Focus Area: Black/African American Health

Black/African Americans have been a part of San Francisco (SF) since the Gold Rush. William Leidesdorff, a Caribbean immigrant of African and Danish heritage, was the captain of the first steamship to enter SF harbor and later served as the City's Treasurer, becoming a significant civic leader. The Black population experienced significant growth from the Gold Rush through the 1970's. World War II increased the City's Black population. Many Black/African Americans came as part of the Great Western Migration, when a portion of the 5 million or more people who moved from the South, came to California and other western states. Many African Americans settled in the Fillmore District and most started in housing especially built to accommodate folks working in the Hunters Point Naval Shipyard, and other shipyards in the area.

In the 1950s, SF went through a large scale redevelopment and many Black residents were forced to move from their homes in the Fillmore to newly constructed projects in the Western Addition or to existing public housing that had been converted after the US Department of Defense gave its excess housing to the city. Many were forced to move to other cities such as Oakland. The out-migration of Black residents continues to occur. San Francisco's Black population was 78,931 in 1990, according to the U.S. Census Bureau. By 2010, it had declined to 50,768, a 35.7 percent decrease, comprising just 6.3 percent of The City's population of 805,235. While Black/African-Americans make up a little more than 6% of the population; data continues to show disparities in their health status. The SFDPH is committed to improving health amongst our Black residents. The department has selected four priority areas to focus on through this strategic plan.

Priority Areas Black/African American Health	
Heart Health	The department will work with the community and partners to tailor a campaign to increase awareness about heart disease prevention and empower Black residents to take control of their heart health. The department will also use quality improvement activities to standardize the delivery of care for patients with high blood pressure.
Women's Health	The department is committed to advancing Black women's health in SF. The efforts will begin by supporting efforts to decrease the time between diagnosis and treatment and increasing efforts to ensure that women who are diagnosed with breast cancer achieve optimal health outcomes.
Sexual health	This priority areas will focus on increasing good reproductive and sexual health for young Black females, including good communication about sex, decrease rates of STDs, increase rates of condom use with culturally-specific sexual health programs and services.
Behavioral Health	Through the integration of behavioral health and primary care and through partnerships with Community Providers, the department will address the mental wellbeing among Black male patients and develop strategies to decrease the misuse of alcohol.

This Strategic Plan identifies four headline indicators that will be used to measure progress in optimizing the health of the Black residents of SF. The next phase of the process will be to work with the department's San Francisco Health Network to review all of the current efforts and work together to develop common performance measures and strategies that aim to improve the quality of life in the Black/African American communities of San Francisco.

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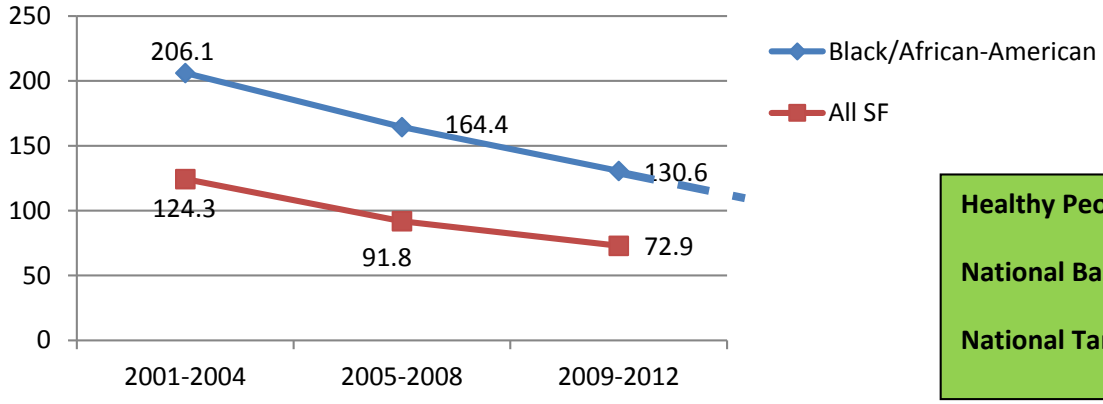
Headline Indicator: Percent of Blacks/African Americans with heart disease

BASELINE CURVE

Black/African American and San Francisco Ischemic Heart Disease Rate, per 100,000 population



Healthy People 2020:

National Baseline: 120.6

National Target: 100.8

Data source: California Department of Public Health annual county death files

STORY BEHIND THE BASELINE

As the result of better medical interventions, including support to decrease smoking and increase screening of cholesterol, hypertension (also known as high blood pressure), and universal access to care in San Francisco, there has been improvement overall. However, a great disparity remains for Black/African American San Franciscans. The trend may continue to go down, however it is unclear whether it is a result of better care or the significant out-migration of Black residents over the last 15 years, which might account for some of the changes seen in the data. However, the disparities in health remain at least double for all indicators. In a study published in 2008, heart disease is still the leading cause of premature death among Black/African American males in SF.

