

San Francisco Department of Public Health
Population Health Division

San Francisco Community Health Assessment 2024



**San Francisco
Department of Public Health**



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Message from the Health Officer

The San Francisco Department of Public Health (SFPDH) is pleased to present the 2024 Community Health Assessment (CHA) for San Francisco. In the following pages, you will find an informative look at the health of San Franciscans.

The San Francisco CHA was achieved through a combination of quantitative data analyses and the inclusion of qualitative information from focus groups. The voices and insights from these focus groups connect health outcomes to the social and economic conditions that shape people's lives. The CHA, last produced in 2019, is an important point-in-time tool for informing the community about San Francisco's health, identifying key priorities going forward for the City and County, and for gaining a better understanding of health inequities.

The 2024 CHA highlights health impacts that have challenged the health and the well-being of San Franciscans. This report covers a broad range of measures – from life expectancy, to differences in health status by neighborhoods and racial and ethnic groups, to persistent challenges and renewed threats, such as deaths in our community from opioid overdoses.

This assessment of our community's health is also a key part of SFPDH maintaining its national Public Health Accreditation, first earned in 2017. Accreditation means that the department is meeting national standards for ensuring essential public health services and improving and protecting the health of the community. With the 2024 CHA, we demonstrate our commitment to, and ongoing collaboration with a wide and expanded group of community organizations and community members.

This report will be the cornerstone of the upcoming SFPDH Community Health Improvement Plan. The 2024 CHA shows what our community has faced, and achieved, together in the last few years. It is by working together that we continue to prioritize and protect the health and well-being of all San Franciscans.

In community,



Susan Philip MD MPH

Health Officer,
City and County of San Francisco

Director,
Population Health Division

San Francisco Department
of Public Health



**San Francisco
Department of Public Health**

Executive Summary

The 2024 San Francisco Community Health Assessment (CHA) offers a broad view of the city's health landscape, highlighting both the triumphs and challenges that have emerged since the last assessment in 2019. Since 2019, the city has witnessed remarkable community strength and collaboration as residents came together to support one another and advocate for their health. This collaborative report aims to illuminate the needs and resources within San Francisco's communities, providing essential data to inform public health strategies moving forward.

This assessment not only provides critical data on mortality and morbidity but also weaves together the narratives of San Franciscans collected by focus groups and connects their health outcomes to the social and economic conditions that shape their lives. Through this lens, we aim to foster a healthier, more equitable San Francisco, ensuring that the resilience demonstrated in times of crisis translates into lasting improvements for all.

RESILIENCE AMIDST CRISIS

Since 2019, San Francisco has faced significant public health crises, notably the COVID-19 pandemic, Mpox, and a rise in opioid use related deaths. While these challenges strained city systems and exacerbated existing disparities, they also showcased the remarkable resilience of San Francisco's communities. Residents mobilized to provide essential resources — food, masks, and both emotional and structural support — demonstrating the power of collective action. As a result, San Francisco achieved one of the lowest COVID-19 death rates in the nation and some of the highest sustained vaccination rates nationally - a testament to the community's commitment to health and safety.



PERSISTENT CHALLENGES

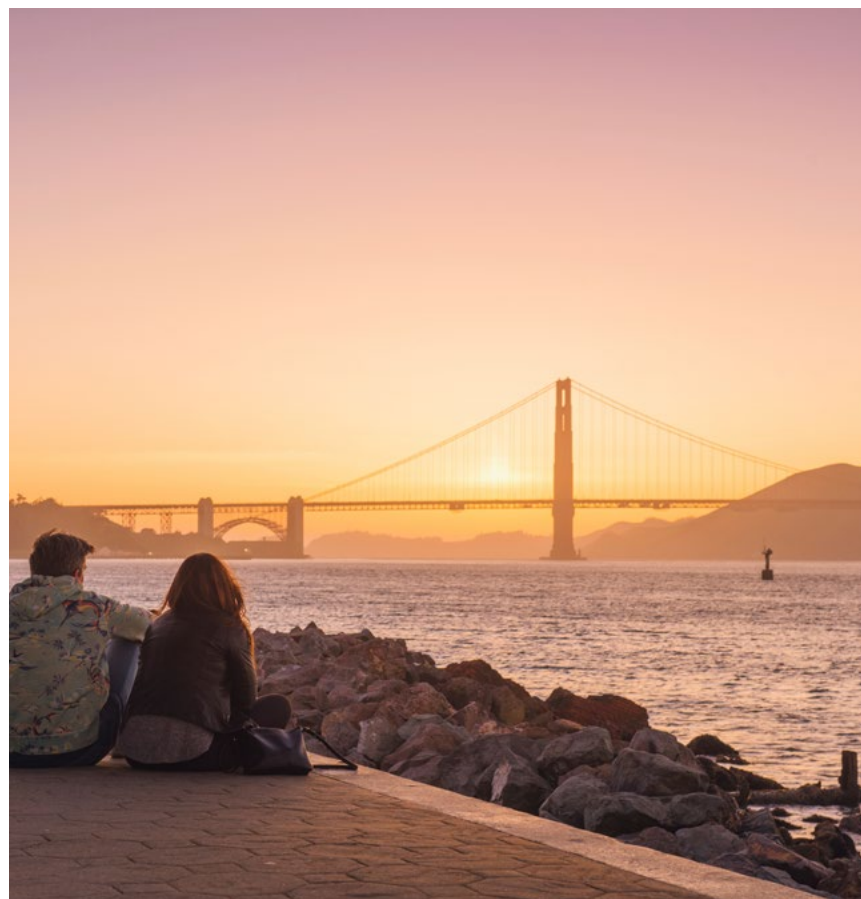
The COVID-19 pandemic exacerbated deep-rooted disparities that continue to affect the health of San Franciscans. Similar to other California jurisdictions, San Francisco's ongoing health challenges include morbidity and mortality due to overdoses and chronic diseases, such as diabetes and hypertension. In addition, social determinants of health (e.g., non-medical factors that significantly impact a person's health), such as income inequality and access to healthcare, were further stressed by the system-wide impacts from COVID-19.

SOCIAL DETERMINANTS OF HEALTH

Some of the major factors underlying the health of San Franciscans and which remain critical factors in the community's well-being include Social Determinants of Health (SDOH), which are the conditions in which we are born, live, and work. Many residents report ongoing challenges related to poverty, food insecurity, and access to care and services. Focus group discussions revealed that barriers to affordable housing, culturally responsive services, and nutritious food persist, underscoring the need for comprehensive solutions that engage wide-ranging governmental, business, and community partners and that address these foundational issues.

LOOKING AHEAD

As we look to the future, the findings of the 2024 CHA will guide us in addressing both current health concerns and emerging threats, such as new infectious diseases and climate change. However, within these challenges lies a wealth of hope and potential. Community members have shared valuable insights and innovative ideas to enhance health at various levels, emphasizing the importance of building relationships and strengthening community ties.



Introduction

The 2024 San Francisco Community Health Assessment (CHA) provides an analysis of several key health status indicators and conditions affecting the residents of San Francisco. It includes detailed statistics on disease prevalence and mortality, as well as insights into the social determinants of health that shape the community's overall well-being.

The CHA is one of the requirements for Public Health Accreditation.¹ The CHA also informs large-scale city planning processes, such as San Francisco's Health Care Services Master Plan and other strategic plans. Thus, the purpose of this report is to share a greater understanding of the state of the health landscape here in San Francisco, and to help direct the city's collective efforts toward first understanding and then effectively addressing the root causes of health disparities across the city.

This report serves as a vital resource for understanding and addressing the health challenges faced by San Francisco residents. The insights gleaned from the assessment will play a crucial role in shaping the Community Health Improvement Plan (CHIP). By leveraging the findings of the CHA, stakeholders can prioritize efforts to ultimately foster a healthier and more equitable community for all San Franciscans.



Methods

The 2024 San Francisco CHA employed a mixed methods approach, integrating available quantitative and qualitative data, which are intended to provide a balanced view of community health. The outcome is a framework that examines health as a dynamic process influenced by a range of factors across an individual's life. This model emphasizes that health outcomes result from the complex interplay of social, economic, environmental, and cultural factors experienced throughout a person's life stages.

Quantitative Data

Quantitative data for this assessment were derived from multiple sources, including primary data collected directly by SFDPH and secondary data, which were obtained from local, state and federal data sources, as well as various recent health status reports from SFDPH and partner health agencies. The secondary data sources included the U.S. Census Bureau's American Community Survey, the California Department of Health Care Access and Information (HCAI) database, the California Health Interview Survey (CHIS), and the San Francisco Health Improvement Partnership (SFHIP).^{2,3,4} Key health indicators were drawn from the 2019 Community Health Needs Assessment (CHNA), and this report focused on examining these indicators stratified by race and ethnicity wherever possible to ensure a nuanced understanding of health disparities. Unless otherwise noted, the data used throughout this CHA report were from 2017 through 2021 or 2022, depending on the data available before February 2024. For some indicators, such as overdose deaths, data points up to 2024 were included.

Community Engagement

To ensure a comprehensive understanding of the health dynamics within San Francisco, qualitative data were gathered from March to November 2024. Twenty focus groups and 18 key informant interviews were led by:

- Population Health Division (PHD)
- Office of Health Equity (OHE)
- Zuckerberg San Francisco General Hospital (ZSFG)
- Maternal Child and Adolescent Health (MCAH)
- San Francisco Health Improvement Partnership (SFHIP)

Over 450 community members participated. These focus groups, interviews, and surveys engaged residents in dialogues about their health assets, concerns, barriers to becoming healthy, and ideas for improving health. By creating a platform for individuals to share their lived experiences, we identified strengths and needs in the community.



The focus groups, surveys, and key informant interviews intentionally included diverse populations, reflecting the varied demographics of San Francisco. Key demographic areas included:

- **Racial/Ethnic Groups:**

- Black/African American
- Latinx
- Asian (including Filipino, Chinese)
- Pacific Islander (including Samoan)
- Native American
- Indigena Latin
- White

- **Age Groups:**

- Pregnant people and women of reproductive age
- Representatives of infants and children
- Transitional age youth (including young adults)
- Seniors

- **Neighborhoods:**

- South of Market
- Tenderloin
- Bayview/Hunters Point
- Outer Mission
- Civic Center

- **Languages:**

- English
- Spanish
- Cantonese

- **Transgender persons**

- **Individuals with disabilities or other special needs**

The transcripts from these discussions were reviewed for themes. The qualitative data enriched the quantitative findings, providing a nuanced understanding of the impacts of SDOH and lived experiences. Selected

quotes have been interwoven throughout this report to emphasize the personal narratives that inform understanding of community health. These voices highlight not only the challenges faced by community members but also their resiliency and strength.

All quotations were transcribed directly from focus group conversational interviews and surveys and as such, have not been amended or corrected in any way.

Other Reports

In addition to data and community input, previously published, publicly available reports within the last five years were also reviewed. Highlights and salient quotes relevant to community health were integrated into the CHA.



A Note on Race/Ethnicity Language

The terms used for race/ethnicity categories may vary throughout this report depending on the data source. In general, we have used the terms Black/African American, Latinx, Native American, Asian/Pacific Islander, White, and Multi-Race. In some cases, some sources refer to Asian/Pacific Islander as simply “Asian.” Efforts were made to align the language as consistently as possible across the report.

The Collaborative Process

This report was created through a collaborative effort involving a diverse group of contributors, including SFPDH, community members, Managed Care Plans, Community-Based Organizations (CBOs), and SFHIP. SFPDH leadership oversaw the community engagement process, ensuring that public health priorities were addressed with a focus on equity. Multiple organizations contributed by collecting data and strengthening relationships within the community, particularly with senior centers, to improve engagement. Managed Care Plans played a key role by providing data, participating in focus groups, sharing leadership responsibilities, and attending the CHA collaborative meetings held twice a month.

For a list of internal and external partners, please refer to the “Acknowledgements” on page 65 section of this report.





San Francisco Snapshot

Overview of San Francisco

San Francisco is the only consolidated city and county jurisdiction in California and is the cultural and commercial center of the Bay Area. At roughly 47 square miles, it is the smallest county in the state by land size but the most

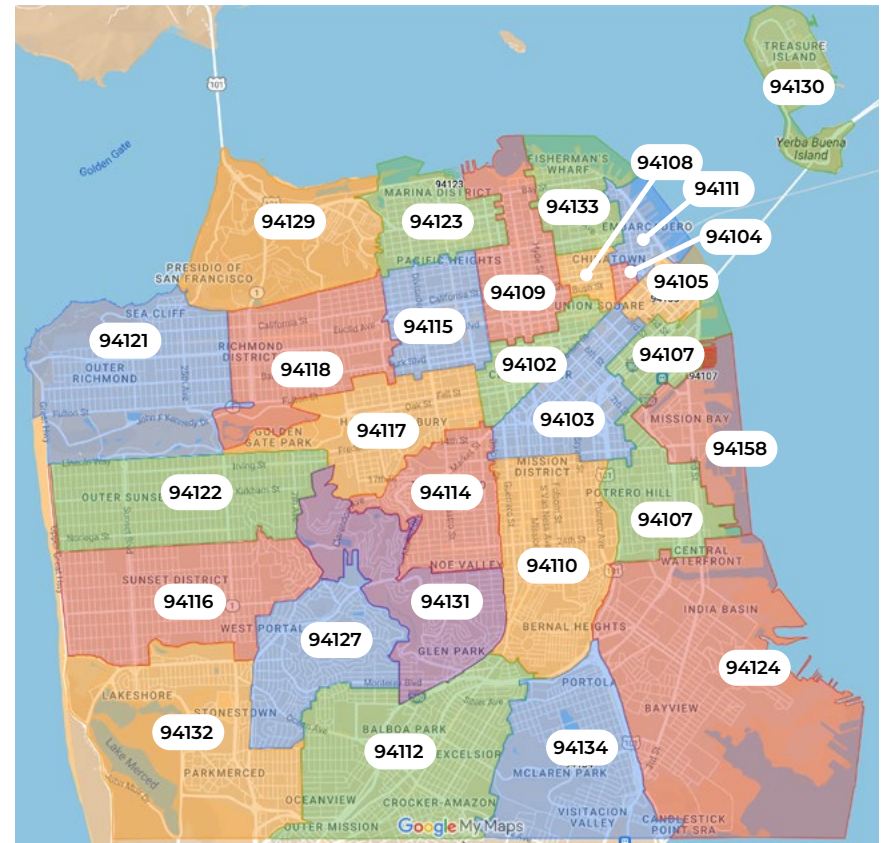
densely populated city in California (18,633 residents per square mile) and the second most densely populated city in the United States (U.S.), after New York City.⁵

San Francisco Neighborhoods



Source: Analysis Neighborhoods | DataSF | City and County of San Francisco (sfgov.org)

San Francisco Zip Codes



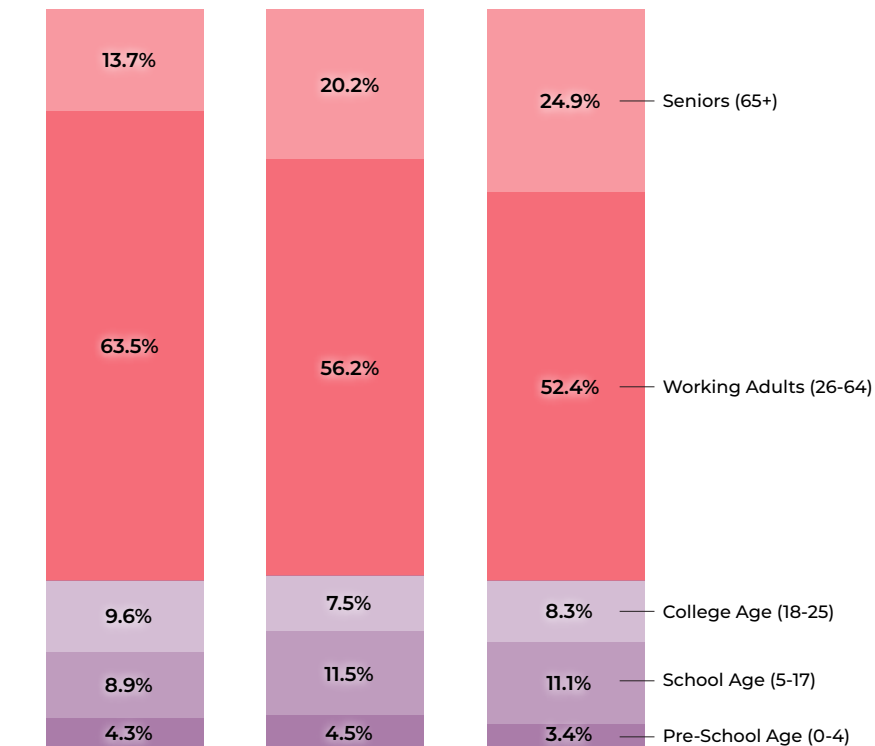


Demographic Shifts

POPULATION GROWTH

Between 2014 and 2021, the population in San Francisco decreased by 4.3% to 815,201 in contrast to the California population, which grew by 1.1%.^{6,7} By 2030, San Francisco's population is expected to increase to a total of 837,021.⁸

Population By Age Group As a Percentage of Total Population, San Francisco, 2010-2030



Data Source: State of California Department of Finance An Aging Population

The proportion of San Francisco's population that is 65 years and older is expected to increase from 20% in 2021 to 25% in 2030; persons 75 and over will make up approximately 13% of the population in 2030.⁶ Simultaneously, it is estimated that the proportion of working age residents (25 to 64 years old) will decrease from 56% in 2021 to 52% in 2030. This shift could have implications for the provision of social services.

"Concerns is for the elders in the community to be safer."

