement Tool, unemployment can be associated with premature mortality,[18] cardiovascular disease, hypertension, depression, and suicide.[19]

In January 2012, San Francisco's unemployment rate was **8.1 percent**.[20] In 2010, unemployment was **highest** for San Franciscans who are "some other race" or Black/African American, and **lowest** for those who are White or two or more races. Exhibit 17 below provides San Francisco's unemployment rates broken out by race/ethnicity. See Appendix G for unemployment rates by neighborhood.

[17] A "family" is defined as a group of two or more people who live together and who are related by birth, marriage, or adoption.
[18] Cornwall A, Gaventa J. 2001. From Users and Choosers to Makers and Shapers: Repositioning Participation in Social Policy. Working Paper 127. Sussex: Institute of Development Studies.
[19] Jin RL, Shah CP, Svoboda TJ. The impact of unemployment on health: a review of the evidence. The Journal of the Canadian Medical Association. 1995;153:529-540.
[20] The unemployment rate is calculated for the population age 16 years and over who were in the labor force during the designated time period. Unemployment data comes from the U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics.

Exhibit 17. San Francisco unemployment rates by race/ethnicity (2010)

Race/Ethnicity	Unemployment Rate (rates that exceed the SF average are **bold**)
Some other race	**16.9**
Black/African American	**14.1**
Hispanic or Latino origin (of any race)	**11.8**
Asian	**10.3**
Two or more races	8.7
White	7.3
San Francisco	**9.0**

Source: American Community Survey 2010, 1-Year Estimates
Note: Data not available for American Indian and Alaska Native or Native Hawaiian and Other Pacific Islander because the number of sample cases is too small.

Education

Education is an indicator that can be used in a variety of ways. Data on education can be used to determine whether a range of health services is accessible and/or understandable to those with less than a high school education. Research consistently shows that educational outcomes are positively associated with lifetime earnings, positive health behaviors, and prolonged life expectancy,[21] while less education is a stronger predictor of partaking in cardiovascular risk factor activities (described later in this report) such as smoking, poor nutrition, sedentary behavior than even income or occupation.[22] These data can also be used as a predictor of health care coverage and use in San Francisco, as research has shown that those with a high school education or less are more likely to use public assistance services.

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. 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 18 below displays countywide public school graduation rates by race/ethnicity and by program.

[21] Backlund E, Sorlie PD, Johnson NJ. A comparison of the relationships of education and income with mortality: the National Longitudinal Mortality Study. Soc Sci Med. 1999;49(10):1373-84.
[22] Winkelby MA, Jatulis DE, Frank E, Fortmann SP. 1992. Socioeconomic status and health: How education, income and occupation contribute to risk factors for cardiovascular disease. Am J Public Health 82:816-820.

Exhibit 18. Public high school graduation rates[23] by race/ethnicity and program (Class of 2009-2010)

Cohort Outcomes, by Race/Ethnicity[24]	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[25]	32	**37.5**
All Students	**5,065**	**75.8**

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

On average, San Francisco's residents have a **higher** level of educational attainment relative to the state. Exhibit 19 below compares the highest level of education completed by San Francisco residents versus statewide averages.

Exhibit 19. 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

[23] 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.,

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

[25] 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.

The exhibit below details educational attainment for the ten San Francisco neighborhoods with the smallest percentage of residents who have a high school education or more. Data for all San Francisco neighborhoods is in Appendix G.

Exhibit 20. 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

Household Composition

Data on household composition could be important in determining the availability and location of family-centered services.

The average size of San Francisco families is 3.29. This number is slightly higher for single-parent families (3.53 for males with no wife present and 3.43 for females with no husband present) and slightly lower for married-couple families, at 3.23. Same sex couple families are included in the single-parent family categories.[26] Exhibit 21 below breaks out household composition for families, households with any children, and households with their own children. See Appendix G for family structure data by neighborhood.

[26] The American Community Survey 2010 includes same sex households under the "Unmarried Partner Households" category.

Exhibit 21. Household composition[27] (2010)

Families[28]	Count	Percent
Married couple	108,883	72.8
Female, no husband present	28,415	19.0
Male, no wife present	12,283	8.2
Total Families	**149,581**	
Households with One or More People under 18 Years Old		
Married couple	41,484	67.9
Female, no husband present	14,236	23.3
Male, no wife present	5,011	8.2
Nonfamily household	373	0.6
Total Families	**61,105**	
Households with Own Children under 18 Years Old		
Married couple	39,056	26.1
Female, no husband present	11,419	7.6
Male, no wife present	3,537	2.4
Total Families	**54,012**	

Source: American Community Survey 2010, 1-Year Estimates

5.5 percent of San Francisco's 366,012 households contain unmarried partners of the opposite sex and **2.9** percent have unmarried partners of the same sex.

In 2010, **22 percent** of San Francisco households had children under age 18. Visitacion Valley (50 percent) and Bayview (48 percent) had the highest percentage of families with children under age 18 while the Financial District (6 percent) and Nob Hill (9 percent) neighborhoods had the lowest percentage of families with children under age 18. Exhibit 22 below shows the top and bottom five neighborhoods in terms of proportion of households with children; information for all neighborhoods is in Appendix G.

Exhibit 22. Proportion of households with children under age 18 by neighborhood* (2010)

Neighborhood	Percent
Visitacion Valley	50
Bayview	48
Crocker Amazon	44

[27] Data in this table include same sex couples with adopted children.

[28] A "family" is defined as a group of two or more people who live together and who are related by birth, marriage, or adoption.

Neighborhood	Percent
Excelsior	44
Ocean View	41
Russian Hill	10
Castro/Upper Market	10
South of Market	9
Nob Hill	9
Financial District	6
San Francisco	**22**

** Neighborhoods presented are those in the top and bottom five for families with children under age 18.*
Source: Healthy Development Measurement Tool, SFDPH

Housing

Along with other socioeconomic indicators, housing, particularly in a densely populated metropolitan region is crucial to consider when examining the health status of a population. As stated earlier, the cost of living in San Francisco is high, largely because of high housing costs. As described in the Healthy Development Measurement Tool, high housing costs relative to the income of an individual or household 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. Additionally the high income inequality in San Francisco 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. I mean we got a right to live somewhere without having to deal with roaches and rats and wondering who's going to fix it. … on my floor only one toilet works.*

- Transgender resident

Housing production and affordability

The table in Exhibit 23 below suggests that housing production for all income groups will **not** meet anticipated demand through 2014, with low-income housing faring worst at only four percent of demand being met.

Exhibit 23. Housing production versus affordability in San Francisco, 2007-2010/2014

Income Level	Housing demand* *(production targets 2007-14)*	Housing Production** *(Actual production 2007-2010)*	Percent of demand met	Production needed to meet goals
Very low *(50 percent AMI)*	6,589	1,699	26	4,890
Low *(80 percent AMI)*	5,535	202	4	5,333
Moderate *(120 percent AMI)*	6,754	901	13	5,853
Above moderate *(market rate)*	12,315	7,915	64	4,400
Total	**31,193**	**10,717**	**34**	**20,476**

** Housing demand based on Regional Housing Needs Determination.*[29]

*** Production is calculated by the San Francisco Planning Department to include all new units built, units rebuilt after demolition, and new net housing from acquisition and rehabilitation. Production figures for the corresponding demand period (2007 – 2014) are currently only available through 2010.*

Source: Healthy Development Measurement Tool, SFDPH

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 24 below shows the ten 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. See Appendix G for information on all San Francisco neighborhoods.

Exhibit 24. 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

[29] The State of California requires the Division of Housing and Community Development to allocate expected future housing demand to each local jurisdiction. Demand is estimated for four income levels. In the Bay Area, the Association of Bay Area Governments produces the estimates in cooperation with local jurisdictions, called the Regional Housing Needs Determination. The San Francisco Planning Department maintains an inventory of housing production based on its own data and data from the Mayor's Office on Housing, the San Francisco Housing Authority, and the San Francisco Redevelopment Agency.

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 25 below details the numbers of homeless people in San Francisco by supervisorial district,[30] which also includes families. See Appendix B for a map of San Francisco's supervisorial districts.

Exhibit 25. 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
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

[30] These data are based on a point-in-time count and there may be changes in the actual number of homeless people based on a number of factors including time of day, season, weather, bed availability, the economy, etc. San Francisco conducts its homeless count annually in adherence with requirements of the US Department of Housing and Urban Development.

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**)
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

Immigration status

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. The exhibit below compares immigration status in San Francisco with statewide data.

Exhibit 26. 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

Exhibit 27 below shows neighborhoods with a higher percentage of foreign born residents than San Francisco overall. Over three-quarters of Chinatown residents are foreign born.

Exhibit 27. San Francisco neighborhoods with higher proportion of foreign born residents compared to city/county overall, 2005-2009

Neighborhood	Percent Foreign Born
Chinatown	75.4
Crocker Amazon	52.3
Visitacion Valley	51.3
Excelsior	50.5
Outer Sunset	49.1
Outer Mission	46.9
Ocean View	44.8
Financial District	44.4
Parkside	43.1
Downtown/Civic Center	41.2
Outer Richmond	39.6
Mission	39.0
Lakeshore	37.5
Nob Hill	36.6
San Francisco	**34.4**

Source: Healthy Development Measurement Tool, SFDPH

Non-English Speaking Persons

A majority of San Francisco residents over age 5 speak only English at home. The next most commonly-spoken languages are Chinese and Spanish. Exhibit 28 below displays the most common primary languages spoken at home by San Francisco residents age 5 and over. See Appendix G for the complete list.

Exhibit 28. 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

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

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 focus groups, residents expressed the importance of the linguistic and cultural competency of service providers. When patients can interact with a service provider who speaks their primary language, focus group participants described how it greatly reduces their anxiety and frustration.

In Kindergarten through 12th grade, "English Learners"31 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 29 below shows the most common languages spoken by San Francisco's Kindergarten "English Learners."

Exhibit 29. 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

[31] Per the California Department of Education, "an 'English Learner' is a K-12 student who, based on objective assessment, has not developed listening, speaking, reading, and writing proficiencies in English sufficient for participation in the regular school program. These students are sometimes referred to as Limited English Proficient (LEP)."

HEALTH RESOURCE AVAILABILITY

In this section:

- Health coverage in San Francisco
- Primary care availability and use in San Francisco
- Hospital availability and use in San Francisco
- Health professional shortage and medically underserved areas

Health Resource Availability

This section of the CHSA describes the status of health resources in the City and County of San Francisco, including the distribution of different types of health care coverage, as well as current primary care, dental and hospital resources. This information helps identify strengths and risks in this community that contribute to people's health status.

Health Coverage in San Francisco

In addition to insurance status, it is crucial to understand what type(s) of coverage San Francisco residents have. Is the coverage adequate to meet the most important health needs of city/county residents?

The following data show the distribution of health coverage in San Francisco beginning with the percentage of residents who are currently insured and uninsured (Exhibit 30). Data then describe the types of health coverage people have. As of 2010, 94 percent of San Franciscans between the ages of 18 and 64 either had health insurance or were enrolled in Healthy San Francisco (HSF).[32] As health insurance coverage is a proxy for access to health care services, it follows that, though HSF is not health insurance, adding HSF enrollment to San Francisco's health insurance coverage data provides a more comprehensive measure of health care access in San Francisco. Health insurance status is based on American Community Survey (ACS) data, which estimated that 86.4 percent of San Franciscans had health insurance in 2010. In August 2010, approximately 9.2 percent of San Franciscans between the ages of 18 and 64 were enrolled in HSF.[33] Healthy People 2020 national goals include increasing the proportion of people with medical insurance to 100 percent.

94 percent of San Franciscans between the ages of 18 and 64 either had health insurance or were enrolled in Healthy San Francisco.

Exhibit 30. Health insurance/coverage status of non-senior adults (ages 18-64) (2010)

Health Coverage/Insurance Status	SF Percent (ages 18-64, n=581,058)	CA Percent	National Benchmark*
Currently Insured/Enrolled in HSF	94.0	82.0	--
Not Currently Insured	6.0	18.0	11.0

**2012 County Health Rankings, 90th percentile*
Source: Health Matters in San Francisco; American Community Survey 2010, 1-Year Estimates

In Exhibits 31 and 32 below, data indicate that the majority of San Franciscans – nearly three-quarters – have private health insurance. For adults ages 18-64 in San Francisco, the uninsured rate is one-quarter of the State's; San Francisco's rate of uninsured children is about half that of the State's.

[32] 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.
[33] Health Matters in San Francisco, Community Dashboard, http://healthmattersinsf.org, accessed 12/1/2011.

Exhibit 31. Health insurance/coverage status by type for non-senior adults (ages 18-64), 2010

Health Coverage Type	San Francisco Percent (n=581,058)	California Percent (n = 36,815,569)
Private Health Insurance Only	72.9	52.4
Public Health Insurance Only	9.9	20.8
Both Private and Public Insurance	2.0	8.2
Healthy San Francisco	9.2	n/a
No health insurance/No Healthy San Francisco	6.0	18.5

Source: Health Matters in SF, American Community Survey 2010, 1-Year Estimates; Healthy San Francisco 2009-2010 Annual Report

Exhibit 32. Health insurance status by type for children (age 18 and younger), 2010

Health Insurance Type	San Francisco Percent (n = 106,776)	California Percent (n = 9,288,691)
Private Health Insurance Only	61.8	52.4
Public Health Insurance Only	29.2	35.6
Both Private and Public Insurance	3.8	3.1
No health insurance	5.2	9.0

Source: American Community Survey 2010, 1-Year Estimates

For the older adult population (age 65 and older) in San Francisco, Exhibit 33 below shows that the large majority have either public health insurance or a combination of public and private health insurance. State data show a slightly higher rate of those with some combination of public and private insurance.

Exhibit 33. Health insurance status by type for seniors (age 65 and older), 2010

Health Insurance Types	San Francisco Percent (n = 108,725)	California Percent (n = 4,176,971)
Private Health Insurance Only	3.0	3.4
Public Health Insurance Only	47.1	41.6
Both Private and Public Insurance	49.0	53.3
No health insurance	0.9	1.7

Source: *American Community Survey 2010, 1-Year Estimates*

Exhibit 34 shows the estimated breakdown of uninsured San Francisco residents by race. One quarter of the uninsured identified as "other race" or "multi-race." They are followed by Black/African Americans at 18 percent and Latinos at 16 percent.

Exhibit 34. Estimated uninsured residents by race, all ages, 2009

Not Insured, By Race	San Francisco Percent (n = 826,000)	California Percent (n = 37,362,000)
Other and 2 or more races	25.7	18.3
Black/African American	18.2	14.8
Latino	16.3	23.9
Asian	7.4	11.1
White	3.2	9.0
American Indian/Alaska Native	(not available)	19.1

Source: California Health Interview Survey (CHIS), 2009

Medicare and Medi-Cal in San Francisco

Overall, elderly Medicare beneficiaries (age 65 and older) make up 13 percent of San Francisco's total population and non-elderly disabled Medicare beneficiaries make up two percent. Medi-Cal beneficiaries make up 23 percent of the total population of San Francisco[34]. Medi-Cal is California's Medicaid program.

Healthy San Francisco

Healthy San Francisco (HSF) is part of the San Francisco health care safety net and is intended to enable and encourage adult residents (ages 18-64) to access primary and preventive care. HSF is not health insurance but does provide a medical home and primary care physician to each program participant, as well as access to specialty care, urgent and emergency care, laboratory services, inpatient hospitalization, radiology, and pharmaceuticals. In Fiscal Year (FY) 2010-11, Healthy San Francisco had **54,348 enrollees** – 50 percent of whom were male and 50 percent female.[35]

The table below (Exhibit 35) breaks out FY 2010-11 HSF enrollees by age, ethnicity and income. While the California Health Interview Survey (CHIS) shows that 18 percent of Black/African American residents are uninsured, only 8 percent of Black/African American residents participate in HSF, meaning that 10 percent of African American residents who could potentially participate are not. The data also show that seven percent of Asian residents are uninsured and eight percent are HSF participants, indicating good uptake of this service in that population.

Exhibit 35. Healthy San Francisco participants by age,* race/ethnicity, and income, 2010-2011

Healthy San Francisco Participants by Age	Percent of Total HSF Enrollees	Est. Percent of SF Residents Enrolled in HSF
18 to 24 years	9	6
25 to 44 years	42	8

[34] Community Health Status Indicators 2009 and HRSA Area Resource File (http://arf.hrsa.gov/arfwebtool/Counties_list) accessed 2/20/2012

[35] Source: Healthy San Francisco Annual Report, FY 2010-11. Effective July 1, 2011, over 10,000 *Healthy San Francisco* participants were transitioned to San Francisco Provides Access to Healthcare (SF PATH), a federally-supported health access program that provides affordable health care services for some low income people living in San Francisco. The program was created in preparation for the implementation of federal Health Reform. New enrollment in *Healthy San Francisco* has not ceased, but total enrollment has decreased as a result.

Healthy San Francisco Participants by Age	Percent of Total HSF Enrollees	Est. Percent of SF Residents Enrolled in HSF
45 to 54 years	23	22
55 to 64 years	26	15
Healthy San Francisco Participants by Race/Ethnicity	**Percent of Total HSF Enrollees**	**Est. Percent of SF Residents Enrolled in HSF**
Asian/Pacific Islander	41	8
Latino	24	11
Caucasian	19	3
African American	7	8
Other	3	3
Native American	1	14
Not Given	5	--
Healthy San Francisco Participants by Income	**Percent of Total HSF Enrollees**	**Est. Percent of SF Residents Enrolled in HSF**
At or below 100 percent of Federal Poverty Level (FPL)	66	36
101 to 200 percent of FPL	24	6
201 to 300 percent of FPL	8	--
At or above 301 percent of FPL	2	--

** Healthy San Francisco serves adult residents between the ages of 18 and 64.*
Source: Healthy San Francisco Annual Report, FY 2010-11

In FY 2010-11 HSF consisted of 36 medical homes provided in seven medical home systems:

- The SFDPH (15 medical home sites);
- The San Francisco Community Clinic Consortium (SFCCC) (14 medical home sites);
- Kaiser Permanente (1 medical home site);
- Sister Mary Philippa Health Center (1 medical home site);
- Chinese Community Health Care Association (1 medical home site);
- Brown & Toland (2 medical home sites); and
- BAART (2 medical home sites).

The medical home for 45 percent of HSF participants is a SFCCC member clinic, for 44 percent it is a SFDPH clinic, and the remaining 11 percent are distributed among the rest. The most common medical homes among HSF participants are North East Medical Services (NEMS) – Chinatown North Beach (17 percent), NEMS – Portola (8 percent), NEMS – Sunset (7 percent), Kaiser Permanente San Francisco Medical Center (6 percent),

and Family Health Center at San Francisco General Hospital (6 percent). See Appendix G for a complete list of medical homes for HSF enrollees.

Hospital participation is also an important component of HSF. In 2010, a total of six non-profit hospitals participated in HSF as listed below in Exhibit 36.

Exhibit 36. Healthy San Francisco participating hospitals (2010)

Participating hospitals and their roles
San Francisco General Hospital – City and County's primary safety net hospital
California Pacific Medical Center – inpatient services to those with North East Medical Services as the HSF medical home
Chinese Hospital – partners with CCHCA to provide the full scope of primary care, specialty and inpatient services to those with CCHSA as the HSF medical home
Saint Francis – inpatient services to those with Glide Health as the HSF medical home
St. Mary's – inpatient services to those with Sister Mary Philippa as the HSF medical home
UCSF Medical Center – referral-based diagnostic imaging services at the Mission Bay site

Note: In the case of an emergency, HSF participants will receive services at the nearest available hospital with clinical capacity.
Source: Healthy San Francisco 2009-2010 Annual Report

The following table shows HSF participation by neighborhood.

Exhibit 37. Healthy San Francisco participation by neighborhood, 2009-2010

Neighborhood	Number of Participants	Percent of Total HSF Participants
Excelsior	7,772	14.5
Mission	5,860	11.0
Homeless (street)	4,426	8.3
Visitacion Valley	4,000	7.5
Bayview-Hunters Point	3,694	6.9
Tenderloin	3,101	5.8
Nob Hill	2,877	5.4
Sunset	2,805	5.3
South of Market	2,494	4.7
Forest Hill	2,131	4.0
North Beach	1,942	3.6
Outer Richmond	1,873	3.5
Haight	1,699	3.2
Inner Richmond	1,343	2.5

Neighborhood	Number of Participants	Percent of Total HSF Participants
Lake Merced	1,145	2.1
Chinatown	1,105	2.1
Western Addition	1,100	2.1
Potrero Hill	963	1.8
Castro-Noe Valley	907	1.7
Twin Peaks	726	1.4
All Other Neighborhoods	470	0.9
West Portal	378	0.7
Treasure Island	367	0.7
Marina	246	0.5

Source: Healthy San Francisco 2009-2010 Annual Report

Excelsior residents have the highest rate of HSF participation. Homeless individuals represent 14 percent of HSF enrollment, including street homeless, those in shelters and those who are "doubled-up" in housing. The table above only captures individuals across San Francisco neighborhoods who are street homeless.

Although 94 percent of San Francisco residents have health insurance or are enrolled in Healthy San Francisco, focus group participants discussed the worries and troubles they experience paying for their health care from their health insurance premiums, to the balance of what their insurance does not cover, to the cost of an ambulance ride to the hospital.

I do have health coverage. I hope that I can find some answer because I have an HMO and then they increased the payment so high. When it started 2-3 years ago, it was 40 some dollars, and suddenly this year 99 dollars for my premium. The premium is so high…because from 40 some dollars up to 99, it's twice, almost double.
- Sunset/Richmond resident

Health Coverage Utilization for Hospital Services

These data show how San Francisco residents use hospital services and how those services are paid. As Exhibit 38 shows, close to **39 percent** of health services used in San Francisco in 2008 were paid for through private insurance and another **36 percent** were paid for through Medicare. **Nineteen (19) percent** of health services were paid for by Medi-Cal. This exhibit also shows sources of payment for health services by neighborhood. The bolded figures in the table indicate instances where the value is higher than the average citywide. See Appendix A for a complete list of all San Francisco zip codes.

Exhibit 38. Sources of payment for health services for residents in select San Francisco neighborhoods* (2008)

Neighborhood	% Private Insurance	% Medicare	% Medi-Cal	% All Other	% Self Pay
San Francisco	**38.8**	**36.0**	**19.2**	**3.5**	**2.5**
94102: Downtown/Civic Center, Western Addition	19.2	**36.9**	**35.5**	**5.3**	**3.2**
94103: South of Market, Mission	20.4	35.3	**32.8**	**8.1**	**3.5**
94104: Financial District	33.1	**37.2**	**19.6**	**6.8**	**3.4**
94108: Chinatown, Nob Hill	30.3	**50.4**	13.9	3.0	2.4
94109: Russian Hill, Nob Hill, Pac Heights, Western Addition, Downtown	32.3	**44.1**	16.3	**4.7**	2.6
94110: Mission, Bernal Heights	35.8	28.0	**27.8**	**5.5**	2.8
94112: Outer Mission, Ocean View, Excelsior	36.3	34.9	**23.6**	2.8	2.4
94124: Bayview-Hunters Point	29.3	26.5	**36.4**	**4.1**	**3.7**
94133: Russian Hill, North Beach, Nob Hill, Chinatown	36.0	**47.5**	12.2	2.8	1.6
94134: Visitacion Valley	33.5	32.4	**28.9**	3.2	2.0

** 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: Office of Statewide Health Planning and Development, Patient Discharge Profiles, 2008

Community Obligations of Providers

Charity care is emergency, inpatient, and outpatient medical care, including ancillary services, provided to those who cannot afford to pay and without expectation of reimbursement. Per the 2001 Charity Care Ordinance, the following San Francisco hospitals are required to report data related to charity care on an annual basis: California Pacific Medical Center, St. Luke's Hospital, Chinese Hospital, St. Francis Memorial Hospital and St. Mary's Medical Center. The remaining hospitals—Kaiser Foundation Hospital San Francisco, University of California San Francisco Medical Center, and San Francisco General Hospital—report voluntarily. Exhibit 39 below details the number of applicants for charity care by Supervisorial district (see map of supervisorial districts in Appendix B). As indicated below, District 6 (in bold), followed by districts 10 and 9, respectively, had the most charity care applicants in 2010, together accounting for 43 percent of charity care applicants in San Francisco.

District 6, followed by districts 10 and 9, respectively had the most charity care applicants in 2010, together accounting for 43 percent of applicants.

Exhibit 39. Approved charity care applications by Supervisorial district (FY 2010)

Supervisorial District	Charity Care Applicants	Percent of Total
District 1	1,793	2.7
District 2	2,946	4.5

Supervisorial District	Charity Care Applicants	Percent of Total
District 3	3,250	5.0
District 4	2,482	3.8
District 5	3,366	5.2
District 6	**10,077**	**15.4**
District 7	3,698	5.7
District 8	1,916	2.9
District 9	8,166	12.5
District 10	9,501	14.6
District 11	4,979	7.6
Outside San Francisco	6,798	10.4
Homeless / Other	6,311	9.7
Total	**65,282**	

Source: SFDPH, Charity Care Report, Fiscal Year 2010

As Exhibit 40 shows, many San Francisco residents apply for charity care services in different neighborhoods than where they live. Note that in Exhibit 40 below the numbers in bold represent instances in which patients received charity care in hospitals that correspond to the zip code in which they reside. In all instances, **San Francisco General Hospital saw more charity care patients than the hospital in the resident's zip code**.

Exhibit 40. Charity care recipients in local hospitals' zip codes (FY 2010)

Zip Code of Residents	Hospital(s) in Zip Code	Charity Care Applicants (non-HSF)	% CPMC	% St. Luke's	% Chinese Hospital	% St. Francis	% St. Mary's	% SFGH	% UCSF Medical Center
94109	St. Francis	1,781	14.1	1.2	1.1	**1.9**	6.7	65.7	9.4
94110	San Francisco General Hospital (SFGH), St. Luke's	8,241	5.3	**7.0**	0.0	0.7	0.5	**85.2**	1.3
94114	California Pacific Medical Center (CPMC) Davies	916	**14.2**	1.4	-	2.2	3.1	75.2	3.9
94115	CPMC Pacific, UCSF (Mt. Zion), Kaiser Permanente	1,693	**17.9**	0.4	0.4	1.8	2.8	73.5	**3.2**
94117	St. Mary's	1,697	9.3	0.4	0.1	2.2	**8.6**	73.1	6.4
94118	CPMC California	1,110	**21.2**	-	0.6	1.2	10.2	62.2	4.7

Zip Code of Residents	Hospital(s) in Zip Code	Charity Care Applicants (non-HSF)	% CPMC	% St. Luke's	% Chinese Hospital	% St. Francis	% St. Mary's	% SFGH	% UCSF Medical Center
94122	University of California San Francisco (Parnassus)	1,781	14.1	1.2	1.1	1.9	6.7	65.7	**9.4**
94133	Chinese Hospital	1,065	15.2	2.0	**6.2**	2.8	0.8	71.7	1.2

Source: SFDPH, Charity Care Report, Fiscal Year 2010

Primary Care Availability and Use in San Francisco

It is important to understand the primary care services that are available to San Francisco residents and how they are used. The data below describe the availability of primary care physicians and dentists as well as primary care health centers and how those centers are used by San Franciscans. Please note that availability is not a guarantee of accessibility, as not all providers accept all types of health coverage and not all providers may be able to meet each patient's cultural and linguistic needs.

Primary Care Physician Availability

As illustrated in Exhibit 41 below, the ratio of population to primary care physicians in San Francisco is **401:1**, compared to a statewide rate of 847:1. That is, in San Francisco, there is one primary care physician for every 401 residents. According to the 2012 County Health Rankings, San Francisco ranks better in this measure than every other county in California and far **better** than the national benchmark of 631:1. It is important to note, however, that San Francisco is an academic center for the training of medical professionals and, as a result, many physicians in San Francisco may not be in practice full time, dividing their time between the classroom and the exam room. The Healthy People 2020 goal is to increase the number of practicing primary care providers, including medical doctors, doctors of osteopathy, physician assistants, and nurse practitioners, though specific targets have yet to be set.

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.

Exhibit 41. Ratio of population to primary care physicians (2009)

	San Francisco	California	National Benchmark*
Population to primary care physician ratio	401:1	847:1	631:1

**2012 County Health Rankings, 90th percentile*

Source: Health Resources and Services Administration Area Resource File (ARF), 2009, via 2012 County Health Rankings

Physician Participation in Medi-Cal

While San Francisco may have more primary care physicians than other areas, this fact does not necessarily equate to access to primary care for all San Franciscans, particularly for Medi-Cal beneficiaries. According to a study conducted in 2008,[36] for the majority of primary care physicians participating in Medi-Cal, Medi-Cal beneficiaries accounted for 20 percent or less of their practice. Almost three-quarters (72 percent) of primary care physicians in the San Francisco Bay Area[37] reported having any Medi-Cal patients in their practice at the time of the survey. However, just 22 percent of primary care physicians reported having 30 percent or more Medi-Cal patients in their practice. This compares to 68 percent and 25 percent, respectively, in California overall. Exhibit 42 below also shows the proportion of Medi-Cal patients for non-primary care physicians and physicians of unknown specialty for the San Francisco Bay Area compared to California overall.

Exhibit 42. Physicians with any and 30 percent or more Medi-Cal patients, San Francisco Bay Area* and California (2008)

Type of Physician	Percent of Physicians with Any Medi-Cal Patients		Percent of Physicians with ≥30 % Medi-Cal patients	
	SF Bay	CA	SF Bay	CA
Primary Care Physicians	72.0	68.5	22.2	25.3
Non-Primary Care Physicians	63.4	68.0	13.0	15.8
Unknown Specialty	72.3	67.6	24.1	20.7

** The San Francisco Bay Area region for this study included the counties of San Francisco, Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma.*
Source: Physician Participation in Medi-Cal, 2008, California HealthCare Foundation

Primary Care Health Centers

Primary care health centers continue to be an important resource for community residents, as the care provided is more often community-based with an emphasis on cultural and linguistic competence. The following exhibit (Exhibit 43) lists licensed primary care health centers in 2010 that submitted data to the Office of Statewide Health Planning and Development (OSHPD). It should be noted that not all primary care health centers are required to report to OSHPD, so this data is not comprehensive.

Exhibit 43. San Francisco primary care health centers: location, patients seen, services provided, and payment types (2010)

Primary Care Health Center	Zip Code	Planning Neighborhood	Number of Patients Seen	Number of Services Provided	% Public Ins. (not inc. co indigent)	% County Indigent	% Free	% Private Ins./Cash

[36] Physician Participation in Medi-Cal, 2008; Andrew Bindman, Phillip Chiu, Kevin Grumbach, California Healthcare Foundation, July 2010
[37] The San Francisco Bay Area region for this study included the counties of San Francisco, Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma.

Primary Care Health Center	Zip Code	Planning Neighborhood	Number of Patients Seen	Number of Services Provided	% Public Ins. (not inc. co indigent)	% County Indigent	% Free	% Private Ins./Cash
30th Street Community Clinic	94131	Glen Park, Noe Valley, Diamond Heights, Twin Peaks, Inner Sunset	171	10,300	100	-	-	-
AHF Healthcare Center – San Francisco	94103	South of Market, Mission	424	2,411	43.9	-	51.9	4.2
BAART Market Clinic	94103	South of Market, Mission	588	1,757	45.6	-	48.8	5.6
BAART Turk Street Clinic	94102	Downtown/Civic Center, Western Addition	827	3,689	59.1	-	17.4	23.5
Chinese Community Health Services	94122	Outer Sunset, Inner Sunset	2,593	8,739	35.2	-	-	64.8
Chinese Hospitals Excelsior Health Services	94112	Outer Mission, Ocean View, Excelsior	1,798	5,876	75.5	-	-	24.5
Curry Senior Center	94102	Downtown/Civic Center, Western Addition	1,589	12,481	77.3	3.1	-	19.6
Glide Health Services	94102	Downtown/Civic Center, Western Addition	3,202	17,094	21	39	-	40
Haight Ashbury Free Medical Clinic	94117	Haight Ashbury, Western Addition	2,959	4,929	5.8	-	14.8	79.4
Haight Ashbury Integrated Care Center	94103	South of Market, Mission	4,220	5,821	19.1	-	63.7	17.3
Institute on Aging	94118	Inner Richmond, Presidio Heights	127	6,993	100	-	-	-
Instituto Familiar de la Raza – Outpatient	94110	Mission, Bernal Heights	297	8,710	51.2	-	4	44.8
Lyon-Martins Women's Health Services	94102	Downtown/Civic Center, Western Addition	2,566	11,167	11.7	-	-	88.3
Mission Neighborhood Health Center	94110	Mission, Bernal Heights	9,280	36,966	38.2	-	29.2	32.5
Mission Neighborhood Health Center – Valencia Clinic	94110	Mission, Bernal Heights	1,484	3,951	60.8	-	0.3	38.9

Primary Care Health Center	Zip Code	Planning Neighborhood	Number of Patients Seen	Number of Services Provided	% Public Ins. (not inc. co indigent)	% County Indigent	% Free	% Private Ins./Cash
Mission Neighborhood Health Ctr. – Excelsior Clinic	94112	Outer Mission, Ocean View, Excelsior	1,901	6,104	44.9	-	32.2	22.9
Mission Neighborhood Resource Center	94110	Mission, Bernal Heights	820	2,221	12.1	-	87.9	-
Native American Health Center	94110	Mission, Bernal Heights	3,621	12,224	47.4	0.2	-	52.4
North East Medical Services	94133	Russian Hill, North Beach, Nob Hill, Chinatown	28,876	131,194	47.6	-	0.7	51.7
North East Medical Services – Leland Avenue	94134	Excelsior, Visitacion Valley	2,325	4,841	43.7	-	0.1	56.2
North East Medical Services – Noriega	94122	Outer Sunset, Inner Sunset	4,421	13,525	46.5	-	0	53.5
North East Medical Services – San Bruno Avenue	94134	Excelsior, Visitacion Valley	8,650	26,184	44.3	-	-	55.7
On Lok Senior Health by IOA	94115	Western Addition, Pacific Heights	138	7,661	100	-	-	-
On Lok Senior Health Services	94133	Russian Hill, North Beach, Nob Hill, Chinatown	79	6,867	100	-	-	-
On Lok Senior Health Services – Bush St.	94109	Russian Hill, Nob Hill, Pac Heights, Western Addition, Downtown/Civic Center	335	30,797	100	-	-	-
On Lok Senior Health Services – Mission Center	94112	Outer Mission, Ocean View, Excelsior	62	5,868	100	-	-	-
On Lok Senior Health Services – Powell	94133	Russian Hill, North Beach, Nob Hill, Chinatown	158	11,840	100	-	-	-
Richmond Maxi-Center	94121	Outer Richmond, Seacliff	17,668	116,638	-	97.8	-	2.2
San Francisco Free Clinic	94118	Inner Richmond, Presidio Heights	1,632	3,725	-	-	100	-
South of Market Health Center	94103	South of Market, Mission	6,140	17,780	19	-	34.7	46.3

Primary Care Health Center	Zip Code	Planning Neighborhood	Number of Patients Seen	Number of Services Provided	% Public Ins. (not inc. co indigent)	% County Indigent	% Free	% Private Ins./Cash
St. Anthony Free Medical Clinic	94102	Downtown/Civic Center, Western Addition	3,420	6,813	-	-	100	-
St. James Infirmary	94103	South of Market, Mission	550	2,044	5.8	-	94.2	-
St. Luke's Health Care Center – Pediatric Clinic	94110	Mission, Bernal Heights	4,560	11,704	73.1	-	-	26.9
St. Luke's Health Care Center – Women's Clinic	94110	Mission, Bernal Heights	7,755	29,997	51.7	-	-	48.3
St. Luke's Healthcare Center Adult Medicine Clinic	94110	Mission, Bernal Heights	3,063	7,721	63.3	-	-	36.7
Women's Community Clinic/Tides Center	94117	Haight Ashbury, Western Addition	2,702	5,442	-	-	10.8	89.2

Source: California Office of Statewide Health Planning and Development, Primary Care and Specialty Clinics Annual Utilization Data, 2010 Preliminary Database

Geographic Proximity to Health Care

I have scoliosis and it takes me one to one and a half hours to get to my appointments and my mom has to miss work. There should be more hospitals in the Southeast.