Ischemic Heart Disease (Coronary Artery Disease) is the leading cause of death in the United States, affecting over 5 million Americans. It is a narrowing of the coronary arteries, the vessels that supply blood to the heart muscle, generally due to the buildup of plaques in the arterial walls, a process known as atherosclerosis. Plaques are composed of cholesterol-rich fatty deposits, collagen, other proteins, and excess smooth muscle cells.

Black/African Americans have about a one-in-100 chance of developing heart failure while still in their 30s or 40s, a far higher rate than in whites. According to a longitudinal study that corroborates some differences between the races long observed in cross-sectional analyses, Black/African Americans' risk of heart failure at that age is closely tied to whether they have been diagnosed with hypertension, obesity, or renal dysfunction earlier in adulthood. One study showed that the precursors of heart failure are present when individuals are in their 20s. An elevated blood pressure and higher body-mass index were strongly associated with developing heart failure two decades later, when the individuals were in their 40s.

High blood pressure, obesity and diabetes are the most common conditions that increase the risk of heart disease and stroke. Studies have consistently reported a higher prevalence of hypertension in blacks than in whites, a main reason for the higher incidence of cardiovascular disease in blacks. Research suggests Black/African-Americans may carry a gene that makes them more salt sensitive, increasing the risk of high blood pressure. A higher sensitivity to alcohol could be added to that list.

Black/African-Americans are disproportionately affected by obesity. To assess differences in prevalence of obesity among blacks, whites, and Latino, in 2009, CDC analyzed data from Behavioral Risk Factor Surveillance System (BRFSS) surveys conducted during 2006--2008. Overall, for the 3-year period, blacks (35.7%) had 51% greater prevalence of obesity, and Latinos (28.7%) had 21% greater prevalence, when compared with whites (23.7%). Black/African Americans are twice as likely to be diagnosed with diabetes as whites. In addition, blacks are more likely to suffer complications from diabetes, such as end-stage renal disease and lower extremity amputations. Although Black/African Americans have the same or lower rate of high cholesterol as their non-Hispanic white counterparts, they are more likely to have high blood pressure.

WHAT WORKS

- Quality improvement strategies for hypertension management: a systematic review.
- The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review.
- Recommendations to increase physical activity in communities.
- Obesity Prevention and Control: Technology-Supported Multicomponent Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss.

PARTNERS

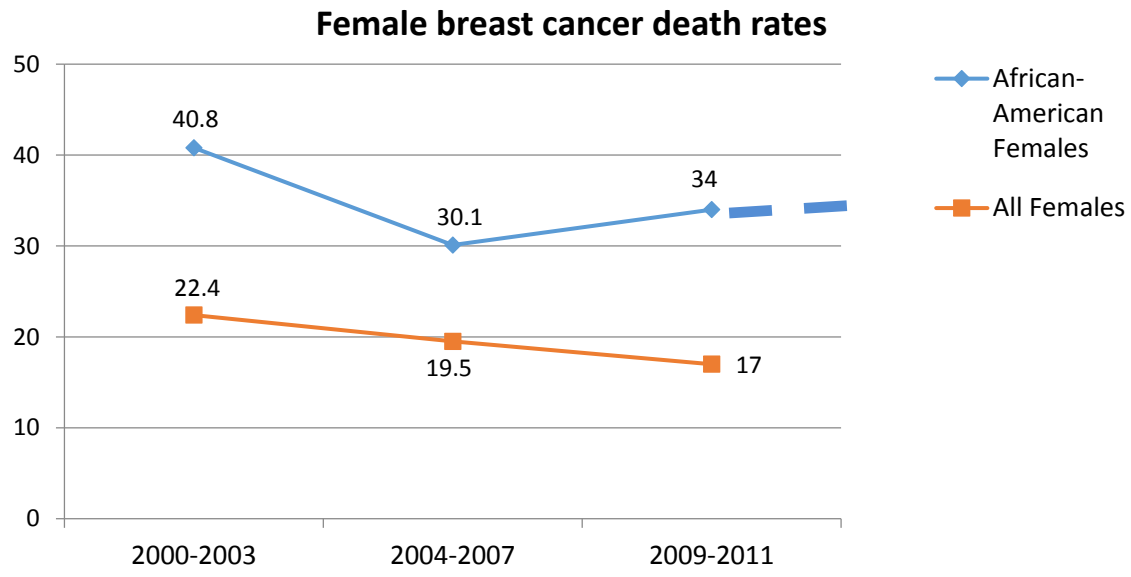
- San Francisco Health Network, Primary Care, Behavioral Health Services, Jail Health Services and Programs for Youth
- Community Based Organizations who provide services to Black/African Americans
- Colleges and Universities
- Churches and Religious Organizations
- Community (to participate and identify strategies)