— Native Hawaiian or Pacific Islander SF Voices



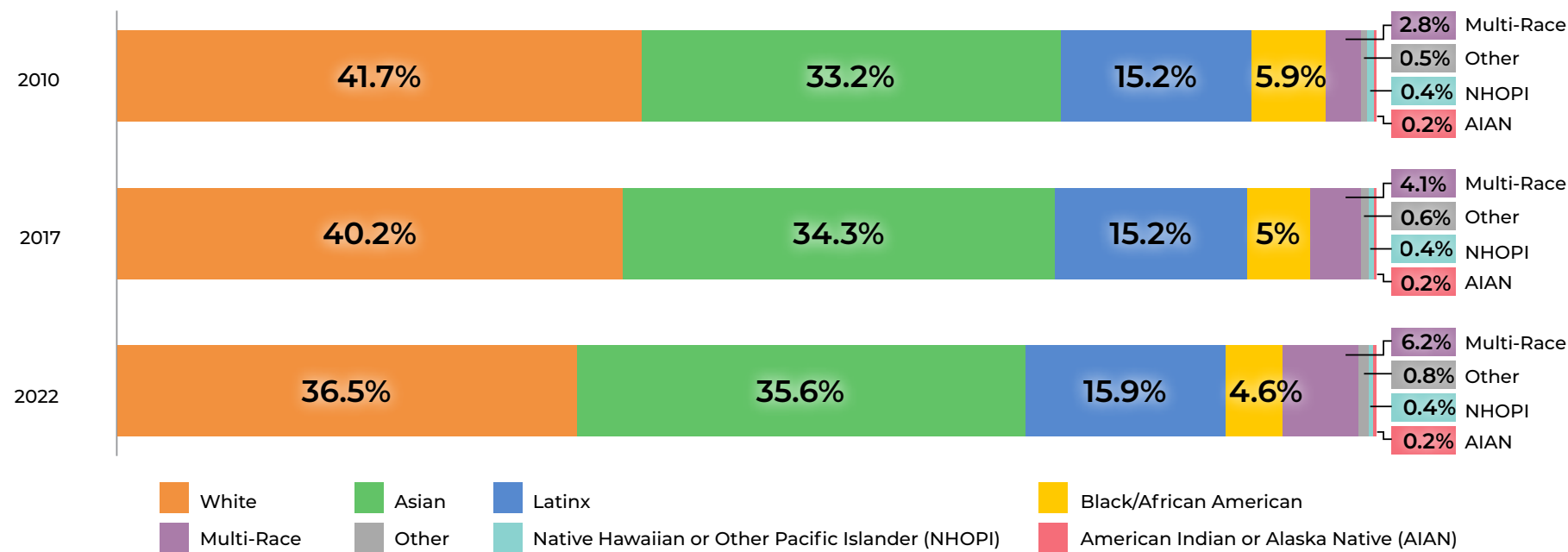
ETHNIC SHIFTS

San Francisco is a diverse city. Population growth has changed among different races and ethnicities from 2010 to 2022. The proportion of the population who identify as Asian has increased slightly. Conversely, the proportion of residents who identify as White has decreased. The proportion of Black/African American residents has also decreased slightly, while the proportion of residents who identify as multi-ethnic has grown. The proportion of Latinx residents has largely remained stable.⁹

LANGUAGES

In 2021, 34% of San Francisco’s population was born outside of the U.S. and 44% of residents 5 years and older spoke a language other than English at home; among these residents, 45% spoke English less than “very well.”
¹⁰ The majority of the non-U.S. born population originates from Asia (65%), while 18% were born in Latin America.¹¹ Chinese (Mandarin, Cantonese, and other) (17.5%) and Spanish (11.5%) are the most common non-English languages spoken in the City.¹²

Ethnic Composition by Percentage of Population, San Francisco, 2010, 2017, 2022



Data Source: U.S. Census Bureau, American Community Survey, Table DP05



Economics and Poverty

According to County Health Rankings & Roadmaps, individuals with lower incomes are at a greater risk of a wide range of health conditions compared to those with higher incomes.¹³ A study of national data found that income inequality in the U.S. was related to higher rates of obesity and diabetes and is linked to less exercise, to heart disease, and to depression.¹⁴ Adults in the highest income brackets (>400% of the federal poverty level (FPL)) in the U.S. are healthier than those in the middle class and will live, on average, more than six years longer than those with the lowest incomes.¹⁵

“Those who are way more poor... don’t have good mental health support. When people are in debt or financially constrained, they don’t get the help they need.”

— Black / African American Focus Group

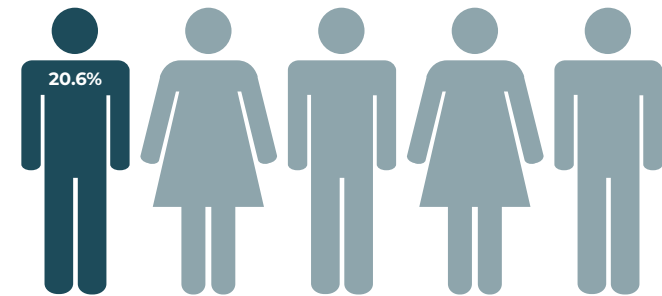


“A lot of my problems stem from not having enough money.”

— Women of Reproductive Age Focus Group

HOUSEHOLD INCOME

Percent of San Franciscans That Live Below 200% of the Federal Poverty Level



Darker shaded figure represents those living below 200% of the federal poverty level (FPL)

In 2022, 28.4% of all United States residents and 27.6% of Californians lived below 200% of the FPL compared to approximately 1 in 5 (20.6%) San Franciscans.¹⁶ This is a decrease from 22%, which was reported in the 2019 CHNA for San Francisco. For a family of four, 200% of the FPL is \$60,000.¹⁷

Based on self-sufficiency studies, a family of four in San Francisco requires an annual income of greater than \$142,000 to meet all their needs.¹⁸ This is an increase of \$22,000 from the self-sufficiency standard reported in 2019 where an annual income of \$120,000 was required to meet self-sufficiency standards.

“The cost of rent in the Bay Area is astronomical and really prohibitive for families. And so many people who are working even lack the ability to pay rent”

— Latinx Focus Group

INCOME INEQUALITY

There is significant inequality in household income between race/ethnicity groups in San Francisco.¹⁹ The median income for Black/African American residents is almost three times lower than the median household income for all residents of San Francisco; whereas in California as a whole, the median income for Black/African American Californians is 1.4 times lower than the median household income for all Californian residents.²⁰ Furthermore, in San Francisco, all race/ethnicities besides White make less than the median household income.²¹

“I’d say first time moving out of parents’ house is not easy, especially juggling full-time school then work and facing expensive rent prices and not knowing who to go to for the help.”

— Young Adult Focus Group

In 2023, California’s Department of Finance estimated the average household size in San Francisco was 2.11 persons. Data from the 2023 Biennial Food Security & Equity Report (BFSEER) revealed that zip codes with more residents of color have average household sizes that are greater than 2.11, up to 3.56.²² This further highlights the gap in income inequality, where lower incomes may support larger families.

“I have two part—time jobs, but I still can’t save up like I want to.”

— Young Adult Focus Group

Median Household Income

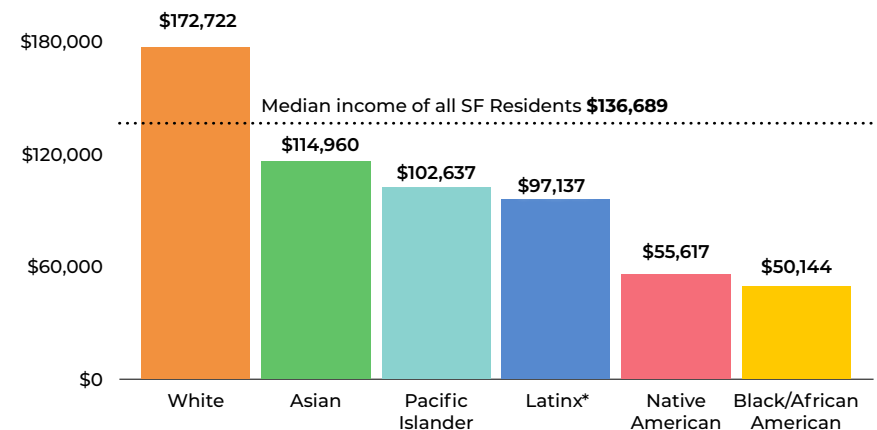
Median Household Income of all SF Residents

Median Household Income for Black/African Americans in SF is approximately

3x lower



Median Household Income, by Race/Ethnicity, San Francisco, 2022



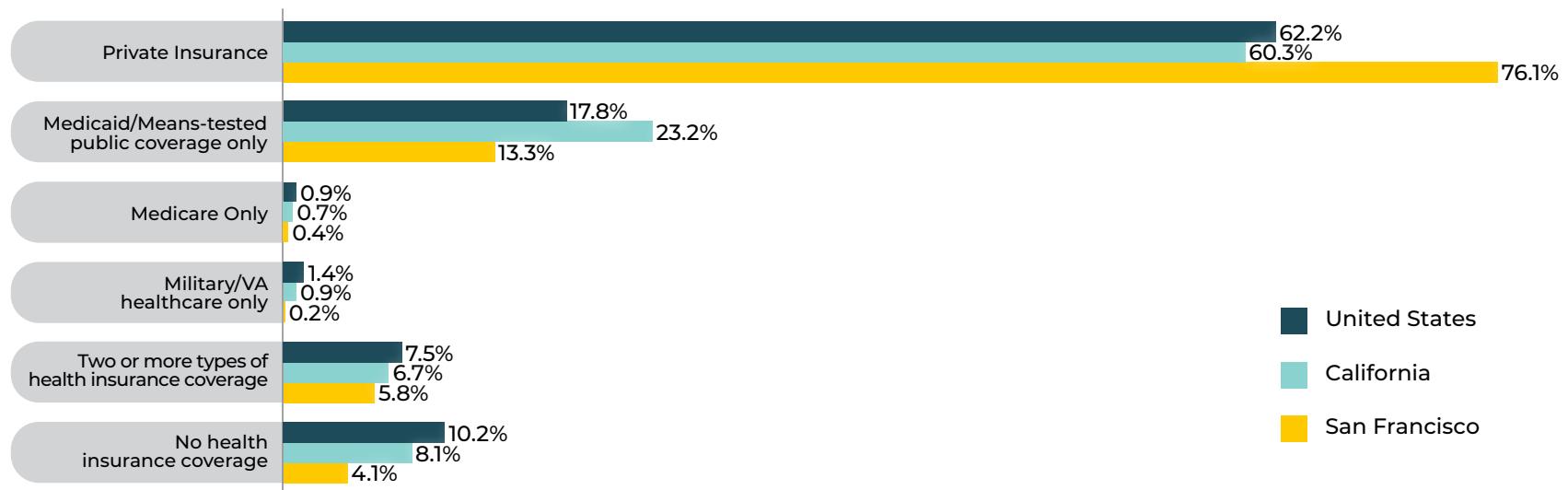
Data Source: U.S. Census Bureau. American Community Survey.
Notes: Source data uses “American Indian or Alaska Native” for “Native American”; “Native Hawaiian or Other Pacific Islander” for “Pacific Islander”, and “White, not Hispanic or Latino” for “White”. The categories listed here conform to the Office of Health Equity category names.
*Latinx includes individuals who identify as any race.

HEALTH INSURANCE COVERAGE

Health insurance coverage is linked to overall well-being, lower mortality rates, improved health outcomes, and increased productivity.²³ According to data from the American Community Survey, public health insurance coverage, including Medicare and Medicaid, increased in 13 states (including California) between 2021-2022.²⁴ Starting January 1st, 2024, more Californians became eligible to enroll in the full-scope Medi-Cal program, further increasing the proportion of health insurance coverage.²⁵ From 2019 to 2022, overall health insurance coverage was consistently above 96% in San Francisco; this is higher than the overall percentage of Californians with insurance coverage in 2022, which was 93.5%.²⁶ Given the importance of health insurance coverage, the percentage of people without health insurance can be used as an indicator for access to care. Compared to the state and national average, San Francisco has a lower percentage of people under 65 years of age who do not have health insurance.



Percent of People Younger Than 65 Years of Age with Health Insurance by Type of Insurance



Data Source: American Community Survey, U.S. Census Bureau (2022) 5-year estimate.²⁷ Data only represents people 64 years old or younger who are civilians and are not institutionalized.



Families and Children

San Francisco has a relatively small proportion of households with children (19%) compared with California overall (33%).²⁸ As of 2022, 3.8 million households in California had a child under 18 years old. San Francisco was home to 57,165 families with children.²⁹ There were approximately 142,961 children under the age of 18.³⁰

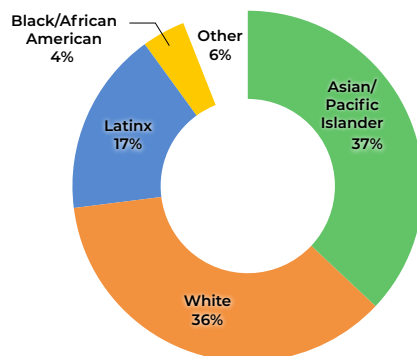
“Young people have problems with money and have to support their families, work for them”

— Adolescent Focus Group

WOMEN OF REPRODUCTIVE AGE

The term “Women of reproductive age” is used at local, state, and national levels, and applies specifically to women between 15-49 years old.³¹ In 2022, there were close to 200,000 women of reproductive age in San Francisco who were racially diverse, with the largest groups being Asian/Pacific Islander (37%), White (36%), Latinx (17%), and Black/African American (4%).³² Women of reproductive age may encounter significant and persistent health challenges such as mental health, substance use, and nutrition sensitive conditions. These challenges can be particularly pronounced for Black/African American women.³³ For women of reproductive age, access to healthcare can present a major challenge due to high costs, lack of insurance, and long wait times.³⁴

Women of Reproductive Age



PREGNANT PEOPLE

Access to care is a major issue, as pregnant people in San Francisco with inadequate coverage were 21 times more likely to not receive any first-trimester care.³⁵ From 2013 to 2022, there was a decline in both infections during pregnancy and in teenage pregnancy.³⁶ In 2013, 1,900 pregnant people (22%) reported infections, but by 2022, this number had decreased to 1,226 cases (17%).³⁷ This decline highlights a positive trend in maternal health and suggests that efforts to improve care for pregnant individuals are making a meaningful impact. Infants of teenage births are known to have increased risk of poor infant outcomes. Similar to national trends, birth records indicate a decline in teen births, with only 45 teenagers (0.6%) giving birth in 2022, down from 83 (1%) in 2013, a difference of almost half as many births.^{38,39}

“I had gestational diabetes, my baby is 2 months, and I do not have any medical appointment scheduled to monitor my health.”

— Women of Reproductive Age Focus Group

Pregnant people within marginalized communities, especially Black/African American and Pacific Islander individuals, may disproportionately face major challenges including limited access to quality care, housing insecurity, mental health issues, and economic hardship.⁴⁰ Gestational diabetes and hypertension were common health concerns for pregnant people.⁴¹

“Not having good childcare makes it hard for me to leave my child alone at times and not being able to work. I have to call off work to stay home and care for my kid.”

— Children and Youth with Special Health Care Needs (CYSHCN) Focus Group



INFANTS

The infant population (age 0-12 months) in San Francisco has declined in recent years due to a drop in birth rates. From 2013 to 2022, the number of births decreased, even though the number of women of reproductive age increased.⁴²

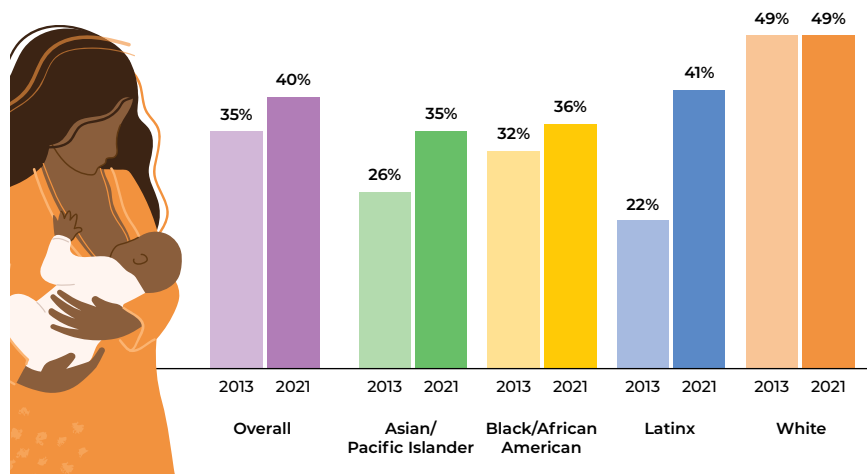
In California, preterm births represented 9% of all live births in 2022.⁴³ Preterm birth is the leading cause of infant mortality in San Francisco, followed by congenital conditions, sleep-related deaths (SIDS/SUIDS), and infections. Between 2020 and 2022, preterm birth rates were highest among Black/African American infants at 14%, compared to 8% for all infants, which may contribute to their significantly higher neonatal intensive care unit (NICU) admission rates of 22%. Similarly, 9% of Latinx infants were born preterm. They also faced high NICU admission rates of 18% during the same period.⁴⁴

“I would love to see and what would make me happy is more education for young people built around infant toddler health.”

— Focus Group on Children

The percentage of people breastfeeding their infants increased from 35% to 40% between 2013 and 2021. Notable increases were seen among Asian/Pacific Islanders and Black/African Americans, with the most significant rise among Latinx individuals. Rates among the White population remained steady.⁴⁵

Percentage of People Breastfeeding, 2013 vs 2021



Source: Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, San Francisco County, 2013-2015 and 2019-2021. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division; 2024

“Not enough things for kids to do for low-income families.”

— Native Hawaiian or Pacific Islander SF Voices

CHILDREN

In 2020, there were 46,475 children ages 0-5 living in the city. More than a third (41%) of children ages 0-5 hear languages other than English at home. Almost one-third of children live in a household with only one parent or no parent present.⁴⁶

“Creating safe, nurturing and supportive environments is essential for children’s healthy development. This includes safe housing, neighborhoods, and childcare settings, as well as supportive family dynamics and positive relationships with caregivers. Emotional support, responsive caregiving, and opportunities for play and exploration contribute to children’s sense of security and resilience.”

— Focus Group on Children

ADOLESCENT AND YOUNG ADULTS

In 2020, adolescents (ages 10-19) and young adults (ages 20-24) made up 12.3% of San Francisco’s population.⁴⁷ Transitional Age Youth (TAY) is a category that encompasses older adolescents and young adults aged 16-26 years old.⁴⁸ San Francisco had more TAY in 2020 (9%) than in 2010 (7.8%). In contrast, the proportion of California’s population made up of TAY slightly decreased from 15% in 2010 to 13% in 2020.⁴⁹

Mental health, social media usage, familial economic hardship, and substance use significantly affect adolescents and young adults living in San Francisco, impacting their health and well-being. For example, high rates of suicidal thoughts, depression, and self-harm were prevalent among middle and high school students.⁵⁰



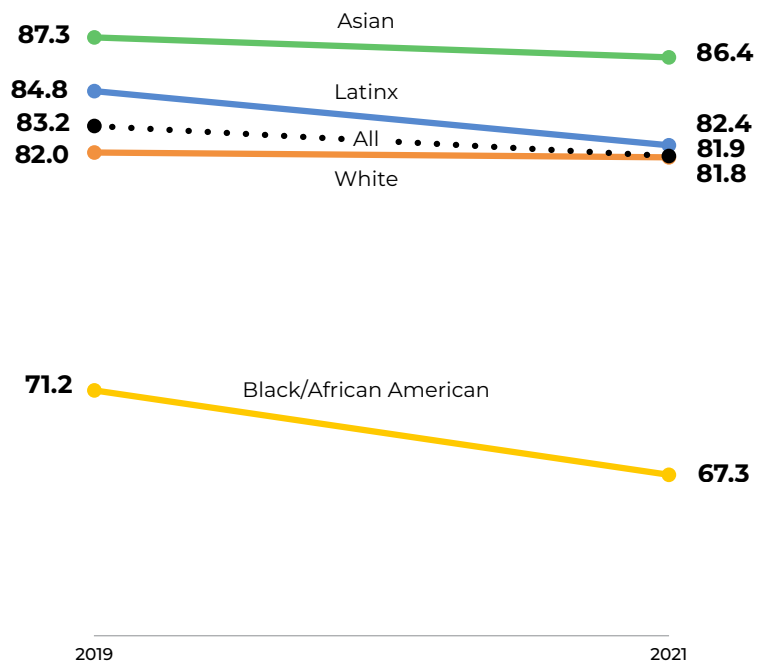


Mortality

Life expectancy among San Francisco residents decreased between 2019-2021, with the largest decrease reported among Black/African Americans and Latinx people. Overall, from 2018-2022, the age-adjusted all-cause mortality rate was 673.5 deaths per 100,000 residents of California, in comparison to 545.7 deaths per 100,000 San Franciscans.^{51, 52}

The mortality rates for the five leading causes of death in San Francisco during 2019-2021 were higher among Black/African American residents than other residents.