- 16-year-old Southeast SF resident

Transit data are important indicators of residents' connectivity to health and wellness services in San Francisco. This includes transit infrastructure and traffic characteristics.

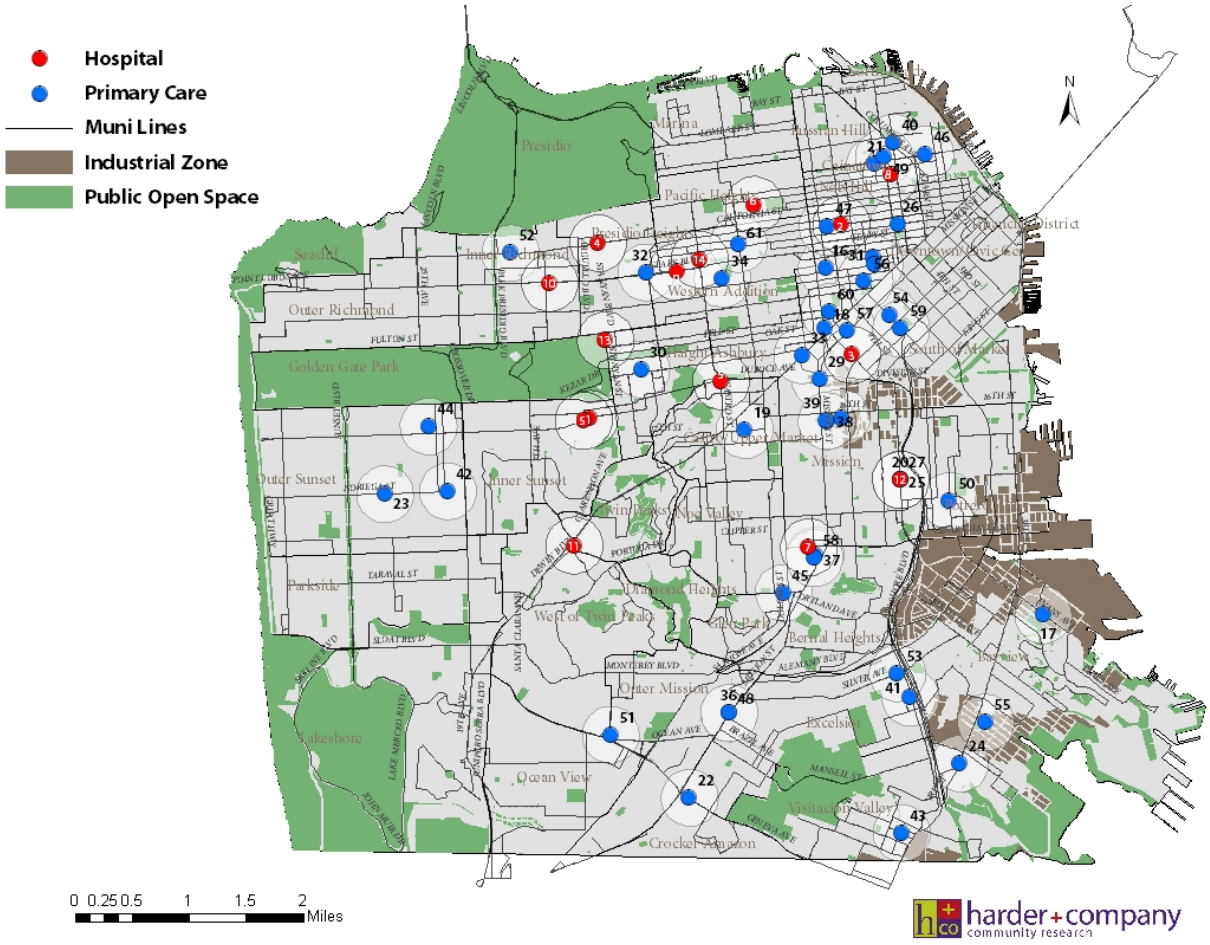
In consumer focus groups and at community meetings, transportation was one of the issues most frequently discussed. Residents, particularly older adults and residents of the Excelsior described the time and means it took them to get to a medical appointment or to a hospital to receive care.

My son had a stomachache and I had to bring him to the doctor; it took us 40 minutes driving to get to [a SF hospital]. When we got there it took so long to see the doctor… I really hope that in the future there are places nearby in our neighborhood where I can take my son.

- Excelsior resident

Exhibit 44 below shows the quarter mile radius surrounding the majority of primary care health centers and all hospitals in San Francisco as shown in the map in Appendix E (see legend of health facilities in Appendix E). A quarter mile was selected because it may represent a reasonable distance for a typical resident to walk or bike versus driving or taking public transportation. It is possible to see areas in the city with a lower density of health care facilities outside of the quarter mile radii.

Exhibit 44. Geographic proximity to health care as indicated by quarter mile radius surrounding select primary care health centers and all hospitals (2012)



Regular Source of Primary Care

For 2009, CHIS estimated that 87 percent of San Franciscans have a usual source of care (i.e., a usual place they go when sick or need health advice), and 86 percent of San Franciscans saw a primary care physician in the previous twelve months. This is similar to statewide data, which show that 86 percent of California residents have a usual source of care and that 83 percent of residents saw a primary care physician in the last twelve months. The Healthy People 2020 national goal is that 95 percent of people have a usual source of care and that 84 percent of people have a usual primary care provider. Exhibits 45 and 46 below show these numbers as well as the number of primary care physician visits in the last 12 months.

Exhibit 45. Percentage of residents with usual source of care (2009)

	San Francisco Percent	California Percent	HP 2020 National Target Percent
Usual source of care (all ages)	**86.8**	**85.8**	**95.0**
Usual source of care (under 17)	95.1	92.2	94.3
Usual source of care (18 to 64)	83.3	81.5	81.3
Usual source of care (65 and over)	96.0	95.0	96.3
Saw a primary care physician	**85.5**	**83.0**	**83.9***

**For HP2020, "Has a usual primary care provider"*
Source: California Health Interview Survey (CHIS), 2009

Exhibit 46. Percentage of residents who delayed obtaining or were unable to obtain needed medical care or prescription medicine (2009)

	San Francisco	California	HP 2020 National Target
Delayed or did not get medical care	15.1	12.5	4.2
Delayed or did not get prescription medicine	6.4	8.2	2.8

Source: California Health Interview Survey (CHIS), 2009

Oral Health and Dental Care

The rate of dentists in San Francisco is more than 2.5 times that of California and the nation.

The number of dentists per 100,000 in San Francisco is **219**, compared to a statewide rate of 85. According to the California HealthCare Foundation publication *Emergency Department Visits for Preventable Dental Conditions in CA*, this number was 139 in 2005 and San Francisco had the highest rate of all California Counties at that time. Exhibit 47 below shows the number of dentists per 100,000 people in San Francisco compared to California and the nation.

Exhibit 47. Dentists per 100,000 population, 2008 or 2009

	San Francisco (2009)*	California (2008)**	United States (2008)**
Dentists per 100,000 population	219	85	67

**Source: Community Health Status Indicators, Community Health Status Report, 2009*
***Source: "Emergency Department Visits for Preventable Dental Conditions in CA," California HealthCare Foundation*

In San Francisco, more than one quarter of adults did not have dental insurance in the past year and 15 percent of children and teens (ages 1-17) did not have dental insurance (Exhibit 48).

Exhibit 48. Dental insurance for adults (ages 18+) and children (ages 1-17) (2007)

	San Francisco Percent	California Percent
Dental insurance in past year: Adults		
No dental insurance in past year	27.0	33.7
Had dental insurance part of past year	6.0	7.2
Had dental insurance all of last year	67.0	59.1
Current dental insurance: Children and teens 2-17 years of age, and children 1-2 years old with teeth		
Does not have dental insurance	14.9	19.6

Source: California Health Interview Survey 2007

Healthy People 2020 sets forth the following national goals: that 49 percent of children, adolescents, and adults will have used the oral health care system in the past 12 months. As seen in Exhibit 49, based on 2009 data for children and 2003 data for adults, **San Francisco residents have surpassed the Healthy People 2020 national goal**. Although not currently measured in San Francisco, Healthy People 2020 also sets as a national target that 29 percent of low-income children and adolescents will have received preventive dental service during the past year.

Exhibit 49. Use of dental services among children and adults, 2003 or 2009

	San Francisco Percent	California Percent	HP 2020 National Target Percent
Time since last dental visit: Children 3-11 years and children 2 years old with teeth (2009)			
Never been to dentist	7.9*	11.6	N/A
6 months ago or less	87.2	70.2	49.0
More than 6 months up to 1 year ago	4.6*	14.5	
More than 1 year ago	-	3.7	N/A
Time since last dental visit: Adults (2003)			
Never been to dentist	2.6	2.4	N/A
Less than 6 months ago	52.2	46.1	49.0
6 months up to 1 year ago	19.2	21.1	
1 year up to 2 years ago	10.9	12.4	N/A
2 years ago or more	15.1	18.0	N/A

**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*
Source: Community Health Interview Survey 2003 and 2009

Exhibit 50. Emergency room visits for ambulatory care sensitive dental conditions, all ages (2007)

Dental ambulatory care sensitive ER visits per 100,000	San Francisco	California
Without hospitalization	149	215
Total	158	222

Source: "Emergency Department Visits for Preventable Dental Conditions in CA," California HealthCare Foundation

Behavioral Health Service Availability and Use in San Francisco

The ratio of population to mental health providers in San Francisco is 571:1, compared to a statewide rate of 1,853:1.[38] In the 2012 County Health Rankings, among California counties, San Francisco ranks second after Marin, which has a ratio of 444:1. Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications.

San Francisco's rate of mental health providers ranks second after Marin in the 2012 County Health Rankings - and far exceeds the statewide rate.

The San Francisco Behavioral Health Plan, operated through the Community Behavioral Health Services Section of SFDPH, offers a full range of specialty behavioral health services for low-income San Franciscans. The Behavioral Health Plan provides services through a network of programs, clinics, psychiatrists, psychologists and therapists. (See Appendix F for a map of behavioral health services in San Francisco.)

During Fiscal Year 2010-11, Community Behavioral Health Services saw 23,684 mental health clients and 7,566 substance abuse clients. The exhibit below shows the distribution of these patients in San Francisco.

Exhibit 51. San Francisco Department of Public Health - Community Behavioral Health Services clients by age, race/ethnicity, and primary payer source (FY 2010-11)

	Mental Health Percent (n=23,684)	Substance Abuse Percent (n=7,566)
Age Group		
<18	19	6
18-24	5	6
25-44	30	40
45-64	39	46
65+	7	3
Race/Ethnicity		
Black/African American	36	20
Asian and Pacific Islander	19	19
Latino	31	15

[38] Source: Health Resources and Services Administration's Area Resource File (ARF) 2008 data, via 2012 County Health Rankings

	Mental Health Percent (n=23,684)	Substance Abuse Percent (n=7,566)
White	9	40
Multi-race/Multi-ethnic	1	1
Other	3	3
Primary Payer Source		
Medi-Cal	43	1
Medicare	17	1
General Fund	13	51
Healthy San Francisco	9	3
Self-pay	9	3
Private Insurance	2	1
Other/Unknown	7	4
State Alcohol and Drug Programs (ADP)	--	35

Source: SFDPH FY 2010-11 Annual Report

Hospital Availability and Use in San Francisco

Hospital Beds

According to 2010 OSHPD data, there were **4,999 licensed hospital beds** in eleven hospitals in San Francisco.[39] Of those 4,413 were available and 4,084 were staffed. Acute care beds made up 57 percent of the licensed beds and 43 percent were specialty care beds. In San Francisco, there were **3.0 licensed and available general acute care hospital beds per 1,000 population** compared to 1.9 per 1,000 statewide. Exhibit 52 below shows the breakdown by types of licensed and avaliable hospital beds in San Francisco.

The rate of acute care hospital beds in San Francisco is more than 1.5 times that of California.

Exhibit 52. Type and number of hospital beds in San Francisco (2010)

Type of Beds	Number of Licensed Beds	Number of Available beds
General Acute	2,836	2,378
Long-term Care	1,661	1,582
Psychiatric	343	294
Rehabilitation	134	134

[39] Hospitals in San Francisco include CPMC, CPMC St. Luke's, Chinese Hospital, Jewish Home, Kaiser Hospital, Laguna Honda, Langley Porter, San Francisco General Hospital, St. Francis, St. Mary's and UCSF.

Type of Beds	Number of Licensed Beds	Number of Available beds
Chemical Dependency and Other	25	25
Total	**4,999**	**4,413**

Source: OSHPD, Hospital Beds 2010

Hospital Use

The following exhibit (Exhibit 53) lists the top 10 most used hospitals by San Francisco residents in 2009. Citywide, over one quarter (28 percent) of San Francisco residents who were hospitalized were discharged from California Pacific Medical Center. This is followed by San Francisco General Hospital (16 percent), UCSF Medical Center (14 percent) and Kaiser Foundation Hospital (12 percent).

Exhibit 53. Top 10 hospitals most used by San Francisco residents (2008)

Hospital	Number of Discharges	Percent of Total
California Pacific Medical Center	22,088	27.6
San Francisco General Hospital	12,943	16.1
UCSF Medical Center	11,216	14.0
Kaiser Foundation Hospital – Geary SF	9,258	11.6
St. Mary's Medical Center, San Francisco	4,768	5.9
St. Luke's Hospital	4,413	5.5
St. Francis Memorial Hospital	4,272	5.3
Chinese Hospital	2,318	2.9
Seton Medical Center (in Daly City, San Mateo County)	1,932	2.4
Kaiser Foundation Hospital – South San Francisco	1,048	1.3
Total Discharges	**80,154**	

Source: Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Profile, 2008

It is not fair that they send low-income people to places where they cannot afford to pay for the services. The reason why we go to the hospital, and we go to places like [a SF clinic] is because we cannot afford any other places. Everyone around here is low-income; we only go to the hospital, or the clinics.

- A monolingual Spanish-speaking resident

When examining hospital use by neighborhood, intensity of hospital use varies greatly. Exhibit 54 below shows, for example, that 33 percent of hospitalized Tenderloin residents were discharged from San Francisco General Hospital compared to 16 percent of residents citywide; 24 percent of hospitalized Chinatown residents were discharged from Chinese Hospital compared to only three percent of residents citywide. This variability is likely due to factors such as proximity, types of services needed and offered, a facility's cultural/linguistic match to a patient's needs, economic and/or policy-related reasons, and/or personal preference. All of these factors were discussed in the focus groups.

Exhibit 54. Hospital use by residents of select San Francisco neighborhoods* (2008)

Hospital	Percent San Francisco Residents	Percent Tenderloin Residents	Percent Mission/Bernal Residents	Percent Chinatown Residents	Percent Bayview Residents
	(rates that exceed the SF average are **bold**)				
California Pacific Medical Center – Pacific Campus	27.6	17	17	**28**	12
San Francisco General Hospital	16.1	**33**	**25**	11	**34**
UCSF Medical Center	14.0	11	12	7	12
Kaiser Foundation Hospital – Geary SF	11.6	7	12	6	13
St. Mary's Medical Center, San Francisco	5.9	4	3	3	2
St. Luke's Hospital	5.5	5	**14**	0	13
St. Francis Memorial Hospital	5.3	**13**	2	14	2
Chinese Hospital	2.9	2	2	**24**	1
Seton Medical Center	2.4	--	5	--	2
Kaiser Foundation Hospital – South San Francisco	1.3	--	3	--	--

** 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: OSHPD Patient Origin Profile, 2008

According to 2008 discharge data from California's Office of Statewide Health Planning and Development (OSHPD), **61** percent of patients seen in San Francisco hospitals[40] reside in the city/county, while the remaining **39** percent live outside San Francisco. Among the 39 percent from outside San Francisco, 18 percent are from neighboring counties: eight percent from San Mateo County, five percent from Alameda County, four percent from Marin County and one percent from Santa Clara County.

Preventable Emergency Room Use

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

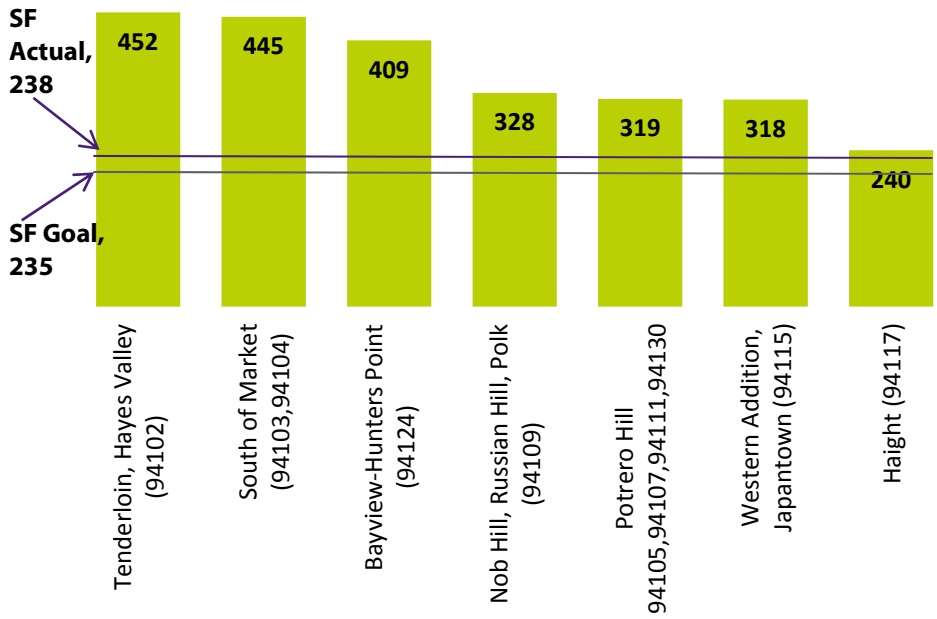
[40] Includes data from California Pacific Medical Center - Pacific Campus, Chinese Hospital, Kaiser - Geary, Laguna Honda, Langley Porter, San Francisco General Hospital, St. Francis Memorial Center, St. Mary's Medical Center, St. Luke's Hospital, and UCSF Medical Center.

such as pregnancy, eye exams, and bacterial infections. Individuals without access to primary care services often seek treatment in emergency rooms.

Preventable emergency room visits in San Francisco in 2006-08 was 238 per 10,000. According to Health Matters in San Francisco, the target for San Francisco is 235 per 10,000. Exhibit 55 below shows how rates of preventable emergency room visits vary by neighborhood areas in San Francisco. Many of San Francisco's neighborhoods with a disproportionately high number of health risk indicators have rates of preventable emergency room visits that far exceed the citywide average.

Many city neighborhoods with a disproportionately high number of health risk indicators have rates of preventable emergency room visits that far exceed the citywide average.

Exhibit 55. 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

Although several focus group participants expressed that they would or have used the emergency room in a true emergency, some described how they have turned to the emergency room in non-emergency situations. Some, for example, noted how long wait times to see a doctor and/or difficulty accessing primary care services for urgent matters have driven them to visit an emergency room inappropriately. In all five Harder

If my son has an ear infection, that's not necessarily an emergency because it's not life threatening, so to get an appointment is hard. You have to wait between 3 – 7 days to get an appointment if it's busy, but during that time what could you give to your child? I took him once to the emergency room because he was in too much pain.

- An Excelsior parent

+Company focus groups, participants suggested creating a ways to "inform people about better places to go" and "get more information and learn about what services are out there" to facilitate more appropriate use of emergency services.

Preventable Hospital Stays

Preventable hospital stays refers to the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees. In 2009, the rate for San Francisco was 49 per 1,000 Medicare enrollees (Exhibit 56) matching the 2012 County Health Rankings. For the state of California the rate of preventable hospital stays is 52.

Exhibit 56. Preventable hospital stays per 1,000 Medicare enrollees (2009)

	San Francisco	California	National Benchmark*
Preventable hospital stays	49	52	49

**National benchmark equals the 90th percentile, from 2012 County Health Rankings*
Source: 2012 County Health Rankings

Long-term Care

According to OSHPD, there were 18 licensed and operating long-term care facilities in 2010. (Please note that there may be other operating long-term care facilities that do not submit data to OSHPD.) Of those facilities, 17 were licensed as skilled nursing facilities and one was licensed as a congregate living health facility. There were 1,279 beds available at these facilities. In 2010 there were 3,760 admissions, 3,779 discharges and 423,018 patient days. At these long-term care facilities there is an annual census conducted to assess capacity. The census for 2010 was conducted on December 31, 2010. Based on that census, the facilities together were at 90 percent capacity (n=1,149). This compares to 85 percent capacity in California and 87 percent nationwide. Two-thirds of the occupants were female and **the largest proportion of occupants was between the ages of 75 and 94**. These data are presented below in Exhibit 57.

Although San Francisco's population is older than California overall, the rate of long-term care beds is less than half of the state and the occupancy rate is higher.

Exhibit 57. Long-term care facility occupants in San Francisco by sex and age (2010)

	Female		Male	
Age Group	**Number**	**Percent**	**Number**	**Percent**
Under 45	4	.52	1	.27
Ages 45-64	33	4.3	26	6.9
Ages 65-74	66	8.5	69	18.3
Ages 75-94	564	73.1	261	69.2
Ages 95+	105	13.6	20	5.3
TOTAL	772	--	377	--
Percent of All Patients	67.2		32.8	

Source: OSHPD, 2010, LTC Census taken on 12/31/2010

The **number of long-term care beds per 1,000 in San Francisco was 2.1 compared to 5.0 statewide in 2010**[41] as displayed in the table below (Exhibit 58). The occupancy rate in San Francisco was higher than that of California at 90 percent compared to 85 percent. This is important to note since San Francisco's population trends show that San Francisco residents are older than California residents overall and the population over 75 is expected to increase by almost two-thirds over the next two decades. The most recent San Francisco Department of Aging and Adult Services (DAAS) needs assessment report[42] described this need for more long term care for the elderly as well as the diminishing availability of long term care for the elderly due to the cost of living in San Francisco, the cost of care and cuts in key services such as in-home supportive services. The needs assessment found that many seniors who require long term care are being forced to move outside of the city becoming socially and culturally isolated in the later years of their lives.

Exhibit 58. Long-term care beds and facility occupancy rates (2010)

	San Francisco	California
Beds per 1,000	2.1	5.0
Occupancy rate (percent)	89.8	84.9

Source: OSHPD and OSCAR (Online Survey, Certification and Reporting),Census taken on 12/31/2010

Home Health and Hospice

It is important to note that long term care facilities are 24-hour care facilities and that there are other community-based long term care services that allow people to age at home. According to OSHPD, there were 22 licensed and operating home health and hospice services and facilities in San Francisco. Of those facilities 15 were home health agencies, four were hospice facilities/services, two were both and one was listed as an unknown entity type. Together these facilities saw 12,576 patients and conducted 180,468 visits.

Health professional shortage areas and medically underserved areas

Health professional shortage areas (HPSA) are designated by the US Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low-income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The following facilities or facility organizations have been designated as HPSAs:

- South of Market Health Center
- Mission Neighborhood Health Center
- Northeast Medical Services
- San Francisco Community Clinic Consortium

[41] Online Survey, Certification and Reporting (OSCAR) data. OSCAR is a data network maintained by the Centers for Medicare and Medicaid Services (CMS) in cooperation with state long-term care surveying agencies. www.ahcancal.org/research_data/oscar_data accessed April 2012

[42] *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities, Part II: Analysis of Needs and Services.* April 12, 2012. SF Department of Aging and Adult Services

- Friendship House Association of American Indians (FHAAI)

All the facilities listed above with the exception of FHAAI have been designated as HPSAs in the areas of primary medical care, dental care and mental health care. FHAAI is designated in the area of primary medical care only.

Medically Underserved Areas (MUA) are areas designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population. According to HRSA there are 47 census tract areas in San Francisco designated as a MUA.[43] Please see the map in Appendix D for a visual of those areas.

[43] 34 of these MUAs were designated or updated in 1994; the remaining 13 were designated in 2003.

QUALITY OF LIFE

In this section:

- Perception of health and wellness
- Neighborhood and community satisfaction
- Transit
- Recreational areas
- Retail food access
- Children and families
- Civic engagement

Quality of Life

This section of the CHSA describes aspects of quality of life as it applies to both the individual and communities in San Francisco. For the individual it might describe a person's overall sense of well-being, while for a community it may describe the supportive environment (or lack thereof) that surrounds individuals. Quality of life factors affect a person's perception of whether s/he is in good health and able to engage with the community as indicated by attending school, exercising and playing/recreating outdoors, and accessing nutritious food and other necessities.

Perception of Health and Wellness

Although San Francisco ranked above California in all categories of perception and experience with health and wellness, it falls short of national benchmarks.

The exhibit below shows San Francisco residents' perception of and experience with their physical and mental health. There are slightly fewer San Franciscans who reported being in fair or poor health compared to Californians. San Francisco residents also reported an average of three physically and mentally unhealthy days in the past 30 days, respectively, slightly lower than the state average. While ranking above California in all categories, however, **San Francisco falls short of national benchmarks for perceptions of health**.

Exhibit 59. Adult residents' perception of physical and mental health, 2004-2010

	San Francisco	California	National Benchmark*
Percentage who reported poor or fair health (age-adjusted)	16	19	10
Average number of self-reported physically unhealthy days in past 30 days	3.1	3.7	2.6
Average number of self-reported mentally unhealthy days in past 30 days	3.3	3.6	2.3

**National benchmark equals the 90th percentile, from 2012 County Health Rankings*
Source: National Center for Health Statistics using data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) 2004-2010 data, via 2012 County Health Rankings

Social Support

Social support is a crucial indicator of the quality of a person's social environment, which may include interactions with family, friends, coworkers, and others in the community and can have a "profound effect on individual health."[44] Social support has been found to improve fetal growth for pregnant women as well as protect people from the negative psychological effects of life stress and negative physical conditions such as strokes and cardiovascular disease. Neighborhoods or communities in which residents feel social cohesiveness toward their neighbors tend to have lower mortality rates compared to neighborhoods that do not have strong social bonds.

Exhibit 60 below shows that San Francisco residents reported the availability of or receiving positive social support at a slightly lower rate than residents statewide.

[44] CHIS, 2003

Exhibit 60. Percentage of residents receiving social support (2003)

Social Support	% San Francisco	% California
Availability of others for understanding problems		
No one is available	8	6
Someone is available a little	7	7
Someone is available sometimes	20	17
Someone is mostly available	32	27
Someone is always available	24	43
Availability of someone to help with daily chores when sick		
No one is available	26	18
Someone is available a little	12	10
Someone is available sometimes	17	18
Someone is mostly available	16	21
Someone is always available	29	33
Availability of others for relaxation purposes		
No one is available	5	5
Someone is available a little	10	9
Someone is available sometimes	24	24
Someone is mostly available	32	32
Someone is always available	29	30

Source: CHIS, 2003

Neighborhood and Community Satisfaction

Perception of Safety

In the 2011 San Francisco City Survey, 85 percent of San Francisco residents reported feeling safe walking alone in their neighborhood during the day and just over half (52 percent) felt safe walking alone at night. As indicated in Exhibit 61 below, **Supervisorial District 8 residents (Castro, Eureka Valley, Upper Market, Noe Valley, Duboce Triangle, Diamond Heights, Glen Park, Corona Heights, Buena Vista, Twin Peaks, Mission-Dolores, and parts of the Inner Mission) reported the highest safety rating and Supervisorial District 10 residents (Bayview-Hunters Point, Potrero Hill and Visitacion Valley) had the lowest safety rating.** See Appendix G for data on all San Francisco neighborhoods.

Exhibit 61. San Franciscans' perception of being "unsafe" or "very unsafe" by neighborhood*, 2011

Neighborhood (by Zip Code)	Unsafe or very unsafe during day (percent)	Zip Code Neighborhoods	Unsafe or very unsafe during night (percent)
94124: Bayview-Hunters Point	26.2	94124: Bayview-Hunters Point	64.7
94102: Downtown / Civic Center	16.5	94134: Visitacion Valley	55.3
94134: Visitacion Valley	12.4	94102: Downtown / Civic Center	44.5
94103: South of Market	10.3	94107: Potrero Hill	43.6
94112: Outer Mission, Ingleside-Excelsior	8.5	94112: Outer Mission, Ingleside-Excelsior	37.3
94105: Financial District	7.7	94103: South of Market	34.5
94109: Nob Hill, Russian Hill	7.4	94110: Mission, Bernal Heights	31.4
94107: Potrero Hill	4.5	94105: Financial District	30.8
94132: Lake Merced	4.0	94132: Lake Merced	26.6
94133: North Beach	3.5	94109: Nob Hill, Russian Hill	25.9
San Francisco	**5.9**	**San Francisco**	**26.0**

** 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: San Francisco City Survey 2011, San Francisco Controller's Office

Focus group and community meeting participants described how, particularly for young people, violence and safety issues in neighborhoods have increased the need for resources such as mental and behavioral health services as well as safe places for children to be after school.

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

Satisfaction with Quality of Physical Environment

Based on the 2011 San Francisco City Survey, 31 percent of San Francisco residents rated the quality of city streets, sidewalks and infrastructure as being good to excellent. Almost half (47 percent) gave the same category an average rating, and 22 percent gave it a poor to failing rating. As above, Supervisorial District 8 (Castro, Eureka Valley, Upper Market, Noe Valley, Duboce Triangle, Diamond Heights, Glen Park, Corona Heights, Buena Vista, Twin Peaks, Mission-Dolores, and parts of the Inner Mission) had the highest rating and Supervisorial District 2 (Presidio, Marina, Cow Hollow, Pacific Heights, Presidio Heights, Anza Vista, Laurel Heights, Jordan Park, the Lake Street corridor, Sea Cliff and parts of Russian Hill) had the lowest rating.

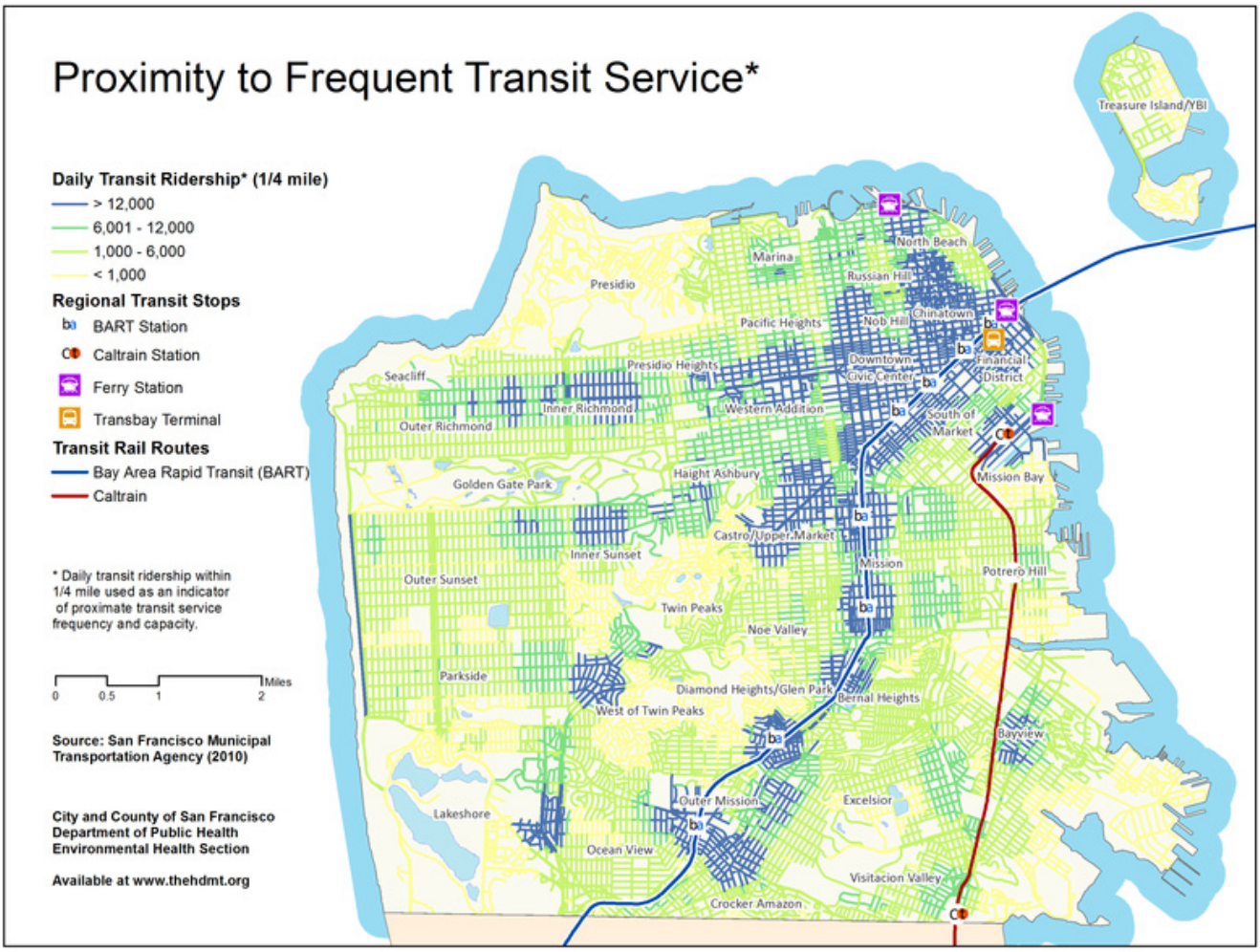
Transit

Transit and Infrastructure Availability

All households in San Francisco are within ¼ mile of a local bus or rail station, (see transit map in Appendix C); however, proximity does not necessarily equal accessibility.45 Exhibit 62 displays daily transit ridership for residents and workers in San Francisco. As described in the Healthy Development Measurement Tool, the greatest concentration of San Francisco streets with high ridership (defined by more than 12,000 riders per day within ¼ mile) is in the northeast, downtown area of San Francisco, and near large regional transit stations along the BART route, as seen in blue on the map. Twenty-one percent of San Francisco's residents live in close proximity to roads with high ridership. Neighborhoods with the highest residential population proportion within proximity of high frequency transit streets are Chinatown (100 percent), Downtown/Civic Center (100 percent), Financial District (72 percent), and Nob Hill (100 percent). Three-quarters of jobs in San Francisco are located in close proximity of roads with high transit ridership. Jobs are primarily concentrated in the Financial District, South of Market, and Downtown/Civic Center (29 percent, 17 percent, and nine percent, respectively) all with high proportions of their worker population in close proximity to the high daily transit ridership streets.

[45] Healthy Development Measurement Tool, 2007

Exhibit 62. Transit access for San Francisco workers and residents (2010)



Motor Vehicle Access

For households without access to a motor vehicle, effective and efficient public transportation is especially crucial to accessing health care services. Exhibit 63 below lists the neighborhoods in San Francisco with the highest percent of households without a motor vehicle. Data for all San Francisco neighborhoods is available in Appendix G.