STRATEGIES

- Customize and implement a culturally-appropriate Million Hearts Campaign for Black/African Americans in San Francisco
- Work with the SF Health Network to Increase screening for blood pressure, diabetes, and cholesterol
- Increase community-based physical activities and screening for hypertension, diabetes, and cholesterol

Headline Indicator: Mortality rate of Black/African American women with breast cancer

BASELINE CURVE



Healthy People 2020:

Baseline: 22.9

Target: 20.6

Data source: California Department of Public Health annual county death files

THE STORY BEHIND THE BASELINE

San Francisco was successful in reducing the black/white gap in mortality rate due to breast cancer between the years 2000-2007. The data shows that the gap widened again but, while the disparity is growing in many of the largest cities in the US, over the last 20 years, San Francisco has been able to maintain the status quo; and, if we do nothing different, that trend should continue. However, the gap remains unacceptable. As the data shows, a significant drop in the rate of death for both black and white women occurred between 2004 and 2007, lessening the disparity significantly. And, while there is a slight upward trend in the black rate, the current disparity is basically the same as in 2000.

Breast cancer is a type of cancer that forms in tissues of the breast. The most common type of breast cancer is ductal carcinoma, which begins in the lining of the milk ducts (thin tubes that carry milk from the lobules of the breast to the nipple). Another type is lobular carcinoma, which begins in the lobules (milk glands) of the breast. Invasive breast cancer is breast cancer that has spread from where it began to surrounding normal tissue. Breast cancer occurs in both men and women, although male breast cancer is rare.

San Francisco is fortunate to have a breast health program which provides patient navigation for those who are treated at our facilities. A significant factor reported by patient navigators within our system is that black women may be addressing co-morbidities which cause them to delay addressing a cancer diagnosis. And, recent studies have identified obesity as a factor in breast cancer.

Data shows that, generally, Black women are diagnosed at later stages than White women. Yet, the rate of screening for black and white women is nearly even today. There is recent research that shows that factors

other than screening rates may be contributing to the continued disparity. A study of the quality of mammogram images in Chicago, IL found that racial/ethnic identity and lower income were associated with lower quality of technician analysis which was subsequently associated with later stage at diagnosis; and, that university affiliated screening facilities provided more skilled technician image quality. The conclusion is that gains could be made in increasing image quality through better technician quality leading to earlier diagnosis. The department's breast health program completed its latest mammography technician training in Spring 2014 as a continuing quality improvement project.

San Francisco's breast cancer navigator program, by providing support to overcome these barriers, may be the primary answer to the question of how we have been able to keep the gap from growing.

WHAT WORKS

- Patient navigation and peer educators
- Systematic approaches for tracking screening results and assurance that follow-up and treatments are provided within predetermined intervals
- Centralized data system used to monitor and assure the quality of screening and timely diagnosis and treatment

PARTNERS

- San Francisco Health Network, Primary Care, SFGH Breast Clinic, Breast and Cervical Cancer Services, Behavioral Health Services
- San Francisco Women's Cancer Network
- Community Based Organizations who provide services to Black/African Americans
- Support groups/survivors, Community advocates, Churches and Religious Organizations
- Colleges and Universities
- Pharmaceutical companies - clinical trials