Life Expectancy (Years) by Race/Ethnicity, SF, 2019 vs. 2021



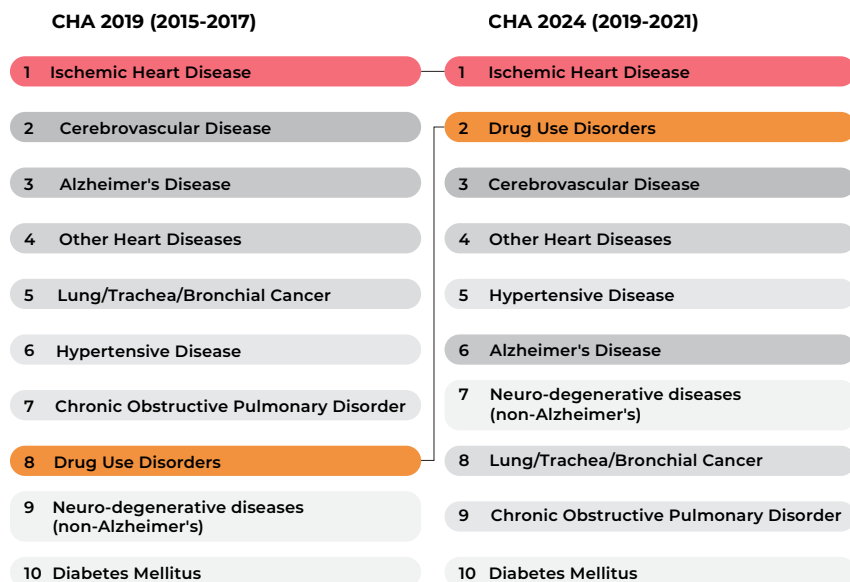
Data Source: Vital Records Business Intelligence System (VRBIS), Death Statistical Master File, 2019-2021

When examining the data by race/ethnicity, the highest mortality rate observed was deaths due to Drug Use Disorders among Black/African American residents (215 deaths per 100,000), which was more than four times the rate of deaths due to Drug Use Disorders for all other race/ethnic groups combined in San Francisco (52 deaths per 100,000). This is particularly striking since death due to substance use disorders rose to the second most common cause of death (2019-2021), when it previously ranked eighth (2015-2017).⁵³

The mortality rate due to ischemic heart diseases (the most common cause of death) was 56% higher among Black/African American residents compared to all residents (106 deaths compared to 68 deaths per 100,000 residents).



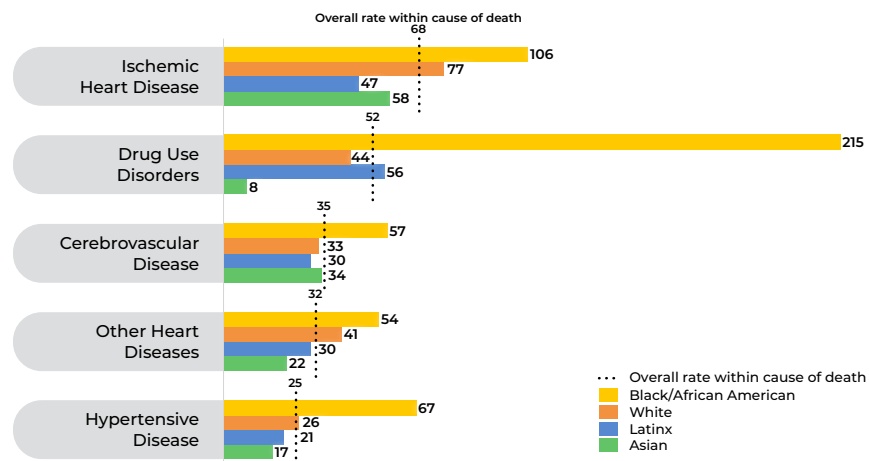
Leading Causes of Death for SF Residents*



* Based on average number of deaths.

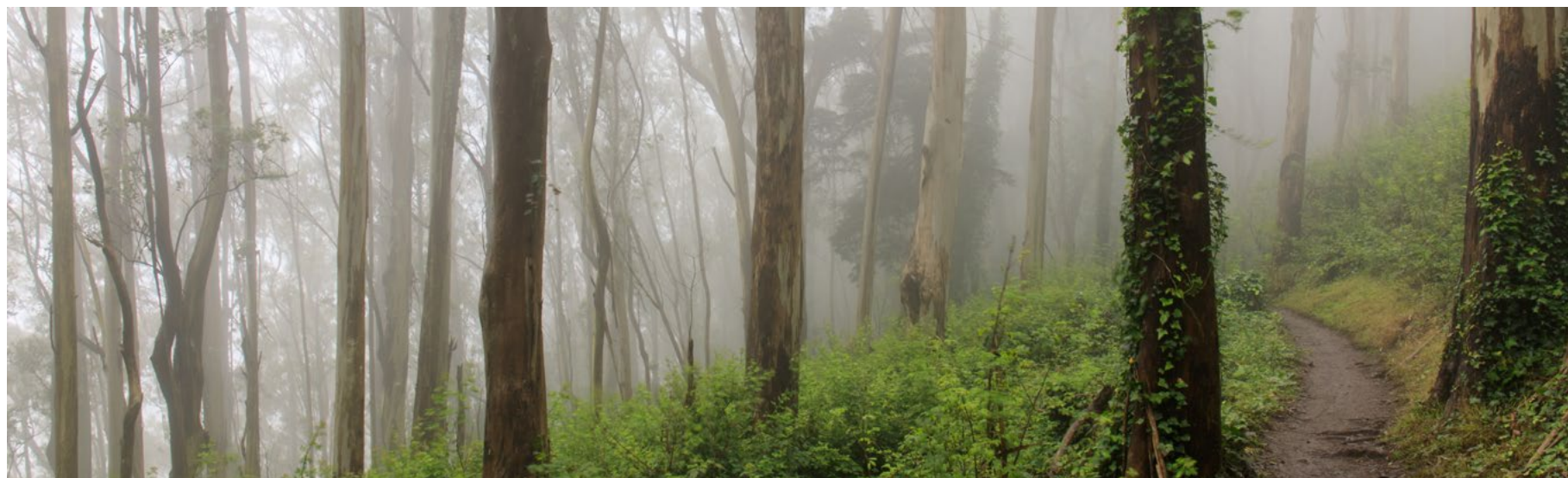
Data source: California Department of Public Health (CDPH), Vital Records Business Intelligence System (VRBIS), Death Statistical Master File, 2015-2021.

Five Leading Causes of Death: Age-Adjusted Rates per 100,000 Residents Stratified by Race/Ethnicity, San Francisco, 2019-2021



Data source: CDPH, VRBIS, Death Statistical Master file, 2019-2021

Note: rates for American Indian or Alaska Native and Native Hawaiian or Other Pacific Islanders are not reported due to small sample size.





Resilience Amidst Crisis

San Francisco is a robust community in the face of emerging public health challenges. This particularly applies to the city's responses to novel infectious diseases, such as COVID-19 and Mpox. Recent data show improved health outcomes for preventing infections and hospitalization for some conditions. Resilience starts with the community and the strengths therein.



Community Assets

From community focus groups and interviews, San Francisco community members described feeling enriched by a diverse array of assets and resources that promote health and well-being across various demographics. The community emphasized the importance of strong social connections, community support, and cultural and spiritual resources in promoting health and well-being. Activities like volunteering enhanced a sense of belonging and resilience, while cultural diversity fostered support and belonging. Cultural traditions played a key role in managing stress and maintaining community ties and provided a sense of purpose and connection to heritage. Family support and neighborly assistance were vital for resilience. Harmonious living among diverse groups enhanced social cohesion. Information was spread in the community through posters and other methods of advertising for events in public spaces. Neighborly support where people help each other and look out for one another were appreciated. Community advocacy mobilized

"I think there's a strong continuum of services in our community from birth, from very young children, all the way to our senior and older adults. And I think that's one of the really strongest things about our community, that there are really good collaborations among our different community agencies."

— Asian/Pacific Islander Focus Group

"Cultural diversity has really helped different people come together... Social connections have also been a help in my community."

— SFHIP Black/African American from Faith-Based Coalition





improvements to housing, safety, and access to resources. Community members felt that social linkage was linked to improved health and preventing substance use and chronic diseases.

Strong community support systems leveraged existing social structures to increase equitable care and improve access to education, services, and transportation. CBOs served as trusted resources, reinforcing the positive impact of social connections on well-being. The community also valued advocacy efforts that successfully improved housing, safety, and resources. Some examples of community support systems are Promotoras, community health workers, chronic disease education classes, clinics with centralized services, public health nurse support, and Women, Infant, and Children (WIC) services. Health education, such as nutrition classes, offered opportunities to learn about healthy eating habits. Phone-based appointments helped people overcome transportation and childcare barriers to healthcare access. Meal programs and other community-based services were important to seniors. The YMCA and other community centers offered opportunities for physical activity, socialization, and community engagement. Public healthcare programs, such as Healthy San Francisco, offered affordable healthcare coverage and increased access to services for the community.

“There’s a generational history in the Mission District of us standing up and demanding that the city address our needs, whether it be around housing, safety, access to food, access to social services. And I think that we do that really well in the Mission District and in other communities where we take that experience and take that expertise.”

— SFHIP Chicano/Latinx/Indigena Focus Group

“People doing outreach programs. Going out to feed the less fortunate. A lot of people reach out and help a lot.”

— ZSFGH Tenderloin/Civic Center

“I love that everyone watch out for one another. SCDC [Samoan Community Development Center] is a big deal in our community! They all have done so much for us and especially for our kids!!! They also keep kids out of trouble and even help families that needs help with food and all.”

— Native Hawaiian or Pacific Islander SF Voices





COVID-19

San Francisco's COVID-19 response was robust. As of August 9, 2024, a total of 1,342 COVID-19-related deaths have been reported since the first case of COVID-19 was reported in San Francisco in March 2020. While disparities existed and still do, overall, the excess all-cause mortality rate in 2020 in San Francisco was half of what was seen in 2019 in California as a whole (8% vs 16%, respectively) ([COVID-19 deaths SF](#)).⁵⁴ While COVID-19 has become endemic, it is important to note that COVID-related health impacts persist and vary based on many factors, including access to care and vaccine uptake.

COVID-19 VACCINATION

The COVID-19 pandemic stressed healthcare systems globally, especially in low-income and marginalized communities, where hospitals faced major operational challenges. In response, SFPDH and local health partners formed a collaborative effort to coordinate medical surge planning and resources, focusing on equitable care, vaccination, testing, and treatments. This partnership was an essential factor in the city's success with citywide COVID-19 vaccination access and helped to ensure vaccine resource distribution.

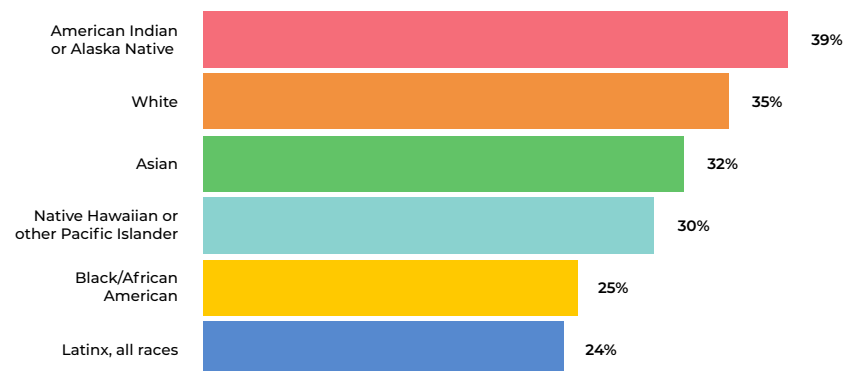
COVID-19 vaccines are one of the most important ways to reduce the risk of severe illness, hospitalization, and death. In alignment with the Centers for Disease Control and Prevention (CDC), SFPDH continues to recommend that all eligible residents stay up to date with COVID-19 vaccinations ([CDC – Staying up to date with COVID-19 vaccines](#)). The newest 2024-2025 COVID-19 vaccines have been available since August 22, 2024. As of August 9, 2024,

34% of all San Francisco residents were up to date on their COVID-19 vaccinations, compared with 15% of residents in California ([COVID-19 vaccinations SF](#), [COVID-19 vaccinations CA](#)).⁵⁵ San Francisco's vaccination campaign was executed in an equitable manner with pop up sites across the city.⁵⁶ However, disparities in vaccine coverage persist among different age groups and demographics in San Francisco. For example, 24% of Latinx residents were up to date on COVID-19 vaccination versus 39% among Native American residents; 18% of children under 5 years old versus 58% of adults 65 years and older; and 46% of Glen Park residents versus 16% of Treasure Island residents, respectively.

Among children aged 0–4, ER visits for flu and pneumonia dropped significantly from 9.8 per 1,000 in 2019 to 1.32 per 1,000 in 2021.⁵⁷ This sharp decline may be attributed to pandemic-related changes, such as improved hygiene practices and social distancing.

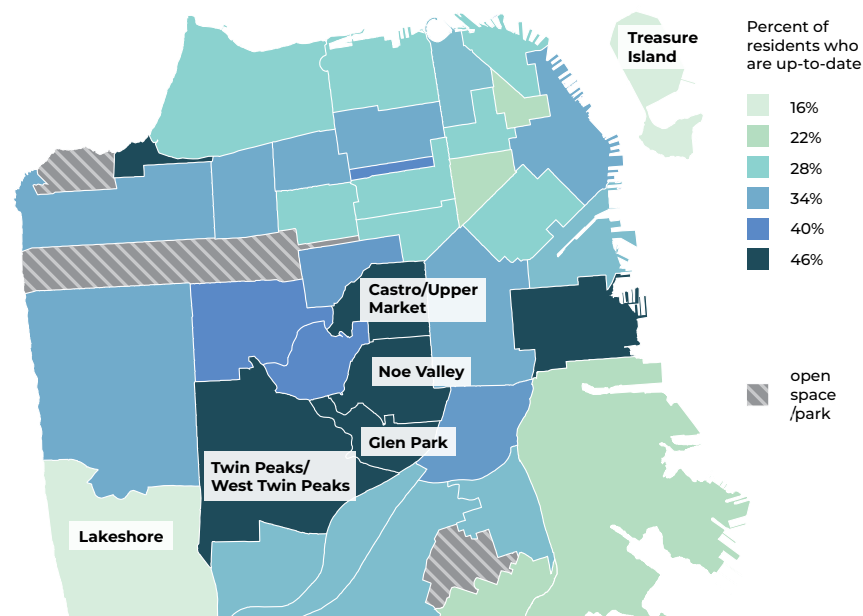


COVID-19 Vaccination Rates for SF Residents by Race/Ethnicity



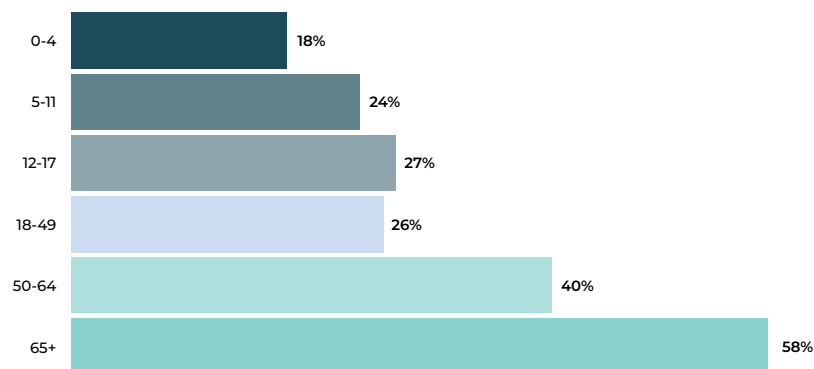
Data Source: [City and County of San Francisco, Open Data Portal](#)
 Note: Data through 08/04/2024, updated daily, lagged by 1 day.

COVID-19 Vaccination Rates by SF Neighborhood



Data Source: [City and County of San Francisco, Open Data Portal](#)
 Note: Data through 08/04/2024, updated daily, lagged by 1 day.

COVID-19 Vaccination Rates for SF Residents by Age



Data Source: [City and County of San Francisco, Open Data Portal](#)
 Note: Data through 08/04/2024, updated daily, lagged by 1 day.

“When COVID-19 first broke out, Asian Americans were not recognized as a priority population. And yet our clinics came together, we formed what we call the COVID-19 network, and we just coordinated resources among ourselves.”

— SFHIP Asian and Pacific Islander (API) Focus Group



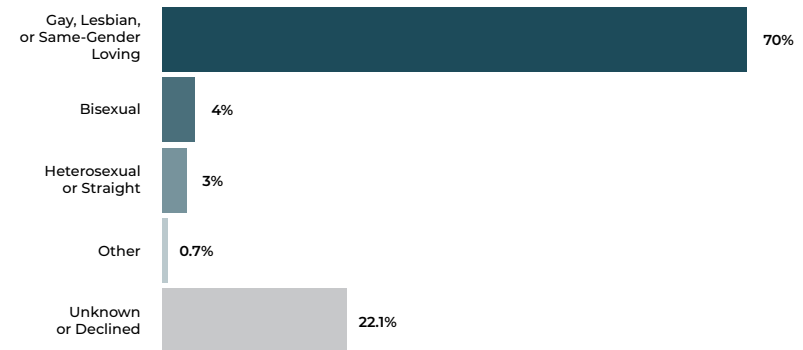
Mpox

Mpox is an infectious disease caused by the mpox virus; it is treatable and can be prevented by vaccination. In July 2022, an mpox outbreak began in San Francisco, where the primary route of transmission was sexual contact among men who have sex with men and same gender loving communities.⁵⁸ The CDC recommends screening for mpox as part of sexual health visits because early signs of mpox are comparable to those of STIs, like herpes and syphilis, and co-infection with HIV is common.^{59, 60}

Getting vaccinated is one of the most effective ways to prevent mpox infections. Health system and CBO partners played key roles in ensuring rapid and equitable access to vaccination. A total of 18,090 doses were administered at the SFPDH Mass Vaccination Clinic between 5/29/2022 and 09/29/2023.⁶¹ The San Francisco City Clinic (SFCC) played a critical role in administering 1,148 doses of mpox vaccine and providing direct care to patients, as well as offering consultations.⁶²

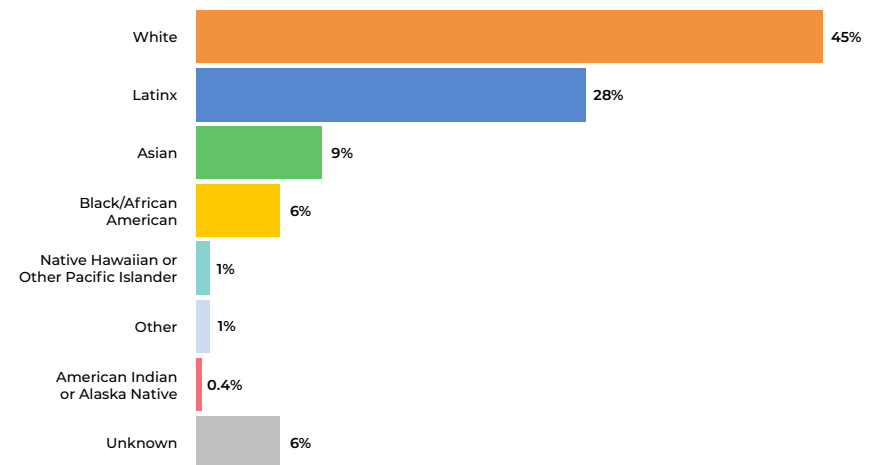
San Francisco had the highest rate of mpox in California, with 100.5 cases per 100,000 population, with most cases occurring between June and August/September 2022. Males, people aged 25-44, and White and Latinx residents were disproportionately affected among the 898 cases reported from 5/29/2022 to 10/31/2023.⁶³

Percent of Mpox Cases by Sexual Orientation, San Francisco, 05/2022-10/2023



Data Source: [City and County of San Francisco, Open Data Portal](#)

Percent of Mpox Cases by Race/Ethnicity, San Francisco, 05/2022-10/2023



Data Source: [City and County of San Francisco, Open Data Portal](#)





Sexually Transmitted Infections (STIs)

Even though many STIs are preventable, Healthy People 2030 includes a strategic goal to reduce STIs and their complications while improving access to quality STI care because the rates of STIs in the U.S. have remained high over the past 20 years.^{64, 65} San Francisco has focused programmatic efforts to address HIV and STIs, and the city is rapidly implementing innovative strategies in partnership with both health systems and CBOs to lead progress in sexual health. The efforts are showing positive

results. Overall, between 2019 and 2023, the incidence rates decreased for chlamydia, gonorrhea, and syphilis. In particular, between 2019 and 2023, chlamydia rates were down 41%, gonorrhea rates were down 11%, and early syphilis rates were down 50%.^{66, 67} In contrast, the most recent national data reported by the CDC indicated there was a 3% increase in the rate of congenital syphilis in 2023 relative to 2022. Preventing congenital syphilis and reducing STI disparities among young women of color remain as the top priorities at SFDPH.