Exhibit 63. Percentage of households without a motor vehicle by neighborhood, 2005-2010

Neighborhood	Percent of households without a motor vehicle	90 percent margin of error
Downtown/Civic Center	82	2
Chinatown	81	4
Financial District	60	6

Neighborhood	Percent of households without a motor vehicle	90 percent margin of error
Nob Hill	60	4
South of Market	45	4
Western Addition	45	3
North Beach	41	4
Mission	39	2
Russian Hill	35	4
Haight Ashbury	30	4
San Francisco	**29**	**1**

Source: Healthy Development Measurement Tool, SFDPH

Bicycle Infrastructure

According to the San Francisco Municipal Transportation Agency, the promotion of cycling in San Francisco can improve public health if projects and policies aim to provide safe and convenient bicycle access to all services, commercial and residential areas, regional and local transportation systems - along with safe and convenient bicycle parking facilities and connections to transit (e.g., bike racks on buses).[46] Additionally, there are the obvious personal health benefits of increased physical activity in children, youth, adults and older adults that include enhanced cardio-respiratory and muscular fitness, bone health, body mass and composition.

On average, San Francisco has **0.1 miles** of bike lanes and paths per one road mile, although bicycle paths and lanes are unevenly distributed and even absent from some neighborhoods (See Appendix G for a map of San Francisco's bicycle network and neighborhood-level ratios of bike lanes and paths to road miles.). The 11 neighborhoods with the lowest ratios of bike lanes/paths to vehicle road miles, such as Twin Peaks, Ocean View, and Bayview-Hunters Point, are located on the southern periphery of San Francisco or in areas with steep topography.

Traffic Characteristics

Slightly over one-third of San Franciscans drive alone to work, and another third take public transportation. The remainder walk, carpool, work at home, or use other means (e.g., bicycle) to get to work. Exhibit 64 below breaks out the different ways in which San Francisco residents commute to work.

Exhibit 64. San Francisco residents by mode of commute to work (2010)

Means of commute to work	Count	Percent
Car, truck, or van – drove alone	157,799	36.0
Public transportation (excluding taxicab)	149,077	34.1

[46] San Francisco Municipal Transportation Agency. San Francisco Bicycle Plan: Policy Framework. San Francisco, Ca: San Francisco Municipal Transportation Agency, June 26, 2009. http://www.sfmta.com/cms/bproj/documents/San_Francisco_Bicycle_Plan_June_26_2009_002.pdf

Means of commute to work	Count	Percent
Walked	41,362	9.4
Car, truck, or van – carpooled	34,657	7.9
Worked at home	29,220	6.7
Other means	25,699	5.9
Workers 16 Years and over	**437,814**	

Source: American Community Survey 2010, 1-Year Estimates

Recreational Areas

Living in proximity to green space is associated with reduced self-reported health symptoms, better self-rated health, and higher scores on general health questionnaires.[47] A review of studies showed that access to places for physical activity combined with outreach and education can produce a 48 percent increase in the frequency of physical activity.[48] Evidence also shows that contact or views of the natural environment may improve functioning in children with Attention Deficit and Hyperactivity Disorder (ADHD) and problem solving and cognitive function in people living in public housing.[49] Finally, children who live in close proximity to parks, playgrounds, and recreational facilities appear to be more active compared to children who do not live near those facilities.[50]

The table below (Exhibit 65) highlights the 10 San Francisco neighborhoods with the lowest recreation access scores compared to a city/countywide average of 56.[51] (The higher the score, the better the recreation access.) Information for all San Francisco neighborhoods is in Appendix G.

Exhibit 65. Neighborhoods with lowest distance-weighted recreation access scores compared to city/countywide average (2011)

Neighborhood	Average recreation access score
Treasure Island/YBI	1
Mission Bay	12
Financial District	17

[47] Vries S, de Verheij RA, Groenewegen PP, Spreeuwenberg P. Natural environments - healthy environments? An exploratory analysis of the relationship between green space and health. Environment and Planning. 2003;35:1717-1731. (cited in HDMT)

[48] Kahn EB. The effectiveness of interventions to increase physical activity. American Journal of Preventative Medicine. 2002;22:87-88. (cited in HDMT)

[49] Taylor AF, Kuo FE, Sullivan WC. Coping With ADD: The Surprising Connection to Green Play Settings. Environment and Behavior. 2001;33(1) 54-77.; Kuo FE. Coping With Poverty Impacts of Environment and Attention in the Inner City. Environment and Behavior. 2001;33(1):5-34. (cited in HDMT)

[50] Bauman A, Bull F. Environmental Correlates of Physical Activity and Walking in Adults and Children: A Review of Reviews. London: National Institute of Health and Clinical Excellence; 2007. (cited in HDMT)

[51] Recreation Access Score Methodology: The distance from each residential intersection (intersections within 100 meters of residential lots) to recreation spaces (park, natural area, or recreation center) within 2 miles of the intersection was calculated. A distance of < 0.5 miles was given a score of 1, while distances between 0.5-1 miles were given a score of 0.75 and distances >1-2 miles were given a score of 0.5. In order to make sure that large parks in the city, such as Golden Gate Park and the Presidio, did not overly skew the distribution of relative access to recreation spaces, a formula for diminishing returns was applied to each park's acreage.

Neighborhood	Average recreation access score
Potrero Hill	17
Chinatown	20
North Beach	21
South of Market	25
Bayview	37
Russian Hill	37
Crocker Amazon	39
San Francisco	**56**

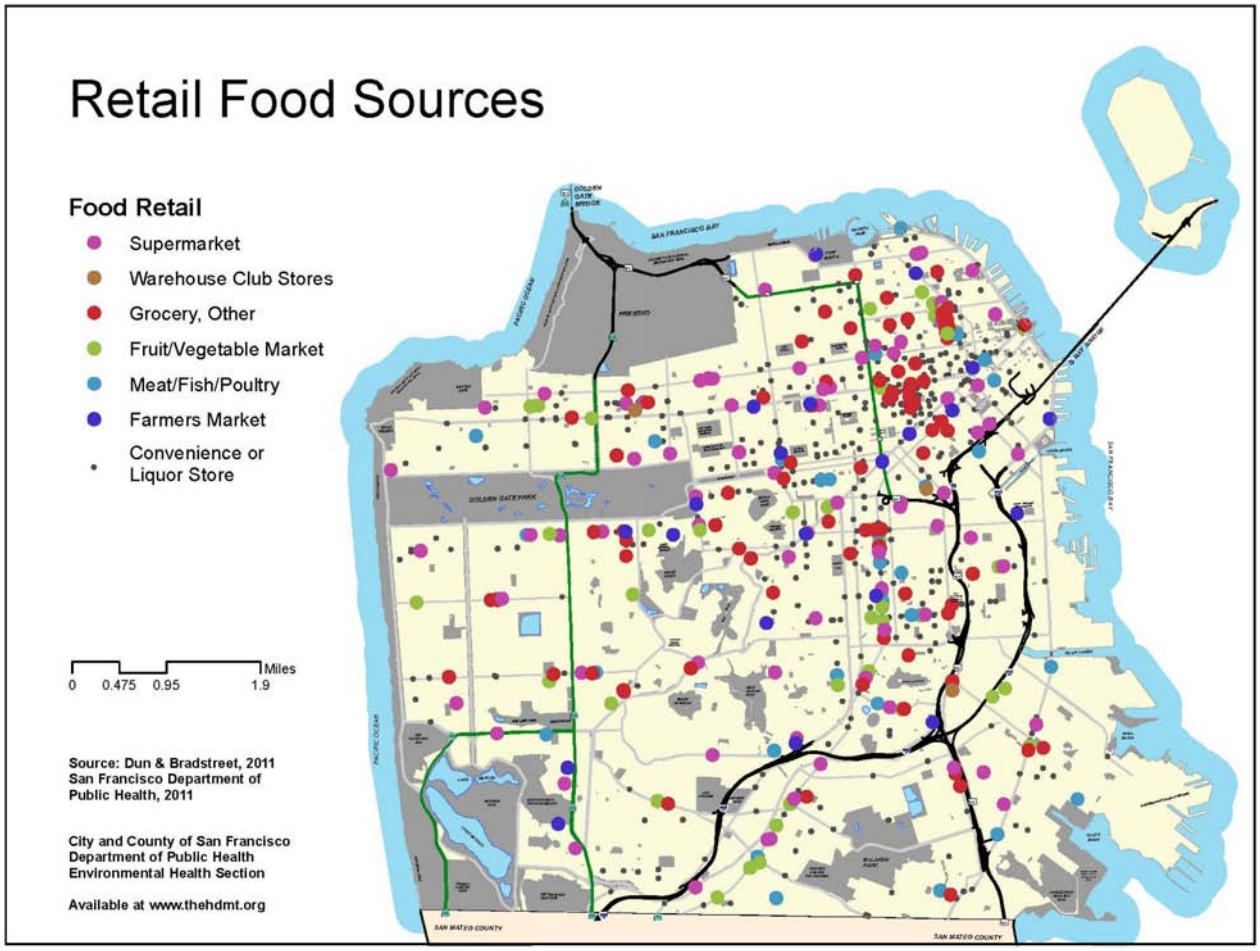
Source: Healthy Development Measurement Tool, SFDPH

Retail Food Access

According to a publication released by the National Center for Chronic Disease Prevention and Health Promotion,[52] improvements to the retail food environment that make healthier foods more accessible help improve diets and may lead to the reduction or prevention of obesity. Conversely, "lack of access to healthier foods may make it more difficult for neighborhood residents to maintain a nutritious diet that supports normal weight and optimal health." The map below (Exhibit 66) shows the locations of retail food sources throughout the city and county of San Francisco. Please see Appendix G for numbers of each type of retail food establishment by neighborhood.

[52] State Initiatives Supporting Healthier Food Retail: An Overview of the National Landscape (http://www.cdc.gov/obesity/downloads/Healthier_Food_Retail.pdf)

Exhibit 66. Distribution of retail food sources in San Francisco (2011)



Source: Healthy Development Measurement Tool, SFDPH

Children and Families

Overall Quality of Schools

Among San Francisco residents with children who participated in the 2011 San Francisco City Survey, 72.5 percent rated their children's school as being good or excellent. This includes both public and private schools. Twenty percent gave an average rating and seven percent gave a poor or failing grade to their children's school. Among those who had children in a public school, 66 percent gave a good or excellent grade on quality compared to 91 percent among those who had children in a private school.

In California, the Academic Performance Index (API) is a single number, ranging from 200 to 1000, which reflects a school's performance level, based on the results of statewide testing. Its purpose is to measure the academic performance and growth of schools. The state defined target is an API of 800 or more.

Exhibit 67 below shows the total student population, number of API-ranked public schools, percent of those schools with an API score of 800 or over, and the weighted average API score for the ten San Francisco neighborhoods with the lowest weighted average scores. Data for all neighborhoods is in Appendix G.

Exhibit 67. Weighted average Academic Performance Index (API) for San Francisco public schools and proportion achieving an API Base of 800 or more by San Francisco neighborhood* (2010)

Neighborhood	Total Student Population	Number of API-ranked schools+ in neighborhood	Percent of schools+ with 800+ API score	Weighted Average API Score
Financial District	76	1	0	564
Potrero Hill	1,246	4	0	622
Bayview	2,057	7	29	665
Mission	3,314	9	11	674
Bernal Heights	1,192	3	0	687
Visitacion Valley	2,951	7	14	693
Castro/Upper Market	1,197	4	50	727
Western Addition	2,606	8	13	732
Downtown/Civic Center	362	1	0	748
South of Market	1,358	2	0	749
San Francisco	**56,234**	**113**	**49**	**792**

** Neighborhoods presented are the 10 with the lowest weighted average API score.*

+ San Francisco public schools

Source: Healthy Development Measurement Tool, SFDPH

Child Care

In 2010 there were 79,210 children ages 0-12 in San Francisco. Of those, there were an estimated 54,655 children ages 0-12 with parents in the labor force for whom it was estimated that child care was needed; however, only a total of 24,109 licensed child care slots were available.[53] Therefore, **there were child care slots for only 44 percent of children who needed them**. Of the 24,109 licensed child care slots available, 77 percent were for child care centers and 23 percent were for family child care homes.

Exhibit 68 below displays numbers of child care slots for the ten San Francisco neighborhoods with the highest number of residents age 14 and under. Data for all neighborhoods is in Appendix G.

Exhibit 68. Maximum capacity of licensed child care (LCC) facilities and proportion of 0-14 year olds by neighborhood* (2008)

Neighborhood	Total population 0 to 14 years (A)	Total maximum number of slots at LCC facilities (B = C + D)	Maximum number of slots at LCC centers* (C)	Maximum number of slots at LCC family homes** (D)
Mission	8,897	1,253	889	364
Bayview	8,112	1,512	680	832

[53] California Child Care Resource and Referral Network, 2011 California Child Care Profile

Neighborhood	Total population 0 to 14 years (A)	Total maximum number of slots at LCC facilities (B = C + D)	Maximum number of slots at LCC centers* (C)	Maximum number of slots at LCC family homes** (D)
Excelsior	6,363	1,114	702	412
Outer Sunset	6,285	1,430	762	668
Visitacion Valley	5,042	772	486	286
Western Addition	4,819	1,149	892	257
Ocean View	4,277	604	270	334
Bernal Heights	4,171	437	191	246
Inner Richmond	4,125	764	478	286
Outer Richmond	4,075	866	600	266
San Francisco	**97,129**	**18,512**	**12,513**	**5,999**

** Neighborhoods presented are the 10 with the highest number of residents age 14 and younger.*
*** Most facilities do not operate at maximum capacity. Family child care homes are licensed for a maximum capacity of 8 or 14 slots. Child care centers may be licensed for 15 or more slots.*
Source: Healthy Development Measurement Tool, SFDPH

Civic Engagement

Volunteering in San Francisco

According to the Corporation for National and Community Service, communities with a high number of nonprofits per capita are likely to have higher volunteer rates.[54] As the number of nonprofits per 1,000 city residents increases, the volunteering rate also increases. Nationally, there is an average of 4.5 nonprofits per 1,000. In San Francisco there are 5.5 per 1,000 (see Exhibit 69 below).

San Francisco's volunteer rate in 2010 was 30 percent compared to 25 percent statewide and 26 percent nationally. The top four volunteer activities were fundraising (23 percent), general labor (20 percent), collecting/distributing food (20 percent) and tutoring/teaching (19 percent). As Exhibit 70 shows, the top two places where people in San Francisco volunteered were in an educational setting followed by a religious setting.

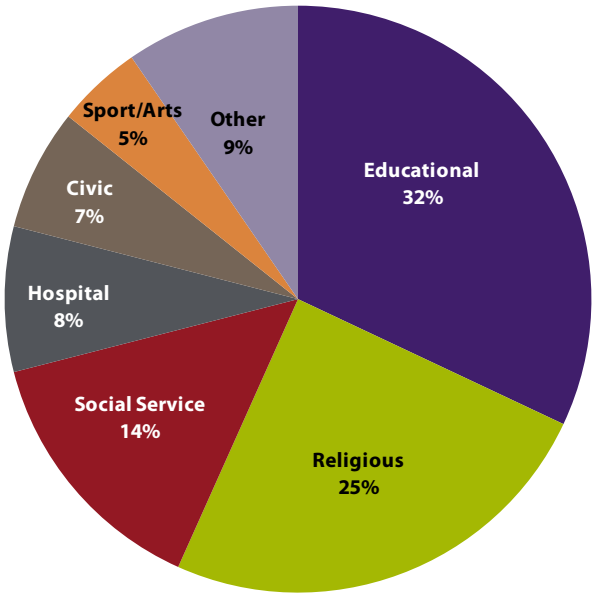
Exhibit 69. Nonprofit presence and volunteering rates (2010)

	Nonprofits per 1,000	Percent of residents that volunteer
San Francisco	5.5	30
California	3.8	25
National	4.5	26

Source: Corporation for National and Community Service, VolunteeringinAmerica.gov, 2010

[54] Corporation for National and Community Service, Volunteeringinamerca.gov

Exhibit 70. Sectors in which San Francisco residents volunteer (2010)



Source: Corporation for National and Community Service, VolunteeringinAmerica.gov, 2010

Voters

In the November 2008 election, **81.3 percent** of San Francisco's 479,081 registered voters cast a ballot at the poll or by mail, which is slightly higher than the state voting rate of 79.4 percent. The neighborhoods in Exhibit 71 had the lowest voting rates in that election (see Appendix G for complete data on voting rates by neighborhood):

Exhibit 71. San Francisco neighborhoods with lowest voting rates (2008)

Neighborhood	Percent of registered voters that voted
Treasure Island/Yerba Buena Island	61
Chinatown	66
Visitacion Valley	69
Bayview-Hunters Point	69
Downtown/Civic Center	72
Financial District	76
Crocker Amazon	76
South of Market	77
Ocean View	77
Excelsior	77

Source: Healthy Development Measurement Tool, SFDPH

BEHAVIORAL RISK FACTORS

In this section:

- Substance use and abuse
- Nutrition and physical activity
- Protective factors
- Screening

Behavioral Risk Factors

This section of the CHSA describes the distribution of key behavioral risk factors among San Francisco's population. It is important to understand these risk factors as they are generally known to contribute to injuries, disease and death from youth and throughout adulthood.

Substance Use and Abuse

Substance use is often associated with behavioral and mental health conditions as well as other physical ailments. In other words, substance use is often an indicator of co-occurring disorders, which has implications for the types of health and wellness services needed to treat the multiply diagnosed.

Tobacco Use

San Francisco's smoking rate is lower than the state, nation and national benchmark.

In San Francisco, **8.4 percent** of adults reported having smoked at least 100 cigarettes in their lifetime and currently smoke.[55] This is **lower** than California (12.1 percent) and the nation (17.3 percent). The national benchmark for adult smoking is 14 percent.[56] Among San Francisco's high school students, **6.3 percent** reported having smoked at least one cigarette every day for 30 days, compared to 11.2 percent nationally.[57]

Illicit Drug Use

Exhibit 72 below shows rates of drug use in the San Francisco Metropolitan Service Area (MSA) over three years. Please note that the San Francisco MSA includes San Francisco, Marin, and San Mateo Counties.

Exhibit 72. Drug use among residents age 12 and older, 2006-2008

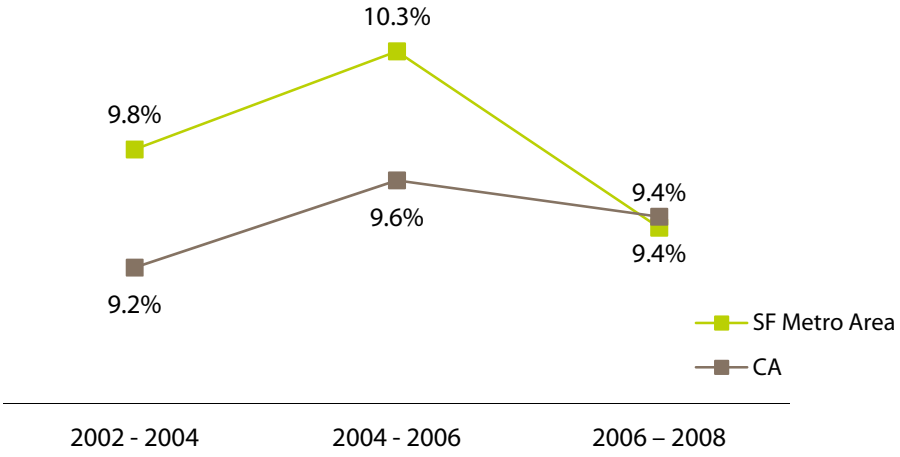
Drug Use among Persons Aged 12 or Older	San Francisco, Marin, San Mateo* Percent	California Percent
Illicit drug use in the past month	11.9	9.3
Illicit drug use other than marijuana in the past month	3.7	4.1
Marijuana use in the past month	9.3	7.0
Marijuana use in the past year	15.7	11.7
Cocaine use in the past year	2.8	2.4
Nonmedical use of pain relievers in the past year	4.5	5.3
Illicit drug dependence or abuse in the past year	2.2	2.8
Needing but not receiving treatment for illicit drug use in the past year	7.7	7.6

** The San Francisco Metropolitan Service Area includes San Francisco, Marin, and San Mateo Counties.*
Source: 2006-2008 National Surveys on Drug Use and Health

[55] Source: Behavioral Risk Factor Surveillance System, 2010
[56] 2012 County Health Rankings
[57] Source: CDC High School Youth Risk Behavior Survey, 2009 (http://apps.nccd.cdc.gov/youthonline/App/Default.aspx)

Exhibit 73 shows the trends in the dependence on or abuse of alcohol or drugs since 2002. Although there was a sharp increase in 2004-2006, **the San Francisco MSA is at the same level as the state and has trended further down compared to California since 2002**.

Exhibit 73. Alcohol/drug dependence in the past year,* 2002-2008



** The San Francisco Metropolitan Service Area includes San Francisco, Marin, and San Mateo Counties.*
Source: 2006-2008 National Surveys on Drug Use and Health

Alcohol Use

Twenty (20) percent of San Franciscans reported having five or more drinks on an occasion one or more times in the past month (i.e., binge drinking).[58] This is **higher** than state and national numbers (17 percent and 15 percent, respectively). The national benchmark for adult binge drinking is eight percent[59]. Among San Francisco's high school students, **12 percent** reported having had five or more drinks of alcohol in a row within a couple of hours on at least one day in the prior thirty days, which is **half** the nationwide rate of 24 percent.[60]

San Franciscans report binge drinking at a higher rate than the state and nation – 20 percent versus 17 and 15 percent respectively.

Nutrition and Physical Activity

Obesity

San Francisco's obesity rate is **17.2 percent**, which is **lower** than the state rate (22.7 percent). The national benchmark for the percentage of adults who are obese is 25 percent.[61] Among San Franciscans, the

The group most likely to be at risk for obesity in San Francisco is Latinos.

[58] Source: Behavioral Risk Factor Surveillance System, 2004-2010
[59] County Health Rankings, 2012
[60] Source: CDC High School Youth Risk Behavior Survey, 2009 (http://apps.nccd.cdc.gov/youthonline/App/Default.aspx)
[61] Benchmark is from 2012 County Health Rankings; represents the 90th percentile nationally

group most at risk for obesity is **Latinos** as seen in Exhibit 74. Those categories exceeding the national benchmark for obesity are highlighted in the table below.

Exhibit 74. 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	
African American (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

The obesity rate among San Francisco's children (age 0 – 17) is lower than the state average; this trend holds true for every race/ethnicity except for children who are two or more races (see Exhibit 75). The Healthy People 2020 national target for percent of children ages 2 – 19 years who are overweight is 15 percent. The national baseline is 16 percent from the 2005-2008 National Health and Nutrition Examination Survey (NHANES).

Exhibit 75. Percentage of children (ages 0-17) who are overweight by race/ethnicity (2009)

Race/Ethnicity	Percent of children who are overweight in San Francisco (rates that exceed the CA average are **bold**)	Percent of children who are overweight in California (rates that exceed the SF average are **bold**)	HP 2020 national target (2-19 yrs)
Latino	7.4*	**14.6**	
White (non-Latino)	< .5	**7.8**	
Black/African American (non-Latino)	8.5*	**13.1**	
Asian (non-Latino)	5.2*	**7.9**	
Two or More Races (non-Latino)	**29.6***	8.5	
All	5.2	**11.5**	**15.0**

Note: Does not factor in height.

**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*

Source: CHIS, 2009

Among San Francisco adults, 47 percent reported eating five or more servings of fruits and vegetables daily. This compares to 49 percent statewide. Among teens (ages 12-17), 93 percent reported eating **less than** five servings of fruits and vegetables daily, compared to 80 percent statewide; and among children (ages 2-11) 25 percent reported eating five or more servings of fruits and vegetables daily which is **far below** 49 percent in California, as displayed in Exhibit 76.

Only 25 percent of young children in San Francisco reported eating five or more servings of fruits and vegetables daily compared to 49 percent statewide.

Exhibit 76. Percentage of residents consuming five or more fruits/vegetables daily, 2005-2009

	San FranciscoPercent (rates that fall short of the CA average are **bold**)	California Percent
Children (ages 2-11), 2009	**25.2**	48.7
Teens (ages 12-17), 2009	**6.8**	19.9
Adults (ages 18+), 2005	46.9	48.7

Source: CHIS, 2005 and 2009

Young people are sexually active, their diets are horrible corner store diets, they don't have physical education in schools and they are not paying attention to their health. What would help is for them to be able to access services, longer hours and outreach to youth at schools and help filling out paperwork because that is very daunting.

- A Bernal Heights youth service provider

Fast food was not consumed in the past week by 58 percent of San Francisco residents according to CHIS. This compares to 35 percent statewide. Overall, **fast food consumption is low in San Francisco compared to the state of California** as shown in the exhibit below.

Exhibit 77. Frequency of fast food consumption in the previous week (2009)

Number of times consumed fast food in previous week	San Francisco Percent (rates that exceed the CA average are **bold**)	California Percent
None	**57.7**	35.3
One time	24.2	28.3
Two times	9.8	16.7
Three times	4.5*	8.6
Four or more times	3.7*	11.0

**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*
Source: CHIS, 2009

According to the 2012 County Health Rankings, "access to healthy foods" can be measured as the percent of zip codes in a county with a healthy food outlet, defined as a grocery store or produce stand/farmers' market. At 89 percent, San Francisco **exceeds** the state average of 79 percent but **falls short** of the national benchmark in the 2012 County Health Rankings, which is 92 percent.

Among San Francisco's children and teens (ages 2-17), 83 percent reported drinking one or no glass of soda or sugary drinks on the previous day. This is similar to 85 percent in California.

Exhibit 78. Percentage of children and teens (age 2-17) consuming one glass or no sugar sweetened beverages in the last day (2009)

	San Francisco Percent	California Percent
Drank 1 glass or none	82.8	85.3

Source: CHIS, 2009

Exercise and Sedentary Lifestyle

Slightly less than one-fifth of San Francisco adults (18.5 percent) reported doing no leisure time exercise or physical activity in the past 30 days, faring better than state and national numbers (20.4 percent and 23.9 percent, respectively).[62] Among San Francisco's high school students, 23.3 percent reported not having participated in at least sixty minutes of physical activity on any day in the prior seven days, which is on par with the national average at 23.1 percent.[63]

In California, public schools conduct the California Physical Fitness Test among fifth, seventh and ninth grade students. It is the state's goal for students to test in the Healthy Fitness Zone (HFZ) in two main areas: aerobic capacity and body composition. Overall, San Francisco children and youth are slightly more fit than children and youth statewide as seen in Exhibit 79.

Exhibit 79. Percentage of students in Healthy Fitness Zone (HFZ) for California Physical Fitness Test (2011)

	% 5th graders in HFZ		% 7th graders in HFZ		% 9th graders in HFZ	
	SF	CA	SF	CA	SF	CA
Aerobic Capacity	64.1	61.4	65.9	63.0	61.9	61.7
Body Composition	53.3	52.1	60.7	55.5	60.9	59.4

Source: California Department of Education 2011

[62] Source: Behavioral Risk Factor Surveillance System, 2010

[63] Source: CDC High School Youth Risk Behavior Survey, 2009 (http://apps.nccd.cdc.gov/youthonline/App/Default.aspx)

Protective Factors

Seatbelt Use

The state of California has a primary enforcement seat belt law and over 90 percent of the adult population uses a seat belt.[64] Among San Francisco high school students, 7.3 percent reported that they rarely or never wore a seat belt when riding in a car driven by someone else, which is slightly **lower** than the national rate of 9.7 percent.[65]

Child Safety Seat Use

In 2010, 55 convictions occurred in San Francisco for improperly restraining children less than 6-years-old in vehicles; 28 convictions occurred for improperly restraining children up to 16 years old.[66]

Bicycle Helmet Use

In San Francisco, bicycle helmet use **increased** slightly from 69 percent in 2009 to 71 percent in 2010.[67]

Condom Use

43.5 percent of San Francisco high school students who were sexually active (n = 335) reported not using a condom the last time they had intercourse, which is **higher** than the national rate of 38.9 percent.[68]

Screening

Diabetes

In San Francisco, 80 percent of diabetic Medicare patients received a blood sugar control screening using a test of their glycated hemoglobin (HbA1c) levels, which is slightly **higher** than the statewide screening rate of 79 percent.[69] The national benchmark in the 2012 County Health Rankings is an 89 percent screening rate for diabetes. According to the 2012 County Health Rankings, "Regular screening among diabetic patients is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented."

Colorectal Cancer Screening

Over three quarters (79 percent) of adults age 50 and older in San Francisco reported ever having a colonoscopy, sigmoidoscopy or fecal occult blood test (FOBT), which is **similar to** the 78 percent statewide (see Exhibit 80). When asked which kind of colorectal cancer screening test they had most recently, 47 percent of San Francisco adults responded colonoscopy followed by FOBT at 36 percent and sigmoidoscopy at 17 percent.

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[64] Source: CDC Vital Signs (http://www.cdc.gov/vitalsigns/pdf/2011-01-vitalsigns.pdf). A primary enforcement seat belt law means a police officer can pull someone over and issue a ticket to the driver if someone in the vehicle is not wearing a seat belt.
[65] Source: CDC High School Youth Risk Behavior Survey, 2009 (http://apps.nccd.cdc.gov/youthonline/App/Default.aspx)
[66] California Department of Motor Vehicle Conviction Data (http://www.cdph.ca.gov/HealthInfo/injviosaf/Pages/DMVConvictionData.aspx)
[67] City of San Francisco 2010 Bicycle Count Report, SFMTA, November 2010 (http://www.sfmta.com/cms/rbikes/documents/City_of_San_Francisco_2010_Bicycle_Count_Report_edit12082010.pdf)
[68] Source: CDC High School Youth Risk Behavior Survey, 2009 (http://apps.nccd.cdc.gov/youthonline/App/Default.aspx)
[69] Source: Dartmouth Atlas of Health Care using Medicare claims 2009 data, via 2012 County Health Rankings

Exhibit 80. Percentage ever had colonoscopy, sigmoidoscopy, or FOBT colorectal screening (2009)

	San Francisco Percent	CA Percent	HP 2020 National Target Percent
Have ever had one test	78.8	78.0	**70.5**
Never had a test	21.2	22.0	--

Source: CHIS, 2009

Women's Health

Women's health screening rates in San Francisco are similar to the state. For mammograms, 81.9 percent of San Francisco women age 50+ have had a mammogram in the last two years, meeting the Healthy People 2020 national target (81.1 percent); San Francisco women in this age category have surpassed the national benchmark (74 percent) for mammography. San Francisco women have not, however, met the Healthy People 2020 national target for cervical cancer screening with pap test. These data are presented in Exhibit 81 below. Early detection of these cancers increases the chance of survival.

Exhibit 81. Percentage of women who received health screenings (2010)

Screening	San Francisco Percent	California Percent	HP 2020 National Target	National Benchmark
Women aged 40+ who have had a mammogram within the past two years	78.7	78.4	81.1*	74**
Women aged 50+ who have had a mammogram within the past two years	81.9	81.4		
Women aged 18+ who have had a pap test within the past three years	82.8	80.8	93.0*	N/A

Source: Behavioral Risk Factor Surveillance System, 2010

**The Healthy People 2020 national goals did not specify the type of cancer screening (e.g., mammogram or pap test) but stated that women reach this target according to the most recent guidelines.*

***2012 County Health Rankings 90th percentile for female Medicare enrollees*

Men's Health

As Exhibit 82 shows, over half (59 percent) of San Francisco men age 40 years and older reported that they have never received a prostate-specific antigen (PSA) test to screen for prostate cancer, which compares to 57 percent statewide.

Exhibit 82. Percentage of men age 40 and older who received prostate-specific antigen test to screen for prostate cancer (2009)

	San Francisco Percent	California Percent
Never	58.9	56.5
1 year ago or less	30.9	31.4
More than 1 year ago	10.2	12.1

Source: CHIS, 2009

ENVIRONMENTAL HEALTH INDICATORS

In this section:

- Physical environment
- Safety
- Other environmental health indicators

Environmental Health Indicators

This section of the CHSA presents environmental health indicators for San Francisco. This information helps us understand how the physical environment in which we live impacts health and quality of life. Factors such as clean air, water quality and safely prepared food are essential to physical health. Additionally, exposure to environmental substances such as lead greatly affects the well-being of families and children, particularly in urban environments where asthma rates appear to be particularly high.

Physical Environment

Air Quality

San Francisco meets the Environmental Protection Agency's (EPA) national air quality standards for carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, particulate matter, and lead.[70]

In San Francisco, the air quality was unhealthy for sensitive populations[71] due to fine particulate matter (FPM < 2.5 μm in diameter) an average of **four** days per year, **lower** than the state average of 16 days annually.[72] Exhibit 83 shows the 12 neighborhoods with a percent of population exposed to 10 ug/m3 or more of PM 2.5; for all other neighborhoods, it is zero percent.[73]

Exhibit 83. Percentage of population exposed to 10 ug/m3 or more of particulate matter 2.5 from all sources (2012)

Neighborhood	Percent of population exposed
Mission Bay	16
Financial District	7
South of Market	6
Bayview	4
Excelsior	4
Visitacion Valley	3
Bernal Heights	2
Potrero Hill	2
Downtown/Civic Center	2
Western Addition	1
Mission	0.4
Outer Mission	0.2

[70] EPA, AIRS Data, 2008; accessed through the Community Health Status Report

[71] People with asthma, cardiovascular or lung disease, as well as children and elderly people

[72] 2007 data from the Public Health Air Surveillance Evaluation (PHASE) project, a collaborative effort between the Centers for Disease Control and Prevention (CDC) and the EPA; accessed on via 2012 County Health Rankings

[73] Inside air quality may vary depending upon ventilation, building type, and other factors

Neighborhood	Percent of population exposed
San Francisco	1

Note: Emissions related data is from 2012; meteorology data used in model is from 2008
Source: Healthy Development Measurement Tool, SFDPH

The EPA's Air Quality Index (AQI) is an indicator of overall air quality that takes into account all of the criteria air pollutants measured within a geographic area. An AQI value of 100 generally corresponds to the national air quality standard for the pollutant, which is the level the EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be unhealthy – primarily for certain sensitive groups of people, then for everyone as AQI values get higher. In 2011, San Francisco had 286 days of "good" air quality (AQI 0-50), 78 "moderate" days (AQI 51-100), and 1 "unhealthy for sensitive groups" day (AQI 101-150), with a median AQI of 36.[74] This meets the Healthy People 2020 national target of 10 days or less for which the AQI exceeds 100.

Indoor Clean Air

One hundred percent of public facilities in San Francisco are designated tobacco-free. San Francisco city law prohibits smoking in City buildings, businesses, schools, hospitals, public transit, outdoor restaurant dining areas, inside bars, enclosed common areas of multi-unit housing, farmers markets, homeless shelters, charity bingo games, in service waiting areas, and within 15 feet of business doorways. Smoking is permitted in private homes, on city streets, and in existing bars with semi-enclosed outdoor smoking areas.

San Francisco **meets** Healthy People 2020 goals to prohibit smoking in private and public workspaces, restaurants, daycare centers, public transportation, hotels and motels, public spaces of multi-unit housing, and prisons and correctional facilities. San Francisco **does not yet meet** the Healthy People 2020 goals for prohibiting smoking in all bars, private spaces in multi-unit housing, and in vehicles with children.