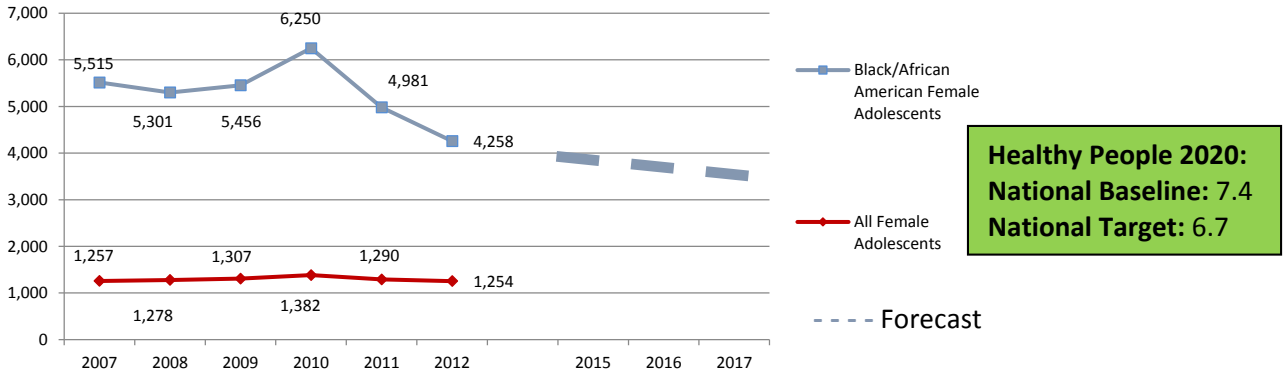
STRATEGIES

- Improve support systems for Black/African American women diagnosed with breast cancer
- Expand patient navigation programs in other settings including SFGH Women's Cancer Center
- Lessen time between screening that shows questionable results and diagnosis/treatment of Black/African American women

Headline Indicator: Rates of Chlamydia among young Black/African American women

BASELINE CURVE

San Francisco Chlamydia Rates (per 100,000) Among Adolescent Females (<26), 2007-2012



Healthy People 2020:
National Baseline: 7.4
National Target: 6.7

Data source: STD Surveillance Data, San Francisco Department of Public Health

THE STORY BEHIND THE BASELINE

While the rates of chlamydia among Black/African American young women decreased between 2010-2012, rates of these infections are still disproportionately high compared to other young women in San Francisco. We are not certain of all the factors that led to the decrease, but there are several that may be contributing including high levels of screening and treatment in youth clinics and youth detention, providing treatment to the partners of patients diagnosed with chlamydia (expedited partner therapy), and sexual health education efforts through the SFDPH - Youth United Through Health Education (YUTHE) team and others. Based on our current knowledge, we forecast that chlamydia rates in young African American women in San Francisco will continue to decline in the coming years, but rates will still exceed those of their peers.

Chlamydia is the most commonly reported STD in the United States. It can cause serious, permanent damage to a woman's reproductive system, making it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

Factors that might negatively affect the trend may be stigma about sexual health and STDs, economic and safety concerns that overshadow health, and the fact that the number of African American youth in San Francisco continues to decrease, with possible loss of community identity and cohesion. Furthermore, over 50% of chlamydia infections are asymptomatic, especially among females, and are diagnosed and treated solely through screening[1]. Chlamydia screening of all sexually active women 25 years and younger is a level "A" recommendation of the United States Preventive Services Task Force (USPSTF)[2] and covered without cost to patients under the Affordable Care Act, but screening levels at SFDPH clinics, including those that serve a large population of African American patients, are varied, and have room for improvement (SFDPH unpublished data).

WHAT WORKS

- Annual screening for all young women under age 26
- Condom distribution and Health Education
- Access to high quality sexual health services

PARTNERS

- San Francisco Health Network, Primary Care, and Programs for Youth
- Community Based Organizations and youth serving agencies
- San Francisco Unified School District and SF Juvenile and Adult Detention
- Community, especially youth (to participate and identify strategies)

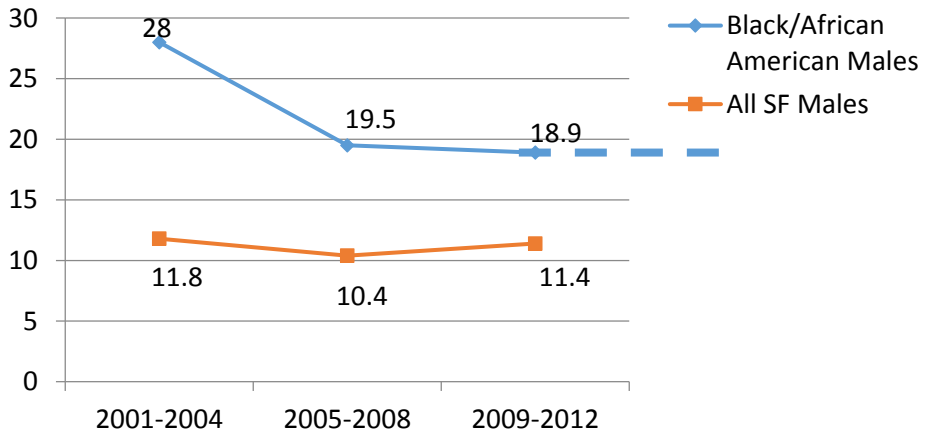
STRATEGIES

- Increase routine chlamydia/gonorrhea screening for Black/African American adolescent females
- Develop priority agenda through SFDPH African American Health Initiative Working Group
- Promote healthy sexual relationships among Black/African American young women