HUMAN IMMUNODEFICIENCY VIRUS (HIV)

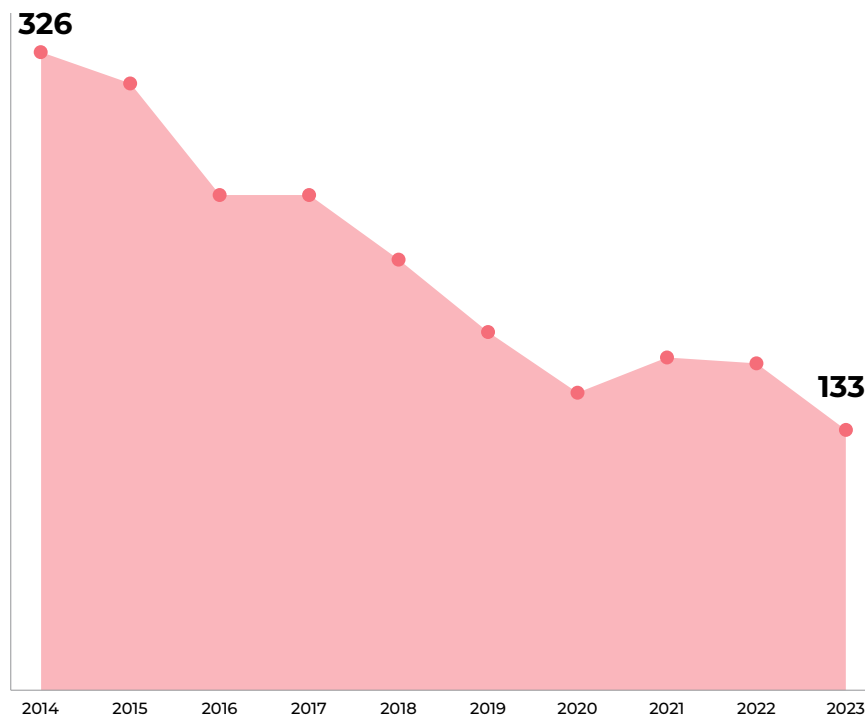
As of December 31, 2023, there were over 15,000 People Living with HIV (PLWH) in San Francisco. The total number of PLWH declined each year from 2018 to 2023.⁶⁸

HIV is a preventable disease. On World AIDS Day 2013, the Getting to Zero San Francisco Consortium was launched with the mission to reduce new HIV transmission and HIV-related deaths by 90% by 2025.⁶⁹ During 2013-2022, new HIV infections in San Francisco decreased by 61%. The total number of deaths increased each year from 2017 to 2020, likely due to the aging of PLWH, but the proportion of deaths due to HIV has decreased each year, most likely due to effective antiretroviral therapy.⁷⁰ Although only 2.1% of Californians reside in San Francisco, 11% of all Californians living with HIV are residents of San Francisco. Expanding access to pre-exposure prophylaxis (PrEP) is a key prevention strategy to achieve the goal of Getting to Zero. Since 2017, the SFCC has initiated more than 5,000 PrEP treatments (both the traditional daily oral regimen and the long-acting injectable regimen).

“We are privileged to be in the Bay Area in San Francisco because then technology has helped us to reduce new infections among our community members.”

— Kaiser Permanente SF Transgender District and San Francisco Community Health Center Key Informant Interview

New HIV Diagnoses, San Francisco, 2014-2023



Data source: [HIV/STI Report to the San Francisco Health Commission \(2024\)](#) ⁷¹

Note: Data here presented from 2014 through 2023. Original figure presents data back to 2006.

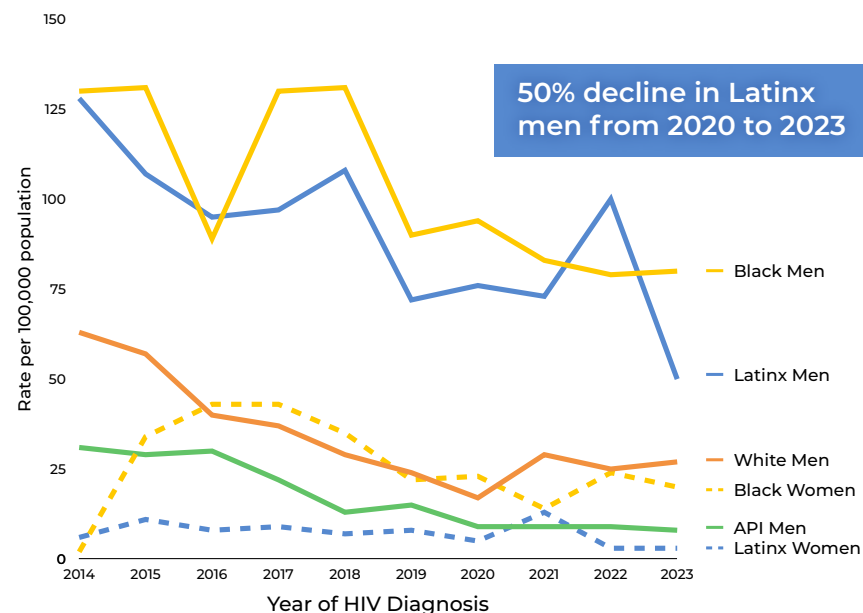
“I think HIV is very still rampant in the trans community. Thank God for the latest technology available, but still we need to give them options aside from the advanced medications...”

— Transgender Focus Group Member

From 2014-2023, rates of HIV diagnosis were highest among Black/African American cis men followed by Latinx cis men. Asian and Pacific Islander cis men and Latinx women had the lowest rates across the years.⁷²

While the annual number of cis women newly diagnosed with HIV fluctuated between 2013-2022, the rates of newly diagnosed cases were highest among Black/African American cis women, followed by Latinx cis women. Heterosexual contact was the most common route of transmission in cis women.⁷³

Rate of HIV Diagnosis by Gender and Race/Ethnicity, 2014-2023



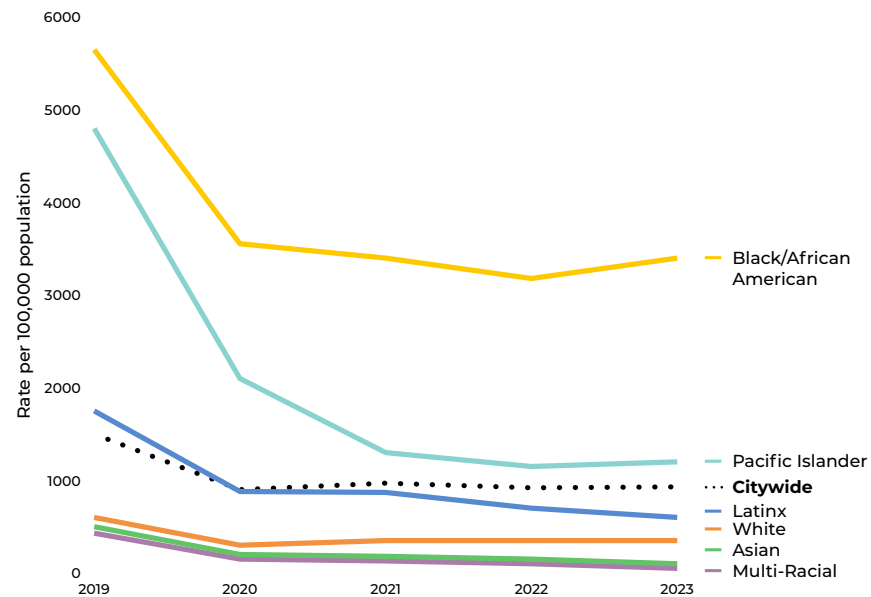
Data source: [HIV/STI Report to the San Francisco Health Commission \(2024\)](#) ⁷⁴

Note: Data here presented from 2014 through 2023. Original figure presents data back to 2006.

CHLAMYDIA AND GONORRHEA

Rates of chlamydia and gonorrhea among San Francisco residents have generally declined since 2017 but female Black/African American, Pacific Islander, and Latinx adolescent/young adults were disproportionately represented in chlamydia and gonorrhea rates.^{75,76}

Chlamydia Rates Among Adolescents/Young Adults 15-25 Years by Race/Ethnicity, San Francisco, 2019-2023



Data Source: [PHD HIV and STI Update to SF Health Commission December 2024](#)

Note: Early Syphilis data not presented here.



Persistent Challenges

While improvements to some areas of health have been documented, challenges to public health remain in several areas, such as opioid use, mental health, and nutrition-sensitive conditions.



Opioid Use Disorder (OUD)

San Francisco has witnessed an increase in overdose deaths that began in 2018 and have been associated with increases in fentanyl use. As fentanyl comes to dominate the street drug supply, regions throughout North America have seen dramatic increases in mortality, and San Francisco is no exception. The majority of opioid deaths in San Francisco (73%) were due specifically to fentanyl.⁷⁷ Since 2020, deaths due to opioid overdose have remained higher than 2018 levels but appear to have plateaued.

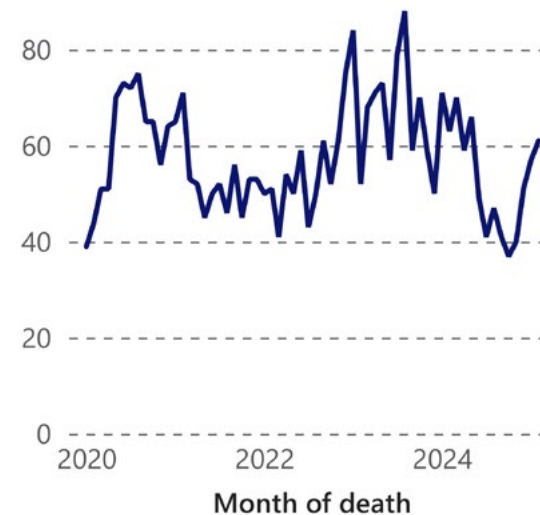
Since August 2023, the number of drug overdose deaths has declined. This trend is encouraging and highlights the positive impact that recent initiatives are having on this issue. However, while these data are trending downward, drug related deaths were still higher in 2024 than they were in 2019 – largely still due to fentanyl.⁷⁸

According to CDPH, fentanyl is a synthetic opioid that is much stronger than heroin and morphine and is often sold alone or added to other drugs to lower the cost and to make them more powerful. As such, fentanyl is a major contributor to fatal overdoses all over the U.S.⁷⁹

“Opioid abuse has gotten in the way of a lot of people in my community... It’s one of the pressing issues right now.”

— Black/African American Faith Based Focus Group

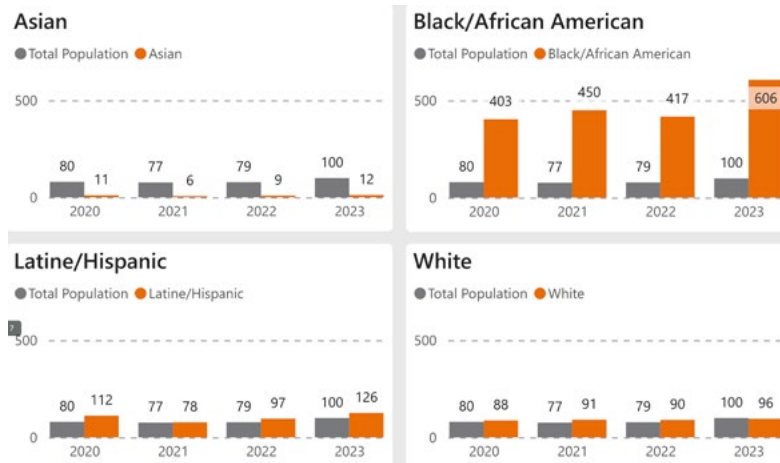
Preliminary Unintentional Drug Overdose Deaths by Month



Data from SFDPH CORE Dashboard page: <https://www.sf.gov/data/preliminary-unintentional-drug-overdose-deaths>

The death rate varied among different populations for overdose deaths that were related to multiple drugs such as opioids, cocaine/crack, and methamphetamine. The highest rates for overdose deaths due to multiple drugs were for people who were male, aged 50 to 59 years, and Black/African American.

Overdose Death Rate (Per 100,000) By Race or Ethnicity and Year



Data from SFPD CORE Dashboard page: <https://www.sf.gov/data--unintentional-drug-overdose-death-rate-race-or-ethnicity>

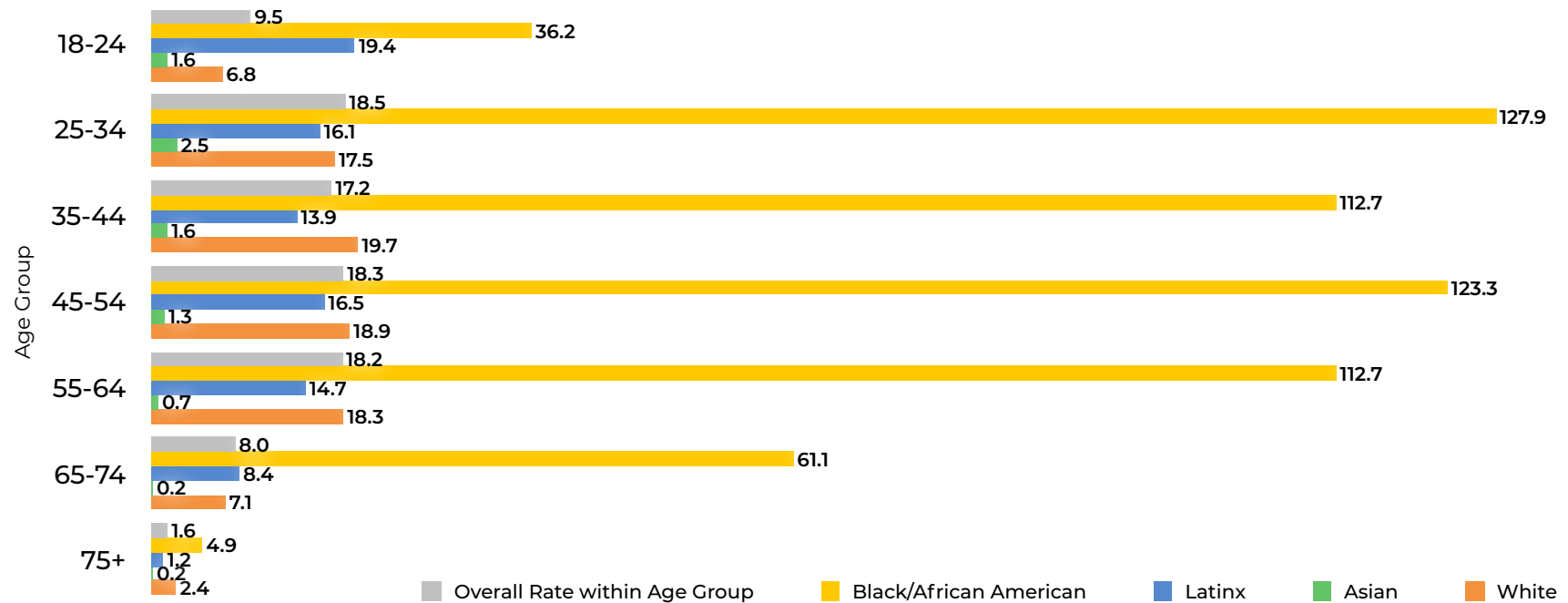
The rate of fentanyl overdose deaths was highest among Black/African American residents during 2020-2023 and lowest among Asian residents during this same period.⁸⁰



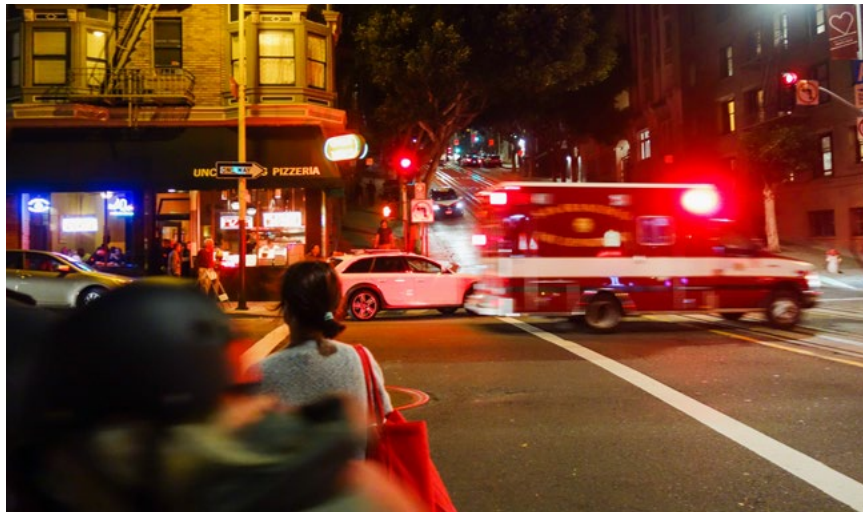
EMERGENCY DEPARTMENT (ED) VISITS DUE TO OPIOID OVERDOSE

Since 2018, ED visits due to opioid overdose have increased based on data from the California Department of Health Care Access and Information.⁸¹ Rates overall are higher for men. During 2019-2021, ED visits and hospitalization rates were notably higher for Black/African American residents across all age groups (six times higher for ED visits, five times higher for hospitalizations) compared to all SF residents. Among Black/African American residents specifically, 25–34-year-old residents experienced the highest rate of ED visits. Hospitalization rates for opioid overdose were highest among residents whose zip codes overlapped most closely with Civic Center/Van Ness and South of Market (SOMA) neighborhoods.