Contaminated Sites

"Brownfields" are real property where the expansion, redevelopment, or reuse of the property may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant.

According to the Healthy Development Measurement Tool,

> *"Brownfields with high concentrations of contaminated soil threaten the air we breathe and the water we drink. Even sites falsely assumed to be contaminated pose a health threat because they can result in reduced property values or sprawled development patterns if left unchecked. Cleanup and reuse can improve quality of life by creating community benefits like parks or by stimulating jobs creation. Indirect health benefits may include greater location efficiency than alternative greenfield sites; a local reduction in vehicle miles traveled; and, evidence shows, a reduction in crime."*

The table below (Exhibit 84) shows the number of active brownfield sites per square mile for the top ten San Francisco neighborhoods. Data for all San Francisco neighborhoods is in Appendix G.

[74] U.S. Environmental Protection Agency, Air Quality Index Report (http://www.epa.gov/airdata/ad_rep_aqi.html)

Exhibit 84. Distribution of contaminated sites by Planning-defined neighborhood (2011)

Neighborhood	Active Brownfield Sites per Square Mile
Treasure Island/YBI	15.8
South of Market	12.3
Potrero Hill	11.7
Chinatown	7.5
Financial District	7.2
North Beach	6.4
Marina	6.2
Russian Hill	4.2
Bayview	3.9
Downtown/Civic Center	3.1
San Francisco	**2.6**

Source: Healthy Development Measurement Tool, SFDPH

Water Quality and Waterborne Disease

Fluoridated water has been available in all San Francisco residences since the early 1950s.[75]

The Department of Public Health and Public Utilities Commission conduct regular testing of recreational waters. According to the San Francisco Public Utilities Commission:

> *"Shoreline bacteria are routinely monitored at 14 stations around the perimeter of San Francisco where water contact recreation may occur. These include three stations within the Candlestick Point State Recreation Area, two stations at Aquatic Park, two stations along Crissy Field Beach, three stations at Baker Beach, one at China Beach, and three stations along Ocean Beach. The beach monitoring program is a cooperative effort between the San Francisco Public Utilities Commission and the San Francisco Department of Public Health. Samples are collected weekly year round. Additional monitoring is conducted whenever a treated discharge from the City's combined sewer system occurs that affects a monitored beach... Samples are analyzed for three different bacterial indicators of impaired water quality (total coliform, Escherichia coli, and enterococcus) and results are available within 18 to 24 hours of sample collection."*

The public is notified of high bacteria levels through informational signs posted at major access points on recreational beaches, emails of postings and de-postings sent to interested parties, the Recreational Beach Water Quality Hotline, and a website.

[75] Source: San Francisco Public Utilities Commission

In 2010, 11 percent of all reported beach monitoring samples in California exceeded at least one of the state's daily maximum bacterial standards. San Francisco County had the second highest exceedance rate of all counties, at 20 percent. Exhibit 85 shows the percent of samples exceeding state standards and the number of closing or advisory days for San Francisco's beaches, which are monitored on a weekly basis.

Exhibit 85. Percentage of samples exceeding state standards and closing or advisory days at San Francisco beaches (2010)

Beach	Percent of samples exceeding state standards	Number of closing or advisory days
Aquatic Park, Mid-beach	14	5
Aquatic Park, Hyde Street Pier	5	5
Baker Beach, Lobos Creek at Lower Parking Lot	32	77
Baker Beach, Opposite Seacliff 2 Pumping Station	7	77
Baker Beach, Upper Parking Lot	6	77
Candlestick Point, Jack Rabbit Beach	7	29
Candlestick Point, Sunnydale Cove	32	29
Candlestick Point, Windsurfer Circle	52	29
China Beach	8	7
Crissy Field West	18	22
Crissy Field, New Beach	22	22
Fort Funston	17	8
Ocean Beach at Balboa St.	8	19
Ocean Beach at Lincoln Ave.	16	19
Ocean Beach at Pacheco St.	29	19
Ocean Beach at Sloat Blvd.	11	19
Ocean Beach at Vicente St.	60	19

Source: Testing the Waters 21st Annual Report (2010), National Resource Defense Council

The Healthy People 2020 national goal is 96 percent of beach days that are open and safe for swimming during the swimming season.

Lead Exposure

An individual's blood lead level (BLL) is a measure of micrograms of lead per deciliter of blood (mcg/dL). The Centers for Disease Control and Prevention considers a BLL of 10 mcg/dL or above to be a "level of concern." Children exposed to high levels of lead can experience anemia, kidney damage, colic, neurological impairment,

and impaired vitamin D metabolism. Children are susceptible to damage from lead exposure at lower levels than adults, and neurological impairment can occur in children with BLLs of less than 10 mcg/dL. Neurological impairment or delay, growth retardation, and delayed sexual maturation as a result of lead exposure may affect children as they mature to adulthood. Healthy People 2020 national goals strive to eliminate elevated blood lead levels in children and reduce the mean blood lead levels in children to 1.4 µg/dL.

California Code of Regulations, Title 17, requires all California medical providers to order or provide blood lead testing during well child visits at one- and two-years-old if a child lives in a home built before 1978 in which there is likely to be damaged paint or where there has been recent renovation.[76] Also, any child enrolled in a publicly subsidized program (e.g., Medi-Cal; Healthy Families; Healthy Kids; Special Supplemental Nutrition Program for Women, Infants, and Children; Child Health and Disability Program) must be tested at one and two years of age.

Nine percent of San Francisco's children under age six were tested for lead in 2007, a **lower** percent than the state average (11.3 percent). A **higher** proportion of those children were found to have BLLs greater than 10 mcg/dL (0.8 percent in San Francisco versus 0.5 percent in California).[77] Nationally, 1.2 percent of children aged 1 to 5 had BLLs higher than 10 mcg/dL in 2006.[78] The table below (Exhibit 86) shows the percentage of children age five and under who were tested for lead and found to have BLLs higher than 10 mcg/dL for the ten zip codes with the highest rates of elevated BLLs. (See Appendix G for lead testing information on all zip codes)

Exhibit 86. Proportion of children (age 5 and under) tested for and found with over 10 mcg/dL[79] lead for top ten zip codes, 2008-2010

Zip Code	2008 % over 10 mcg/dL	2008 number tested	2009 % over 10 mcg/dL	2009 number tested	2010 % over 10 mcg/dL	2010 number tested
94123 (Marina)	0.0%	82	2.8%	71	5.0%	80
94133 (North Beach)	3.2%	63	0.0%	64	3.6%	112
94110 (Mission, Bernal Heights)	2.6%	389	2.0%	354	0.9%	651
94117 (Haight Ashbury, Cole Valley)	2.1%	94	1.0%	99	0.6%	173
94131 (Twin Peaks, Glen Park)	0.0%	74	0.0%	71	3.5%	114
94112 (Ingleside, Excelsior)	1.3%	371	1.7%	350	0.3%	633
94115 (Pac Heights, West. Addition, Japantown)	3.2%	94	0.0%	114	0.0%	172
94102 (Hayes Valley, Tenderloin, North of Market)	2.4%	85	0.0%	94	0.0%	178

[76] Ninety-one percent of housing in San Francisco was built before 1978 (http://www.sfhp.org/files/PDF/providers/community_resources/2008_LEAD_TESTING_GUIDELINES-II__2_.pdf).
[77] Per Center for Disease Control and Prevention Lead State Surveillance Data, most recent year for which data is available (http://www.cdc.gov/nceh/lead/data/state/cadata.htm)
[78] According to data for approximately 3.3 million children tested, per CDC's Fourth National Report on Human Exposure to Environmental Chemicals
[79] Includes venous blood lead levels only; excludes capillary blood tests due to the relatively high rate of false positives (per SFDPH Childhood Lead Prevention Program).

Zip Code	2008 % over 10 mcg/dL	2008 number tested	2009 % over 10 mcg/dL	2009 number tested	2010 % over 10 mcg/dL	2010 number tested
94107 (Potrero Hill)	1.0%	96	1.2%	84	0.0%	170
94124 (Bayview-Hunters Point)	0.3%	287	0.7%	280	0.8%	489
San Francisco	**1.0%**	**2,928**	**0.8%**	**2,736**	**0.6%**	**4,822**

Source: San Francisco Childhood Lead Prevention Program, SFDPH, 2008-2010

Communicable Diseases Related to the Physical Environment

Exhibit 87. Rate of reportable diseases in San Francisco per 100,000 population[80] (2009)

Disease	Description	Rate per 100,000 population
Campylobacteriosis	infection by the *Campylobacter* bacterium; among the most common bacterial infections of humans, often a food-borne illness; produces an inflammatory, sometimes bloody, diarrhea or dysentery syndrome, mostly including cramps, fever and pain	40.7
Giardiasis *("beaver fever")*	a diarrheal infection of the small intestine by a single-celled organism *Giardia lamblia*; can be deadly for people with compromised immune systems (e.g., elderly, AIDS patients)	20.5
Salmonellosis	infection with *Salmonella* bacteria; symptoms include diarrhea, fever, vomiting, and abdominal cramps; most people recover without treatment but in some cases the patient becomes dangerously dehydrated; in severe cases, it can cause death unless the person is treated promptly with antibiotics; usually contracted from sources such as poultry, pork, and beef ; infected eggs, egg products, and milk; reptiles such as turtles, lizards, and snakes; tainted fruits and vegetables	18.4
Shigellosis, total *(bacillary dysentery, Marlow Syndrome)*	food-borne illness caused by infection by bacteria of the genus *Shigella*; causative organism is frequently found in water polluted with human feces, transmitted via the fecal-oral route; usual mode of transmission is directly person-to-person hand-to-mouth, in the setting of poor hygiene among children; in some strains 10-15% of people affected will die	15
Amebiasis	gastrointestinal infection that may or may not be symptomatic and can remain latent in an infected person for several years; symptoms can range from mild diarrhea to dysentery with blood and mucus in the stool; can be prevented by good sanitary practices	11.5
Shigellosis, Group D: S. sonnei	species of *Shigellosis* that causes 77% of cases in the developed world	9.6
Shigellosis, Group B: S. flexneri	species of *Shigellosis* most frequently isolated worldwide	4.9

[80] Does not include notifiable disease reports managed by other SFDPH sections, i.e., tuberculosis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS) and sexually transmitted diseases (STDs) which are managed, respectively, by Tuberculosis Control, AIDS Office and STD Prevention and Control.

Disease	Description	Rate per 100,000 population
Cryptosporidiosis *("crypto")*	parasitic disease caused by *Cryptosporidium*; typically an acute short-term infection; spread through the fecal-oral route, often through contaminated water; main symptom is self-limiting diarrhea in people with intact immune systems; in immunocompromised individuals (e.g., AIDS patients), symptoms are particularly severe and often fatal; one of the most common waterborne diseases; transmitted by environmentally hardy microbial cysts (oocysts) that, once ingested, exist in the small intestine and result in an infection of intestinal epithelial tissue	2.7
Pertussis *("whooping cough")*	highly contagious bacterial disease caused by Bordetella pertussis; symptoms are initially mild, and then develop into severe coughing fits; coughing stage lasts for approximately six weeks before subsiding	2.5

Source: 2009 Annual Report of Communicable Diseases in San Francisco, Communicable Disease Control and Prevention, SFDPH

Food and Food Safety

A food-borne outbreak is defined as four or more illnesses with a common food exposure. In 2009 there were five food-borne outbreaks in San Francisco.[81] The table below (Exhibit 88) shows food related diseases reported in 2009 alongside the Healthy People 2020 national targets.

Exhibit 88. Rate of reportable diseases in San Francisco[82] (2009)

Disease	San Francisco: Rate per 100,000 population (rates that exceed HP2020 goals are **bold**)	Healthy People 2020 national target: Rate per 100,000 population
Campylobacter species	**40.7**	8.5
Shiga toxin-producing Escherichia coli (STEC) O157:H7	**1.7**	0.6
Listeria monocytogenes	**0.7**	0.2
Salmonella species	**18.4**	11.4
Postdiarrheal hemolytic-uremic syndrome (HUS) in children under 5 years of age	0.0	0.9
Vibrio species	0.2	1.0
Yersinia species	**0.5**	0.3

Source: 2009 Annual Report of Communicable Diseases in San Francisco, Communicable Disease Control and Prevention, SFDPH

[81] 2009 Annual Report of Communicable Diseases in San Francisco, Communicable Disease Control and Prevention, SFDPH

[82] Does not include notifiable disease reports managed by other SFDPH sections, i.e., tuberculosis, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS) and sexually transmitted diseases (STDs) which are managed, respectively, by Tuberculosis Control, AIDS Office and STD Prevention and Control.

Cancer Risk

According to the Bay Area Air Quality Management District, *"Excess lifetime cancer risks are estimated as the incremental probability that an individual will develop cancer over a lifetime as a direct result of exposure to potential carcinogens. The estimated risk is a unitless probability, often* ***expressed as the number of people who might get cancer per million people similarly exposed****."*

The Healthy Development Measurement Tool estimated the percent of each neighborhood's population that was exposed to a cancer risk of 100 or more in 1 million as a result of exposure to total organic gases (TOG) and diesel particulate matter (DPM) pollution. This was determined by performing a "Select by Location" query on city residential lots that were within 20 meters of a location that was modeled to have a cancer risk of 100 or more per 1 million. The population that was estimated to be living in those lots was summed by neighborhood and divided by the total population in the neighborhood to calculate the percent of the population exposed.

Exhibit 89 below shows the 12 neighborhoods with a percentage of population with a cancer risk greater than or equal to 100 in 1 million (for all other neighborhoods, it is zero percent):

Exhibit 89. Percentage of population with cancer risk greater than or equal to 100 in 1 million by neighborhood (2010)

Neighborhood	Percent of population exposed
Mission Bay	28
South of Market	28
Financial District	17
Western Addition	9
Bayview	6
Excelsior	5
Downtown/Civic Center	5
Mission	3
Potrero Hill	3
Visitacion Valley	3
Bernal Heights	3
Marina	1
San Francisco	**3**

Note: The population that was estimated to have a cancer risk of 100 or more in 1 million was determined by performing a "Select by Location" query on city residential lots that were within 20 meters of a location that was modeled to have a cancer risk of 100 or more per 1 million as a result of exposure to total organic gases (TOG) and diesel particulate matter (DPM) pollution. The population that was estimated to be living in those lots was summed by neighborhood and divided by the total population in the neighborhood to calculate the percent of the population exposed.
Source: Healthy Development Measurement Tool, SFDPH

Safety

Violent Crime

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).[83] Exhibit 90 below displays rates of homicide, physical assault, and rape/sexual assault for the ten neighborhoods with the highest rates of these violent crimes. The following neighborhoods appear in the top ten for all three categories: Bayview-Hunters Point, Downtown/Civic Center, Financial District, Golden Gate Park, Mission, North Beach, and South of Market. See Appendix G for data on violent crime in all neighborhoods. (Also see section on Homicide, page 99.[84])

San Francisco's crime rate is higher than both the state average and national benchmark. Bayview-Hunters Point, Downtown/Civic Center, Financial District, Golden Gate Park, Mission, North Beach and South of Market appear in the top 10 for all three categories of violent crime.

Exhibit 90. Violent crime rates 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
Neighborhoods that are **bolded** are in the top ten for all three categories.					
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
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**

Source: Healthy Development Measurement Tool, SFDPH

[83] 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.

[84] Three-year mortality rates for San Francisco show that homicide is the one cause of death that has increased significantly. From 2000-2003 to 2004-2007 homicides increased by 48 percent, and homicides moved from the 19th ranked cause of death to the 11th leading cause of death among men in San Francisco. Despite this trend, one-year real time homicide data from the San Francisco Police Department's Compstat show a dramatic drop in homicides from 2001 - 2009 and a possible reversal in this mortality trend for San Francisco. It is important to note that these data represent actual deaths (not rates) and that these data represent deaths of San Francisco residents, including if the homicide occurred elsewhere.

Pedestrian and Traffic Injuries and Deaths

Exhibit 91 below shows the number and rate of pedestrian injuries and deaths for the 10 San Francisco neighborhoods with the highest rates (data for all neighborhoods is in Appendix G).

Exhibit 91. 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

Exhibit 92 below provides data about severe and fatal traffic injuries for the ten San Francisco neighborhoods with the highest rates of annual severe/fatal injuries per 100 road miles. Data for all neighborhoods is in Appendix G, along with detailed information about pedestrian, cyclist, and driver/passenger injuries.

Exhibit 92. Annual severe and fatal traffic injuries per 100 road miles by neighborhood, 2006-2010

Neighborhood	Total severe/fatal injuries per 100 road miles, annually
Downtown/Civic Center	90
Chinatown	69
Western Addition	48
South of Market	45
Financial District	43
Nob Hill	40

Neighborhood	Total severe/fatal injuries per 100 road miles, annually
Mission	38
Golden Gate Park	35
Bernal Heights	26
Potrero Hill	26
San Francisco	**21**

Source: Healthy Development Measurement Tool, SFDPH

According to the Healthy Development Measurement Tool,

> *"Traffic collisions involving motor vehicles are one of the leading causes of preventable injury in San Francisco, the nation, and the world, and the leading cause of death in the United States for people aged 5-34…Vehicle speed has particularly profound impacts on more vulnerable road users, including pedestrians and cyclists. Small increases in impact speed translate into large increases in fatality risks – for example, it has been estimated that the risk of pedestrian fatality is six times that at 30 mph relative to 20 mph. In addition to targeted enforcement efforts, planning and design decisions that reduce traffic volumes, speeds, and the need to drive, while promoting more walkable, safe environments include: traffic calming, street and intersection engineering countermeasures, transportation-land use planning coordination, and other transportation demand management measures such as road pricing. The injuries and deaths suffered in these collisions, as well as high medical and social costs, reflect a need for transportation safety practices, projects and policies to be integrated into all relevant agency agendas and across all levels of government to prevent injuries."*

Alcohol Outlet Density

According to the Healthy Development Measurement Tool, the density of alcohol outlets is closely related to crime and violence. A six-year study of changes in numbers of alcohol outlets in 551 urban and rural zip code areas in California, showed that an increase in the number of bars and off-premise places such as liquor, convenience and grocery stores was related to an increase in the rate of violence. These effects were largest in poor, minority areas of the state, areas that are already saturated with the greatest numbers of outlets.

The table below (Exhibit 93) provides information about off-sale alcohol outlets for the 10 San Francisco neighborhoods with the greatest density of off-sale outlets per population. Data for all San Francisco neighborhoods is in Appendix G.

Exhibit 93. Density of off-sale alcohol outlets by neighborhood* (2011)

Neighborhood	Number of off-sale alcohol outlets	Density of off-sale alcohol outlets per square mile	Off-sale alcohol outlets per 1,250 population
Financial District	28	40.3	5.1
North Beach	29	46.4	2.9
Chinatown	17	127.1	2.3
Potrero Hill	22	16	2.2

Neighborhood	Number of off-sale alcohol outlets	Density of off-sale alcohol outlets per square mile	Off-sale alcohol outlets per 1,250 population
South of Market	60	28.4	2.2
Downtown/Civic Center	72	111.7	2.1
Mission	88	50.9	2
Marina	31	31.9	1.8
Castro/Upper Market	27	31.5	1.7
Haight Ashbury	29	38	1.7
San Francisco	**819**	**17.4**	**1.3**

Note: "Off-sale alcohol outlets" are those authorized by the State of California to sell all types of alcoholic beverages for consumption off the premises in original, sealed containers, such as grocery stores, liquor stores, mini-marts, and package stores. This excludes restaurants, bars and other types of facilities where alcohol is consumed onsite.
** Neighborhoods presented are those with the highest density of off-sale alcohol outlets per population.*
Source: Healthy Development Measurement Tool, SFDPH

Rabies in Animals

There have been no documented rabid terrestrial animals in San Francisco for over 60 years; **five** rabid bats were detected in 2009.[85]

Other Environmental Health Indicators

Overcrowding[86]

According to the Healthy Development Measurement Tool, crowding may increase risks for respiratory infections such as tuberculosis and ear infection. Overcrowded housing has also been associated with increased mortality rates (particularly for women), meningitis, and Helicobacter pylori bacteria which can cause stomach ailments. Crowded housing conditions also contribute to poor child development and school performance, in part, because overcrowding limits the space and quiet necessary for children to do homework. Finally, overcrowding affects health indirectly by creating conditions conducive to poor sanitation, high environmental noise, and residential fires.

Exhibit 94 below lists the 10 neighborhoods with the highest proportion of households living in overcrowded conditions. See Appendix G for data on all neighborhoods.

[85] Source: 2009 Annual Report of Communicable Diseases in San Francisco, Communicable Disease Control and Prevention, San Francisco Department of Public Health
[86] Overcrowding, as defined by the U.S. Department of Housing and Urban Development (HUD), is greater than 1.01 people per habitable room. Severe overcrowding is defined as greater than 1.51 people per habitable room.

Exhibit 94. Proportion of households living in overcrowded conditions by neighborhood*^ (2000)

Neighborhood	Percent of households living in overcrowded conditions
Chinatown	36
Visitacion Valley	34
Crocker Amazon	31
Excelsior	26
Bayview-Hunters Point	24
Financial District	23
Mission	23
Outer Mission	23
Downtown/Civic Center	19
Ocean View	17
San Francisco	**14**

** Neighborhoods presented are those with the highest proportion of households living in overcrowded conditions.*
^ The U.S. Department of Housing and Urban Development (HUD) defines "overcrowding" as greater than 1.01 people per habitable room. Severe overcrowding is defined as greater than 1.51 people per habitable room.
Source: Healthy Development Measurement Tool, SFDPH

Community Noise

According to the Healthy Development Measurement Tool:

> *The health impacts of environmental noise depend on the intensity of noise, on the duration of exposure, and the context of exposure. The Environmental Protection Agency identifies a 24-hour exposure level of **70 decibels** as the level of environmental noise which will prevent any measurable hearing loss over a lifetime. Noise levels of **55 decibels** outdoors and **45 decibels** indoors are identified as preventing activity, interference and annoyance. Long term exposure to moderate levels of environmental noise can adversely affect sleep, school and work performance, and cardiovascular disease. The combination of noise and poor quality housing can have additive effects. In one study, a combination of these factors was associated with higher stress and stress hormone levels.*

Exhibit 95 below lists the ten neighborhoods with the highest average daytime and nighttime outdoor noise levels. See Appendix G for noise data on all neighborhoods.

Exhibit 95. Average daytime and nighttime outdoor noise levels by neighborhood* (2007)

Neighborhood	Decibel
South of Market	68
Chinatown	67
Potrero Hill	67

Neighborhood	Decibel
Bayview-Hunters Point	66
Downtown/Civic Center	66
Financial District	66
Mission	65
Golden Gate Park	64
Western Addition	64
Castro/Upper Market	63
San Francisco	**62**

** Neighborhoods presented are those with the highest average daytime and nighttime outdoor noise levels in San Francisco.*
Source: Healthy Development Measurement Tool, SFDPH

KEY HEALTH STATUS INDICATORS

In this section:

- Social and mental health
- Maternal and child health
- Death, illness and injury
- Communicable disease

Key Health Status Indicators

Social and Mental Health

Individuals' social and mental health status may directly or indirectly influence their overall health as well as their quality of life. (Quality of life factors were described earlier in this report.) This section presents indicators of social and mental health in San Francisco including but not limited to violence, drug and alcohol-related events, and suicide.

As Exhibit 96 shows, San Francisco adults, on average, reported three mentally unhealthy days during the past 30 days. This compares to four days from Californians statewide. The national benchmark is two days.

Exhibit 96. Reported number of mentally unhealthy days in past 30 days, 2004-2010

	San Francisco	California	National Benchmark*
Average number of self-reported mentally unhealthy days in past 30 days	3.3	3.6	2.3

**National benchmark equals the 90th percentile, from 2012 County Health Rankings*
Source: National Center for Health Statistics using data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) 2004-2010 data, via 2012 County Health Rankings

Homicide, Suicide, Drugs and Alcohol

Exhibit 97 below displays how homicide, suicide, and drug and alcohol-related deaths rank among the leading causes of death for San Franciscans. For males in San Francisco, these conditions were among the top 20 causes of death. Death rates from drug use, homicide, and suicide have all increased from 2000-2003 to 2004-2007, particularly among men in San Francisco.

Exhibit 97. Age-adjusted[87] homicide, suicide, drug and alcohol-related deaths for San Francisco males , 2000-2003 and 2004-2007

Current Rank ('04-'07)	Causes for Males	Deaths	Rate	Rank for '00-'03	Change in Rank
10	Drug overdose, unintentional	357	18.8	13	↑
11	Homicide	255	17.7	19	↑
12	Suicide	304	16.8	14	↑
17	Alcohol use disorder	217	12.2	15	↓

Source: California State DPH Annual Master Death Files

[87] Age standardization allows comparisons by categories that differ in size or age comparisons. The age-adjusted rate is calculated so that a subgroup with a large population of elderly, for example, is not seen as having an excess rate of deaths by heart failure. When calculating these rates, the goal is to understand the patters of mortality that are due to factors other than age, i.e., given a similar age distribution.

Among these same causes of death, only drug-related deaths were among the top 20 leading causes of death for women in San Francisco (Exhibit 98). Homicide, suicide, and alcohol use disorders accounted for less than five percent of deaths among women in San Francisco.

Exhibit 98. Age-adjusted drug-related deaths for San Francisco females

Current Rank ('04-'07)	Causes for Females	Deaths	Rate	Rank for '00-'03	Change in Rank
14	Drug overdose, unintentional	112	6.6	19	↑

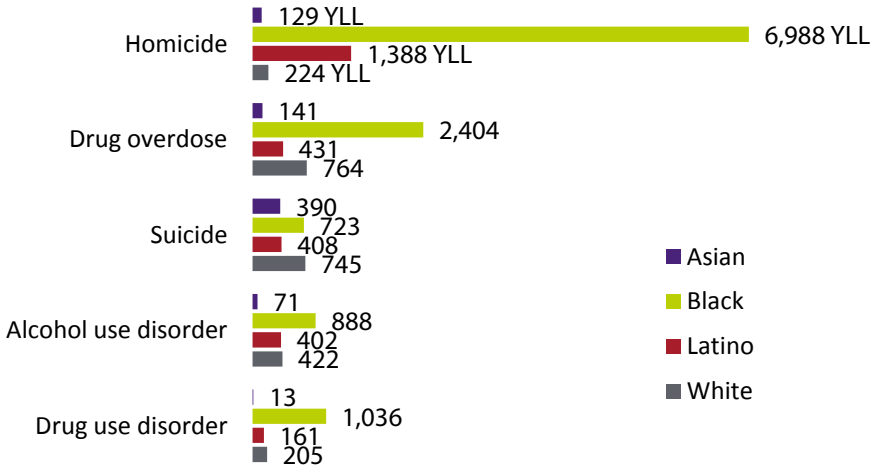
Source: California State DPH Annual Master Death Files

When looking at these causes of death by age, homicide and suicide are the top two leading causes of death among San Franciscans ages 15 – 34. These causes, along with drug and alcohol related mortality, are among the top 10 leading causes of death for San Franciscans ages 15 – 54. (Please see Exhibits 99 and 100 in the Death, Illness and Injury section for more information.) It is important to note that the majority of deaths in San Francisco occur after age 54.

Black/African American males in San Francisco face higher rates of premature death by homicide, drug overdose, alcohol use and drug use compared to other race/ethnicities. African American females face the highest rate of death from drug overdose compared to women in other categories.

Disparities surface when examining these causes by premature deaths and race/ethnicity as well as by neighborhood. Black/African American men are affected by **higher rates** of death by homicide, drug and alcohol use compared to other races/ethnicities as illustrated in Exhibit 99 below. Latinos also experience a **notably high rate** of premature death by homicide.

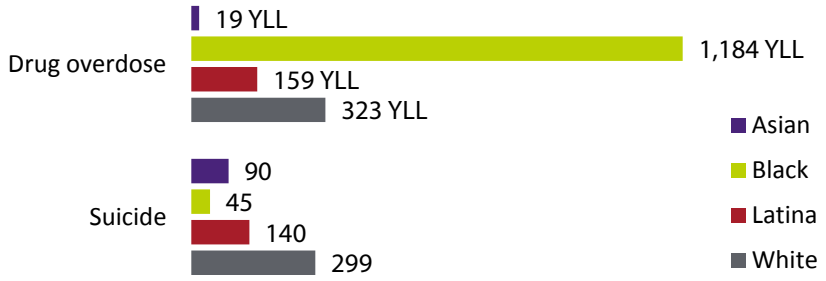
Exhibit 99. Select causes of premature deaths by age-adjusted years of life lost* (YLL) rate by race/ethnicity for males in San Francisco, 2004-2007



** Years of life lost (YLL) equals the number of deaths multiplied by a standard life expectance at the age at which death occurs.*
Source: Source: California State DPH Annual Master Death Files, Calculated by SFDPH

Black/African American women are affected by a higher rate of drug overdose compared to other races/ethnicities. White women experience a higher rate of suicide compared to other race/ethnicity groups.

Exhibit 100. Select causes of premature deaths by age-adjusted years of life lost (YLL) rate by race/ethnicity for females in San Francisco, 2004-2007



** Years of life lost (YLL) equals the number of deaths multiplied by a standard life expectance at the age at which death occurs.*
Source: Source: California DPH Annual Master Death Files, Calculated by SFDPH

Please see the *Death, Illness and Injury* section of this report to learn more about premature deaths and how these conditions are distributed within select key neighborhoods. The Tenderloin, South of Market, Western Addition, and Bayview-Hunters Point neighborhoods are affected by these conditions at higher rates compared to other areas of the city/county (Exhibit 119).

Mental Health-Related Hospital Admissions

In 2010, the hospitalization rate for psychiatric admissions in San Francisco was nearly five admissions per 10,000 population (Exhibit 101), slightly **lower** than that of the state overall.

Exhibit 101. Psychiatric hospital admissions per 10,000 in San Francisco (2010)

	San Francisco	California
Psychiatric admissions	4.7	5.1

Source: OSHPD, 2010

As seen in Exhibit 102, the rate for alcohol abuse hospitalizations **decreased** slightly from the 2005-2007 time period and **increased** for alcohol abuse emergency room admissions.

Exhibit 102. San Francisco alcohol abuse-related hospitalizations and emergency room admissions per 10,000, 2005-2007 and 2007-2009

	San Francisco (2005-2007)	San Francisco (2007-2009)	Target for SF*
Alcohol abuse hospitalizations	8.5	7.9 ↓	6.6
Alcohol abuse ER admissions	43.1	51.3 ↑	22.0

**Health Matters in San Francisco*
Source: OSHPD, 2010

Maternal and Child Health

This section presents data on the health of young children (birth to age 14) with a focus on birth data and outcomes as well as child and infant mortality. Data on the use of prenatal care is also included since maternal care is associated with birth outcomes.

Births

In 2010, there were 8,800 births in San Francisco. Compared to births statewide, San Francisco has a **higher** proportion of mothers who are White or Asian and a **lower** proportion of mothers who are Hispanic or Black/African American. On average, mothers in San Francisco are **older** than in California overall and a **slightly higher** proportion receive prenatal care in the first trimester as seen in Exhibit 103 below. The higher rate is bolded.

Exhibit 103. Percentage of births and birth outcomes by maternal race/ethnicity, maternal age, infant birth weight, and receipt of care (2010)*

Race/Ethnicity of Mother	San Francisco	California	
White	**40.4**	27.6	
Asian	**23.1**	6.8	
Hispanic	20.0	**50.5**	
Black/African American	5.1	**5.4**	
Filipino	**3.9**	2.6	
Two or More Races	**3.6**	2.2	
Southeast Asian	2.1	**2.3**	
Other/ Unknown	1.0	**1.8**	
Hawaiian/Pacific Islander	**0.7**	0.4	
Native American	0.2	**0.4**	
Age of Mother	**San Francisco**	**California**	**HP 2020 National Target**
Under 20 years	2.6	**8.5**	15-17 yrs., 4.0% 18-19 yrs., 10.0%
20 to 29 years	26.0	**47.9**	
30 to 34 years	**34.5**	25.3	
35 years and over	**36.9**	18.2	
Infant Birth Weight	**San Francisco**	**California**	**National Benchmark****
Under 1,500 grams (very low birth weight)	1.0	**1.1**	6.0
1,500 to 2,499 grams (low birth weight)	**6.0**	5.7	
2,500 grams or more	92.9	**93.2**	
Prenatal Care	**San Francisco**	**California**	**HP 2020 National Target**

Race/Ethnicity of Mother	San Francisco	California	
First trimester	**87.3**	81.7	77.9

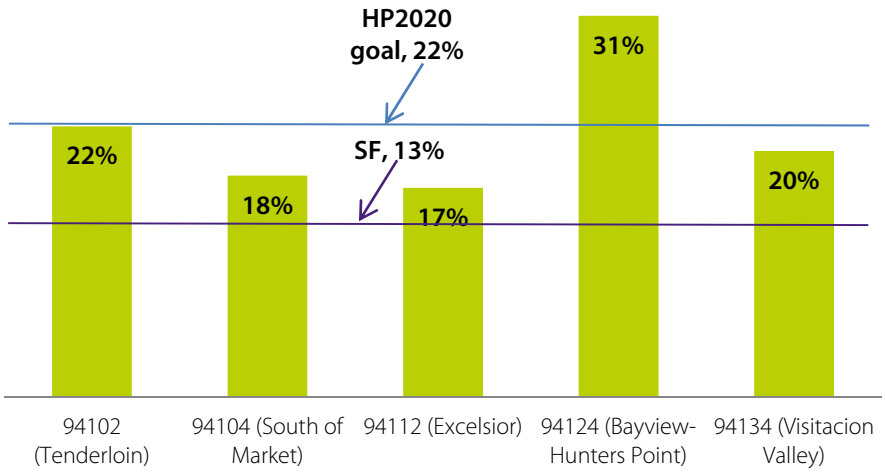
** Bolding signifies the highest rate in each row.*
***2012 County Health Rankings*
Source: California Department of Public Health, 2010

The South of Market, Bayview-Hunters Point, Excelsior and Visitacion Valley are areas that have higher than the city rate in all three risk areas of receiving no first trimester prenatal care, low birth weight babies and preterm births.

The Healthy People 2020 national goal for teen pregnancies is to reduce the pregnancy rate among adolescent females ages 15-17 to four percent and among adolescents 18-19 to 10 percent. The target has been **surpassed** in San Francisco, where the teen pregnancy rate is 2.6 percent (see Exhibit 103). San Francisco is slightly **above** the national benchmark (seven percent compared to six percent, respectively) for low weight babies and, at 13 percent has **surpassed** the HP2020 goal for the percentage of women receiving first trimester prenatal care (22 percent).