Headline Indicator: Mortality rates among Black/African American men due to alcohol

BASELINE CURVE

Black/African American and San Francisco Male Cirrhosis Death Rates, 2001-2012



Healthy People 2020:

National Baseline: 9.1

National Target: 8.2 (10% improvement)

Data source: California Department of Public Health annual county death files

STORY BEHIND THE BASELINE

While there was a significant decline from 2001-2005 in the rates of death due to Cirrhosis in San Francisco (SF) amongst Black/African American male, the rate has been stable since 2005. Black males also continue to be disproportionately affected by the disease as compared to all males. This signifies that we will need to review our current strategies or the trend in rate of death will continue to stay the same. In a study published in 2008, alcohol disorders were the fourth leading cause of premature death among Black/African American males in SF.

Drinking alcohol has effects that can increase the risk of many harmful health conditions in addition to Cirrhosis. According to the CDC, excessive alcohol use, including underage drinking and binge drinking, can lead to increased risk of health problems. Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These immediate effects are most often the result of binge drinking and include unintentional injuries, violence, risky sexual behavior, and alcohol poisoning. Over time, excessive alcohol use can lead to the development of cardiovascular problems neurological impairments, psychiatric problems, and social problems.

Cirrhosis is a slowly progressing disease in which healthy liver tissue is replaced with scar tissue, eventually preventing the liver from functioning properly. The scar tissue blocks the flow of blood through the liver and slows the processing of nutrients, hormones, drugs, and naturally produced toxins. It also slows the production of proteins and other substances made by the liver. Hepatitis C, fatty liver, and alcohol abuse are the most common causes of cirrhosis of the liver in the United States.

Research findings on drinking patterns and problems among African Americans can be summarized as follows: (1) African Americans report higher abstention rates than do whites; (2) African Americans and whites report similar levels of frequent heavy drinking; (3) rates of heavy drinking have not declined at the same rate among

African American men and women as among white men; and (4) variables such as age, social class, church attendance, drinking norms, and avoidance coping may be important in understanding differences in drinking and drinking problem rates among African Americans and whites.

Researchers have also found that, compared to whites, African Americans report later initiation of drinking, lower rates of use, and lower levels of use across almost all age groups. Nevertheless, African Americans also have higher levels of alcohol problems than whites. After reviewing current data regarding these trends, the researchers provide a theory to understand this apparent paradox as well as to understand variability in risk among African Americans. Certain factors appear to operate as both protective factors against heavy use and risk factors for negative consequences from use. For example, African American culture is characterized by norms against heavy alcohol use or intoxication, which protects against heavy use but also provides within-group social disapproval when use does occur. African Americans are more likely to encounter legal problems from drinking than whites, even at the same levels of consumption, perhaps thus resulting in reduced consumption but more problems from consumption. There appears to be one particular group of African Americans, low-income African American men, who are at the highest risk for alcoholism and related problems. Researchers theorize that this effect is due to the complex interaction of residential discrimination, racism, age of drinking, and lack of available standard life reinforcers (e.g., stable employment and financial stability). Further empirical research will be needed to test their theories and otherwise move this important field forward.

WHAT WORKS

- Preventing Excessive Alcohol Consumption: Electronic Screening and Brief Interventions (e-SBI)
- Increasing alcohol beverage taxes is recommended to reduce excessive alcohol consumption and related harms
- Recommendations on maintaining limits on days and hours of sale of alcoholic beverages to prevent excessive alcohol consumption and related harms
- Recommendations for reducing excessive alcohol consumption and alcohol-related harms by limiting alcohol outlet density

PARTNERS

- San Francisco Health Network, Primary Care, Behavioral Health Services, Jail Health Services and Programs for Youth
- Law enforcement and criminal justice system
- Community Based Organizations who provide services to Black/African Americans
- Colleges and Universities
- Churches and Religious Organizations
- Community (to participate and identify strategies)

STRATEGIES

- Implement and improve SF performance standards for all off-sale alcoholic beverage premises
- Work with the SF Health Network to develop evidence based practice and harm reduction approaches within for African-American males who use alcohol