Emergency Department Visits Due to Opioid Overdose, Rate Per 10,000 Residents, by Race/Ethnicity and Age, San Francisco, 2019-2021



Data source: California Department of Health Care Access and Information



ED Visit Due to Opioid Overdose Disparity



Black/African Americans
visit rate of **76.6** per
10,000 SF Residents is

6x higher



Than the overall rate of **12.3**
per 10,000 SF Residents

WOMEN OF REPRODUCTIVE AGE AND SUBSTANCE USE

In San Francisco, substance use disorder was the leading cause of death for women of reproductive age between 2014 and 2023.⁸² Between 2017 and 2021, over 12,000 women of reproductive age visited the ED for reasons related to substance use disorder. This problem disproportionately affected Black/African American women (65 per 1,000), who experienced a rate of substance use disorder 36 times higher than the group with the lowest rate: Asian or Pacific Islander women (2 per 1,000). Geographically, the SOMA neighborhood had the highest rate of substance use disorder (33 per 1,000), compared with the lowest rate in the Presidio Heights neighborhood, (3.4 per 1,000).⁸³

YOUTH AND YOUNG ADULT SUBSTANCE USE

Substance use was the leading cause of death for young adults and the second leading cause of death for youths between 2014 and 2023.⁸⁴ Between 2017 to 2021, the data reveal the significant impact of substance use disorder, as evidenced by over 1,000 ED visits among youths aged 10-19 and over 4,000 young adults aged 20-24. There were notable racial and geographic disparities amongst this age group as well. Black/African Americans between the ages of 10 and 19 experienced 25 times higher rates of substance use disorders (4.9 per 1,000) compared to Asian or Pacific Islanders (0.2 per 1,000) in the same age group. For the same age group (10 to 19), the Tenderloin neighborhood exhibited the highest rates (2.9 per 1,000) of substance use disorders compared to those with the lowest rates residing in the Lake Merced neighborhood (1.9 per 1,000).⁸⁵

"There's a lot of drinking and smoking and vaping."

— Adolescent Focus Group

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Mental Health

Over the many years of CHA Reports, mental health repeatedly emerges as an important health issue. Mental health was also a reflected concern in most of the community focus groups conducted for this report. The COVID-19 pandemic had profound effects on mental health across all age groups and may remain a public health challenge for years to come.

“There is need for more mental health support for people in my community... It’s available, but it should be improved upon.”

— Black/African American Faith Based Focus Group

SERIOUS PSYCHOLOGICAL DISTRESS (ADULTS)

Mental health and well-being are crucial to supporting, maintaining, and optimizing quality of life.⁸⁶ Mental health vulnerabilities among adults can adversely impact the ability to function at work, at home, and in social settings.^{87, 88}

“I’d say from my perspective, one of the biggest barriers right now is access to mental health care for individuals, and more pervasive, just general healthcare.”

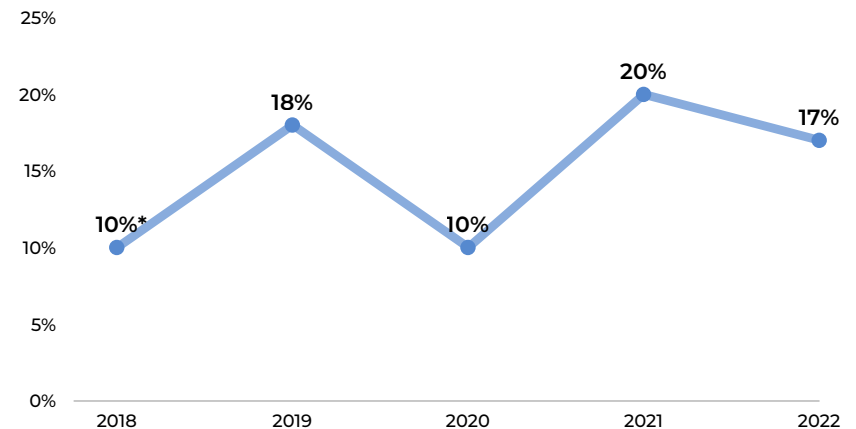
— People With Disabilities Focus Group

Information about serious psychological distress is collected by the California Health Interview Survey (CHIS) and is measured based on the number and frequency of mental health symptoms, such as hopelessness or depression, that are reported within the past year. In 2018, 11% of California adults reported experiencing

serious psychological distress. More recently, in 2022, 16% of California’s adults reported experiencing serious psychological distress in the past year.⁸⁹

In San Francisco, we observe a similar increase over time. In 2018, approximately 10% of adults reported symptoms that met criteria for experiencing serious psychological distress in the past year; by 2022, this proportion had increased to 17%.⁹⁰

Serious Psychological Distress among Adult SF Residents, 2018-2022**



Data source: California Health Interview Survey (CHIS), Likely has had serious psychological distress in the past year. Asterisk (*) denotes estimate is statistically unstable. **Measured within the past year.

“Mental health is a big concern.”

— SF Voices

Rates of Depression

	Asian or Pacific Islander	Black/African American	
HOSPITAL ADMISSION RATES FOR DEPRESSION AMONG WOMEN OF REPRODUCTIVE AGE	1.2	24	20x
ED VISIT RATES FOR DEPRESSION AMONG PREGNANT PEOPLE	.3	4.6	15x



WOMEN OF REPRODUCTIVE AGE

In San Francisco, from 2017 to 2021, over 9,000 women were hospitalized with depression. The rate of depression-related hospitalizations increased from 7.5 per 1,000 in 2017 to 10 per 1,000 in 2021. Black/African American women were disproportionately represented, with 24 per 1,000 experiencing depression; this is 20 times higher than the the group with the lowest rate: Asian or Pacific Islander women (1.2 per 1,000).⁹¹

PREGNANT PEOPLE

In San Francisco, between 2017 and 2021, over 5,000 pregnant people were hospitalized for depression. ED visit data show that Black/African American pregnant people were disproportionately represented, with an ED visit for depression rate 15 times higher than the group with the lowest rate: Asian residents (4.6 per 100 vs 0.3 per 100, respectively).⁹²

YOUTH AND YOUNG ADULTS' MENTAL HEALTH

A 2021 San Francisco Unified School District (SFUSD) survey found that middle school and high school students were affected by mental health vulnerabilities. The percentage of middle school students surveyed who reported suicide contemplation increased from 15% in 2013 to 23% in 2021. Data from 2021 revealed that more than 34% of high school students experienced depression.⁹³ From 2014 to 2023, suicide was the third leading cause of death for individuals aged 10-24.⁹⁴

Between 2017 and 2021, over 1,500 young adults aged 20-24 had a depression-related ED visit. Black/African American female youth were disproportionately represented; depression was 12 times more prevalent among Black/African American females than among the group with the lowest rate: Asian female youth (15 per 1,000 vs 1.3 per 1,000, respectively).⁹⁵

"The mental health of my children is uncertainty since in San Francisco they do not have all the support they need."

— CYSHCN Focus Group





Nutrition-Sensitive Conditions

A healthy diet is essential for overall health, well-being, and development. Inadequate and low-quality nutrition is a significant public health issue and a leading risk for premature death, reduced life expectancy, and negative health outcomes like obesity, diabetes, cardiovascular disease, and certain cancers.^{96, 97}

Overall, Black/African American and Pacific Islander residents experience the greatest burden of diet-sensitive diseases and have the shortest life expectancies. From 2017 – 2021, hospitalizations due to diabetes, hypertension, or heart disease were nine times higher for Pacific Islander residents and approximately four times higher for Black/African American residents than the average rate for all San Francisco residents.⁹⁸ For Black/African American residents, hospitalization rates were highest in 2021 for diagnoses of hypertension and heart disease than in any year prior; and the rate of hospitalizations increased the most for Black/African American residents than any other group.

Since 2013, the health conditions that worsened among pregnant people and that led to higher hospitalization rates included diet-attributable chronic health problems such as overweight or obesity, chronic or gestational diabetes, and hypertension. These health disparities are particularly pronounced among Black/African Americans and Pacific Islanders.⁹⁹

“Food nutrition. More awareness on how mental health can be affected by unhealthy eating habits.”

— Native Hawaiian or Pacific Islander, SF Voices

“My main health concern is continuing to feed ourselves unhealthy food, and not using the right amount of exercise after. So it continues our people to continue to be obese and unactive.”

— Native Hawaiian or Pacific Islander, SF Voices

CARDIOVASCULAR DISEASE

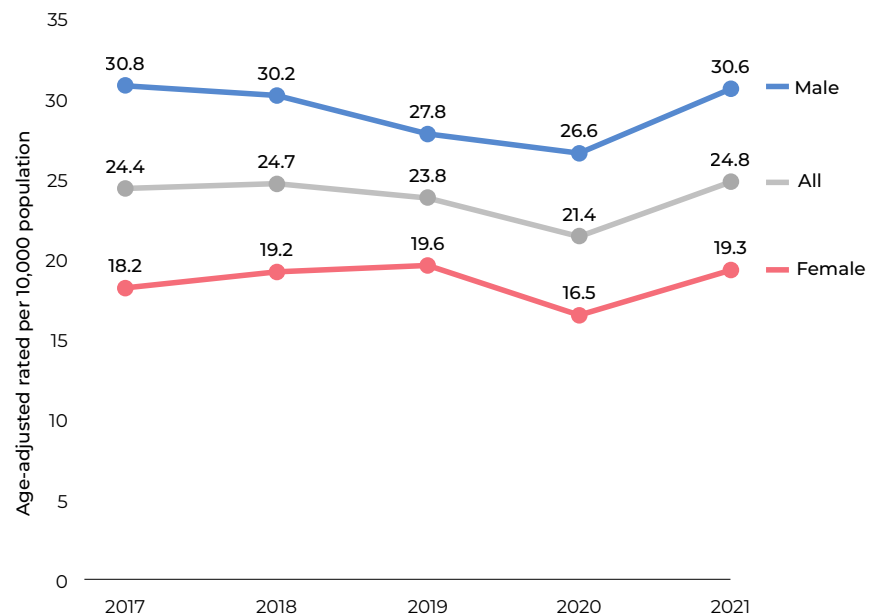
The American Heart Association defines cardiovascular disease as a group of disorders which affect the heart and blood vessels and can lead to heart failure.¹⁰⁰

Ischemic heart diseases are conditions where the heart's blood flow is reduced due to a buildup of plaque in the heart's arteries. Ischemic heart diseases were the leading causes of death in San Francisco between 2019 and 2021. In 2021, 818 deaths were due to heart failure and an average of 11.7 years of life lost were attributable to this disease.¹⁰¹

Heart failure was also a common cause of hospitalizations and ED visits. In 2021, the number of hospitalizations for heart failure (n=2,679) were higher than for any other condition except hypertensive disorders (n=2,756).¹⁰² Between 2017 and 2021, males displayed consistently higher hospitalization rates than females for heart failure.¹⁰³



Heart Failure Hospitalization Rate by Gender, San Francisco, 2017-2021

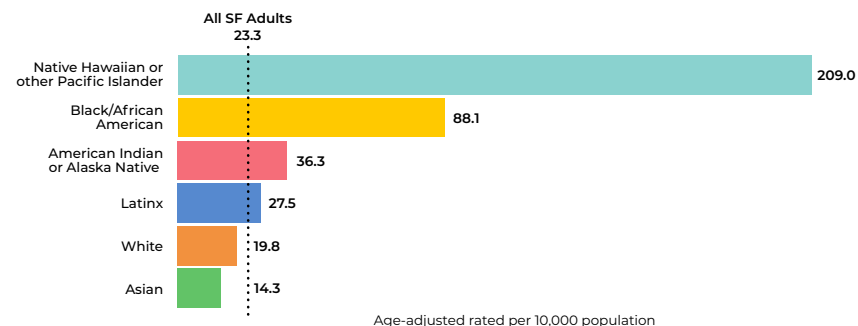


Data source: California Department of Health Care Access and Information

The hospitalization rate for heart failure for Pacific Islanders was nine times the rate for all San Franciscans; the rate among Black/African American residents was nearly four times the rate among all San Francisco residents during 2019-2021.



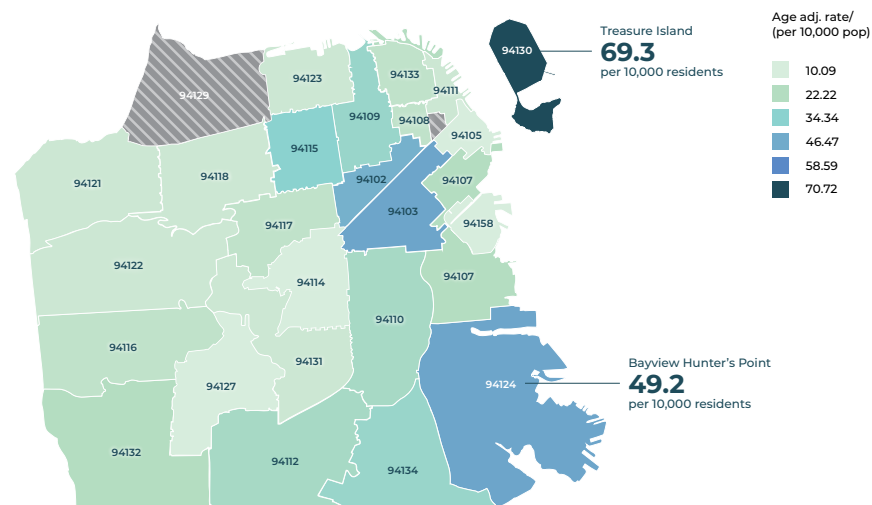
Heart Failure Hospitalization Rate by Race/Ethnicity, San Francisco, 2019-2021



Data source: California Department of Health Care Access and Information

Hospitalization rates due to heart failure are highest among residents of Treasure Island and Bayview Hunter's Point. These neighborhoods are also where residents have some of the lowest median annual household incomes in San Francisco (Treasure Island: \$76,840, Bayview Hunters Point: \$79,771).¹⁰⁴

Heart Failure Hospitalization Rate by Zip Code, San Francisco, 2017-2021

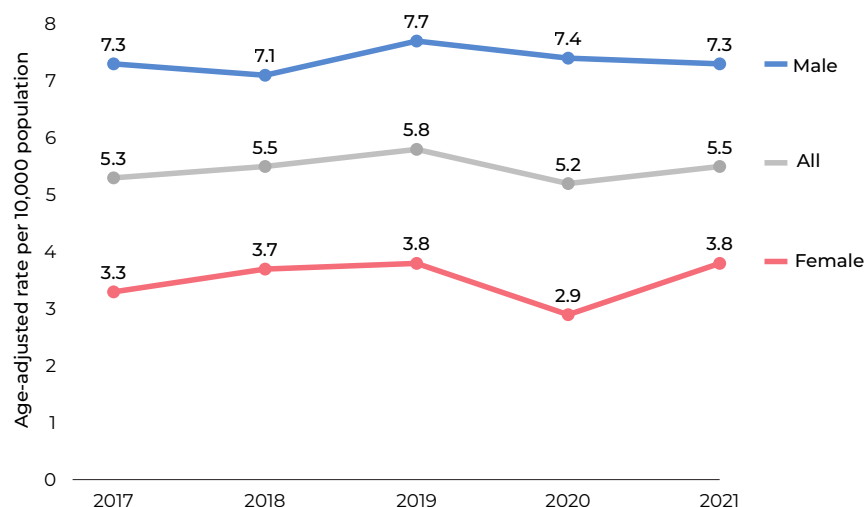


Data source: California Department of Health Care Access and Information. Gray and white shading indicates zip codes where rates were not calculated.

TYPE 2 DIABETES

Type 2 diabetes is a chronic metabolic disorder characterized by persistent hyperglycemia (or high blood sugar). Diabetes was one of the leading causes of death and hospitalization in San Francisco during 2017-2021. In 2021, 175 deaths were due to diabetes and an average of 13.9 years of life lost were attributable to this chronic disease.¹⁰⁵

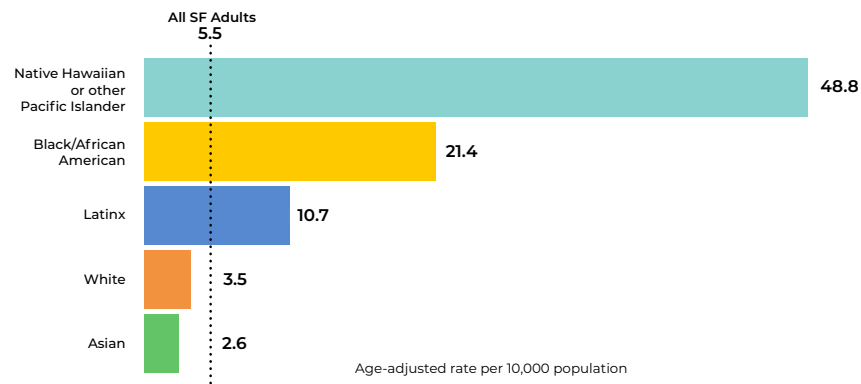
Type 2 Diabetes Hospitalization Rate by Gender, San Francisco, 2017-2021



Data source: California Department of Health Care Access and Information

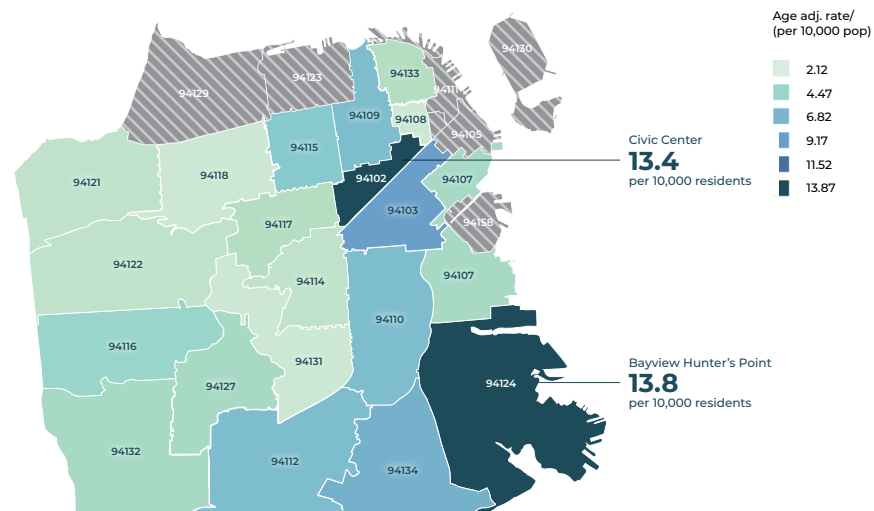
Hospitalizations due to type 2 diabetes remained relatively stable during 2017-2021 and were higher among males than females during each of these years. Hospitalization rates due to type 2 diabetes were approximately nine times higher among Pacific Islanders, nearly four times higher among Black/African American residents, and nearly twice as high among Latinx residents compared to all San Francisco residents during 2019-2021. The highest rates of hospitalizations were reported by residents of Bayview Hunters Point and Civic Center neighborhoods.¹⁰⁶

Type 2 Diabetes Hospitalization Rate by Race/Ethnicity, San Francisco, 2019-2021



Data source: California Department of Healthcare Access and Information.
Note: AIAN: American Indian and Alaska Native; NHOPI: Native Hawaiian or Other Pacific Islander. Estimates for AIAN residents were suppressed due to small sample sizes. Data is displayed for 2019-2021 because prior to 2019, data for Asian Pacific Islander residents was not disaggregated to Asian and NHOPI.