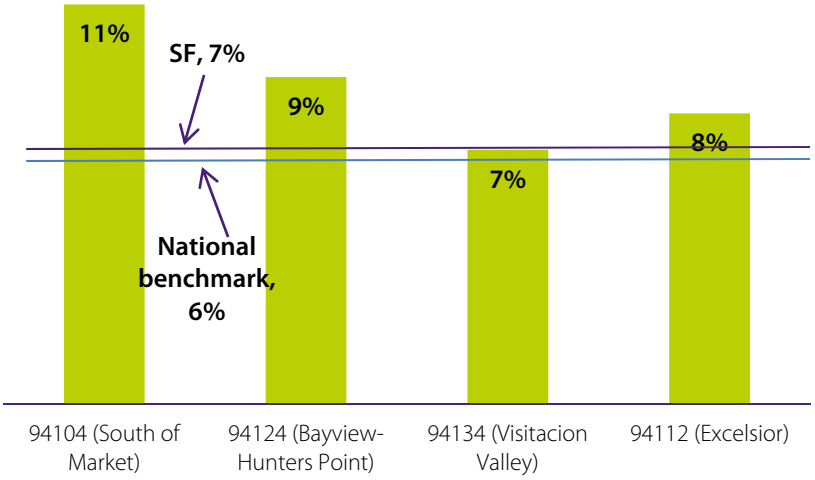
When examining birth data by San Francisco zip codes, there are areas that stand out as having **higher** than the city rate in all three areas of receiving no first trimester prenatal care, low birth weight babies and preterm births. Those zip codes include 94102 (Tenderloin, for no first trimester prenatal care only), 94104 (South of Market), 94112 (Excelsior), 94124 (Bayview-Hunters Point), and 94134 (Visitacion Valley). These data are presented below in Exhibits 104 - 106. See Appendix G for birth data in all zip codes.

Exhibit 104. Percentage of mothers who received no first trimester prenatal care, by neighborhood (2010)



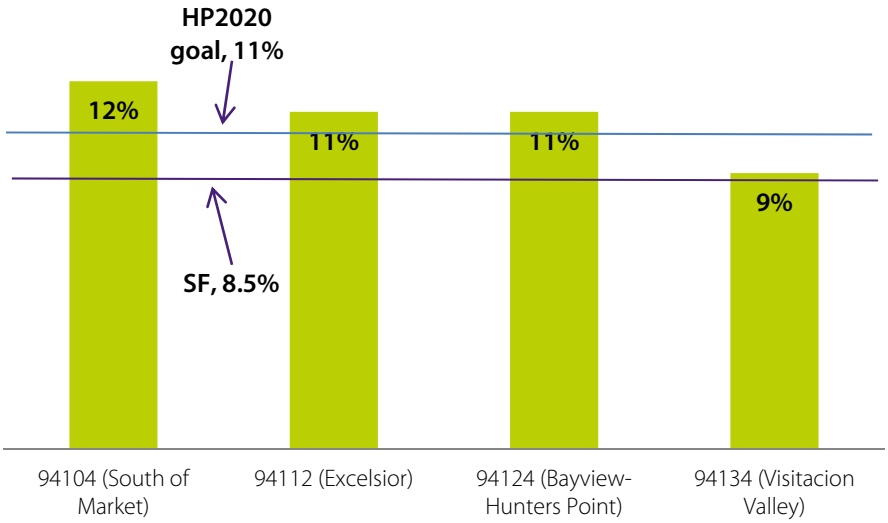
Source: California Department of Public Health Birth Files, calculated by SFDPH, 2010

Exhibit 105. Percentage of low/very low birth weight babies by neighborhood* (2010)



** National benchmark represents the 90th percentile nationwide (from 2012 County Health Rankings)*
Source: California Department of Public Health Birth Files 2010, calculated by SFDPH

Exhibit 106. 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

Infant and Child Mortality

In 2009, there were 33 infant deaths within the first year of life ("infant mortalities") in San Francisco. Of those, 24 were neonatal (newborn) mortalities and nine were post-neonatal (after the first four weeks or birth). Nearly one quarter (24.2 percent) of those deaths were due to disorders of short gestation and low birthrate. In that same year, there were 11 child mortalities (deaths between ages 1 – 14).[88]

The 2008 California County Profile Report shows that San Francisco has **lower** fetal, neonatal, perinatal and infant mortality rates than the state and the Healthy People 2020 national targets. For postneonatal mortality, San Francisco's rate is **higher** than the state and meets the Healthy People 2020 national target. These data are presented in Exhibit 107.

Exhibit 107. Perinatal and postnatal mortality rates in San Francisco per 1,000 (2008)

Mortality Outcome	San Francisco	California	HP 2020 National Target
Fetal Mortality (> than 20 wks gestation)	3.1	5.0	5.6 per 1,000
Perinatal Mortality (28 weeks gestation – 7 days)	4.9	5.6	5.9 per 1,000
Neonatal Mortality (< 28 days of age)	3.5	3.7	4.1 per 1,000
Postneonatal Mortality (28 – 365 days of age)	2.1	1.6	2.0 per 1000
Infant Mortality (neo- and postneonatal deaths combined)	5.6	5.3	6.0 per 1000

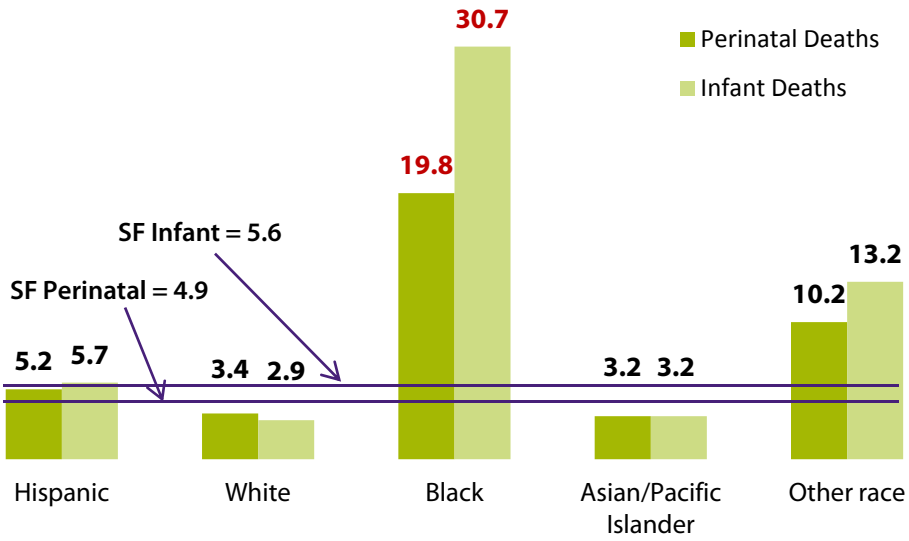
Source: CDPH Improved Perinatal Outcome Data Report 2008, California County Profile

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 108. The perinatal death rate was five times higher than San Francisco's rate overall, and the infant death rate was six times higher.

Peri- and post-natal deaths are far higher among Blacks/African Americans compared to other race/ethnicity groups and the citywide rate.

[88] CDPH Master Death Files 2010

Exhibit 108. Perinatal and infant mortality rates in San Francisco by race/ethnicity per 1,000 (2008)



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

Death, Illness and Injury

In general, the health status of a community is measured by mortality (deaths) and morbidity (disease rate). This section presents mortality rates of the leading causes of death in San Francisco. Rates are presented by select characteristics (e.g., age, sex) to highlight any disparities within San Francisco.

Overall Health Status

In San Francisco, 15 percent of adults reported being in fair or poor health compared to 18 percent of California adults. The national benchmark for this measure is 10 percent. Referring to the 30 days just prior to their being surveyed, San Francisco adults reported an average of three physically unhealthy days. This is slightly fewer than the California average of 3.7 and slightly more than the national benchmark of 2.6 (see Exhibit 59 for data).

Overall Mortality

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 109. Age-adjusted deaths per 100,000 for all causes (2009)

San Francisco	California	United States
601.2	666.4	741.1

Source: California Department of Public Health, 2009

Among the leading causes of death for men and women in San Francisco are ischemic heart disease, lung cancer, and stroke. Although the overall death rate for men has **decreased** over time, as shown in Exhibit 110 below, it is notable that the rates of death for Alzheimer's disease, drug overdose and homicide have **increased** significantly over time.

Exhibit 110. Age-adjusted leading causes of death for males in San Francisco, 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**	↓

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

For women, as seen in Exhibit 111, the overall death rate has also **decreased**; however, there has been an **increase** in deaths due to Alzheimer's disease and other dementias among women.

Exhibit 111. 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	↓

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

Sources: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files, 2000-2003 and 2004-2007

The following exhibit displays the leading causes of death by age in San Francisco. Both the number and leading causes of deaths shift as age increases. See Appendix G for leading causes of death by San Francisco zip code.

Exhibit 112. Age-adjusted leading causes of death in San Francisco by age, 2004-2007

Age:	15 – 24	25 – 34	35 – 44	45 – 54	55 – 64	65 – 74	75 – 84	85+
Rank	ALLCAUSES N=175	ALL CAUSES N=387	ALL CAUSES N=830	ALL CAUSES N=1,770	ALL CAUSES N=2,291	ALL CAUSES N=2,612	ALL CAUSES N=5,261	ALL CAUSES N=6,259
1	Homicide	Homicide	HIV/AIDS	HIV/AIDS	Ischemic heart disease	Ischemic heart disease	Ischemic heart disease	Ischemic heart disease
2	Suicide	Suicide	Drug overdose	Drug overdose	Lung cancer	Lung cancer	Stroke	Alzheimer's/ dementia
3	Motor vehicle unspecified	Drug overdose	Suicide	Ischemic heart disease	Hypertensive heart disease	Stroke	Lung cancer	Stroke
4	Drug overdose	HIV/AIDS	Ischemic heart disease	Lung cancer	HIV/AIDS	COPD	COPD	Pneumonia
5	Motor vehicle occupant	Motor vehicle unspecified	Drug use disorder	Alcohol use disorder	COPD	Hypertensive heart disease	Alzheimer's/ dementia	Hypertensive heart disease
6	HIV/AIDS	Drowning	Homicide	Hypertensive heart disease	Drug overdose	Colon cancer	Hypertensive heart disease	COPD
7	Leukemia	Alcohol abuse disorder	Alcohol use disorder	Cirrhosis of the liver	Cirrhosis of the liver	Liver cancer	Pneumonia	Lung cancer
8	Endocrine, metabolic, imm., disease	Drug use disorder	Cirrhosis of the liver	Suicide	Stroke	Diabetes mellitus	Colon cancer	Colon cancer
9	Motor vehicle pedestrian	Ischemic heart disease	Hypertensive heart disease	Stroke	Colon cancer	Pneumonia	Diabetes mellitus	Diabetes mellitus
10	Epilepsy and heart disease	Inflammatory heart disease	Lung cancer and stroke	Drug use disorder	Liver cancer and alcohol	Pancreas cancer	Lymphomas	Falls

Source: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

Exhibit 113 below shows age-adjusted death rates by race/ethnicity for males. It is apparent that **Black/African American males experience a higher rate of death in all of the 10 leading causes**. Overall, Latino males experience the lowest death rates followed by Asian males.

Exhibit 113. Age-adjusted male deaths per 100,000 population by race/ethnicity, 2004-2007

Cause of death for males	Asian death rate	Black/African American death rate	Latino death rate	White death rate	Overall San Francisco death rate
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: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

Exhibit 114. Age-adjusted female deaths per 100,000 population by race/ethnicity, 2004-2007

Cause of death for females	Asian death rate	Black death rate	Latino death rate	White death rate	Overall San Francisco death rate
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: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

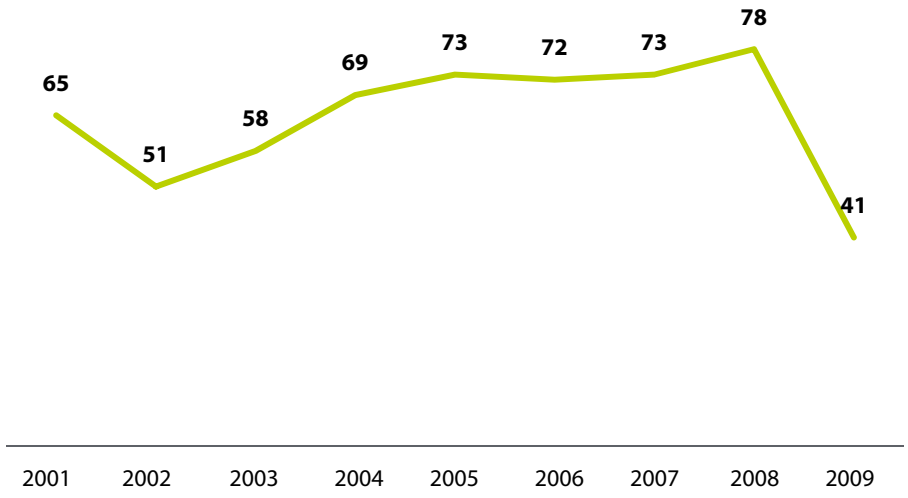
As seen in Exhibit 114 above, similar to males, **Black/African American females**, overall, **experience the highest rates of death compared to females of other races and ethnicities**, followed by White females. Latino females experience the lowest rates of death overall.

Black/African American males and females in San Francisco experience the highest rates of death, overall among the 10 leading causes compared to other race and ethnic groups.

Homicide

Three-year mortality rates for San Francisco show that homicide is the one cause of death that has increased significantly. From 2000-2003 to 2004-2007 homicides increased by 48 percent, and homicides moved from the 19th ranked cause of death to the 11th leading cause of death among men in San Francisco. Despite this trend, one-year real time homicide data from the San Francisco Police Department's Compstat (see Exhibit 115 below) show a dramatic drop in homicides from 2001 - 2009 and a possible reversal in this mortality trend for San Francisco. It is important to note that these data represent actual deaths (not rates) and that these data represent deaths of San Francisco residents, including if the homicide occurred elsewhere.

Exhibit 115. Number of homicides of San Francisco residents,* 2001-2009



** Includes homicides of residents that occurred outside of San Francisco city/county.*
Source: San Francisco Police Department Compstat, accessed June 2012

Although homicide mortalities are trending downward across racial/ethnic groups in San Francisco, as shown in Exhibit 116 below, Blacks/African Americans continue to experience a disproportionately high number of deaths compared to other racial/ethnic groups, as further described elsewhere in this report.

Exhibit 116. Number of homicides of San Francisco residents by race/ethnicity, 2001-2009

Race/ethnicity	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	

Race/ethnicity	2001	2002	2003	2004	2005	2006	2007	2008	2009	Trend
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

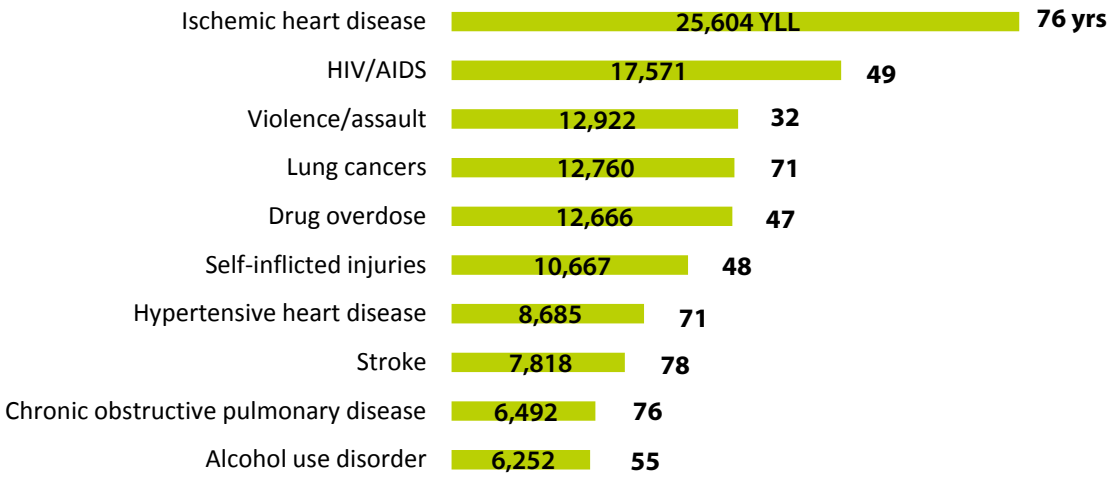
Premature Deaths

It is crucial to examine causes of premature death because they often do not appear among the overall leading causes of death. Also, causes of premature death may be a better indicator of preventable causes of death, disease, and injury. Premature deaths are often those that pose greater burdens on the health care system (i.e., they often require the use of more resources in terms of cost and care), may be more preventable, and/or may be due to a cause for which there are limited resources to treat it. Premature deaths are measured by Years of Life Lost (YLL).[89] The rate per 100,000 of age-adjusted YLL before age 75 is 5,757 in San Francisco; this is lower than the statewide rate of 5,922 but higher than the County Health Rankings' national benchmark of 5,466.[90] Exhibits 117 and 118 below show the leading causes of premature deaths in San Francisco by sex, making apparent certain health disparities in San Francisco.

[89] Years of life lost (YLL) equals the number of deaths multiplied by a standard life expectance at the age at which death occurs.

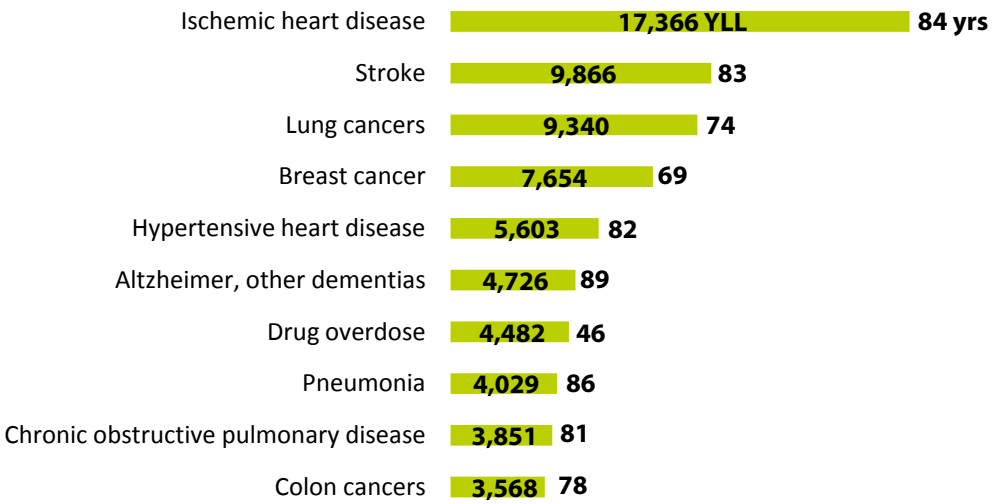
[90] Source: National Vital Statistics System (NVSS) at the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC), 2006-2008 data, via 2012 County Health Rankings. Every death occurring before the age of 75 contributes to the total number of years of potential life lost (YPLL). For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL.

Exhibit 117. Leading causes of premature death among males by age-adjusted years of life lost (YLL) rates and average age of death, 2004-2007



** Years of life lost (YLL) equals the number of deaths multiplied by a standard life expectance at the age at which death occurs.*
Source: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

Exhibit 118. Leading causes of premature death among females by age-adjusted years of life lost (YLL) rate and average age of death, 2004-2007



** Years of life lost (YLL) equals the number of deaths multiplied by a standard life expectance at the age at which death occurs.*
Source: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

The two most notable causes of premature death for women in Exhibit 118 are breast cancer and unintentional drug overdose. Also, women appear to be affected by cancers at a higher rate than men. Overall, however,

women are not as affected as men by premature deaths. The average age of death by premature causes for women is 79 compared to 69 for men.

When examining premature deaths by sex and San Francisco neighborhood, certain stand out. Specifically, there are notable differences between San Francisco overall and the Tenderloin, Western Addition and Bayview-Hunters Point neighborhoods for males. (Please see Exhibit 119 below.) In the Western Addition and Bayview-Hunters Point neighborhoods, for example, the leading cause of premature death is homicide. The leading cause of premature death in the Tenderloin is HIV/AIDS.

Exhibit 119. Top 10 causes of premature male deaths by neighborhood*, 2004-2007

Rank	San Francisco Overall	Tenderloin	Western Addition	Bayview-Hunters Point
1	Ischemic heart disease	HIV/AIDS	Violence/assault (Homicide)	Violence/assault (Homicide)
2	HIV/AIDS	Ischemic heart disease	Ischemic heart disease	Ischemic heart disease
3	Violence/assault (Homicide)	Drug overdose	HIV/AIDS	Drug overdose
4	Lung cancers	Hypertensive heart disease	Lung cancers	Lung cancers
5	Drug overdose	Self-inflicted injuries	Self-inflicted injuries	Stroke
6	Self-inflicted injuries	Alcohol use disorder	Stroke	Hypertensive heart disease
7	Hypertensive heart disease	Drug use disorder	Drug overdose	HIV/AIDS
8	Stroke	Violence/assault (Homicide)	Colon cancers	Congenital abnormalities
9	COPD	Cirrhosis of the liver	Pneumonia	Inflammatory heart disease
10	Alcohol use disorders	Lung cancers	Alzheimer's, other dementias	Drug use disorders

** Age-adjusted Years of Life Lost (YLL) rates*
Source: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

Among women by neighborhood (Exhibit 120), drug overdose ranks higher as a cause of premature death in the Tenderloin, South of Market and Bayview-Hunters Point compared to San Francisco overall. In the Tenderloin and South of Market neighborhoods, suicide is ranked among the top 10 causes of premature death.

Exhibit 120. Top 10 leading causes of premature female deaths by neighborhood*, 2004-2007

Rank	San Francisco Overall	Tenderloin	South of Market	Bayview-Hunters Point
1	Ischemic heart disease	Ischemic heart disease	Drug overdose	Ischemic heart disease
2	Stroke	Drug overdose	Ischemic heart disease	Stroke
3	Lung cancers	HIV/AIDS	Hypertensive heart disease	Lung cancers
4	Breast cancer	Stroke	Stroke	Drug overdose
5	Hypertensive heart disease	Lung cancers	COPD	Hypertensive heart disease
6	Alzheimer's, other dementias	Hypertensive heart disease	Lung cancers	Breast cancer

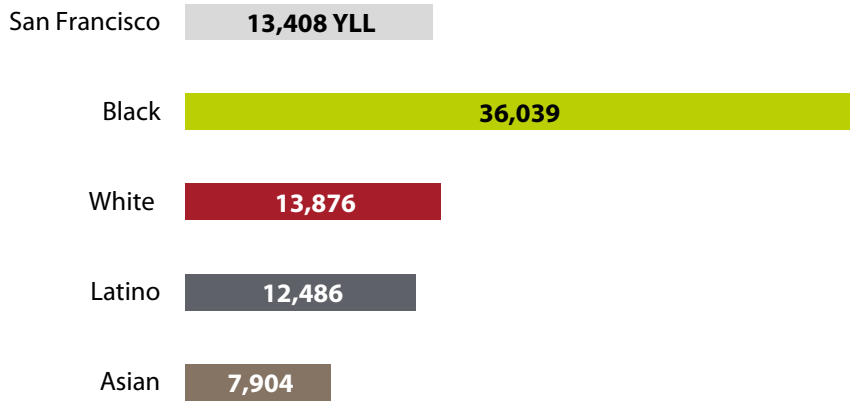
Rank	San Francisco Overall	Tenderloin	South of Market	Bayview-Hunters Point
7	Drug overdose	Diabetes mellitus	Drug use disorders	Alzheimer's, other dementias
8	Pneumonia	COPD	Self-inflicted injuries (suicide)	Nephritis and nephrosis
9	COPD	Self-inflicted injuries (suicide)	Breast cancer	Birth asphyxia, trauma
10	Colon cancers	Nephritis and nephrosis	Alcohol use disorders	Liver cancer

** Age-adjusted Years of Life Lost (YLL) rates*
Source: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

Finally, looking at premature deaths by race/ethnicity reveals another lens for understanding health disparities as seen in the two exhibits below (Exhibits 121 and 122). For example, Black/African American men and women experience much **higher** rates of premature death compared to men and women of other races/ethnicities.

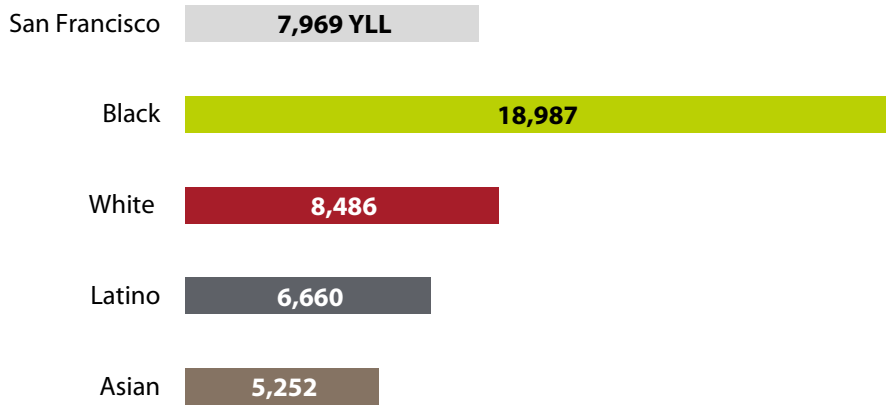
Black/African American men and women in San Francisco experience the highest number of years of life lost (YLL) for all causes of premature death.

Exhibit 121. Years of life lost (YLL) for all causes of premature male death in San Francisco by race/ethnicity, 2004-2007



** Years of life lost (YLL) equals the number of deaths multiplied by a standard life expectance at the age at which death occurs.*
Source: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

Exhibit 122. Years of life lost (YLL) for all causes of premature female death in San Francisco by race/ethnicity, 2004-2007



** Years of life lost (YLL) equals the number of deaths multiplied by a standard life expectance at the age at which death occurs.*
Source: SFDPH Population Health and Prevention epidemiology analysis of CA Master Death Data Files

Cancers

In 2009, death from all cancers was the second leading cause of death for San Franciscans, accounting for 25 percent of all deaths. According to the American Cancer Society, it is estimated that 1,370 San Franciscans will die from cancer in 2012 (compared to 1,352 deaths in 2009, an **increase** of 1.3 percent). Exhibit 123 below projects cancer mortality and cancer incidence (i.e., rate of occurrence of new cancers) for selected cancers in San Francisco compared to California.

Exhibit 123. Projected cancer incidence and mortality in San Francisco and California (2012)

All Cancers and Selected Cancers	SF Incidence		CA Incidence		SF Mortality		CA Mortality	
	Count	Percent of all cancers	Count	Percent of all cancers	Count	Percent of all cancers	Count	Percent of all cancers
All cancers	3,665	--	144,800	--	1,370	--	55,415	--
Lung	440	12.0	16,540	11.4	330	24.1	13,045	23.5
Colon and rectum	395	10.8	14,530	10.0	125	9.1	5,120	9.2
Breast	545	14.9	23,460	16.2	90	6.6	4,360	7.9
Prostate	470	12.8	20,195	13.9	60	4.4	3,085	5.6
Uterus and cervix	145	4.0	6,155	4.3	25	1.8	1,225	2.2

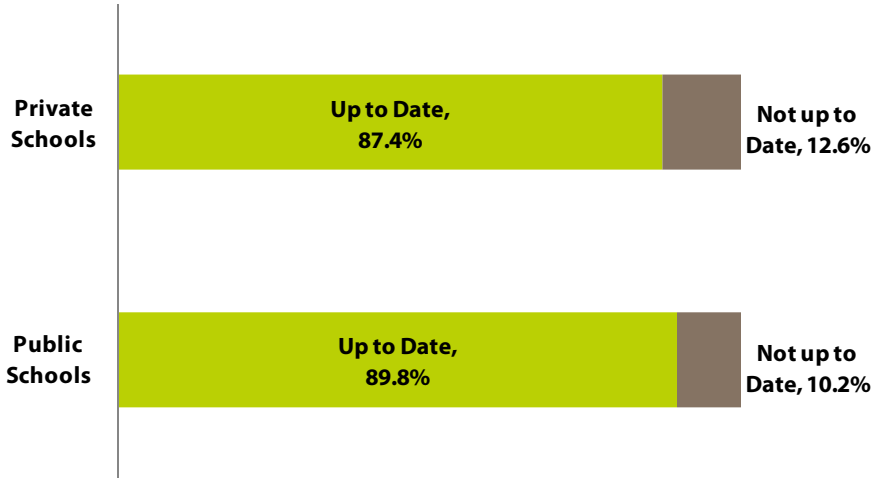
Source: American Cancer Society, Cancer Facts and Figures 2012

Communicable Disease

Childhood Immunizations

In San Francisco, 90 percent of kindergarteners in public schools and 87 percent of kindergarteners in private schools were up-to-date on their immunizations, as seen in Exhibit 124. These rates are **higher** than 71 percent for California.

Exhibit 124. Immunization status of public and private school kindergarten students (2010)



Source: California Department of Education and California Department of Public Health, 2010

Adult Immunizations

It is crucial that adults receive immunizations for specific communicable diseases, namely pneumococcal pneumonia and influenza. In San Francisco, 35 percent of adults reported having ever received the pneumonia vaccine. Over three-quarters (76 percent) of adults age 65 and older reported being immunized for influenza in the last 12 months. Exhibit 125 shows this data.

Although similar to or better than the state rate, San Francisco adult vaccination rates for pneumonia and influenza are far below the Healthy People 2020 national target.

Exhibit 125. Percentage of reported adult vaccination rates for pneumonia and influenza, 2003-2007

	San Francisco Percent	California Percent	HP 2020 National Target
Adults who ever received a pneumonia vaccine	35.1	36.6	60.0
Adults 65+ who received influenza vaccine in the past 12 months	76.2	68.9	90.0

Source: CHIS 2003-2007

Sexually Transmitted Diseases

Sexually transmitted diseases (STD) are closely monitored by the STD Prevention and Control Section of the SFDPH. Exhibit 126 reports the incidence rates of Chlamydia, gonorrhea and syphilis in San Francisco compared to California. The incidence rates for Chlamydia, gonorrhea and syphilis in San Francisco are **higher** than California. Incidence rates for all three STDs have **increased** since 2009 – 10 percent for Chlamydia, nine percent for gonorrhea, and 26 percent for syphilis. It is important to note that the reported rates for these STDs are considerably higher than the rates statewide due to San Francisco's testing policies and practices. In San Francisco, the screening rates for Chlamydia are high; therefore, a large number of asymptomatic infections are identified. Also, in addition to urogenital testing, which is conducted by all jurisdictions and exclusively conducted by many providers, San Francisco also performs extragenital (rectal and pharyngeal) testing for Chlamydia. Specimens tested for Chlamydia are also tested for gonorrhea and other STDs.

Exhibit 126. Numbers and incidence rates of selected sexually transmitted diseases (2011)

STD	Number of Cases in San Francisco	San Francisco: Incidence per 100,000	California: Incidence per 100,000	Community Target*
Chlamydia	4,597	570.9	407	314.6
Gonorrhea	1,942	241.2	71.5	47.5
Syphilis	659	81.8	16.5	--

**Health Matters in SF, represents the 90th percentile among US Metropolitan Statistical Areas Source: STD Prevention and Control Section of SFDPH, December 2011*

When examining incidence rates for Chlamydia, gonorrhea, and syphilis by race/ethnicity (Exhibit 127), the data show that Blacks/African Americans in San Francisco have **far higher** incidence rates compared to other races/ethnicities (bolded in Exhibit 127). Asian and Pacific Islanders in San Francisco have the **lowest** rates of these selected STDs.

Exhibit 127. Incidence rates for selected sexually transmitted diseases by race/ethnicity* (2011)

Race/ethnicity	Chlamydia (per 100,000)	Gonorrhea (per 100,000)	Syphilis (per 100,000)
Asian/Pacific Islander	192.8	44.3	12.6
Black/African American	**1884.3**	**710.6**	**124.6**
Latino	599.5	233.2	104.3
Native American	492.6	156.7	22.4
White	409.2	270.0	117.9

** Rates per 100,000.*
Source: STD Prevention and Control Section of the SFDPH, December 2011

The largest proportion of Chlamydia, gonorrhea, and syphilis cases occur among the 25-54 year old age group (bolded in Exhibit 128).

Exhibit 128. Number of selected sexually transmitted diseases by age (2011)

Age group	Chlamydia	Gonorrhea	Syphilis
Ages 15-24	1,895	433	32
Ages 25-54	**2,564**	**1,446**	**570**
Ages 55+	82	50	53

Source: STD Prevention and Control Section of SFDPH, December 2011

HIV/AIDS

According to the 2010 HIV/AIDS Epidemiology Annual Report, the number of San Francisco residents living with HIV was estimated to be 18,576 as of January 1, 2011 (approximately two percent of the total population). The majority of people who are living with HIV and who are newly infected are men who have sex with men (MSM), while the other cases are represented by injection drug users (IDU), especially MSM IDU. Transfemale and transmale individuals in San Francisco have among the fastest growing rates of new HIV infection. Compared to state and national rates, San Francisco residents living with AIDS comprise a **greater** proportion of males, Whites, Asian/Pacific Islanders, MSM, and MSM IDU. Exhibit 129 below compares characteristics of cumulative AIDS cases (i.e., people who have ever been diagnosed with AIDS) and newly diagnosed HIV/AIDS cases in San Francisco with statewide and national characteristics. The higher rates are bolded.

Exhibit 129. Characteristics of cumulative AIDS cases and newly diagnosed HIV/AIDS cases in San Francisco, California, and the United States (2011)

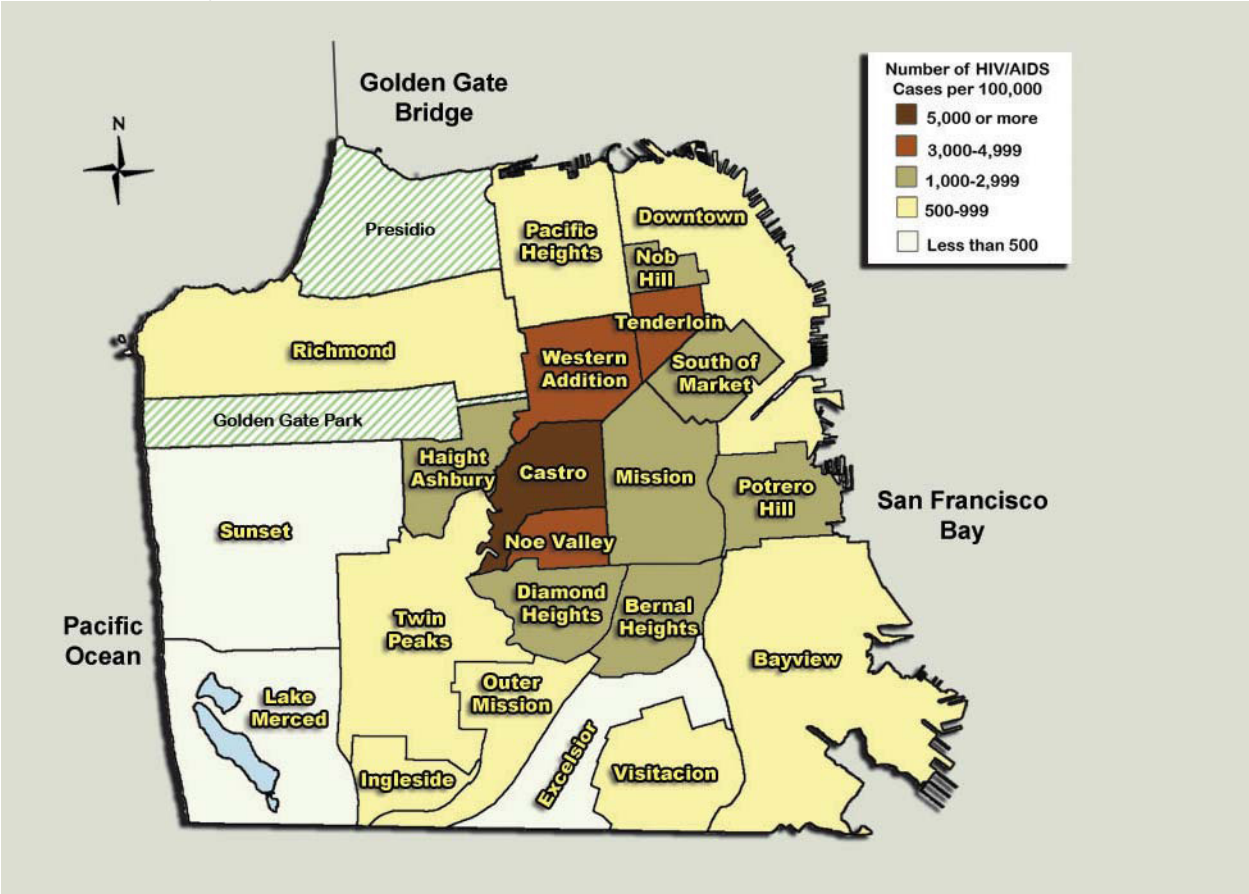
	Cumulative AIDS Cases			Newly Diagnosed HIV/AIDS Cases	
	San Francisco Percent (N = 28,793)	California Percent (N = 159,329)	U.S. Percent (N = 1,080,714)	San Francisco, 2010 (N = 399)	U.S., 2009 (N = 35,825)
Gender					
Male	**94**	90	80	**90**	76
Female	4	9	20	7	24
Transgender	1	1	-	3	-
Race/Ethnicity					
White	**70**	54	39	**50**	28
Black/African American	13	18	42	14	51
Latino	12	25	17	**21**	20
Asian/Pacific Islander	**3**	3	< 1	**11**	1
Native American	< 1	< 1	< 1	1	< 1
Other/Unknown	1	< 1	< 1	**3**	< 1
Exposure Category					
Males who have sex with males (MSM)	**74**	67	44	**62**	44

	Cumulative AIDS Cases			Newly Diagnosed HIV/AIDS Cases	
	San Francisco Percent (N = 28,793)	California Percent (N = 159,329)	U.S. Percent (N = 1,080,714)	San Francisco, 2010 (N = 399)	U.S., 2009 (N = 35,825)
Intravenous drug users (IDU)	8	10	21	8	5
MSM IDU	**15**	10	7	**14**	3
Heterosexual	2	6	14	7	15
Other/Unidentified	2	7	14	9	33

Source: SFDPH, HIV Epidemiology Unit, 2011

Within San Francisco, the Castro neighborhood has the highest HIV/AIDS prevalence rate[91] at 11,558 cases per 100,000, which is more than twice as high as the Western Addition, which has the second highest prevalence rate at 4,000 cases per 100,000. Exhibit 130 below shows the geographic distribution of HIV/AIDS by neighborhood in San Francisco.