Type 2 Diabetes Hospitalization Rate by Zip Code, San Francisco, 2017-2021



Data source: California Department of Health Care Access and Information. Gray and white shading indicates zip codes where rates were not calculated.

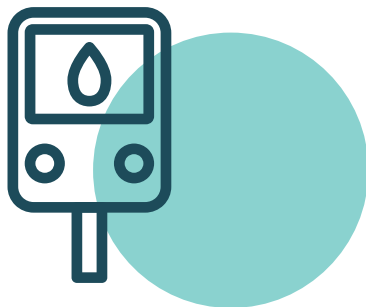
NUTRITION-SENSITIVE CONDITIONS IN PREGNANT PEOPLE

HYPERTENSION FOR PREGNANT PEOPLE

Between 2017 and 2021, the percentage of pregnant people with hypertension increased from 18% to 23%. Hypertension in pregnant people was six times more common among the group with the highest prevalence, Pacific Islanders (54%), compared to the lowest, Asians (9%). Additionally, the rate was three times higher for pregnant people in Treasure Island (43%), compared to Chinatown (15%).¹⁰⁷

GESTATIONAL DIABETES

In San Francisco, between 2020 and 2022, birth records show that gestational diabetes affected pregnant people at a rate of 9.4%. The rate of gestational diabetes increased from 7.6% in 2013 to 10.4% in 2022. During this period, 15.7% of pregnant Asian people in San Francisco were affected by gestational diabetes, compared to 5.3% of pregnant White people. Additionally, 16.6% of pregnant people in Chinatown (94108) had gestational diabetes, while only 4.8% of pregnant people in Haight-Ashbury (94117) were affected.¹⁰⁸



Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) are factors in the environment where people are born, live, learn, work, play, worship, and age that can affect health, well-being, and quality of life. These determinants can include economic

stability, education access and quality, access to quality care, the neighborhood and built environments, and the social and community context. SDOHs influence health outcomes and can increase or decrease inequity in communities.¹⁰⁹





Qualitative Input on Barriers of Health

Community focus groups reported systemic barriers and SDOH that can disproportionately affect marginalized communities' access to services. Key issues that were reported include racial profiling, communication challenges, lack of access, and intertwined social and economic factors. Pregnant people, as a group, also reported facing special challenges.

Bias in health care settings can adversely affect patients who can face inappropriate questioning or differential treatment based on race or ethnicity, among other biases. Such negative experiences can lead to increased health disparities, as marginalized groups may avoid medical services due to fear of bias or discrimination.

Communication challenges, such as language and cultural differences, can also hinder equitable care. Non-English speakers may struggle with medical information, or in receiving culturally responsive health education, and with navigating interpretation services. These issues can result in misunderstandings and hinder an individual's ability to advocate for their own health, thereby exacerbating existing disparities. Broader social determinants, such as housing insecurity, food insecurity, and economic strain, can further exacerbate health challenges for marginalized communities. These factors may contribute to stress and instability, which can negatively impact physical and mental health.



"Ignorance of information. Health literacy. Fear of immigration services. Fear to go to hospital."

— Hispanic/Latino SF Voices

"(Need) Doctors who are from the same culture – a lot of the doctors in the community come from different backgrounds and it gets frustrating. Doctor is hard to communicate and there isn't dialogue or understanding. Lack of representation – having a doctor that looks like you and is from a similar background."

— Seniors in Bayview

"Not having too many therapist of the same culture to relate."

— Black or African American SF Voices

"The signs are not in Chinese, they are in English and hard to find out where is what. The best would be to have signs in Chinese done very clearly."

— ZSFGH Visitacion Valley

"There's still a lot of lack of information around many things that are related to health and that's for variety of reasons. That has to do with language barriers. That has to do with the fact that there's not messaging designed to reach our communities."

— Chicano/Latinx/Indigena Focus Group



Access to Care and Services

Healthy People 2030 highlights increasing access to care and services as a strategy for improving population health.¹¹⁰ This section includes both qualitative reports and quantitative indicators of access to care and services. The quantitative data included were chosen because they serve as proxy measures of access to care and services. For instance, avoidable ED visits may signal a lack of health insurance among individuals who do not receive regular care from a primary doctor. Access to care and services can be hindered by financial barriers or by the availability of services. High costs can deter individuals from seeking needed care, especially for those with low or unstable incomes. Additionally, long wait times for appointments and shortages of culturally responsive providers can lead to delayed treatment and may worsen health outcomes.

CHILDREN'S ORAL HEALTH

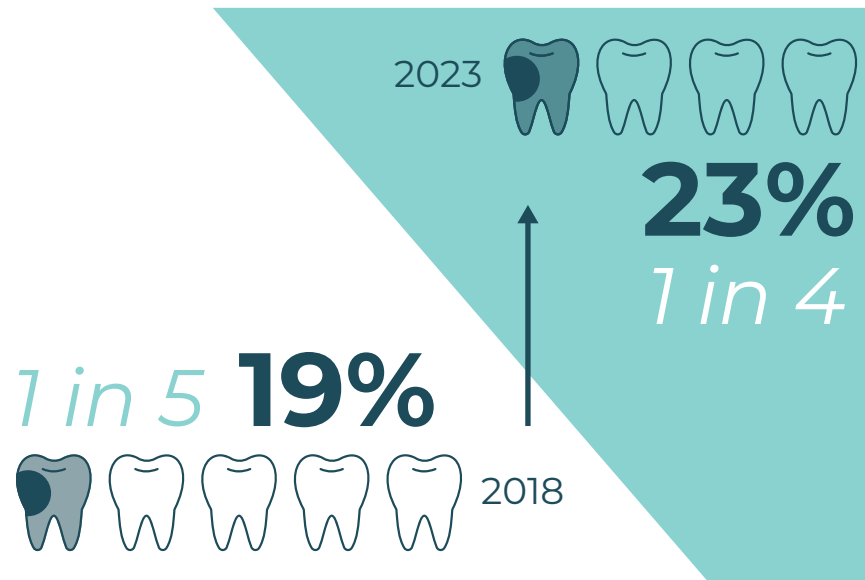
The presence of persistent dental caries (cavities) is a representative measure for lack of access to quality health care. Less access to care is closely associated with an increased level of caries. Currently, more than half of kindergartners in California have experienced caries or untreated tooth decay, resulting in more than 800,000 missed school days each year. In San Francisco, around one-third (35%) of kindergartners in the SFUSD had experienced caries in the 2022-2023 school year.¹¹¹

Untreated dental caries among kindergartners in SFUSD increased from 2018-2023 from approximately one in five children (19%) to approximately one in four children (23%). Race/ethnicity disparities persist among kindergartners in SFUSD with untreated caries. Less than 10% of White

kindergarten students had untreated caries compared to more than 25% among all other race/ethnicities.¹¹²



Untreated Dental Caries among Kindergartners, 2018 vs. 2023



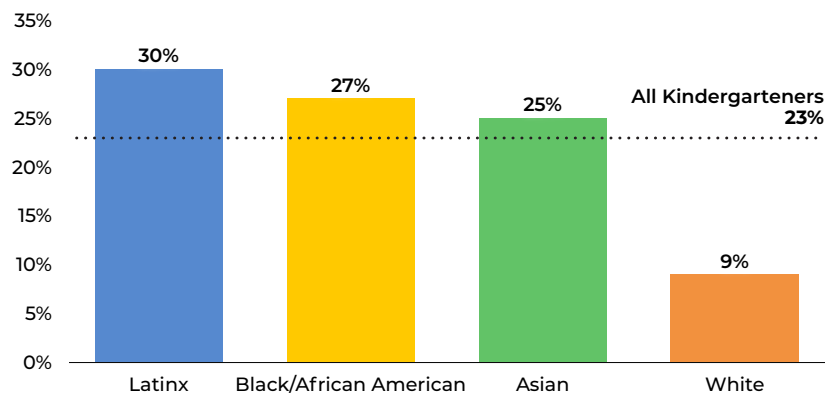
“Health issues often involve seeking medical treatment at nearby clinics, but nowadays it is becoming increasingly difficult to make appointments and waiting times are getting longer, ranging from a week to one or two months.”

—Women Maternal and Perinatal Focus Group

“Financial barriers keep people from being healthy – can’t access resources, support isn’t provided to make up for the costs. Hard to make some of the healthy choices/decisions.”

—Young Adult Focus Group

Untreated Dental Caries among Kindergartners by Race/Ethnicity, 2021-2022



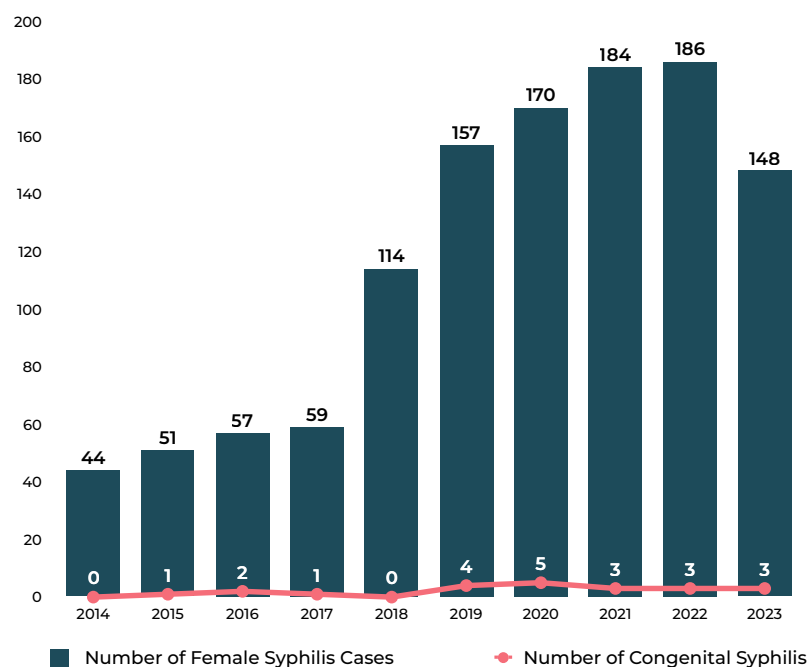
Data Source: San Francisco Unified School District (SFUSD), Kindergarten Oral Health Screening Program

CONGENITAL SYPHILIS

Congenital syphilis is another indicator of lack of access to care. Pregnant individuals with syphilis may be unaware of their infection if they lack regular prenatal care. Syphilis is a treatable bacterial infection typically transmitted through direct contact with syphilis sores or broken skin during sex. Without timely treatment, syphilis in pregnant people can be passed to the baby during pregnancy or delivery, resulting in congenital syphilis. This condition can lead to miscarriage, premature birth, stillbirth, or severe health complications for the infant, including cerebral palsy, hearing loss, and musculoskeletal deformities.¹¹³

Rates of female syphilis and congenital syphilis are increasing nationally. In California, the number of congenital syphilis cases has increased by 1,500 percent, rising from 33 cases in 2012 to 528 cases in 2021. In San Francisco, cases of female syphilis and congenital syphilis have increased since 2014. Out of 186 women diagnosed with syphilis (all stages) in 2022, 18 were pregnant and 3 infants were born with syphilis. The number of congenital syphilis cases peaked at 5 cases in 2020 and then plateaued at 3 cases per year from 2021 to 2023. Access to comprehensive prenatal care can prevent these adverse outcomes for the parent and baby.

Female Syphilis and Congenital Syphilis Cases, San Francisco, 2014-2023



Data Source: DPH HIV/STI update to the Health Commission, December 5, 2023.
 Accessed online at: https://www.sf.gov/sites/default/files/2023-12/HC_HIVSTI%20update_2023_cleaned_0.pdf
 Note: Female syphilis cases in San Francisco include people whose sex at birth is female, or whose gender identity is female or trans male. Data was last updated on 11/15/2023.

ADEQUATE PRENATAL CARE

Pregnant individuals who have fewer than seven prenatal care visits can be an indicator of not receiving sufficient prenatal care. Birth records from 2020 to 2022 reveal that over 1,600 pregnant or postpartum individuals in San Francisco had fewer than seven prenatal care visits. The percentage has increased, with the percentage increasing from 6% of postpartum individuals having fewer than seven prenatal visits in 2017-2019 to 8% in 2020-2022. The group with the highest rate of less than seven prenatal care visits was Pacific Islander individuals; they were affected at a rate nearly five times higher (29%) than the lowest group: Asian individuals (6%). Geographically, the highest neighborhood rate of having fewer than seven prenatal visits was in the Tenderloin neighborhood at 14%, which is more than four times higher than the lowest neighborhood rate of 3% in the Marina.¹¹⁴

Prenatal care can be essential for the health of both the mother and the baby. Having fewer than seven prenatal visits can increase the risk of complications, including premature birth, low birth weight, and undetected health issues. The differences seen among racial groups and neighborhoods may reflect inequities in access to care, which can have lasting effects on health outcomes.



PEOPLE WITH SPECIAL NEEDS

People with special needs have a condition of the body or mind that makes it more difficult to perform certain activities and/or interact with the world around them.¹¹⁵ A key qualitative theme among focus groups that emerged for people with special needs was the importance of social support, compassion, and access to care and services. People with special needs reported facing stigma, fear, and a lack of knowledge from both healthcare providers and the general public. The focus group participants with special needs voiced that there were significant barriers to accessing necessary services and support. Navigating complex healthcare systems was described as a major challenge, with community members reporting feeling overwhelmed by the fragmented and often confusing nature of systems, rather than having access to a desired “one-stop shop” where they could obtain information, access benefits, and coordinate care. Other intersecting challenges, such as housing insecurity, food insecurity, and transportation difficulties, were identified by this group in qualitative reports as significant barriers to well-being.

People with special needs who also have language barriers, limited technological literacy, or are facing additional challenges like homelessness, may find access is even more complicated. Access to affordable healthcare was another reported concern, particularly for individuals with special needs who do not qualify for Medicare or Medi-Cal. Community members expressed anxiety about potential defunding or changes in eligibility criteria. The lack of affordable mental healthcare was a recurring theme, with participants describing long wait times, difficulty finding providers, and a shortage of culturally sensitive and affirming services.

“I think for me, there’s a group of individuals that remain highly invisible, and that is individuals with disabilities, especially Asians. Individuals with disabilities have a really difficult time accessing healthcare.”

— SFHIP Asian/Pacific Islander

“Different disability types have different needs.... Being more creative about getting people access to care without so many barriers in place sometimes, I think.”

— SFHIP People with Disabilities

“Systems navigation, I think, for people with disabilities is very complex. And I think sometimes systems take it for granted that because they have their system streamlined and uniform on a website or something like that that it’s not necessarily one size fits all.”

— SFHIP People with Disabilities

Community members highlighted the value of programs that promote socialization and inclusivity, emphasizing the need for culturally specific and linguistically diverse offerings to serve the city’s diverse population. They also underscored the vital role of information sharing and resource networking within the disability community.

“When I think about our community strengths, I think about also the access to community. We have events. I think about having all the platforms of being able to speak and also being able to network and also having the voice and also to share the needs with others who also may have a disability. And so those are some of the strengths I believe our community has. And when I think about health, I think that communication is really important in that.”

— SFHIP People with Disabilities

Similarly, children and youth with special healthcare needs (CYSHCN) and their families reported mental health concerns, systemic barriers in accessing care, and further difficulties that may be worsened by SDOH. Community members highlighted significant systemic barriers, such as navigating fragmented healthcare and social service systems, limited access to specialty and mental health services, lack of respite care, and inadequate support for community inclusion. This underscored the impact of SDOH, including poverty, housing insecurity, and lack of transportation, which created additional barriers to essential resources.

“If you have a child who’s autistic, but you don’t have a lot of structure because you’re having to frequently move because you have housing instability, or you have food insecurity, or you have language barriers and aren’t able to communicate with their therapists or their school providers or their medical providers as well, those all can make the underlying needs that they have be more challenging to meet, and they also can make it more difficult to navigate the systems.”

— SFHIP People with Disabilities

Developmental indicators, including autism rates and the need for learning support (evidenced by Individualized Education Plans [IEPs]), have increased. Autism rates among Head Start children have doubled, from 3% in 2019 to 6% in 2023, and the number of IEPs has risen from 14% to 20%, emphasizing the increasing need for early intervention and strong support services.¹¹⁶





Food Insecurity

Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life due to financial constraints.¹¹⁷ Food insecurity often leads to consumption of a nutrient poor diet, which can contribute to the development of heart disease, diabetes, and other chronic nutrition-sensitive conditions.¹¹⁸ Food insecurity increases the risk for negative pregnancy outcomes including preterm birth, low birth weight, and gestational diabetes, as well as negatively affecting children's development, which may have lifelong impacts.

“Well, most challenges are coming from the cost of food is very high and it’s very expensive to pick the right choices when they are so expensive.”

— Women Maternal and Perinatal Focus Group



BIENNIAL FOOD SECURITY AND EQUITY REPORT (BFSEER)

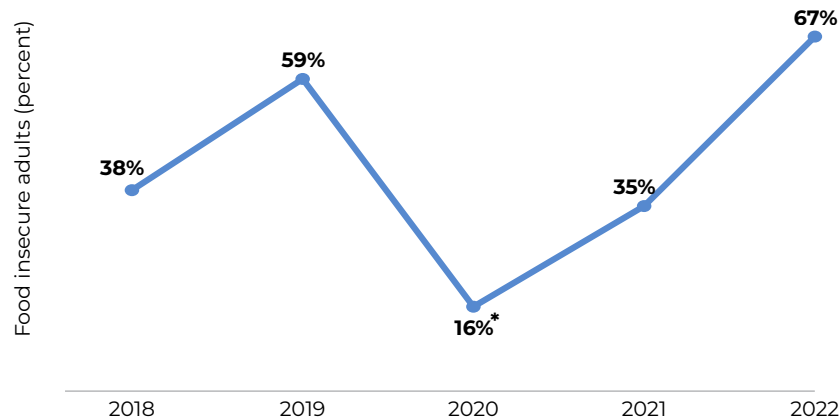
In December 2023, SFDPH, in partnership with the Food Security Task Force, published the BFSEER. The purpose of the BFSEER is to develop a standardized method to collect and analyze data related to food security and health equity. Data were collected from City departments and agencies and community-based organizations. The report identified populations in San Francisco that were food insecure, barriers to food access, what City food-related services were available and who was receiving food-related support services and whether these services addressed health, racial, geographic, age, or other inequities. For an in-depth look at food insecurity in San Francisco, please access the report here: <https://www.sf.gov/information/biennial-food-security-and-equity-report>.

According to CHIS data, in 2022, 67% of adults in San Francisco earning less than 200% of the FPL reported being food insecure. This was the highest percent seen since CHIS began measuring food insecurity in 2001. The relatively higher cost of living in cities like San Francisco may worsen food insecurity. Statewide, 44% of adults in California earning less than 200% of the FPL were food insecure, compared to two-thirds (67%) of adults in San Francisco earning less than 200% of the FPL. Food insecurity may be related to consuming a higher proportion of lower cost, nutrient poor food. The percentage of residents with obesity was highest among residents who are 200-299% below FPL (28%) and lowest among residents at or above 300% FPL (13%).¹¹⁹

“Sometimes we struggle to get food because we don’t have enough money.”

— Adolescent focus group

Food Insecurity among Adults Earning Less Than 200% FPL, 2018-2022



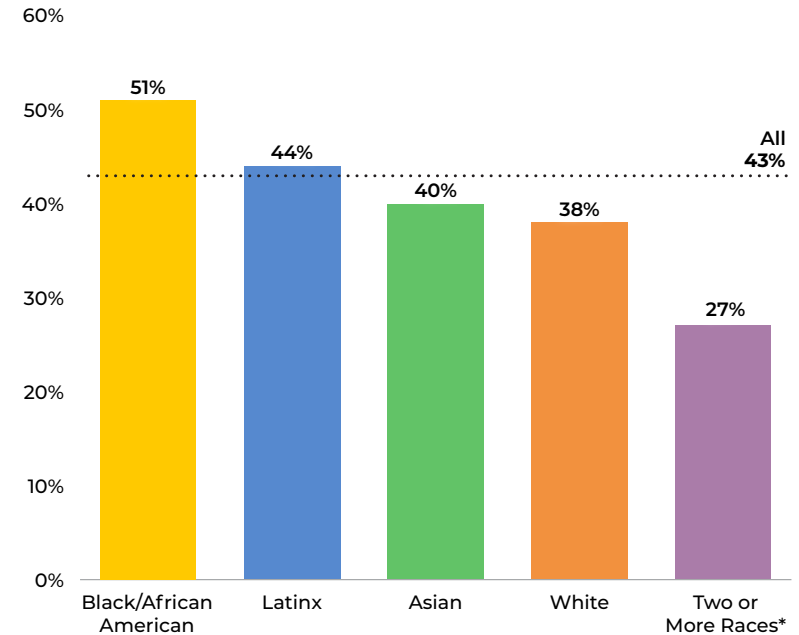
Data Source: California Health Interview Survey. Note: percentages are among survey respondents. * Data are statistically unstable for 2020. FPL stand for: Federal Poverty Level. For a single adult 200% FPL ranged from \$24,280 in 2018 to \$27,180 in 2022.

“Access to affordable housing and affordable food – groceries are expensive.”

— Women Maternal and Perinatal Focus Group

Racial disparities in food security exist. Black/African American adults and Latinx adults had the highest prevalence of food insecurity (51% and 44%, respectively) during 2018-2022.

Food Insecurity among Adults Earning Less Than 200% FPL, by Race/Ethnicity, 2018-2022



Data Source: California Health Interview Survey. Note: percentages are among survey respondents. *Data are statistically unstable for Two or More Races. FPL stand for: Federal Poverty Level. For a single adult 200% FPL ranged from \$24,280 in 2018 to \$27,180 in 2022.





Housing Instability

Housing is a fundamental human need and a SDOH. Quality and stable housing provides a place to prepare and store food, access to water and sanitation facilities, and a safe and secure place to live.¹²⁰ Over the past decade, the San Francisco Bay Area has experienced an unprecedented housing crisis, worsened by the region's relatively higher-wage employment options without corresponding increases in larger numbers of housing production. Housing shortages and unaffordable housing costs have contributed to a growing number of San Franciscans experiencing homelessness, which affects both physical and mental health. Homelessness is also a SDOH that makes health care more challenging to access, which can result in a higher risk of poorer outcomes.¹²¹

"And so, we know that some ..., multiple families in a small space. And I've had many loved ones of mine living through homelessness even if they had a full-time job, right? So, people having to live in tents, people going through the shelter system because of the cost of rent in San Francisco and the Bay Area."

— Latinx Focus Group

Data for Persons Experiencing Homelessness (PEH) originates from the San Francisco Point-in-Time (PIT) counts and surveys. These numbers are generated through the coordination of general street counts, general shelter counts, targeted street counts of unaccompanied children and young adults, targeted waitlist counts of unsheltered families, and homelessness surveys. The PIT count is conducted in every other winter - except for 2021

due to the COVID-19 pandemic - and serves as the primary source of data on homelessness. The most recent PIT count took place at night on January 30, 2024. This CHA report presents data through 2022 in most cases for health outcomes; therefore, we have used the 2022 PIT Count for contextual information regarding PEH in San Francisco.

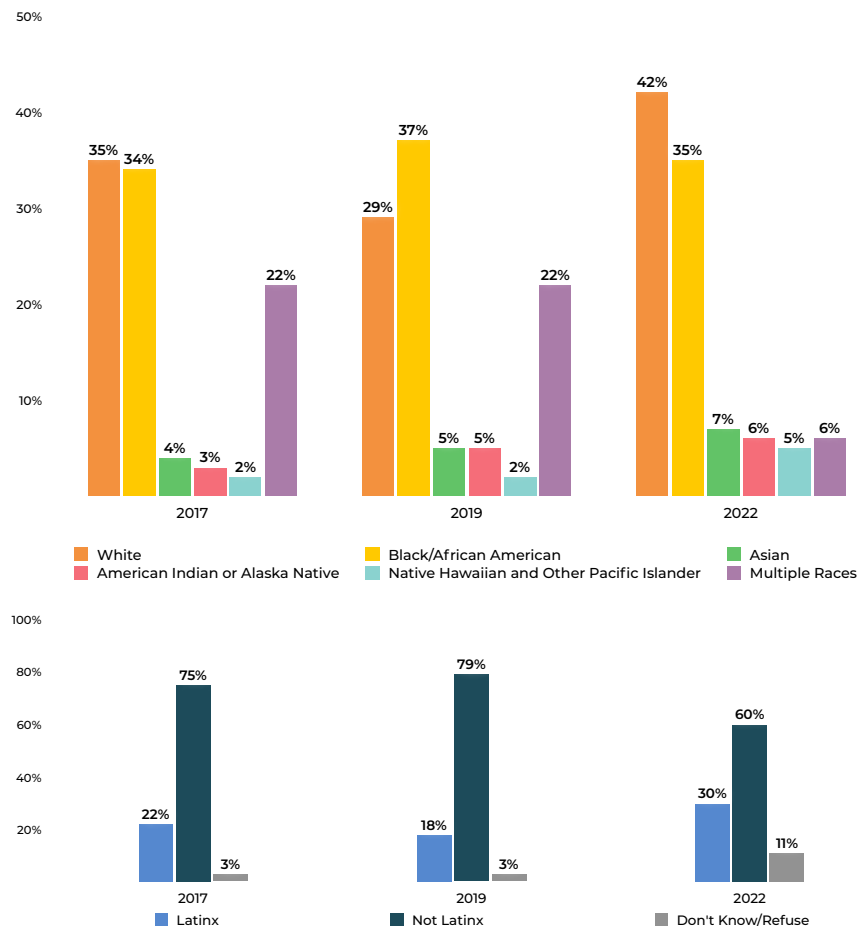
In 2022, a total of 7,754 people were unstably housed (sheltered and unsheltered), and among those, 57% were completely unsheltered (n=4,397). Males (62%), single adults aged 25 and older (78%), Whites (43%), and Black/African Americans (38%) were disproportionately represented in this cohort.¹²²

"They need more housing and programs that actually accept you for housing."

— Adolescent Focus Group



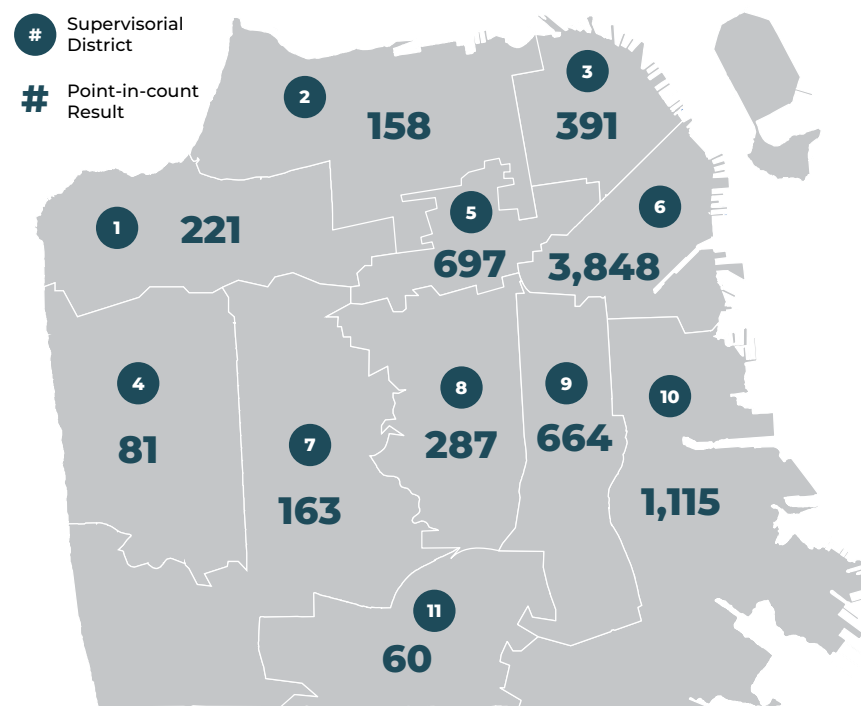
Percent of Persons Experiencing Homelessness by Race/Ethnicity, San Francisco, 2017-2022



Data Source: San Francisco Department of Homelessness and Supportive Housing, Point-In-Time Count, 2022. People who identify as Hispanic/Latinx, Not Hispanic/Latinx, or Don't Know/Refuse may be of any race.

There has been an increase in the number of PEH found in the PIT count in Districts 3, 4, 5, 6, and 9 from 2019 to 2022. Among 11 supervisorial districts, District 6 consistently reported the highest number of PEH (n=3,848), representing 50% of the San Francisco homeless population in 2022.¹²³

Persons Experiencing Homelessness by District, San Francisco, 2022



Data Source: San Francisco Department of Homelessness and Supportive Housing, Point-In-Time Count, 2022. Note: The map displays data per 2012 Supervisorial District lines. An additional 69 persons were residing in confidential or scattered site sheltered locations in San Francisco on the night of the PIT count.

"More housing in my neighborhood."

— American Indian, Native American or Alaskan Native SF Voices



Safety

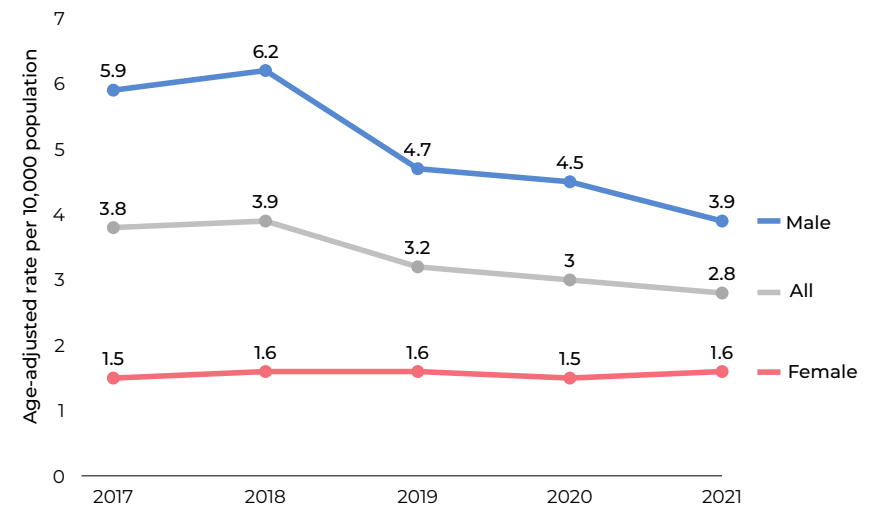
INTERPERSONAL VIOLENCE

Being safe in one's home and community is an important SDOH. National data indicate that ED visits for nonfatal physical assault injuries were approximately 400 per 100,000 population in 2020 and was trending downwards on average, but the national rate has remained above the Healthy People 2030 target of 280 per 100,000.¹²⁴ A similar downward trend was observed between 2018 and 2021 for age-adjusted non-fatal physical assault rates in San Francisco. Between 2014 and 2023 in San Francisco, homicide was the leading cause of death for 10- to 19-year-olds.¹²⁵ Hospitalization rates for assault were highest for people ages 18-24, and these trends generally declined with age.¹²⁶ When the data were examined by both age and race, hospitalization rates for assault were highest for Black/African American and Latinx people compared with all other race and ethnicity groups.

"Would like to have safe community."

— Native Hawaiian or Pacific Islander SF Voices

Assault* Related Hospitalizations by Gender, San Francisco, 2017-2021

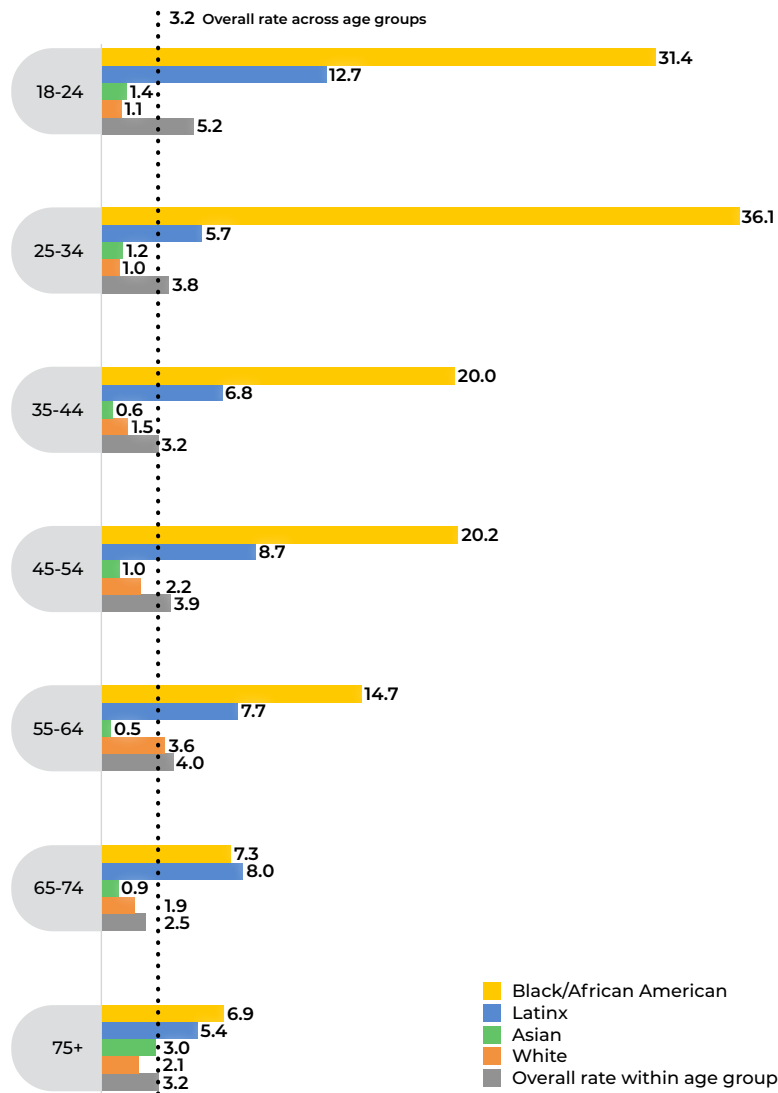


Data Source: California Department of Health Care Access and Information

*Data limited to patients where the primary diagnosis for their hospital admission was "assault"



Assault* Related Hospitalizations by Race/Ethnicity, San Francisco, 2019-2021



Data Source: California Department of Health Care Access and Information

Note: AIAN: American Indian and Alaska Native; NHOPI: Native Hawaiian or Other Pacific Islander.

*Data limited to patients where the primary diagnosis for their hospital admission was "assault". Estimates for AIAN and NHOPI residents may not appear due to small sample sizes. Data is displayed for 2019-2021 because prior to 2019, data for Asian Pacific Islander residents was not disaggregated to Asian and NHOPI.

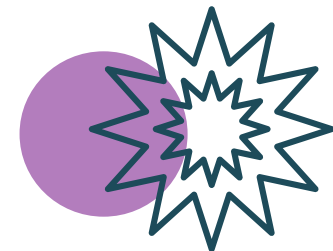
Focus groups revealed that San Franciscan seniors reported concerns about physical safety, including reports from individuals who wanted to be able to exercise outdoors but did not feel their neighborhoods were safe enough for them to leave their homes.

As one SF resident from District 10 shared in a key informant interview:

"...the impact of violence in D10 and the impact that that has on people is very underestimated... too many people have seen dead bodies laying on the street in the middle of the day... Kids have seen dead bodies. Parents picking their kids from school, going to work. The hundreds of people that have walked along Third Street and have experienced a shooting, a fight, and that impact is underestimated."

YOUNG ADULTS AND ASSAULT

Young adults in San Francisco, as a group, experience high rates of assault. Between 2017 and 2021, almost 1,500 young adults were admitted to the ED due to assault. Notably, Black/African American males experienced assault at a rate of 32.3 visits to the ED per 1,000 compared to the whole age group's rate of 6.7 ED visits per 1,000. Black/African American females experienced assault at a rate of 27.6 ED visits per 1,000 population. Additionally, young adults living in Bayview-Hunters Point (zip code 94124) had a rate of 23.4 ED visits per 1,000.¹²⁷



TRAFFIC SAFETY: FOCUS ON PEDESTRIAN AND BICYCLE SAFETY

According to the data between 2019 and 2023 in the UC Berkeley Transportation Injury Mapping System (TIMS) (which pulls its data from the California Statewide Integrated Traffic Records System [SWITRS]), San Francisco reported an average of 3,302 traffic crashes that involved a fatality or an injury of any kind. This ranks San Francisco with the 4th highest average injury count in the state.¹²⁸

However, it is important to note that comparing rates instead of counts is generally preferred because rates take into account the size of the population or the “opportunity” for an event to occur; this allows for more meaningful comparisons between cities of different sizes. The SF Controller’s Office conducted a benchmarking project comparing San Francisco traffic injury rates to other major metropolitan cities across the state of California and found that San Francisco has fewer injuries per 100,000 residents than half of the other California jurisdictions studied (including Long Beach, Los Angeles, Oakland, and Sacramento).¹²⁹

In 2014, San Francisco became the third U.S. city to implement Vision Zero, a road traffic safety project designed to identify patterns and trends of traffic-related injuries and save lives. As part of the local Vision Zero initiative, SFDPH partners with other City Agencies to track the number of traffic-related fatalities and severe injuries on our city streets.¹³⁰ Since the initiative began in 2014, San Francisco records an annual average of approximately 30 traffic-related fatalities and approximately 550 severe traffic-related injuries.^{131, 132}



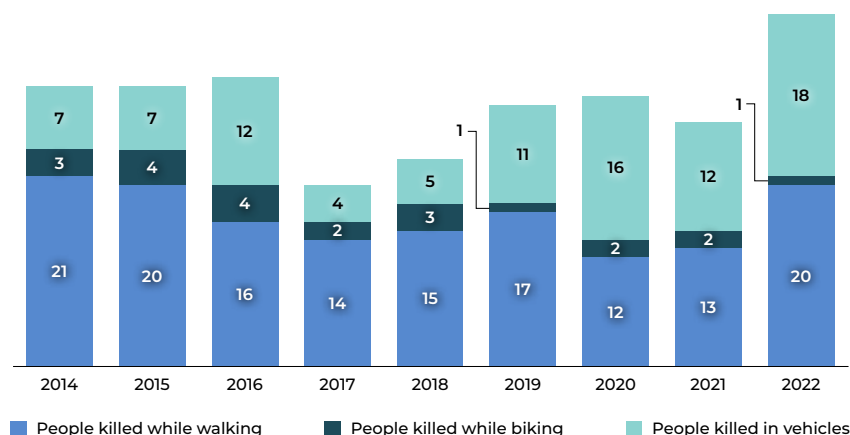
INJURIES

Pedestrian and cyclist injuries comprise subsets of traffic-related injuries. According to data from ZSFGH, the Level I Trauma Center, people walking comprised approximately one-quarter of severe and approximately one-third of critical injuries in 2021 and 2022; while severe injuries among pedestrians have decreased since 2019, they have not returned to pre-pandemic levels.¹³³ While the proportion of overall injuries among cyclists has changed little (<1%) from pre-pandemic compared to post-pandemic years, the raw count of severe injuries among cyclists steadily decreased by approximately 20% between 2020 and 2022 (from 115 to 89 severe injuries). During this same time period, the raw count of critical injuries among cyclists increased by approximately 20% (from 24 to 28).