Exhibit 130. Geographic distribution of HIV/AIDS prevalence rates per 100,000 population (2010)



Source: 2010 HIV/AIDS Epidemiology Annual Report, SFDPH

[91] The prevalence rate is defined as the number of living HIV/AIDS cases divided by the total population in each neighborhood.

Hepatitis

In San Francisco, the cumulative cases (1/1/1984 – 4/22/2010) of hepatitis B was 31,997. Of those, six percent (2,018) are co-infections with HIV. For hepatitis C, the cumulative number of cases (7/1/2001 – 4/22/2010) was 10,121. Of those, 13 percent (1,278) are co-infections with HIV. There are 504 cases of hepatitis B and C and 20 percent of those are co-infections with HIV (see Exhibit 131 below). In 2009, there were four reported cases of hepatitis A.

Exhibit 131. Hepatitis cases in San Francisco by type (2009)

	Number of cumulative cases	Percent of co-infection with HIV
Hepatitis B	31,997	6
Hepatitis C	10,121	13
Hepatitis B and C	504	20

Source: SFDPH, Communicable Disease Unit 2009

Demographic data on those infected with hepatitis B and C show how differently these diseases affect the population, as seen in Exhibit 132 below. In 2009 (1/1/2009 – 12/31/2009), 3,546 individuals tested positive for hepatitis B. Of those, 31 percent represented newly reported cases. Among those infected, 53 percent were male and 47 percent were female. The large majority (87 percent) of those infected with hepatitis B were Asian and Pacific Islander.

In that same time period 3,387 individuals tested positive for hepatitis C. Of those, 66.5 percent represented newly reported cases. Among those infected with hepatitis C, over two-thirds (69 percent) were male. Over half (54 percent) were White followed by Black/African Americans at 35 percent.

Exhibit 132. Percentage of residents who tested positive for Hepatitis B and C by race/ethnicity and sex (2009)

Race/ethnicity	Hepatitis B percent	Hepatitis C percent
Asian/Pacific Islander	86.6	7.9
Black/African American	4.1	34.7
Latino	1.8	2.8
Native American	0.2	1.0
White	7.3	53.6
Sex		
Male	52.8	68.8
Female	47.2	31.2

Source: SFDPH, Communicable Disease Unit 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.** 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. Eighty-five (85) percent of all cases were reported among foreign-born individuals, with 44 percent of those cases coming from China, 20 percent from the Philippines, seven percent from Vietnam, and three percent from Mexico. Exhibit 133 below shows tuberculosis case rates in 2010 and 2011 by age, race/ethnicity, and birthplace.

Exhibit 133. Tuberculosis case rates by age, race/ethnicity, and birthplace (2011)

	Percent of total TB cases in San Francisco	Percent of total TB cases in California
Age		
Under 4 years	4.6	2.9
5 to 14 years	2.8	0.8
15 to 24 years	4.6	2.9
25 to 44 years	20.4	5.8
45 to 64 years	41.7	7.5
65 years and over	25.9	13.5
Race/ethnicity		
Asian/Pacific Islander	75.9	21.3
Black/African American	10.2	5.5
Hispanic	8.3	5.7
White	4.6	1.2
American Indian/Alaska Native	0.9	0.8
Birthplace		
Foreign born	85.0	17.6

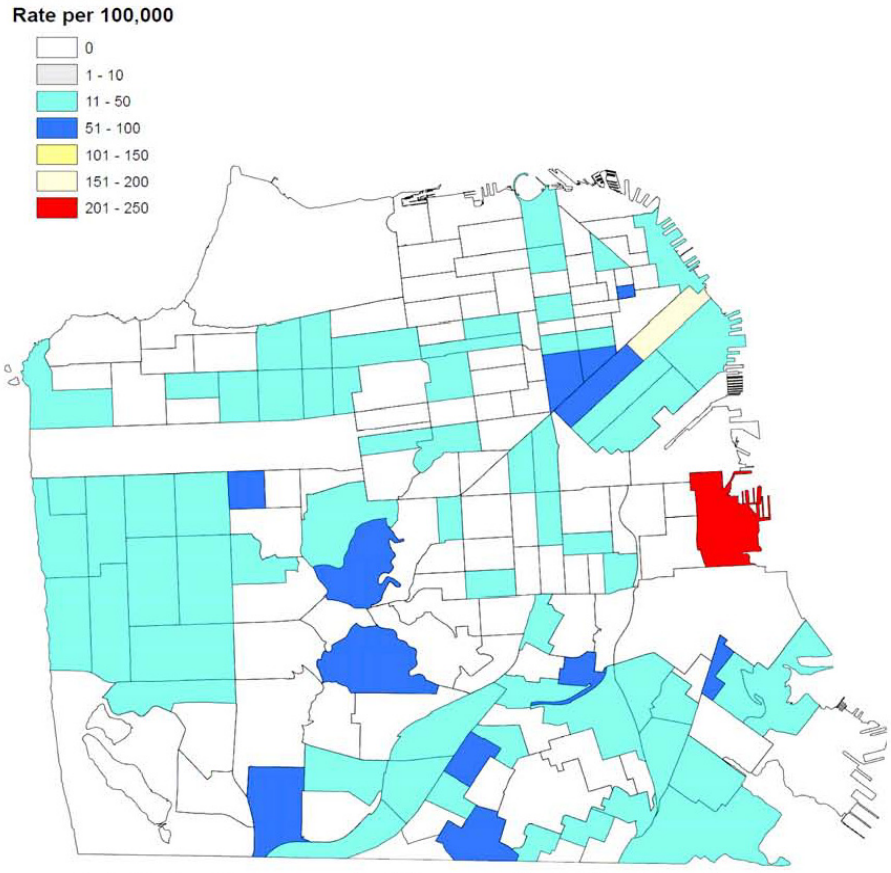
Source: Tuberculosis Control Section, SFDPH and CDPH Tuberculosis Control Branch

Exhibit 134 below shows TB case rates by census tract, displaying especially high concentrations in Chinatown, Downtown/Civic Center, South of Market, and parts of the Sunset District, Ocean View, the Outer Mission, Visitacion Valley, and Bayview-Hunters Point.

San Francisco ranks third in California with more than twice the rate of new cases of active tuberculosis.

Exhibit 134. Tuberculosis case rates by census tract (2009)

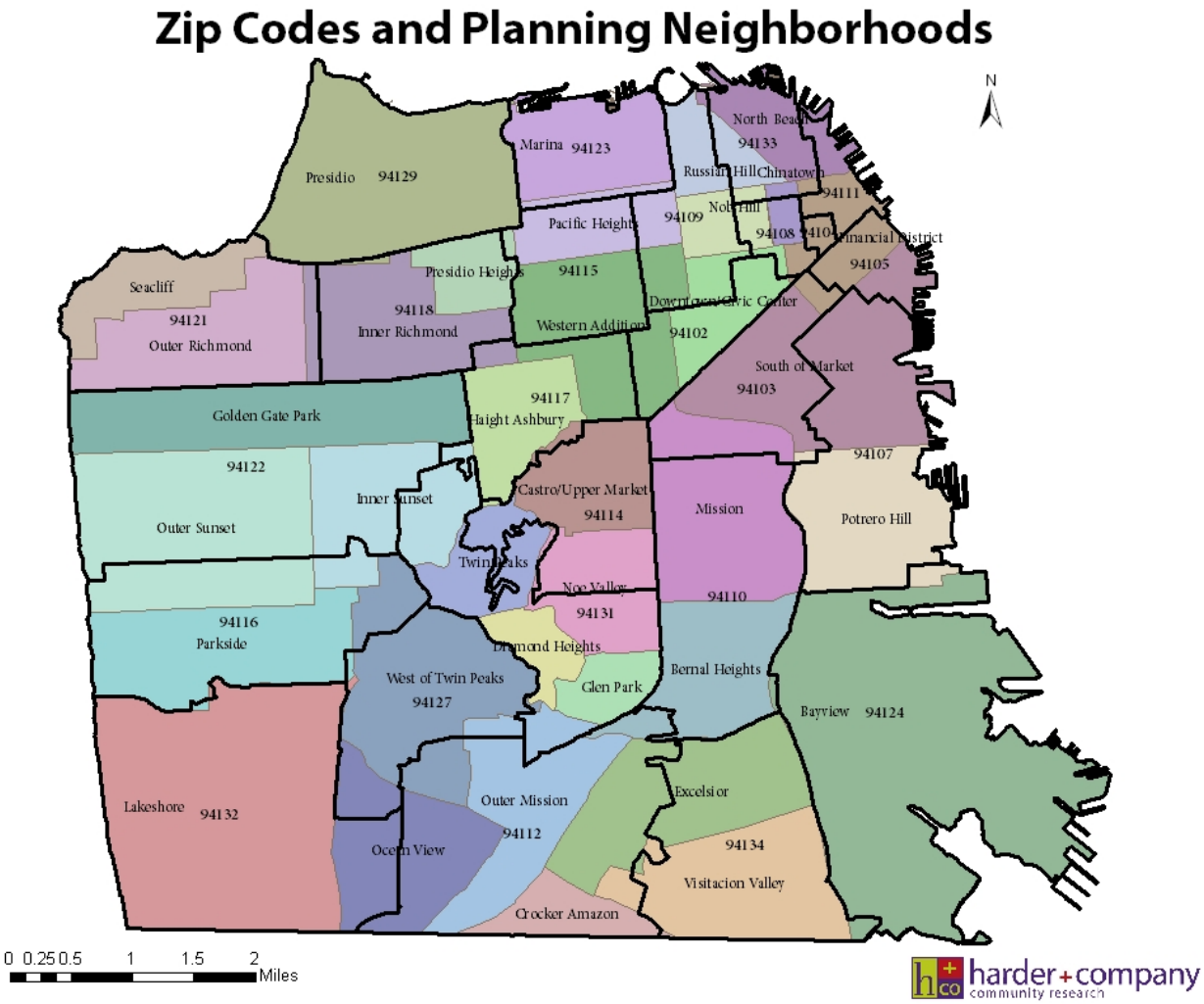
Figure 2. TB Case Rates by Census Tract, San Francisco, 2009



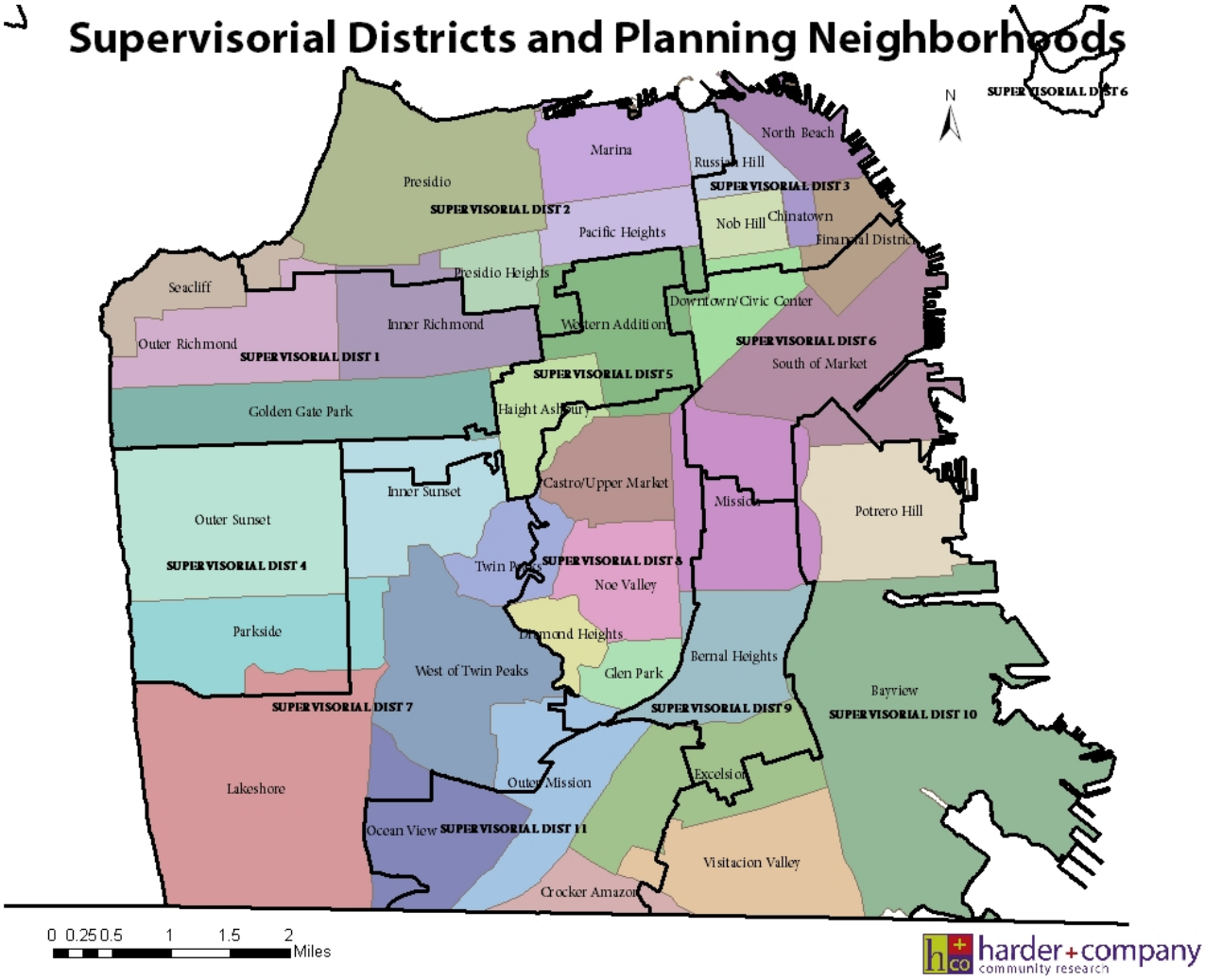
Note: Red and beige census tracts have very few residents; therefore the incidence rate is artificially inflated due to the small populations.

Source: Tuberculosis Control Section, SFDPH

Appendix A: Zip Codes and Planning Neighborhoods



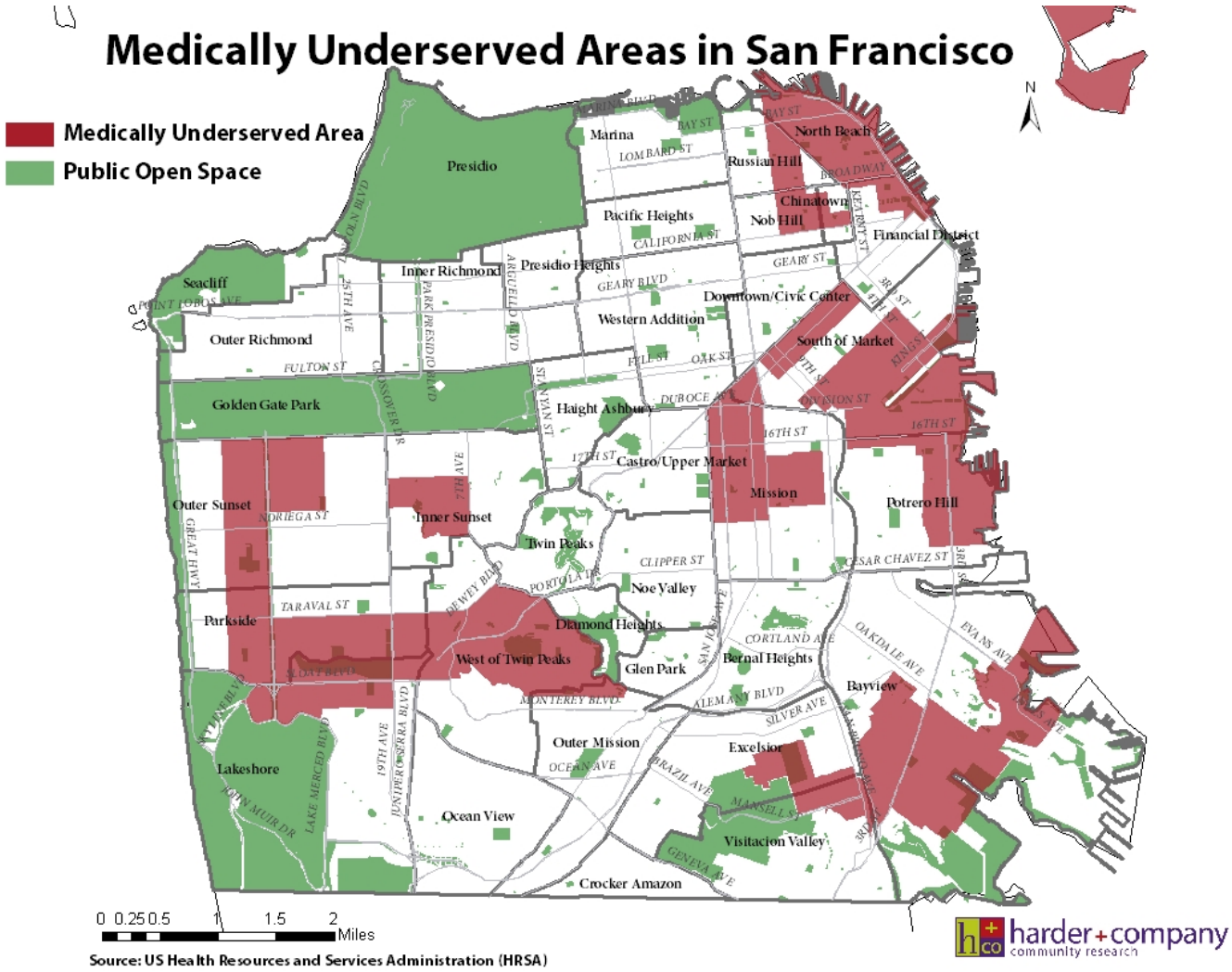
Appendix B: Supervisorial Districts and Planning Neighborhoods



District	Neighborhoods
District 1	Inner Richmond, Central Richmond, Outer Richmond, Vista del Mar, Lone Mountain, Golden Gate Park, Lincoln Park, University of San Francisco, and, technically, the Farallon Islands
District 2	Marina, Cow Hollow, Pacific Heights, Seacliff, Lake District, Presidio Heights, Jordan Park, Laurel Heights, Presidio, and part of Russian Hill
District 3	North Beach, Chinatown, Telegraph Hill, North Waterfront, Financial District, Nob Hill, Union Square, Maiden Lane, and part of Russian Hill
District 4	Central Sunset, Outer Sunset, Parkside, Outer Parkside, and Pine Lake Park
District 5	Inner Sunset, Haight Ashbury, Lower Haight, Fillmore, Western Addition, Parnassus Heights, North Panhandle, Anza Vista, Lower Pacific Heights, Japantown, part of Hayes Valley, part of Ashbury Heights, and part of UCSF
District 6	Union Square, Tenderloin, Civic Center, Mid-Market, Cathedral Hill, South of Market, South Beach, Mission Bay, North Mission, Treasure Island, Yerba Buena Island, Alcatraz, and part of Hayes Valley
District 7	Inner Parkside, Golden Gate Heights, Clarendon Heights, Twin Peaks, West Portal, Forest Knolls, Midtown Terrace, Forest Hill, Miraloma Park, Sunnyside, Sherwood Forest, Westwood Highlands, Westwood Park, St. Francis Wood, Monterey Heights, Mt. Davidson, Balboa Terrace, Ingleside Terrace, Stonestown, Lakeside, Lake Shore, Merced Manor, Parkmerced, Lake Merced, City College, San Francisco State, part of Ashbury Heights, and part of UCSF
District 8	The Castro, Noe Valley, Diamond Heights, Glen Park, Corona Heights, Eureka Valley, Dolores Heights, Mission Dolores, Duboce Triangle, and Buena Vista Park
District 9	Mission District, Bernal Heights, Peralta Heights, and part of Portola
District 10	Potrero Hill, Central Waterfront, Dogpatch, Bayview-Hunters Point, Bayview Heights, India Basin, Silver Terrace, Candlestick Point, Visitacion Valley, Little Hollywood, Sunnydale, McLaren Park, and part of Portola
District 11	Excelsior, Ingleside, Oceanview, Merced Heights, Ingleside Heights, Mission Terrace, Outer Mission, Cayuga, and Crocker Amazon

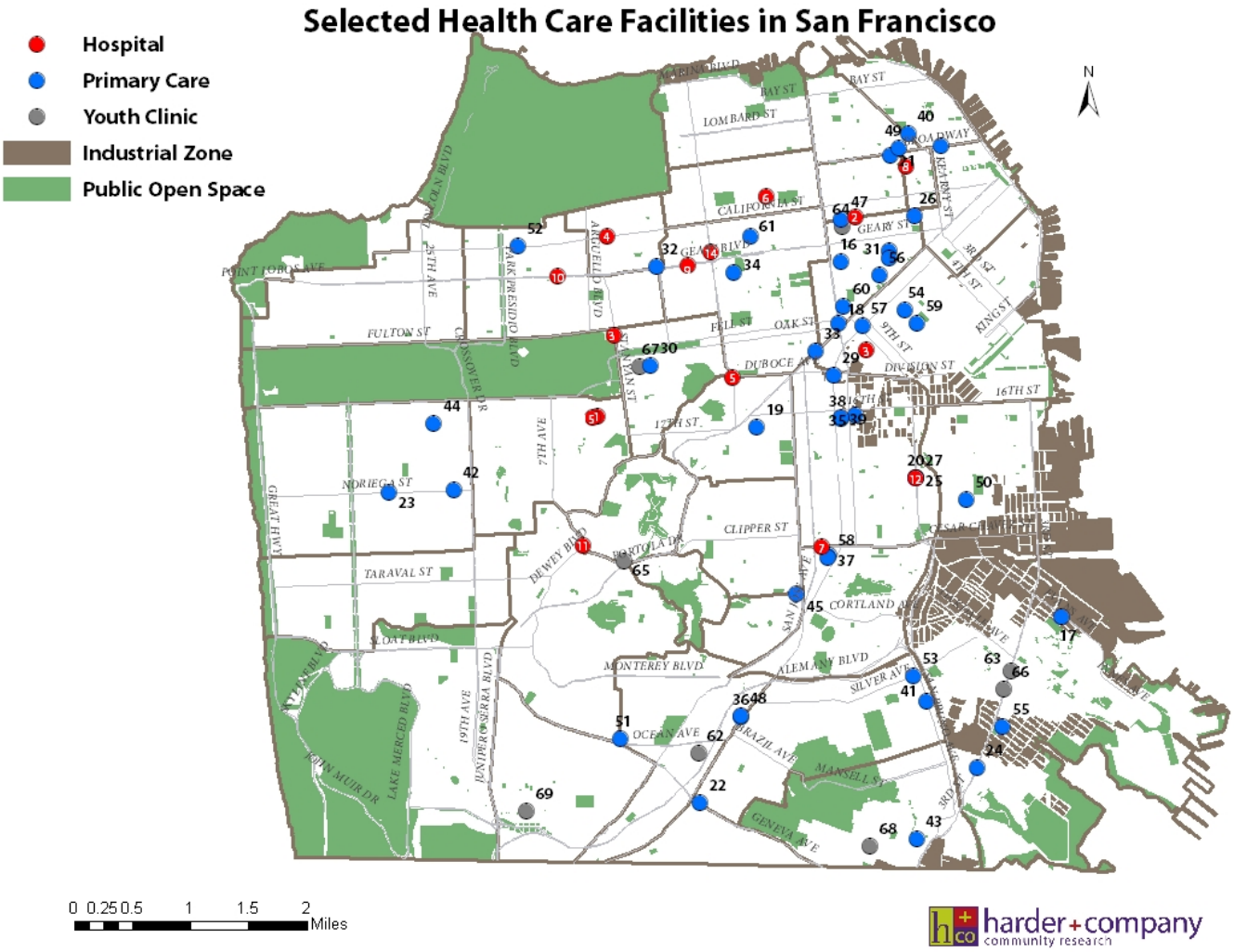
Appendix C: Transit in San Francisco

Appendix D: Medically Underserved Areas in San Francisco



Source: US Health Resources and Services Administration (HRSA)

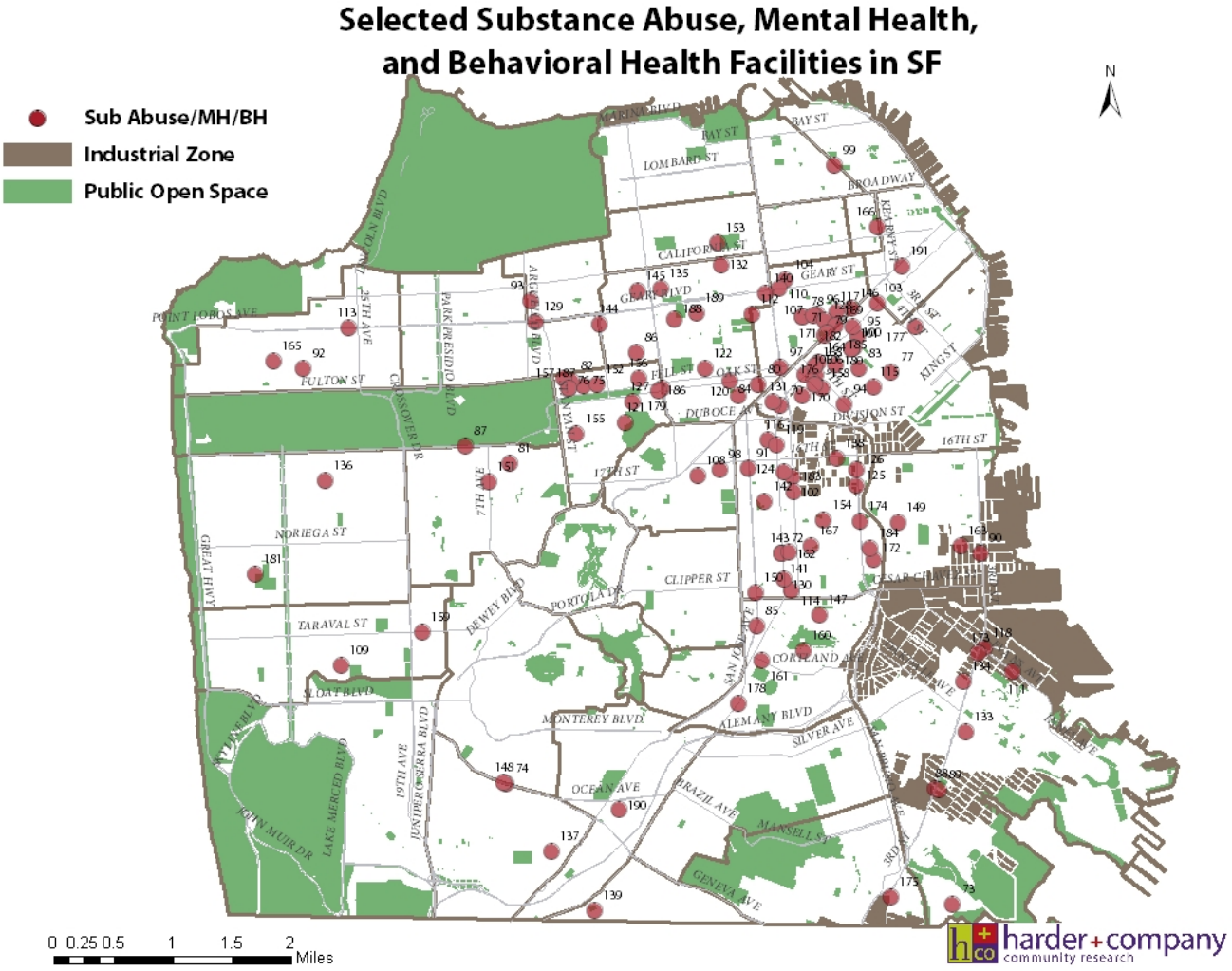
Appendix E: Hospitals, Primary Care Centers, & Youth Clinics in San Francisco



Number on Map	Name	Hospital	Primary Care	Youth Clinic
1	Langley Porter Psychiatric Institute	•		
2	Saint Francis Memorial Hospital	•		
3	Westside Community Mental Health Center	•		
4	California Pacific Medical Center - California Campus	•		
5	California Pacific Medical Center - Davies Campus	•		
6	California Pacific Medical Center - Pacific Campus	•		
7	California Pacific Medical Center - St. Luke's Campus	•		
8	Chinese Hospital	•		
9	Kaiser Permanente Medical Center	•		
10	Kaiser Permanente Medical Center - French Campus	•		
11	Laguna Honda Hospital and Rehabilitation Center	•		
12	San Francisco General Hospital	•		
13	St. Mary's Medical Center	•		
14	UCSF Medical Center at Mount Zion	•		
15	University of California, San Francisco	•		
16	Asian & Pacific Islander Wellness Center		•	
17	Bayview Child Health Center		•	•
18	Breast & Cervical Cancer Services		•	
19	Castro-Mission Health Center		•	
20	Children's Health Center at SFGH		•	
21	Chinatown Health Center		•	
22	Chinese Hospitals Excelsior Health Services		•	
23	Chinese Hospitals Sunset Health Services		•	
24	Coleman Medical Center		•	
25	Family Health Center at SFGH		•	
26	First Resort		•	
27	General Medical Clinic at SFGH		•	
28	Glide Health Services		•	
29, 30	Haight Ashbury Free Clinics - Walden House		•	
31	Housing and Urban Health Clinic		•	
32	Institute on Aging		•	
33	Lyon - Martin Women's Health Services		•	
34	Maxine Hall Health Center		•	
35	Mission Neighborhood Health Center		•	

Number on Map	Name	Hospital	Primary Care	Youth Clinic
36	Mission Neighborhood Health Center - Excelsior Clinic		•	
37	Mission Neighborhood Health Center - Valencia Clinic		•	
38	Mission Neighborhood Resource Clinic		•	
39	Native American Health Center		•	
40	North East Medical Services (Chinatown/North Beach)		•	
41	North East Medical Services (Portola)		•	
42	North East Medical Services (Sunset)		•	
43	North East Medical Services (Visitacion Valley)		•	
44	Ocean Park Health Center		•	
45 – 49	On Lok Senior Health Services		•	
50	Potrero Hill Health Center		•	
51	SF Community College District Student Health Services		•	
52	San Francisco Free Clinic		•	
53	Silver Avenue Family Health Center		•	
54	South of Market Health Center		•	
55	Southeast Health Center		•	
56	St. Anthony Medical Clinic		•	
57	St. James Infirmary		•	
58	St. Luke's - Adult, Pediatric, and Women's Clinics		•	
59	STD Clinic on 7th Street station (PEP)		•	
60	Tom Waddell Health Center & Transgender Clinic		•	
61	Women's Community Clinic/Tides Center		•	
62	Balboa Teen Health Center			•
63	Bayview Hunters Point Foundation Youth Services			•
64	Larkin Street Youth Services			•
65	Youth Justice Institute			•
66	3rd Street Youth Center and Clinic			•
67	Cole Street Clinic			•
68	Hawkins Village Teen Health Center			•
69	Hip Hop to Health Clinic			•

Appendix F: Substance Abuse, Mental Health, & Behavioral Health Facilities in San Francisco



Number on Map	Name
1	Langley Porter Psychiatric Institute
2	Saint Francis Memorial Hospital
3	Westside Community Mental Health Center
19	Castro-Mission Health Center
29, 30	Haight Ashbury Free Clinics - Walden House
53	Silver Avenue Family Health Center
57	St. James Infirmary
62	Balboa Teen Health Center
63	Bayview Hunters Point Foundation Youth Services
64	Larkin Street Youth Services
65	Youth Justice Institute
70	A Better Way, Inc.
71	Addiction Research and Treatment Services
72	African American Alternatives
73	Alternative Family Services, Inc.
74	Anchor Program
75 - 77	Asian American Recovery Services, Inc.
78	BAART Turk Street Clinic
79	BAART Market Clinic
80 - 87	Baker Places, Inc.
88	Bayview Hunters Point Foundation Behavioral Health Program
89	Bayview Hunters Point Foundation Substance Abuse Services
90	Black Coalition On AIDS
91	Boys & Girls Club of San Francisco
92, 93	Catholic Charities CYO
94	Center for Juvenile & Criminal Justice, Inc.
95, 96	Central City Hospitality House
97	Central City Older Adults
98	Children's Council of San Francisco
99	Chinatown North Beach
100 - 102	Community Awareness & Treatment Services
103	Community Vocational Enterprises
104	Community Youth Center SF
105	Conard House, Inc.
106	Conard House, Inc.
107	Curry Senior Center
108	Dimensions
109	Edgewood Center for Children & Families
110	Episcopal Community Services of San Francisco
111	Family Mosaic Project
112	Family Service Agency of San Francisco
113	Family Service Agency of San Francisco
114	Fort Help/Health Services
115	Fort Help/Health Services

Number on Map	Name
116	Friendship House Assn. Am. Indians, Inc.
117 - 122	Haight Ashbury Free Clinics - Walden House
123	Harm Reduction Coalition
124	Homeless Children Network
125	Homeless Prenatal Programs
126	Horizons Unlimited of San Francisco, Inc.
127	Huckleberry Youth Programs, Inc.
128	Hyde Street Community Services, Inc.
129	Lifeways PACE at the Coronet
130	Instituto Familiar de la Raza - La Clinica
131	Iris Center
132	Japanese Community Youth Council
133, 134	Jelani, Inc.
135, 135	Jewish Family and Children's Services
137 – 139	Latino Commission
140	Merriouns Psychological Institute
141	Mission A.C.T.
142	Mission Council
143	Mission Mental Health
144, 145	Mt. St. Joseph - St. Elizabeth (dba Epiphany Center)
146	National Council-Alcoholism & Drug Abuse
147	Oakes Children's Center
148	OMI Family Center
149	Potrero Hill Neighborhood House
150 – 162	Progress Foundation
163 – 166	Richmond Area Multi-Services, Inc.
167	Royal Counseling Center
168	SAGE Project, Inc.
169	San Francisco AIDS Foundation
170	San Francisco DPH Community Behavioral Health Services
171	San Francisco Study Center
172 – 174	Seneca Center for Children, Inc.
175	SF DPH Community Behavioral Health Services
176	SF Mental Health Education Funds, Inc.
177	SFFIRST, South of Market MH
178	Southeast Mission Geriatric
179	Special Service for Groups (OTTP)
180	St. Vincent de Paul Society
181	Sunset Mental Health
182	Swords to Plowshares
183	Transitional Age Youth
184, 185	UCSF Behavioral Health
186	Westside Community Services - Youth/Family
187	Westside Community Services, Inc.

Number on Map	Name
188	Westside Methadone Maintenance and Detox
189, 190	YMCA of San Francisco
191	Youth Leadership Institute

Appendix G. Select Community Health Status Assessment Data

Table A1. Population density and population (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
Outer Richmond	26,444	35,887
Excelsior	23,768	38,096
Castro/Upper Market	23,023	19,712
South of Market	22,658	31,342
Bernal Heights	22,066	25,772
Marina	21,748	21,082
Noe Valley	21,666	19,430
Ocean View	21,385	28,626
North Beach	20,250	12,637
Outer Mission	20,054	27,588
Outer Sunset	19,472	47,509
Inner Sunset	19,012	25,381
Parkside	18,121	27,448
Presidio Heights	17,975	7,906
Visitacion Valley	16,164	23,960
Diamond Heights/Glen Park	12,163	8,704
Mission Bay	12,096	8,800
West of Twin Peaks	10,848	20,521
Twin Peaks	10,345	6,862
Financial District	9,941	6,898
Potrero Hill	9,041	12,394
Bayview	6,945	33,989
Lakeshore	5,350	19,503
Seacliff	3,554	2,563
Treasure Island/YBI	3,242	2,880
Presidio	1,255	2,986
Golden Gate Park	101	171
San Francisco	**17,081**	**805,235**

Source: Healthy Development Measurement Tool, SFDPH

Table A2. Age distribution of San Francisco residents by year, 2000-2010 (percent of population)

Year	Under 5	6 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and over
	Percent of total population							
2000 (n=776,733)	4.1	8.0	11.5	23.2	17.2	13.9	8.4	13.7
2001 (n=750,966)	4.7	8.5	9.8	23.0	17.5	14.2	8.8	13.4
2002 (n=744,881)	4.8	7.9	8.7	22.9	18.1	14.6	9.3	13.8
2003 (n=731,978)	4.9	7.6	8.0	21.6	18.7	15.0	9.9	14.2
2004 (n=724,538)	5.3	7.5	7.6	20.4	19.5	15.0	10.3	14.4
2005 (n=719,077)	5.5	7.4	9.0	18.5	19.6	14.7	10.7	14.6
2006 (n=744,041)	5.5	7.2	9.5	17.4	20.0	14.8	10.7	14.8
2007 (n=764,976)	5.2	6.9	9.9	16.8	20.7	14.8	11.1	14.5
2008 (n=808,976)	5.2	7.4	9.8	15.6	20.8	15.0	11.5	14.8
2009 (n=815,358)	5.1	7.2	9.5	21.7	17.3	13.7	11.5	14.0
2010 (n=805,235)	4.4	6.8	11.8	20.9	16.6	13.9	12.0	13.6

Source: American Community Survey 1-Year Estimates and US Census Bureau, 2010

Table A3. Median household and per capita income for San Francisco neighborhoods, 2005-2009

Neighborhood	Median household income	Per capita income
Seacliff	$162,903	$87,976
West of Twin Peaks	$125,027	$58,594
Pacific Heights	$109,307	$101,257
Noe Valley	$105,797	$62,952
Marina	$102,450	$87,353
Potrero Hill	$98,198	$58,650
Presidio Heights	$96,542	$74,329
Castro/Upper Market	$92,237	$67,206
Inner Sunset	$85,696	$39,110
Bernal Heights	$85,607	$41,317
Haight Ashbury	$85,548	$57,953
Russian Hill	$84,537	$75,273
Parkside	$83,144	$32,093
Outer Mission	$79,477	$32,002
Outer Sunset	$73,728	$33,633
Outer Richmond	$72,459	$38,038
North Beach	$70,056	$57,906
Inner Richmond	$69,861	$41,369
Crocker Amazon	$68,689	$23,644
South of Market	$67,584	$50,880
Ocean View	$67,487	$25,343
Excelsior	$67,405	$23,562
Mission	$63,623	$37,667
Lakeshore	$62,917	$32,513
Western Addition	$53,990	$47,111
Nob Hill	$53,283	$46,485
Visitacion Valley	$44,373	$17,651
Bayview	$43,151	$19,484
Downtown/Civic Center	$24,491	$26,003
Chinatown	$17,630	$18,573
Financial District	*	$70,997
Presidio	*	$61,881
Treasure Island/YBI	*	$25,166
Twin Peaks	*	$37,345
San Francisco	**$70,040**	**$44,373**

** statistically unstable*

Source: Healthy Development Measurement Tool, SFDPH

Table A4. Proportion of population living below 200 percent of Census poverty threshold, 2005-2009

Neighborhood	Percent of population living below 200% Census Poverty Threshold	90 percent margin of error
Chinatown	68	7
Downtown/Civic Center	55	4
South of Market	44	5
Treasure Island/YBI	44	12
Bayview	39	4
Visitacion Valley	39	6
Financial District	34	11
Mission	33	3
Nob Hill	31	4
Western Addition	31	3
Mission Bay	30	10
Lakeshore	29	4
Excelsior	28	4
North Beach	28	5
Ocean View	28	5
Inner Richmond	25	3
Bernal Heights	24	3
Crocker Amazon	24	5
Outer Mission	22	4
Outer Richmond	22	3
Potrero Hill	22	6
Parkside	21	5
Russian Hill	21	4
Outer Sunset	20	2
Haight Ashbury	18	3
Presidio	17	8
Twin Peaks	17	8
Inner Sunset	16	3
Castro/Upper Market	15	2
Diamond Heights/Glen Park	15	4
Noe Valley	14	3
Presidio Heights	14	4
Pacific Heights	12	3
West of Twin Peaks	12	2
Marina	11	2
San Francisco	**26**	**1**

Source: Healthy Development Measurement Tool, SFDPH

Table A5. Percentage of persons 16 and older in civilian labor force who are unemployed, 2005-2009

Neighborhood	Percent Unemployed	90 percent margin of error
Treasure Island/YBI	16	15.6
Chinatown	15	8
Bayview	14	5.3
Visitacion Valley	11	5.8
Ocean View	10	3.1
Potrero Hill	9	4.7
Excelsior	9	2.6
Downtown/Civic Center	9	2.6
Crocker Amazon	9	4.4
Russian Hill	8	3.3
Parkside	8	2.8
Lakeshore	8	3.8
Mission Bay	8	2.5
Twin Peaks	8	19.1
Outer Richmond	7	2.1
Western Addition	7	2
Inner Richmond	6	1.8
Outer Sunset	6	1.6
South of Market	6	2.6
Bernal Heights	6	2.3
Diamond Heights/Glen Park	6	2.9
Financial District	6	12.6
Noe Valley	6	2.5
Mission	5	1.7
Outer Mission	5	1.5
Castro/Upper Market	5	2.1
Marina	5	2.1
West of Twin Peaks	5	2.1
North Beach	5	3.3
Haight Ashbury	4	2
Nob Hill	4	2.6
Seacliff	4	13.2
Pacific Heights	4	1.7
Inner Sunset	4	0.6
Presidio Heights	4	3
Presidio	3	2.5
San Francisco	**7**	**0.5**

Source: Healthy Development Measurement Tool, SFDPH

Table A6. Weighted average Academic Performance Index (API) and proportion of schools achieving an API Base of 800 or more (2010)

Neighborhood	Total Student Population	Number of API-ranked schools in neighborhood	Percent of schools with 800+ API score	Weighted Average API Score
Financial District	76	1	0	564
Potrero Hill	1,246	4	0	622
Bayview	2,057	7	29	665
Mission	3,314	9	11	674
Bernal Heights	1,192	3	0	687
Visitacion Valley	2,951	7	14	693
Castro/Upper Market	1,197	4	50	727
Western Addition	2,606	8	13	732
Downtown/Civic Center	362	1	0	748
South of Market	1,358	2	0	749
Outer Mission	2,519	5	0	752
Noe Valley	1,163	3	33	756
Excelsior	2,781	6	50	761
Diamond Heights/Glen Park	1,082	3	33	772
North Beach	1,057	3	67	782
Russian Hill	2,683	3	67	799
Parkside	1,254	3	67	805
Crocker Amazon	1,083	2	100	806
Ocean View	501	2	100	817
Nob Hill	670	2	50	821
Outer Richmond	4,508	4	75	834
Chinatown	665	1	100	835
Outer Sunset	5,300	6	83	839
Haight Ashbury	609	2	100	846
West of Twin Peaks	3,726	6	100	850
Inner Richmond	977	4	75	860
Marina	1,972	3	100	867
Presidio Heights	1,394	2	100	881
Twin Peaks	1,186	2	100	883
Lakeshore	3,134	2	100	928
Inner Sunset	1,611	3	100	929
San Francisco	**56,234**	**113**	**49**	**792**

Source: Healthy Development Measurement Tool, SFDPH

Table A7. Proportion of renter households whose gross rent* is 50% or more of their household income, 2005-2009

Neighborhood	Percent of renter households	90 percent margin of error
Visitacion Valley	31	8
Bayview	30	6
Excelsior	29	7
Ocean View	29	9
Lakeshore	28	5
Downtown/Civic Center	27	2
Financial District	26	8
Western Addition	24	3
Chinatown	23	4
Presidio	23	13
Outer Sunset	22	4
Bernal Heights	20	4
Inner Richmond	20	3
Mission Bay	20	7
Parkside	20	7
Crocker Amazon	19	8
Haight Ashbury	19	4
West of Twin Peaks	19	7
Nob Hill	18	3
North Beach	18	4
Outer Mission	18	5
Potrero Hill	18	6
South of Market	18	3
Inner Sunset	17	3
Mission	17	2
Outer Richmond	17	3
Diamond Heights/Glen Park	16	8
Presidio Heights	15	5
Treasure Island/YBI	15	8
Castro/Upper Market	14	3
Noe Valley	14	3
Russian Hill	14	3
Marina	13	3
Pacific Heights	12	3
San Francisco	**20**	**1**

Source: Healthy Development Measurement Tool, SFDPH

Table A8. Families with children by San Francisco neighborhood (2010)

Neighborhood	Percent of Families with Children under 18
Visitacion Valley	50
Bayview	48
Crocker Amazon	44
Excelsior	44
Ocean View	41
Outer Mission	40
Treasure Island/YBI	37
Presidio	37
Parkside	35
Seacliff	34
West of Twin Peaks	33
Bernal Heights	32
Outer Sunset	31
Diamond Heights/Glen Park	27
Outer Richmond	27
Twin Peaks	25
Lakeshore	24
Inner Richmond	23
Mission	22
Inner Sunset	22
Potrero Hill	22
Noe Valley	20
Presidio Heights	20
Chinatown	19
Haight Ashbury	15
Mission Bay	14
Western Addition	14
North Beach	12
Pacific Heights	11
Downtown/Civic Center	11
Marina	10
Russian Hill	10
Castro/Upper Market	10
South of Market	9
Nob Hill	9
Financial District	6
San Francisco	**22**

Source: Healthy Development Measurement Tool, SFDPH

Table A9. Family structure by San Francisco Neighborhoods (2000)

Neighborhood	Percent Female-Headed Families with Children under 18	Percent Male-Headed Families with Children under 18
Potrero Hill	40	6
Western Addition	39	9
Bayview	33	4
Downtown/Civic Center	26	7
Visitacion Valley	23	6
Presidio	20	4
Bernal Heights	20	6
Mission	19	8
Haight Ashbury	19	6
Treasure Island/YBI	17	11
Glen Park	17	0
Noe Valley	17	6
Russian Hill	16	3
South of Market	16	8
Lakeshore	15	4
Diamond Heights	15	6
Twin Peaks	15	15
Chinatown	14	2
Crocker Amazon	13	3
Inner Sunset	13	4
Outer Richmond	13	2
North Beach	13	6
Ocean View	12	3
Inner Richmond	12	4
Presidio Heights	12	9
Excelsior	11	5
West of Twin Peaks	11	2
Parkside	11	2
Pacific Heights	11	4
Castro/Upper Market	11	10
Outer Mission	10	4
Marina	10	2
Nob Hill	9	4
Outer Sunset	8	4
Financial District	8	10
Seacliff	0	0
San Francisco	**17**	**5**

Note: This is the most recent data available; no longer included in Healthy Development Measurement Tool
Source: Healthy Development Measurement Tool, SFDPH

Table A10. Language spoken at home, population age 5 years 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
Japanese	6,456	0.8
Italian	5,581	0.7
German	3,817	0.5
Hindi	3,794	0.5
Arabic	3,660	0.5
Other Pacific Island languages	3,121	0.4
Other Asian languages	2,795	0.4
Persian	2,612	0.3
Other Indic languages	2,185	0.3
Urdu	2,152	0.3
Thai	2,056	0.3
Portuguese or Portuguese Creole	1,888	0.2
Other Indo-European languages	1,250	0.2
Gujarati	1,168	0.2
Scandinavian languages	1,149	0.1
Mon-Khmer, Cambodian	1,014	0.1
Hebrew	944	0.1
Other Slavic languages	846	0.1
Armenian	806	0.1
African languages	783	0.1
Laotian	757	0.1
Greek	619	0.1
Serbo-Croatian	601	0.1
Polish	495	0.1
Other West Germanic languages	377	0.0
Other Native North Amer. languages	377	0.0
Other and unspecified languages	373	0.0
Hungarian	219	0.0
Hmong	132	0.0

Source: American Community Survey 2010, 1-Year Estimates

Table A11. Sources of payment for health services by zip code (2008)

Zip Code	Private Insurance	Medicare	Medi-Cal	Self Pay	All Other
	Percent of Total Payments				
94102	19.2	36.9	35.5	3.2	5.3
94103	20.4	35.3	32.8	3.5	8.1
94104	33.1	37.2	19.6	3.4	6.8
94105	60.6	23.7	8.6	3.5	3.5
94107	53.0	26.3	15.2	2.5	3.0
94108	30.3	50.4	13.9	2.4	3.0
94109	32.3	44.1	16.3	2.6	4.7
94110	35.8	28.0	27.8	2.8	5.5
94111	39.0	42.3	10.9	4.6	3.2
94112	36.3	34.9	23.6	2.4	2.8
94114	56.2	30.8	7.3	2.7	2.9
94115	35.4	45.0	14.6	2.7	2.3
94116	34.6	42.9	19.3	1.3	1.9
94117	50.5	29.6	13.3	2.5	4.1
94118	51.7	35.4	8.7	1.9	2.3
94121	45.0	40.1	10.5	2.1	2.3
94122	47.6	38.7	9.8	2.0	1.9
94123	60.7	32.4	3.6	1.7	1.6
94124	29.3	26.5	36.4	3.7	4.1
94127	48.9	43.0	5.2	1.2	1.6
94129	81.5	6.5	5.4	1.1	5.4
94130	28.2	8.2	53.6	4.5	5.5
94131	57.8	31.9	6.9	1.8	1.6
94132	39.0	41.4	14.1	2.3	3.1
94133	36.0	47.5	12.2	1.6	2.8
94134	33.5	32.4	28.9	2.0	3.2
94142	19.2	26.4	37.4	4.4	12.6
94158	57.8	24.6	12.3	3.2	2.1
San Francisco	**38.8**	**36.0**	**19.2**	**2.5**	**3.5**

Source: Office of Statewide Health Planning and Development, Patient Discharge Profiles, 2008

Table A12. Medical homes for Healthy San Francisco enrollees (10/14/11)

Medical Home	Percent of Total Healthy SF Enrollees
North East Medical Services – Chinatown North Beach	17
North East Medical Services – Portola	8
North East Medical Services – Sunset	7
Kaiser Permanente San Francisco Medical Center	6
Family Health Center (San Francisco General Hospital)	6
Potrero Hill Health Center	5
South of Market Health Center	4
Castro Mission Health Center	4
Mission Neighborhood Health Center	4
Saint Anthony Free Medical Clinic	3
Glide Health Services	3
General Medicine Clinic	3
Maxine Hall Health Center	3
Sr Mary Phillipa Health Center	3
CCHCA/Chinese Hospital	2
Haight Ashbury Free Medical Clinic	2
Silver Avenue Family Health Center	2
Brown and Toland – Pacific Heights	2
Chinatown Public Health Center	2
Haight Ashbury Integrated Care Center	2
Southeast Health Center	2
Lyon-Martin	2
Mission Neighborhood Health Center – Excelsior	2
Native American Health Center	1
Tom Waddell Health Center	1
Brown and Toland – Mission	1
Positive Health	1
Ocean Park Health Center	1
NEMS – Visitacion Valley	1
Family Health Center (San Francisco General Hospital)	6
Potrero Hill Health Center	5
South of Market Health Center	4

Source: Healthy San Francisco data as of 10/14/11

Table A13. Leading causes of death by zip code (2009)

Table 1of 3, Leading causes of death by zip code (2009)

Zip Code	94102	94103	94105	94107	94108	94109	94110	94111	94112
	Number of Deaths								
Diseases of the Heart	63	58	4	30	19	110	82	12	135
Malignant Neoplasms (Cancer)	55	45	1	34	32	97	85	9	122
Cerebrovascular Disease (Stroke)	8	8	-	5	9	22	14	1	34
Chronic Lower Respiratory Disease	9	9	-	1	3	31	13	1	23
Unintentional Injuries (Accidents)	49	24	-	8	3	30	22	1	17
Alzheimer's Disease	3	2	-	4	3	16	9	-	32
Diabetes Mellitus	4	3	1	2	-	13	4	-	11
Influenza and Pneumonia	7	7	-	2	8	8	10	-	30
Chronic Liver Disease and Cirrhosis	5	6	-	2	2	6	8	-	9
Intentional Self Harm (Suicide)	7	2	-	2	2	9	3	2	5
Essential Hypertension & Hypertensive Renal Disease	2	3	-	1	1	2	2	-	6
Nephritis, Nephrotic Syndrome and Nephrosis	4	4	-	2	2	6	4	1	10
All Other Causes	80	55	4	23	21	85	81	3	115
Total Deaths	**296**	**226**	**10**	**116**	**105**	**435**	**337**	**30**	**549**

Source: California Department of Public Health

Table 2of 3, Leading causes of death by zip code (2009)

Zip Code	94114	94115	94116	94117	94118	94121	94122	94123	94124
	Number of Deaths								
Diseases of the Heart	44	86	115	43	64	83	124	29	66
Malignant Neoplasms (Cancer)	47	73	109	45	62	82	101	37	57
Cerebrovascular Disease (Stroke)	15	23	21	6	19	18	20	3	12
Chronic Lower Respiratory Disease	6	10	20	2	11	9	10	2	8
Unintentional Injuries (Accidents)	8	12	14	11	7	13	17	11	10
Alzheimer's Disease	5	28	20	-	15	11	14	3	6
Diabetes Mellitus	-	2	5	4	6	-	8	1	5
Influenza and Pneumonia	1	11	9	5	9	5	15	6	1
Chronic Liver Disease and Cirrhosis	3	6	5	4	1	4	3	2	8
Intentional Self Harm (Suicide)	3	5	6	5	7	7	8	-	-
Essential Hypertension & Hypertensive Renal Disease	2	7	4	1	2	4	1	-	4
Nephritis, Nephrotic Syndrome and Nephrosis	3	4	4	2	3	6	6	2	10
All Other Causes	34	64	85	50	43	55	57	28	50
Total Deaths	**171**	**331**	**417**	**178**	**249**	**297**	**384**	**124**	**237**

Source: California Department of Public Health

Table 3of 3, Leading causes of death by zip code (2009)

Zip Code	94127	94129	94130	94131	94132	94133	94134	94158	San Francisco
	Number of Deaths								
Diseases of the Heart	26	1	2	53	58	60	54	2	**1,423**
Malignant Neoplasms (Cancer)	34	3	2	36	67	61	56	-	**1,352**
Cerebrovascular Disease (Stroke)	8	-	-	9	12	13	18	1	**299**
Chronic Lower Respiratory Disease	2	-	1	3	13	6	15	-	**208**
Unintentional Injuries (Accidents)	8	-	2	4	11	4	13	-	**299**
Alzheimer's Disease	11	-	-	5	7	11	7	-	**212**
Diabetes Mellitus	-	-	1	1	6	6	8	1	**92**
Influenza and Pneumonia	5	-	-	4	8	17	14	-	**182**
Chronic Liver Disease and Cirrhosis	-	-	1	-	2	3	-	-	**80**
Intentional Self Harm (Suicide)	1	-	-	6	1	6	5	-	**92**
Essential Hypertension & Hypertensive Renal Disease	1	-	-	-	1	4	2	-	**50**
Nephritis, Nephrotic Syndrome and Nephrosis	3	-	-	2	2	3	1	-	**84**
All Other Causes	25	2	1	38	29	44	51	3	**1,126**
Total Deaths	**124**	**6**	**10**	**161**	**217**	**238**	**244**	**7**	**5,499**

Source: California Department of Public Health

Table A14. Number of births by race/ethnicity and zip code (2010)

Zip Code	American Indian	Asian	SE Asian	Black	Filipino	Hispanic	Hawaiian / Pacific Islander	White	Two or More Races	Other / Unknown
	Number of Births									
94102	1	27	12	34	10	85	1	63	9	3
94103	2	22	3	19	18	58	1	76	7	1
94104	-	2	1	1	-	1	-	2	-	1
94105	-	32	4	1	7	3	-	43	7	1
94107	-	86	7	35	9	47	3	198	21	8
94108	-	39	1	1	2	5	-	23	2	-
94109	-	100	14	6	10	64	2	206	11	2
94110	4	75	4	20	35	412	6	401	26	16
94111	-	11	-	-	-	4	-	9	-	-
94112	1	272	13	23	93	356	1	102	26	8
94114	-	37	5	3	3	38	-	252	21	1
94115	-	54	5	40	8	22	2	239	9	9
94116	2	165	11	4	16	27	-	163	23	2
94117	1	42	4	26	7	35	1	273	20	2
94118	-	106	11	2	8	25	1	243	13	5
94121	-	144	13	4	13	33	-	221	11	5
94122	1	180	19	8	11	36	2	248	19	2
94123	-	34	3	-	2	10	-	238	11	-
94124	-	78	17	129	14	210	23	23	20	3
94127	1	51	4	3	6	16	1	93	9	4
94129	-	6	-	2	1	2	-	37	2	-
94130	-	9	-	14	-	9	2	7	-	-
94131	-	75	4	12	6	39	-	207	15	8
94132	-	82	6	14	10	39	2	54	12	2
94133	-	98	3	6	5	26	1	77	6	1
94134	2	172	18	44	45	157	11	24	18	1
94158	-	28	-	1	1	3	-	26	2	1
San Francisco	**15**	**2,027**	**182**	**452**	**340**	**1,762**	**60**	**3,548**	**320**	**86**

Source: California Department of Public Health

Table A15. Number of births by age of mother and zip code (2010)

Zip Code	Under 20 years	20 to 29 years	30 to 34 years	35 years or over
	Number of Births			
94102	15	107	72	51
94103	6	72	69	60
94104	-	4	3	1
94105	-	19	44	35
94107	12	73	164	165
94108	-	21	17	35
94109	11	101	154	149
94110	34	274	302	389
94111	-	3	12	9
94112	39	352	271	233
94114	3	35	137	185
94115	9	81	144	154
94116	1	89	144	179
94117	8	42	149	212
94118	2	53	169	190
94121	4	89	149	202
94122	-	96	234	196
94123	-	30	123	145
94124	42	288	111	76
94127	-	17	70	101
94129	-	10	15	25
94130	3	20	14	4
94131	4	42	155	165
94132	8	83	64	66
94133	3	47	79	94
94134	25	231	129	107
94158	-	10	35	17
San Francisco	**229**	**2,289**	**3,029**	**3,245**

Source: California Department of Public Health

Table A16. Number of births by infant birth weight and zip code (2010)

Zip Code	Under 1500 Grams	1500-2499 Grams	2500 + Grams	Weight Unknown
	Number of Births			
94102	3	13	229	-
94103	1	21	185	-
94104	-	-	8	-
94105	2	9	87	-
94107	2	33	379	-
94108	1	2	70	-
94109	3	29	383	-
94110	9	42	947	1
94111	-	2	22	-
94112	13	58	824	-
94114	3	20	337	-
94115	5	24	359	-
94116	5	18	390	-
94117	3	26	382	-
94118	-	21	393	-
94121	4	37	403	-
94122	3	28	495	-
94123	6	15	277	-
94124	15	33	469	-
94127	-	11	177	-
94129	-	1	49	-
94130	1	4	36	-
94131	1	15	350	-
94132	3	25	193	-
94133	1	8	214	-
94134	6	30	456	-
94158	-	4	58	-
San Francisco	**90**	**529**	**8,172**	**1**

Source: California Department of Public Health

Table A17. Number of births by trimester and zip code (2010)

Zip Code	First	Second	Third	None	Unknown
	Number of Births				
94102	192	35	9	6	3
94103	169	28	5	3	2
94104	8	-	-	-	-
94105	95	1	1	-	1
94107	375	34	3	1	1
94108	62	7	2	-	2
94109	371	36	7	-	1
94110	833	139	17	4	6
94111	23	-	1	-	-
94112	745	118	22	3	7
94114	347	11	-	1	1
94115	353	24	7	1	3
94116	376	25	11	-	1
94117	381	19	7	2	2
94118	392	20	-	1	1
94121	403	28	10	1	2
94122	478	40	4	-	4
94123	289	8	1	-	-
94124	358	119	30	5	5
94127	180	7	1	-	-
94129	48	2	-	-	-
94130	29	11	1	-	-
94131	335	24	4	-	3
94132	181	32	4	2	2
94133	202	14	5	1	1
94134	394	84	10	2	2
94158	55	5	1	-	1
San Francisco	**7,674**	**871**	**163**	**33**	**51**

Source: California Department of Public Health

Table A18. Percentage of households without a motor vehicle, 2005-2010

Neighborhood	Percent without motor vehicle	90 percent margin of error
Downtown/Civic Center	82	2
Chinatown	81	4
Financial District	60	6
Nob Hill	60	4
South of Market	45	4
Western Addition	45	3
North Beach	41	4
Mission	39	2
Russian Hill	35	4
Haight Ashbury	30	4
Inner Richmond	24	3
Pacific Heights	23	3
Bayview	21	4
Castro/Upper Market	21	2
Visitacion Valley	21	5
Mission Bay	20	6
Twin Peaks	20	8
Marina	18	2
Outer Richmond	18	2
Bernal Heights	16	3
Presidio Heights	16	4
Lakeshore	15	4
Noe Valley	15	3
Inner Sunset	14	2
Outer Sunset	14	2
Diamond Heights/Glen Park	13	4
Excelsior	13	3
Outer Mission	13	3
Potrero Hill	13	3
Parkside	11	3
Crocker Amazon	8	3
Ocean View	8	2
West of Twin Peaks	4	2
San Francisco Total	**29**	**1**

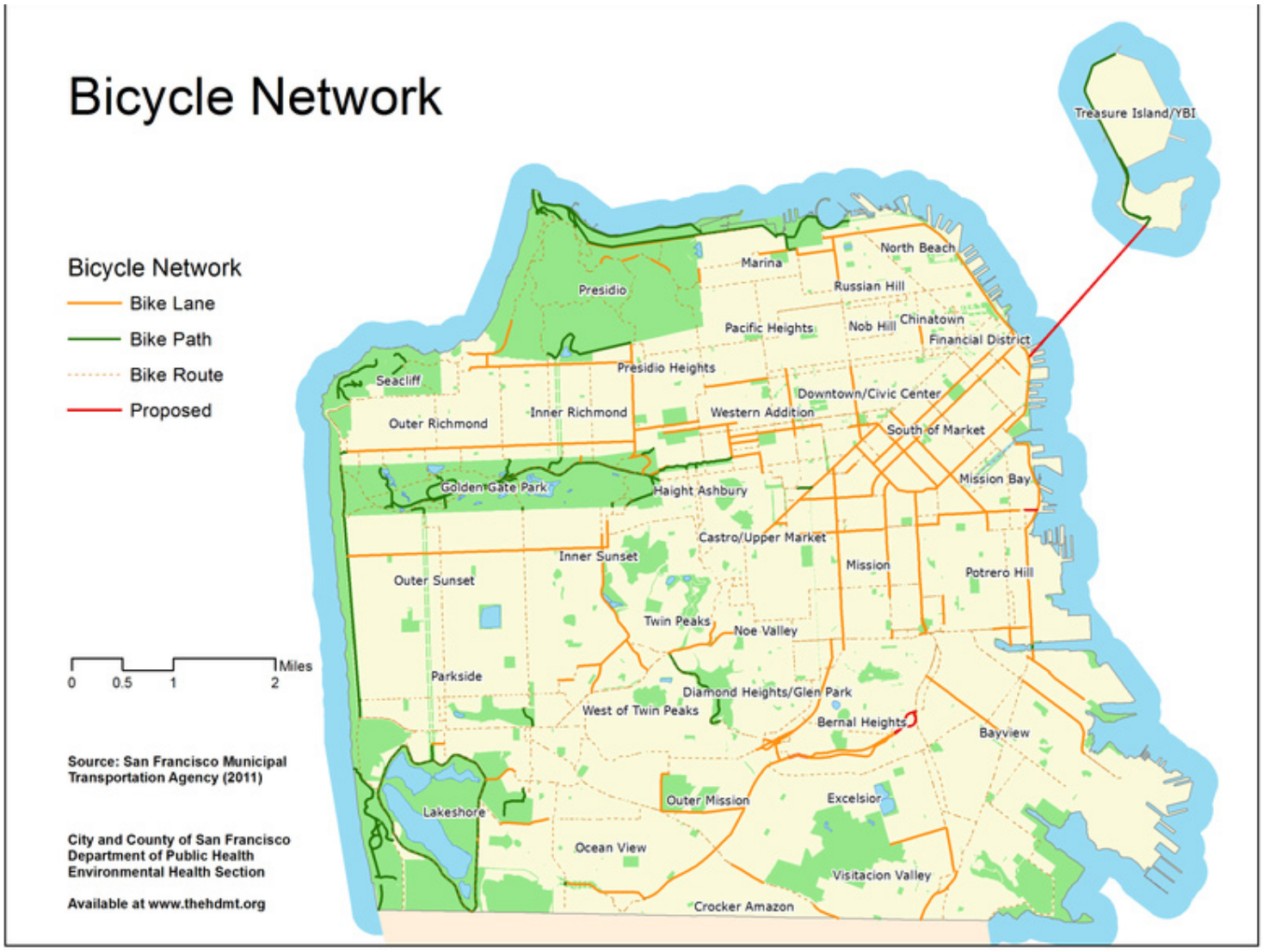
Source: Healthy Development Measurement Tool, SFDPH

Table A19. Ratio of miles of bike lanes and paths to miles of roads (2011)

Neighborhood	Miles of road (2010)	Miles of bike lanes and paths (2011)	Ratio of bike lanes and paths miles to road miles
Mission Bay	17.2	6.6	0.39
Golden Gate Park	21.9	7.3	0.33
Seacliff	8	1.7	0.22
South of Market	41.1	8.8	0.21
Lakeshore	48	9	0.19
Presidio	42.6	8.3	0.19
Outer Mission	39.9	6.6	0.17
Mission	50.7	7.7	0.15
Treasure Island/YBI	19.3	2.7	0.14
Inner Richmond	30.1	3.8	0.13
Diamond Heights/Glen Park	14.7	1.8	0.12
North Beach	16.2	2	0.12
Potrero Hill	30.8	3.6	0.12
Russian Hill	14	1.7	0.12
Castro/Upper Market	23.2	2.1	0.09
Financial District	20	1.8	0.09
Haight Ashbury	18	1.7	0.09
Inner Sunset	25.7	2.3	0.09
Marina	24.8	2.3	0.09
Outer Richmond	28	2.5	0.09
Outer Sunset	56.1	4.9	0.09
Bernal Heights	36.4	2.8	0.08
Downtown/Civic Center	19.5	1.3	0.07
Presidio Heights	9.9	0.7	0.07
Visitacion Valley	26.7	1.8	0.07
Western Addition	42.6	3	0.07
West of Twin Peaks	51.3	2.9	0.06
Twin Peaks	12.8	0.6	0.05
Bayview	89.2	3.4	0.04
Chinatown	5.2	0.2	0.04
Noe Valley	23.9	0.8	0.04
Ocean View	33.7	1.2	0.04
Excelsior	38.4	1.1	0.03
Crocker Amazon	11.4	0.2	0.02
Parkside	32.6	0.8	0.02
Nob Hill	10.5	0	0
Pacific Heights	15.2	0	0
San Francisco	**1,117.0**	**109.5**	**0.1**

Source: Healthy Development Measurement Tool

Map A1. San Francisco bicycle network



Source: Healthy Development Measurement Tool

Table A20. Perceived feeling of safety during day, by neighborhood (2011)

Zip Code	Unsafe or Very Unsafe (Percent)	Safe or Very Safe (Percent)	Neither/ Don't Know (Percent)	Number of Respondents
94124 *(Bayview)*	26.2	53.6	20.3	153
94102 *(Downtown, Civic Center)*	16.5	66.3	17.2	175
94134 *(Visitacion Valley, Excelsior)*	12.4	65.8	21.8	161
94103 *(South of Market)*	10.3	78.2	11.4	87
94112 *(Outer Mission, Ocean View, Crocker Amazon)*	8.5	74	17.6	284
94105 *(Financial District)*	7.7	84.7	7.7	13
94109 *(Downtown, Civic Ctr, Nob Hill, Russian Hill)*	7.4	80.7	11.9	352
94107 *(Potrero Hill, South of Market)*	4.5	84.2	11.3	133
94132 *(Lakeshore, Ocean View)*	4.0	82.5	13.5	177
94133 *(Russian Hill, North Beach)*	3.5	82.4	14.0	114
94110 *(Mission, Bernal Heights)*	3.4	86.9	9.7	350
94117 *(Haight Ashbury)*	2.9	93.9	3.3	211
94122 *(Outer/Inner Sunset, Golden Gate Park)*	2.5	89.7	7.7	271
94108 *(Nob Hill, Financial District)*	2.4	89.2	8.4	83
94121 *(Outer Richmond, Seacliff)*	2.4	93.3	4.3	209
94115 *(Western Addition, Pacific Heights)*	2.1	87.4	10.4	182
94123 *(Marina, Russian Hill)*	1.8	93	5.3	114
94114 *(Castro, Noe Valley)*	1.6	94.8	3.7	190
94131 *(Diamond Heights, Glen Park, Twin Peaks, Inner Sunset)*	1.5	94.1	4.4	136
94116 *(Parkside, Outer Sunset)*	1.3	91.9	6.7	224
94118 *(Inner Richmond, Presidio Heights)*	1.0	92.5	6.5	199
94104 *(Financial District)*	-	100	-	3
94111 *(Financial District, North Beach)*	-	100	-	16
94127 *(West of Twin Peaks, Ocean View)*	-	97	3.1	97
94129 *(Presidio)*	-	100	-	10
94130 *(Treasure Island)*	-	100	-	12
94158 *(Mission Bay)*	-	88.2	11.8	17
San Francisco	**5.9**	**84.2**	**9.8**	**5,031**