FATALITIES

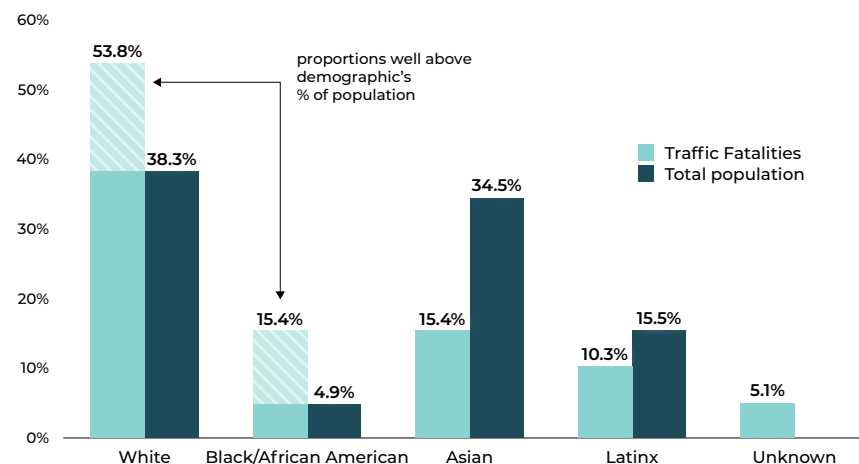
When exploring total deaths by transit mode, a steady increasing trend in traffic-related fatalities was observed between 2018 and 2022 (see traffic fatalities figure below). The most frequently cited reasons for collisions in 2022 were unsafe speed and failure to stop at a red signal, which have remained among the top collision causes since 2016.¹³⁴ Pedestrians accounted for 51% of all traffic fatalities in 2022, making them the most vulnerable road users. Males, individuals over age 65, and those who were Black/African American community members are also disproportionately represented in traffic fatalities.¹³⁵

Traffic Fatalities, San Francisco, 2014-2022



Note: Traffic deaths reported using the Vision Zero Traffic Fatality Protocol based on data from the Office of the Medical Examiner and San Francisco Police Department, including deaths involving above-ground light rail vehicles not routinely reported in Statewide Integrated Traffic Records System. Vision Zero Fatalities only reflect deaths in city streets; it does not reflect fatalities on freeways, at the San Francisco International Airport, and in Presidio. In 2022, a total of 8 deaths occurred on freeways, with no deaths occurring at the San Francisco International Airport or in the Presidio. Also note that "People Killed in Vehicles" includes external passengers, as well as riders of standup powered micro-mobility devices and skateboards not propelled by a second vehicle.

Traffic Fatalities by Race/Ethnicity vs Total Population, San Francisco, 2022



Note: The percent of demographic makeup in San Francisco is calculated from the 2022 U.S. Census Bureau's 5-Year American Community Survey.



ONLINE SAFETY AMONG ADOLESCENTS

Safety can include safety online. Many adolescents spend large amounts of time online daily. In 2021, SFUSD Youth Risk Behavior Survey reported 63% of middle school students spent three or more hours in front of a screen each day. In addition, one in 10 high school students reported experiencing e-bullying. The reported negative online interactions raise concerns about safety for adolescents.¹³⁶

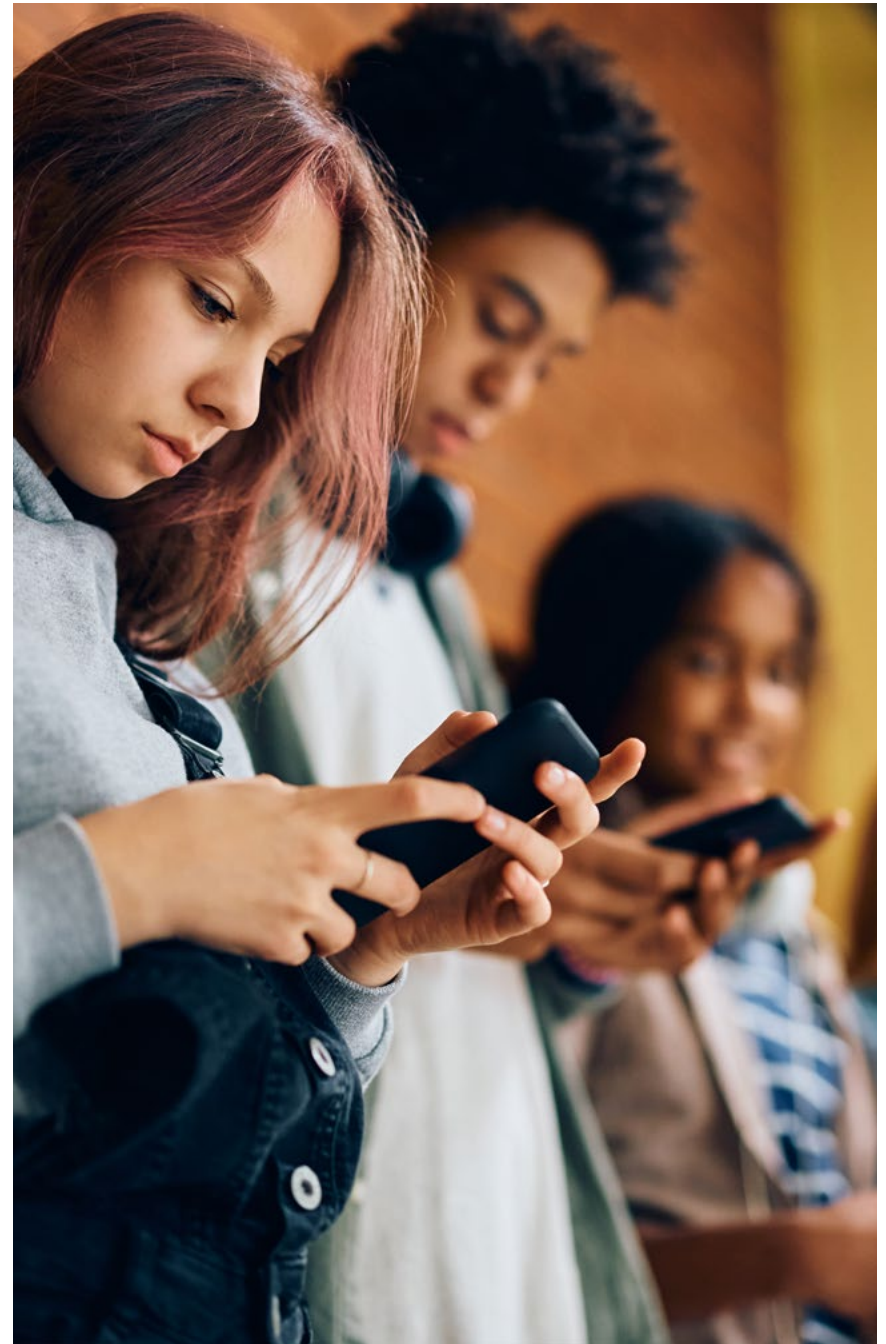
Screentime Among Adolescents

64% of
middle schoolers reported

3+ hours
of screentime
per day



1 in 10
high school students
reported experiencing
e-bullying





Looking Ahead



Future Public Health Threats

COVID-19 may not be the last pandemic San Francisco experiences. Current increases in foodborne illnesses, along with temperature sensitive bacteria/fungi, highlight the need to consider infectious diseases and climate change as emerging areas of public health focus.¹³⁷ It is the role of public health to monitor emerging threats to health and their impact on our community.

The health of the public is also impacted by structural or institutional factors. Examples of these types of factors include the quality and availability of food, housing, or transportation. Structural or institutional factors that impact our community's health may become increasingly important in a changing world.

According to California's 5th Climate Change Assessment, the frequency and severity of extreme weather events, such as heatwaves and wildfires, are projected to increase significantly, posing direct risks to physical safety and health.¹³⁸ These events can lead to injuries, fatalities, and damage to healthcare infrastructure. Additionally, climate change facilitates the wider distribution of infectious diseases, as changing weather patterns are altering the habitats of disease vectors like mosquitoes and ticks.¹³⁹ Poor air quality, exacerbated by increased temperatures and pollution, contributes to respiratory and cardiovascular conditions, with the San Francisco Climate Action Plan noting that rising temperatures could worsen air quality by increasing ground-level ozone formation.¹⁴⁰

The health impacts of climate change are not evenly distributed; they disproportionately affect historically marginalized communities who already have health disparities. Low-income and minority communities often experience higher exposure to environmental hazards and have more limited access to healthcare.¹⁴¹ The COVID-19 pandemic highlighted these vulnerabilities, as climate-related disasters intensified COVID-19 exposure, transmission, and severity of diseases for these groups, revealing the interconnectedness of structural, social, environmental, and health impacts.¹⁴²

Addressing emerging interconnected impacts in order to improve the health of all San Franciscans requires a collaborative approach. Public health is committed to working with counterparts in all sectors to address the multiple factors that impact health. In the context of climate change, housing and transportation are closely linked to health outcomes. Inadequate housing can exacerbate health issues during extreme weather events, while communities with poor transportation access may struggle to reach healthcare services.¹⁴³ The California 5th Climate Change Assessment highlights that climate change can strain housing systems, with rising sea levels and flooding threatening coastal communities. This can lead to increased isolation for vulnerable populations, reducing their access to essential resources and healthcare. The San Francisco Climate Action Plan emphasizes the housing and transportation systems needed to mitigate the health impacts of climate change and promote community well-being.¹⁴⁴



Community Ideas for Improving Health

In the face of future health concerns, community members shared ideas for enhancing health. Common themes that arose were the need for holistic approaches, cultural sensitivity, and belonging. Many individual-level recommendations focused on fostering stronger relationships and building a tight-knit community.

There is a need for a multi-faceted approach to address disparities in access to care and services. Many suggestions targeted structural racial bias. Community members seeking culturally responsive services advocated for increased hiring of Black/African American providers and enhanced sensitivity training for all staff. Ensuring equal treatment for all, regardless of background or socioeconomic status, was a critical concern. Other proposed actions included implementing a multi-lingual phone system, increasing bilingual staff, and providing culturally sensitive interpreter services. Clearer communication from health education experts was requested, with straightforward explanations of health conditions, information on potential outcomes, more classes on chronic conditions, training on self-care, and support in understanding their health options. Recommendations for empowerment included assistive communication tools for people with disabilities and transparent feedback mechanisms for timely communication.

The community input stressed the impact of SDOH on well-being and advocated for programs that address affordable housing, food security, transportation access, mental health, and economic stability. Suggestions included increasing funding for CBOs and fostering stronger partnerships between healthcare, education, services, and CBOs to effectively tackle these complex challenges.

Community members shared that connection is key and advocated for a holistic approach that recognizes the interconnectedness of physical and mental health with social and cultural factors. The ideas included having regular check-ins, sharing life stories, group workshops and activities. These would lead to building stronger relationships within the communities where they live.

“...the climate change and how it’s not being addressed in our respective communities and neighborhoods, kind of in looking at things from a survivor’s point of view, when you don’t have enough, and you can’t even think about thriving because you’re over here thinking about surviving.”

— SFHIP Asian/Pacific Islander

“Want to see more black nurses, black doctors, black frontline staff to feel more welcome”

— ZSFG Bayview

“Something I would like healthcare organizations like health departments, service groups, or foundations to help with these needs is to do more community outreach and to ask specifically what the community is needing at this time.”

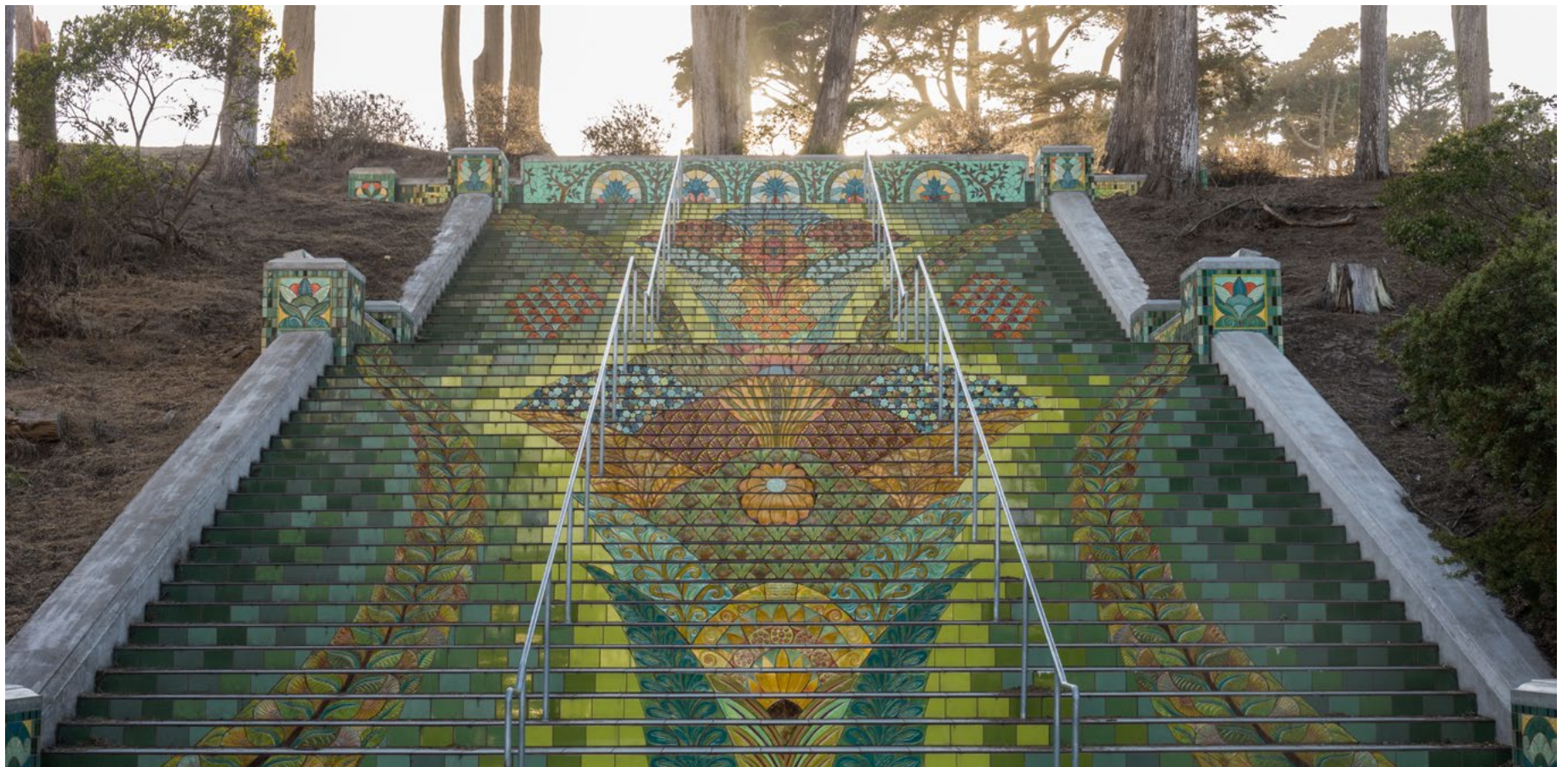
— SFHIP People with Disabilities



Next Steps – Community Health Improvement Plan (CHIP)

This report serves as a critical tool for understanding the health status of San Franciscans and addressing the health concerns of the San Francisco community. It will be utilized to create an action plan known as the Community Health Improvement Plan (CHIP).

This process will incorporate broad input from diverse stakeholders across San Francisco. Once the priorities of the CHIP are established, organizations should align their strategic plans to ensure coordinated, collective efforts in addressing community health needs.



Acknowledgements

COLLABORATIONS

INTERNAL SFDPH PARTNERS

- Population Health Division
 - Administration, Policy, & Performance Branch
 - Applied Research Community Health Epidemiology Surveillance Branch
 - Center for Data Science
 - Office of Anti-Racism and Equity
 - Operations Branch
 - Sexually Transmitted Infections (STIs)/HIV Branch
- Office of Health Equity
- Maternal Child Adolescent Health
- Zuckerberg San Francisco General Hospital
- Behavioral Health Services

EXTERNAL PARTNERS

- Medi-Cal Managed Care Plans
 - Anthem Blue Cross Blue Shield
 - Kaiser Permanente
 - San Francisco Health Plan
- San Francisco Health Improvement Partnership
- Dr. George W. Davis Senior Center
- Canon Kip Senior Center
- Curry Senior Center
- Community members



Endnotes

- 1 CHA is also one step that can help set the foundation for San Franciscan non-profit hospitals' strategic prioritization for community health.
- 2 The Census Bureau is the federal government's largest statistical agency. The **American Community Survey** (ACS) of the Census Bureau is an ongoing annual survey that shows what the U.S. population looks like and how it lives. The ACS Data Profiles contain the most popular social, economic, housing, and demographic data for a single geographic area. General Reference: <https://www.census.gov/programs-surveys/acs/data.html>
- 3 The California Department of Health Care Access and Information (HCAI) collects and manages data from dozens of health plans, thousands of health facilities and prescription drug manufacturers, and tens-of-thousands of healthcare workforce practitioners.. HCAI also produces a variety of datasets, visualizations, and reports to make data useful and meaningful to improve quality of patient care in California. Reference: <https://hcai.ca.gov/data/data-resources/>
- 4 The California Health Interview Survey (CHIS) is a leading source of credible and comprehensive data on the health and health care needs of California's large and diverse population. Each year, CHIS interviews more than 20,000 households on a wide range of health matters, from use of and access to health care, to health conditions and behaviors, to a range of topics that influence health. Reference: <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/about-chis>
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