Source: San Francisco City Survey 2011, SF Controller's Office

Table A21. Perceived feeling of safety during night, by neighborhood (2011)

Zip Code	Unsafe or Very Unsafe (Percent)	Safe or Very Safe (Percent)	Neither/ Don't Know (Percent)	Number of Respondents
94124 *(Bayview)*	64.7	13.1	22.2	153
94134 *(Visitacion Valley, Excelsior)*	55.3	22.9	21.7	161
94102 *(Downtown, Civic Center)*	44.5	31.4	24.0	175
94107 *(Potrero Hill, South of Market)*	43.6	33.9	22.6	133
94112 *(Outer Mission, Ocean View, Crocker Amazon)*	37.3	32.8	30.0	284
94103 *(South of Market)*	34.5	36.8	28.7	87
94110 *(Mission, Bernal Heights)*	31.4	46	22.6	350
94105 *(Financial District)*	30.8	23.1	46.2	13
94132 *(Lakeshore, Ocean View)*	26.6	46.9	26.6	177
94109 *(Downtown, Civic Ctr, Nob Hill, Russian Hill)*	25.9	50.3	23.9	352
94158 *(Mission Bay)*	23.5	53	23.5	17
94133 *(Russian Hill, North Beach)*	22.8	49.1	28.1	114
94115 *(Western Addition, Pacific Heights)*	18.7	58.8	22.5	182
94130 *(Treasure Island)*	16.7	75	8.3	12
94131 *(Diamond Heights, Glen Park, Twin Peaks, Inner Sunset)*	16.2	65.5	18.4	136
94117 *(Haight Ashbury)*	16.1	63.5	20.4	211
94122 *(Outer/Inner Sunset, Golden Gate Park)*	14.1	55	31.0	271
94121 *(Outer Richmond, Seacliff)*	13.9	64.5	21.5	209
94108 *(Nob Hill, Financial District)*	13.2	63.9	22.9	83
94118 *(Inner Richmond, Presidio Heights)*	12.6	63.3	24.1	199
94111 *(Financial District, North Beach)*	12.5	56.3	31.2	16
94116 *(Parkside, Outer Sunset)*	12.5	62.5	25.0	224
94127 *(West of Twin Peaks, Ocean View)*	9.3	71.2	19.6	97
94123 *(Marina, Russian Hill)*	8.8	60.5	30.7	114
94114 *(Castro, Noe Valley)*	6.9	75.3	17.9	190
94104 *(Financial District)*	-	66.7	33.3	3
94129 *(Presidio)*	-	90	10.0	10
San Francisco Total	**26.0**	**50.6**	**23.4**	**5,031**

Source: San Francisco City Survey 2011, SF Controller's Office

Table A22. Distance weighted two-mile recreation access score by neighborhood (2011)

Neighborhood	Average recreation access score*
Treasure Island/YBI	1
Mission Bay	12
Financial District	17
Potrero Hill	17
Chinatown	20
North Beach	21
South of Market	25
Bayview	37
Russian Hill	37
Crocker Amazon	39
Mission	42
Visitacion Valley	42
Nob Hill	43
Bernal Heights	48
Downtown/Civic Center	48
Excelsior	49
Outer Mission	52
Marina	55
Diamond Heights/Glen Park	58
Pacific Heights	62
Noe Valley	63
Castro/Upper Market	65
Ocean View	65
Presidio	65
Western Addition	68
Twin Peaks	69
Outer Sunset	73
West of Twin Peaks	73
Presidio Heights	76
Seacliff	76
Haight Ashbury	78
Inner Sunset	78
Lakeshore	79
Outer Richmond	79
Inner Richmond	82
Parkside	82
San Francisco	**56**

**To calculate the Public Recreation Access Scores, the distance from each residential intersection to recreation spaces within 2 miles of the intersection was calculated. A distance of < 0.5 miles was given a score of 1, while distances between 0.5-1 miles were given a score of 0.75 and distances >1-2 miles were given a score of 0.5. In order to make sure that large parks in the city did not overly skew the distribution of relative access to recreation spaces, a formula for diminishing returns was applied to each park's acreage.*
Source: Healthy Development Measurement Tool, SFDPH

Table A23. Number of retail food establishments by type and neighborhood (2011)

Neighborhood	Supermarket	Warehouse Club Stores	Grocery (Other)	Fruit/ Vegetable Market	Meat/ Fish/ Poultry	Farmers Market	Convenience
Mission	7	0	10	6	9	1	51
Downtown/Civic Ctr	1	0	13	1	1	1	52
Western Addition	6	0	5	0	3	3	36
Chinatown	3	0	18	6	11	0	9
South of Market	3	1	4	1	2	3	31
Financial District	2	0	1	1	3	1	24
Bayview	3	1	3	3	4	0	15
Inner Richmond	4	1	4	1	1	0	18
Haight Ashbury	2	0	3	0	0	1	17
Outer Sunset	4	0	2	2	2	0	13
Castro/Upper Mkt	3	0	4	2	0	1	12
Excelsior	4	0	3	0	0	0	15
Nob Hill	3	0	2	0	2	0	15
Outer Mission	3	0	0	4	4	1	9
North Beach	3	0	1	0	2	0	14
Outer Richmond	2	0	0	2	3	0	13
Inner Sunset	2	0	4	3	0	2	8
Bernal Heights	2	0	3	2	1	1	9
Parkside	2	0	3	2	1	0	10
Marina	2	0	2	0	0	1	11
Russian Hill	1	0	2	3	1	1	5
Noe Valley	1	0	0	0	1	1	9
Potrero Hill	2	0	1	1	0	0	8
Ocean View	0	0	0	0	0	0	11
Visitacion Valley	0	0	1	0	1	0	8
W of Twin Peaks	1	0	4	2	0	0	2
Pacific Heights	0	0	2	0	0	0	6
Presidio Heights	4	0	0	0	2	0	1
Lakeshore	3	0	0	0	1	2	0
Crocker Amazon	0	0	0	2	1	0	2
Dmd Hts/Glen Pk	2	0	0	1	0	0	2
Mission Bay	1	0	0	0	0	1	0
Seacliff	1	0	0	0	0	0	0
Presidio	0	0	0	0	0	0	0
Treasure Isl./YBI	0	0	0	0	0	0	0
Twin Peaks	0	0	0	0	0	0	0
San Francisco	**78**	**3**	**95**	**45**	**56**	**21**	**436**

Source: Healthy Development Measurement Tool, SFDPH

Table A24. Maximum capacity of licensed child care (LCC) facilities and proportion of 0-14 year olds by neighborhood (2008)

Neighborhood	Total Population 0-14 years	Total maximum number of slots at LCC facilities	Maximum number slots at LCC centers*	Maximum number slots at LCC family homes*
Mission	8,897	1,253	889	364
Bayview	8,112	1,512	680	832
Excelsior	6,363	1,114	702	412
Outer Sunset	6,285	1,430	762	668
Visitacion Valley	5,042	772	486	286
Western Addition	4,819	1,149	892	257
Ocean View	4,277	604	270	334
Bernal Heights	4,171	437	191	246
Inner Richmond	4,125	764	478	286
Outer Richmond	4,075	866	600	266
Outer Mission	3,672	879	421	458
Downtown/Civic Center	3,469	520	488	32
Parkside	3,361	920	502	418
Inner Sunset	2,984	420	310	110
West of Twin Peaks	2,739	302	152	150
Lakeshore	2,418	446	378	68
Crocker Amazon	2,142	218	72	146
Nob Hill	2,027	243	189	54
Noe Valley	1,913	244	178	66
Haight Ashbury	1,796	516	420	96
South of Market	1,750	633	585	48
Marina	1,568	277	169	108
Potrero Hill	1,529	217	167	50
Russian Hill	1,309	139	107	32
Pacific Heights	1,301	222	222	-
North Beach	1,100	235	195	40
Presidio Heights	1,058	563	539	24
Castro/Upper Market	1,038	310	282	28
Chinatown	761	414	352	62
Diamond Heights/Glen Park	561	95	95	-
Seacliff	478	29	29	-
Twin Peaks	457	38	30	8
Presidio	437	217	217	-
Financial District	328	352	340	12
Treasure Island/YBI	145	64	64	-
San Francisco	**97,129**	**18,512**	**12,513**	**5,999**

** Most facilities do not operate at maximum capacity. Family child care homes are licensed for a maximum capacity of 8 or 14 slots. Child care centers may be licensed for 15 or more slots.*

Source: Healthy Development Measurement Tool, SFDPH

Table A25. Voting rates by neighborhood (November 2010)

Neighborhood	Percent of voters that voted	Ballots cast by mail	Ballots cast in person	Total ballots cast	Total registered voters
Treasure Island/YBI	40	198	196	394	996
Bayview	47	4,424	3,399	7,823	16,785
Visitacion Valley	49	3,094	2,104	5,197	10,532
Chinatown	50	1,184	612	1,796	3,627
Downtown/Civic Center	51	4,686	5,038	9,724	18,910
Crocker Amazon	54	1,892	1,148	3,040	5,617
Ocean View	55	4,657	3,434	8,091	14,810
Excelsior	57	5,547	3,958	9,506	16,667
Presidio	57	385	709	1,094	1,925
South of Market	57	4,740	4,097	8,837	15,599
Financial District	58	1,773	1,158	2,931	5,033
Nob Hill	58	3,483	3,605	7,088	12,320
Outer Mission	59	4,661	3,528	8,189	13,894
Outer Sunset	59	8,329	7,220	15,548	26,144
Western Addition	59	9,620	10,992	20,613	34,812
Lakeshore	60	2,887	2,480	5,367	8,937
Mission Bay	60	1,364	1,094	2,458	4,126
North Beach	60	2,238	2,083	4,321	7,158
Outer Richmond	60	6,340	5,855	12,195	20,323
Marina	61	4,102	4,591	8,692	14,148
Russian Hill	61	3,575	3,245	6,819	11,253
Inner Richmond	62	5,775	6,620	12,395	20,031
Mission	62	8,075	11,565	19,640	31,922
Parkside	62	5,374	4,135	9,509	15,268
Pacific Heights	65	4,405	4,357	8,762	13,467
Potrero Hill	65	2,646	2,997	5,643	8,656
Bernal Heights	66	4,917	5,913	10,830	16,431
Haight Ashbury	66	4,340	6,161	10,502	16,031
Inner Sunset	67	5,258	5,765	11,023	16,505
Presidio Heights	68	1,888	1,783	3,671	5,438
Seacliff	68	628	528	1,156	1,697
Twin Peaks	70	1,752	1,379	3,131	4,449
Castro/Upper Market	73	5,788	6,326	12,114	16,523
Noe Valley	73	5,163	5,723	10,886	14,817
West of Twin Peaks	74	5,830	4,741	10,571	14,334
Diamond Heights/Glen Park	75	2,389	2,419	4,809	6,399
San Francisco	**61**	**143,405**	**140,960**	**284,365**	**465,583**

Source: Healthy Development Measurement Tool, SFDPH

Table A26. Distribution of contaminated sites by Planning-designated neighborhood (2011)

Neighborhood	Active Brownfield Sites / Sq. Mile	LUST Sites / Sq. Mile[92]
Treasure Island/YBI	15.8	3.4
South of Market	12.3	1.9
Potrero Hill	11.7	0
Chinatown	7.5	0
Financial District	7.2	2.9
North Beach	6.4	4.8
Marina	6.2	6.2
Russian Hill	4.2	2.1
Bayview	3.9	3.1
Downtown/Civic Center	3.1	1.6
Presidio	2.9	0
Seacliff	2.8	0
Bernal Heights	2.6	1.7
Inner Richmond	1.5	2.3
Mission Bay	1.4	0.5
Haight Ashbury	1.3	1.3
Visitacion Valley	1.3	2
Western Addition	1.3	2.6
Castro/Upper Market	1.2	2.3
Mission	1.2	11.6
Lakeshore	0.8	0.8
Inner Sunset	0.7	1.5
Outer Richmond	0.7	0
Parkside	0.7	0.7
Golden Gate Park	0.6	0
Outer Sunset	0.4	1.6
Crocker Amazon	0	4.3
Diamond Heights/Glen Park	0	0
Excelsior	0	4.4
Nob Hill	0	2.7
Noe Valley	0	0
Ocean View	0	0.7
Outer Mission	0	2.9
Pacific Heights	0	0
Presidio Heights	0	6.8
Twin Peaks	0	1.5
West of Twin Peaks	0	1.1
San Francisco	**2.6**	**2.1**

Source: Healthy Development Measurement Tool, SFDPH

[92] An underground storage tank (UST) is a tank and any pipes connected to it that is used for the storage of hazardous substances and that is substantially or totally beneath the surface of the ground. A leaking underground storage tank (LUST) falls under the category of a brownfield, but requires its own regulations because of the potentially significant threat to our drinking water.

Table A27. Proportion of children age 5 and under tested for lead and found with over 10 mcg/dL, by neighborhood, 2008-2010

Zip Code	2008		2009		2010	
	% over 10 mcg/dL	Number tested	% over 10 mcg/dL	Number tested	% over 10 mcg/dL	Number tested
94123 *(Marina, Russian Hill)*	0.0%	82	2.8%	71	5.0%	80
94133 *(Russian Hill, North Beach)*	3.2%	63	0.0%	64	3.6%	112
94110 *(Mission, Bernal Heights)*	2.6%	389	2.0%	354	0.9%	651
94117 *(Haight Ashbury)*	2.1%	94	1.0%	99	0.6%	173
94131 *(Diamond Heights, Glen Park, Twin Peaks, Inner Sunset)*	0.0%	74	0.0%	71	3.5%	114
94112 *(Outer Mission, Ocean View, Crocker Amazon)*	1.3%	371	1.7%	350	0.3%	633
94115 *(Western Addition, Pac Heights)*	3.2%	94	0.0%	114	0.0%	172
94102 *(Downtown, Civic Center)*	2.4%	85	0.0%	94	0.0%	178
94107 *(Potrero Hill, South of Market)*	1.0%	96	1.2%	84	0.0%	170
94124 *(Bayview)*	0.3%	287	0.7%	280	0.8%	489
94114 *(Castro, Noe Valley)*	0.0%	81	0.0%	65	1.7%	119
94109 *(Downtown, Civic Ctr, Nob Hill, Russian Hill)*	0.7%	149	0.0%	121	1.0%	209
94134 *(Visitacion Valley, Excelsior)*	0.5%	188	0.5%	213	0.0%	384
94118 *(Inner Richmond, Presidio Heights)*	0.0%	151	0.7%	135	0.0%	183
94122 *(Outer/Inner Sunset, Golden Gate Park)*	0.6%	156	0.0%	138	0.0%	267
94103 *(South of Market)*	0.0%	71	0.0%	81	0.6%	165
94121 *(Outer Richmond, Seacliff)*	0.0%	135	0.0%	116	0.0%	171
94116 *(Parkside, Outer Sunset)*	0.0%	132	0.0%	91	0.0%	178
94132 *(Lakeshore, Ocean View)*	0.0%	61	0.0%	52	0.0%	124
94127 *(West of Twin Peaks, Ocean View)*	0.0%	48	0.0%	43	0.0%	76
94108 *(Nob Hill, Financial District)*	0.0%	39	0.0%	26	0.0%	54
94129 *(Presidio)*	0.0%	21	0.0%	18	0.0%	22
94105 *(Financial District)*	0.0%	10	0.0%	10	0.0%	28
94130 *(Treasure Island)*	0.0%	12	0.0%	10	0.0%	26
94111 *(Financial District, North Beach)*	0.0%	9	0.0%	7	0.0%	10
94158 *(Mission Bay)*	0.0%	8	0.0%	7	0.0%	11
94104 *(Financial District)*	0.0%	5	0.0%	2	0.0%	6
San Francisco	**1.0%**	**2,928**	**0.8%**	**2,736**	**0.6%**	**4,822**

Note: Sorted from highest to lowest three-year average of percent over 10 mcg/dL and number tested
Source: San Francisco Childhood Lead Prevention Program, San Francisco Department of Public Health

Table A28. Violent crime by type and neighborhood, 2005-2007

Neighborhood	Homicides per 1,000 population	Neighborhood	Physical assaults per 1,000 population	Neighborhood	Rape/sexual assaults per 1,000 population
Golden Gate Park	7.4	Golden Gate Park	1,074	Golden Gate Park	51.5
Bayview	1.4	Financial District	209	South of Market	9
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	75	Downtown/Civic Center	4.3
Mission	0.5	North Beach	71	Mission	2.7
Visitacion Valley	0.5	Mission	69	Bayview	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	Western Addition	43	Castro/Upper Market	1.6
Bernal Heights	0.2	Visitacion Valley	42	Potrero Hill	1.6
Diamond Heights	0.2	Treasure Island/YBI	37	West of Twin Peaks	1.6
Excelsior	0.2	Bernal Heights	34	Western Addition	1.6
Glen Park	0.2	Excelsior	32	Outer Mission	1.5
Castro/Upper Market	0.1	Outer Mission	32	Excelsior	1.2
Chinatown	0.1	Haight Ashbury	29	Nob Hill	1.2
Haight Ashbury	0.1	Glen Park	26	Haight Ashbury	1
Inner Richmond	0.1	Ocean View	23	Bernal Heights	0.9
Inner Sunset	0.1	Marina	22	Glen Park	0.9
Marina	0.1	Russian Hill	22	Marina	0.9
Nob Hill	0.1	Nob Hill	21	Ocean View	0.9
Noe Valley	0.1	Lakeshore	19	Presidio	0.8
Outer Mission	0.1	Twin Peaks	16	Lakeshore	0.7
West of Twin Peaks	0.1	West of Twin Peaks	16	Outer Richmond	0.7
Crocker Amazon	0	Inner Richmond	13	Presidio Heights	0.7
Lakeshore	0	Noe Valley	13	Russian Hill	0.7
Outer Richmond	0	Outer Sunset	13	Inner Richmond	0.6
Outer Sunset	0	Presidio Heights	13	Inner Sunset	0.6
Pacific Heights	0	Crocker Amazon	12	Outer Sunset	0.6
Parkside	0	Parkside	12	Pacific Heights	0.5
Presidio	0	Pacific Heights	11	Twin Peaks	0.5
Presidio Heights	0	Outer Richmond	10	Crocker Amazon	0.4
Russian Hill	0	Seacliff	8	Parkside	0.4
Seacliff	0	Diamond Heights	7	Noe Valley	0.3
Treasure Island/YBI	0	Inner Sunset	7	Diamond Heights	0
Twin Peaks	0	Presidio	1	Seacliff	0
San Francisco	**0.3**	**San Francisco**	**44**	**San Francisco**	**1.7**

Source: Healthy Development Measurement Tool, SFDPH

Table A29. Number and rate of pedestrian injuries and deaths, 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
Lakeshore	96	78
Presidio Heights	92	45
Russian Hill	89	80
Nob Hill	86	105
Parkside	85	90
Bayview	74	130
Haight Ashbury	73	78
Bernal Heights	70	85
Marina	70	77
Inner Richmond	64	138
Pacific Heights	57	49
Outer Sunset	52	128
West of Twin Peaks	52	58
Excelsior	48	90
Visitacion Valley	43	47
Outer Richmond	41	70
Potrero Hill	41	23
Crocker Amazon	37	25
Inner Sunset	34	45
Ocean View	34	52
Noe Valley	28	29
Twin Peaks	16	8
Diamond Heights	15	3
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

Table A30. Annual rates of severe and fatal traffic injuries per 100 road miles, 2006-2010

Neighborhood	Total Severe/Fatal Injuries	Pedestrian Severe/Fatal Injuries	Cyclist Severe/Fatal Injuries	Driver/Passenger Severe/Fatal Injuries
	All rates are per 100 road miles, annually			
Downtown/Civic Center	90	39	14	36
Chinatown	69	37	4	29
Western Addition	48	16	7	24
South of Market	45	23	3	19
Financial District	43	21	4	18
Nob Hill	40	20	2	18
Mission	38	11	7	19
Golden Gate Park	35	10	3	21
Bernal Heights	26	4	2	19
Potrero Hill	26	4	1	21
Inner Richmond	25	11	3	10
North Beach	25	20	0	5
Marina	23	10	2	11
Haight Ashbury	22	7	7	8
Lakeshore	19	7	1	12
Outer Mission	19	7	2	10
Castro/Upper Market	18	10	3	5
Outer Richmond	18	7	0	11
Pacific Heights	17	12	0	4
Bayview	16	4	1	11
Ocean View	16	6	1	10
Russian Hill	16	8	1	7
Visitacion Valley	16	9	0	7
Crocker Amazon	15	12	0	3
Mission Bay	15	5	1	8
Treasure Island/YBI	15	1	0	14
Excelsior	13	6	0	7
Presidio Heights	13	4	0	8
Inner Sunset	11	4	1	5
Outer Sunset	9	5	1	3
Noe Valley	8	3	0	5
Parkside	8	4	0	4
West of Twin Peaks	6	3	0	2
Twin Peaks	5	0	2	3
Diamond Heights/Glen Park	3	0	0	3
Presidio	2	0	0	2
Seacliff	2	0	0	2
San Francisco	**21**	**8**	**2**	**11**

Source: Healthy Development Measurement Tool, SFDPH

Table A31. Density of off-sale alcohol outlets by neighborhood (2011)

Neighborhood	Number of off-sale alcohol outlets	Density of off-sale alcohol outlets per square mile	Off-sale alcohol outlets per 1,250 population
Financial District	28	40.3	5.1
North Beach	29	46.4	2.9
Chinatown	17	127.1	2.3
Potrero Hill	22	16	2.2
South of Market	60	28.4	2.2
Downtown/Civic Center	72	111.7	2.1
Mission	88	50.9	2
Marina	31	31.9	1.8
Castro/Upper Market	27	31.5	1.7
Haight Ashbury	29	38	1.7
Nob Hill	29	78.7	1.6
Western Addition	68	44.8	1.6
Noe Valley	21	23.4	1.4
Bayview	29	5.9	1.1
Bernal Heights	22	18.8	1.1
Diamond Heights/Glen Park	8	11.2	1.1
Inner Richmond	32	24.4	1.1
Pacific Heights	17	25.4	1.1
Russian Hill	15	31.5	1.1
Seacliff	2	2.8	1
Outer Richmond	27	19.9	0.9
Inner Sunset	17	12.7	0.8
Excelsior	20	12.5	0.7
Mission Bay	5	6.9	0.7
Ocean View	15	11.2	0.7
Outer Sunset	27	11.1	0.7
Parkside	15	9.9	0.7
West of Twin Peaks	11	5.8	0.7
Outer Mission	14	10.2	0.6
Presidio Heights	4	9.1	0.6
Visitacion Valley	12	8.1	0.6
Crocker Amazon	5	10.7	0.5
Treasure Island/YBI	1	1.1	0.4
Lakeshore	4	1.1	0.3
Twin Peaks	1	1.5	0.2
Presidio	0	0	0
San Francisco	**819**	**17.4**	**1.3**

Note: "Off-sale alcohol outlets" are those authorized by the State of California to sell all types of alcoholic beverages for consumption off the premises in original, sealed containers, such as grocery stores, liquor stores, mini-marts, and package stores. This excludes restaurants, bars and other types of facilities where alcohol is consumed onsite.
Source: Healthy Development Measurement Tool, SFDPH

Table A32. Proportion of households living in overcrowded conditions (2000)

Neighborhood	Percent of Households in Overcrowded Conditions
Chinatown	36
Visitacion Valley	34
Crocker Amazon	31
Excelsior	26
Bayview	24
Financial District	23
Mission	23
Outer Mission	23
Downtown/Civic Center	19
Ocean View	17
Parkside	15
Bernal Heights	14
Outer Sunset	14
South of Market	14
Nob Hill	12
Russian Hill	12
Lakeshore	10
North Beach	10
Inner Richmond	9
Outer Richmond	9
Western Addition	8
Diamond Heights	5
Inner Sunset	5
Potrero Hill	4
West of Twin Peaks	4
Castro/Upper Market	3
Glen Park	3
Haight Ashbury	3
Noe Valley	3
Presidio Heights	3
Twin Peaks	3
Pacific Heights	2
Marina	1
Presidio	1
Treasure Island/YBI	1
Seacliff	0
San Francisco	**14**

Note: Overcrowding, as defined by the U.S. Department of Housing and Urban Development (HUD), is greater than 1.01 people per habitable room. Severe overcrowding is defined as greater than 1.51 people per habitable room.
Source: Healthy Development Measurement Tool, SFDPH

Table A33. Average daytime and nighttime outdoor noise levels by neighborhood (2007)

Neighborhood	Decibel (dB)
South of Market	68
Chinatown	67
Potrero Hill	67
Bayview	66
Downtown/Civic Center	66
Financial District	66
Mission	65
Golden Gate Park	64
Western Addition	64
Castro/Upper Market	63
Haight Ashbury	63
Nob Hill	63
Noe Valley	62
Outer Mission	62
Visitacion Valley	62
Crocker Amazon	61
Excelsior	61
Inner Richmond	61
Inner Sunset	61
Lakeshore	61
Marina	61
Pacific Heights	61
Parkside	61
Presidio Heights	61
Russian Hill	61
Diamond Heights	60
North Beach	60
Ocean View	60
Outer Richmond	60
Outer Sunset	60
Presidio	60
Seacliff	60
Treasure Island/YBI	60
Twin Peaks	60
West of Twin Peaks	60
Bernal Heights	59
Glen Park	58
San Francisco	**62**

Source: Healthy Development Measurement Tool, SFDPH

Appendix H. The Healthy Development Measurement Tool: All Indicators

The Healthy Development Measurement Tool

The Healthy Development Measurement Tool, or HDMT, is a comprehensive set of evaluation and planning tools that bring health considerations into urban development. The HDMT explicitly connects public health to urban development planning in efforts to achieve a higher quality social and physical environment that advances health.

The HDMT's Urban Health and Sustainability Indictors provide information on San Francisco's physical, social, and economic environments that influence health. Each indicator was chosen to measure progress towards meeting the HDMT's health objectives, which reflect a vision of a health city. The indicators are supported by research establishing their relationship to health outcomes. Additionally, the data for each indicator must be updated on a regular basis, available for all areas of the city, and in most cases, lend itself to analysis by neighborhood or an even lower geographic level.

The indicators are organized under their respective Community Health Objective within 6 Elements: 1) Environmental Stewardship, 2) Sustainable and Safe Transportation, 3) Social Cohesion, 4) Public Infrastructure/Access to Goods and Services, 5) Adequate and Healthy Housing, and 6) Healthy Economy. Demographic and health outcomes indicators are also included.

The HDMT is updated annually and can be accessed at http://www.thehdmt.org/.

Table A34. Healthy Development Measurement Tool: Urban Health and Sustainability Indicators

ES. Environmental Stewardship
ES.1. Decrease consumption of energy and natural resources
ES.1.a. Natural gas use
ES.1.b. Electricity use
ES.1.c. Water use
ES.1.d. Solid waste disposal and diversion
ES.1.e. Renewable energy production
ES.2. Restore, preserve and protect healthy natural habitats
ES.2.a. Shoreline accessibility
ES.2.b. Open space
ES.2.c. Total trees
ES.2.d. Impervious ground surfaces
ES.3. Reduce residential and industrial conflicts
ES.3.a. Contaminated sites
ES.4. Preserve clean air quality
ES.4.a. Air quality
ES.4.b. Stationary air pollution sources
ES.5. Maintain safe levels of community noise
ES.5.a. Outdoor noise levels
ST. Sustainable and Safe Transportation
ST.1. Create a resource-efficient, equitable transportation system

- ST.1.a. Motor vehicle access
- ST.1.b. Walking, biking, and, transit trips
- ST.1.c. Time spent walking or biking
- ST.1.d. Transit commute time
- ST.1.e. Transit cost
- ST.1.f. Transit access for workers and residents

ST.2. Ensure the safety of the transportation system

- ST.2.a. Severe/fatal traffic injuries
- ST.2.b. Pedestrian Environmental Quality Index
- ST.2.c. Bike lanes and paths
- ST.2.d. Speed limit compliance

ST.3. Reduce adverse environmental health impacts of the transportation system

- ST.3.a. Vehicle miles traveled per capita
- ST.3.b. Vehicle miles traveled density

SC. Social Cohesion

SC.1. Promote socially cohesive neighborhoods, free of crime and violence

- SC.1.a. Violent crimes
- SC.1.b. Property crimes
- SC.1.c. Residential mobility
- SC.1.d. Community center access
- SC.1.e. Alcohol outlet density
- SC.1.f. Likelihood of leaving San Francisco
- SC.1.g. Neighborhood block parties
- SC.1.h. Spiritual and religious centers
- SC.1.i. Perceived safety

SC.2. Increase civic, social, and community engagement

- SC.2.a. Voting rates
- SC.2.b. Volunteerism
- SC.2.c. Public meeting attendance

SC.3. Assure equitable and democratic participation throughout the planning process

PI. Public Infrastructure/Access to Goods and Services

PI.1. Assure affordable and high quality child care for all neighborhoods

- PI.1.a. Child care capacity
- PI.1.b. Child care subsidies
- PI.1.c. Child care costs

PI.2. Assure accessible and high quality educational facilities

- PI.2.a. Elementary school access
- PI.2.b. School choice
- PI.2.c. School academic performance
- PI.2.d. School gardens
- PI.2.e. School graduation rates
- PI.2.f. Public school participation

PI.3. Assure spaces for libraries, performing arts, theatre, museums, concerts, and festivals for personal and educational fulfillment

- PI.3.a. Art & cultural facilities
- PI.3.b. Public funding for the arts
- PI.3.c. Public library access
- PI.3.d. Public art works

PI.4. Assure affordable and high quality public health facilities

- PI.4.a. Public health facility transit access
- PI.4.c. Hospital bed access

PI.5. Increase park, open space and recreation facilities

- PI.5.a. Recreational area access
- PI.5.b. Recreation facility access
- PI.5.e. Community garden access

PI.6. Increase accessibility, beauty, safety, and cleanliness of public spaces

- PI.6.a. Street tree population
- PI.6.b. Streetscape improvements
- PI.6.c. Streetscape maintenance

PI.7. Assure access to daily goods and service needs

- PI.7.a. Public service access
- PI.7.b. Retail service access
- PI.7.d. Commercial zoning

PI.8. Promote affordable and high-quality food access and sustainable agriculture

- PI.8.a. Retail food access
- PI.8.b. CalFresh benefits acceptance
- PI.8.d. Farmers' market access

HH. Adequate and Healthy Housing

HH.1. Preserve and construct housing in proportion to demand with regards to size, affordability, and tenure

- HH.1.a. Housing production and affordability
- HH.1.b. Excessive rent burden
- HH.1.c. Housing purchasing capacity
- HH.1.d. Housing tenure
- HH.1.e. Overcrowding
- HH.1.f. Housing wage & minimum wage
- HH.1.g. Homeless population
- HH.1.h. Residential density

HH.2. Protect residents from involuntary displacement

- HH.2.a. Fair market rate rent trends
- HH.2.b. No-fault evictions
- HH.2.c. Affordable rental housing stock

HH.3. Decrease concentrated poverty

- HH.3.a. Ethnic diversity
- HH.3.b. Low-income households

HH.4. Assure access to healthy quality housing

HH.4.a. Housing health & safety violations

HE. Healthy Economy

HE.1. Increase high-quality employment opportunities for local residents

HE.1.a. Jobs paying at least self-sufficiency wage

HE.1.b. Worker residents

HE.1.c. Job density

HE.1.d. Job openings and educational requirements

HE.1.e. Wages needed for economic self-sufficiency

HE.2. Increase jobs that provide healthy, safe and meaningful work

HE.2.a. Health insurance coverage

HE.2.b. Occupational non-fatal injury rates

HE.2.c. Paid sick days

HE.2.d. Job training programs

HE.2.e. Unionization by industry

HE.3. Increase equality in income and wealth

HE.3.a. Income inequality

HE.3.b. Employment

HE.3.c. Bank or credit union access

HE.3.d. Minority and women owned businesses

HE.4. Protects and enhances natural resources and the environment

HE.4.a. Green businesses

D. Demographic

D.1. Population density

D.2. Ethnicity

D.3. Per capita and household income

D.4. Low-income households

D.5. Household size

D.6. Employment rate

D.7. Residential mobility

D.8. Educational attainment

D.9. Nativity

D.10. Marital status

D.11. Youth and seniors

D.12. Households with children

D.13. Home sales

D.14. Non-English speaking population

D.15. Cost of living

HO. Health Outcomes

HO.1. Asthma hospitalizations

HO.2. Diabetes hospitalizations

HO.3. Chronic obstructive pulmonary disease (COPD) hospitalizations

HO.4. Heart failure hospitalizations

HO.5. Alcohol abuse hospitalizations

HO.6. Mental health hospitalizations

HO.7. Leading causes of death by age-adjusted death rates

HO.8. Leading causes of death by years of life lost

HO.9. Leading causes of death by years of life lost by neighborhood

HO.10. Infant mortality

HO.11. Low birth weight births

HO.12. Early prenatal care

Appendix I. Key Terms

Age-adjusted: Age adjusting rates is a way to make fairer comparisons between groups with different age distributions. For example, a county having a higher percentage of elderly people may have a higher rate of death or hospitalization than a county with a younger population, merely because the elderly are more likely to die or be hospitalized. (The same distortion can happen when comparing races, genders, or time periods.) Age adjustment can make the different groups more comparable. A "standard" population distribution is used to adjust death and hospitalization rates. The age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population. Therefore, they are summary measures adjusted for differences in age distributions.[93]

Morbidity: the incidence or prevalence of a disease or of all diseases in a population

Mortality: death rate

Obese/overweight: An adult who has a body mass index (BMI) between 25 and 29.9 is considered overweight; an adult who has a BMI of 30 or higher is considered obese. For children and teens, overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex; obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Years of life lost (YLL): a summary measure of premature mortality which provides an explicit way of weighting deaths occurring at younger ages, which are, a priori, preventable. The calculation involves adding up deaths occurring at each age and multiplying this with the number of remaining years to live until a selected age limit (commonly set at 75).[94]

[93] Missouri Department of Health and Senior Services (http://health.mo.gov/data/mica/CDP_MICA/AARate.html)
[94] Organisation for Economic Co-operation and Development (http://stats.oecd.org/glossary/detail.asp?ID=2095)

Appendix J. Health Care Master Plan Community Task Force Meeting Handouts: "Your Neighborhood at a Glance"

1: Bernal Heights, Mission, Excelsior, Ocean View/Merced Heights/Ingleside (OMI)

2: Chinatown, Downtown/Civic Center, South of Market

3: Inner Richmond, Japantown, Sunset, Western Addition

4: Bayview-Hunters Point and Visitacion Valley