

2004
Community Health
Assessment

Building a Healthier San Francisco

December 2004

Table of Contents

List of Tables.....	iii
List of Figures	v
List of Maps.....	vii
Executive Summary	1
Summary of Key Findings.....	2
Introduction	4
Methodology	6
Key ZIP Code and Census Findings.....	8
Census 2000 – San Francisco Population	8
ZIP Code Areas with Their Neighborhood Names	9
Demographic Characteristics of ZIP Code Areas	10
Summary of Socioeconomic Characteristics for Low-Income Neighborhoods.....	15
Premature Mortality: Expected Years of Life Lost (YLLs)	16
Causes of Death Ranked by Expected Years of Life Lost (YLLs).....	19
Hospitalizations: Ambulatory Care Sensitive Conditions (ACSCs)	21
Hospitalizations: Referral Sensitive Conditions.....	31
Leading Causes of Hospitalizations	32
San Francisco ZIP Code Summary Data.....	38
San Francisco Crime Statistics	44
Citywide and Individual ZIP Code Profiles	45
Citywide.....	45
Tenderloin (94102).....	47
SOMA (94103)	49
Potrero Hill (94107)	51
Chinatown (94108).....	53
Nob Hill (94109)	55
Mission (94110).....	57
Excelsior (94112)	59
Castro/Noe Valley (94114)	61
Western Addition (94115)	63
Forrest Hill (94116)	65
Haight (94117)	67
Inner Richmon (94118)	69
Outer Richmond (94121).....	71
Sunset (94122).....	73
Marina (94123).....	74
Bayview (94124)	77
West Portal (94127)	79

Twin Peaks (94131)	81
Lake Merced (94132)	83
North Beach (94133)	85
Visitation Valley (94134)	87
Focus Group Summary	89
Specific Segment/Community Issues	90
Level of Care for Different Social or Racial Groups	93
Perceived Disparity in Care: Insurance Coverage	94
Barriers to Accessing Health Providers	95
Image – Health Care Providers	96
Focus Group Summary Data	100
Racial and Ethnic Health Disparities in San Francisco	113
Life Expectancy and Mortality	114
Age-Adjusted Mortality Rates	115
Male and Female, Age-specific Mortality Rates	116
Ischemic Heart Disease and Stroke	117
Cancer	118
Injuries	122
Homicide and Suicide	123
Infant Health: Infant Mortality	124
Low Birthweight	125
Prenatal Care	126
Teen Births	127
Prevalence of Chronic Diseases: Diabetes	128
Asthma	129
Arthritis	130
Disability	131
Communicable Disease: AIDS	132
Tuberculosis	136
Gonorrhea and Chlamydia	137
Risk Factors: Smoking	138
High Blood Pressure	139
Overweight and Obesity	140
Physical Exercise	141
Access to Health Care: Uninsured	142
Employment-based Health Insurance Coverage	143
Usual Source of Care	144
Delayed Care	145
Dental Care	146
Glossary of Terms	147

LIST OF TABLES

TABLE	NAME	PAGE
1.0	ZIP Code Areas with Their Neighborhood Names	9
2.0	Summary of Socioeconomic Characteristics for Low-Income Neighborhoods	15
3.0	Leading Causes of Premature Mortality Ranked by Expected Years of Life Lost, San Francisco 2000-2001	16
4.0	Causes of Death Ranked by Expected Years of Life Lost (YLLs) for San Francisco and its ZIP Codes, 2000-2001	19
5.0	Leading Causes of Hospitalization by ZIP Code, San Francisco 1999-2001	33
6.0	Leading Causes of Hospitalization for Homeless at San Francisco General Medical Center, 1999-2001	36
7.0	San Francisco ZIP Code Summary Data	38
8.0	San Francisco Crime Statistics by Police District, 2002	44
9.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, San Francisco 2000-2001	46
10.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Tenderloin (94102) 2000-2001	48
11.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, SOMA (94103) 2000-2001	50
12.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Potrero Hill (94107) 2000-2001	52
13.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Chinatown (94108) 2000-2001	54
14.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Nob Hill (94109) 2000-2001	56
15.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Mission District (94110) 2000-2001	58
16.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Excelsior (94112) 2000-2001	60
17.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Castro/Noe Valley (94114) 2000-2001	62
18.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Western Addition (94115) 2000-2001	64
19.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Forrest Hill (94116) 2000-2001	66
20.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Haight (94117) 2000-2001	68
21.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Inner Richmond (94118) 2000-2001	70
22.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Outer Richmond (94121) 2000-2001	72
23.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Sunset (94122) 2000-2001	74
24.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Marina (94123) 2000-2001	76
25.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Bayview Hunter's Point (94124) 2000-2001	78
26.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, West Portal (94127) 2000-2001	80
27.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Twin Peaks (94131) 2000-2001	82
28.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Lake Merced (94132) 2000-2001	84

LIST OF TABLES

TABLE	NAME	PAGE
29.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, North Beach (94133) 2000-2001	86
30.0	Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Visitacion Valley (94134) 2000-2001	88
31.0	Focus Group Summary Data: Community Issues, Level of Care, Disparity, and Demographic Information by Population Group	100
32.0	Perceptions of Healthcare Quality in San Francisco	106
33.0	Ratings of Access to Healthcare	107
34.0	Perception of Healthcare Institutions and Providers in San Francisco	108
35.0	Age-Adjusted Male Incidence Rates for Selected Cancer Sites by Race/Ethnicity, San Francisco 1996-2000	118
36.0	Age-Adjusted Female Incidence Rates for Selected Cancer Sites by Race/Ethnicity, San Francisco 1996-2000	119
37.0	Age-Adjusted Male Mortality Rates for Selected Cancer Sites by Race/Ethnicity, San Francisco 1996-2000	120
38.0	Age-Adjusted Female Mortality Rates for Selected Cancer Sites by Race/Ethnicity, San Francisco 1996-2000	121
39.0	Number of Deaths Due to Poisoning by Race/Ethnicity and Sex, San Francisco 2000	122
40.0	Number of Deaths Due to Homicide by Race/Ethnicity and Sex, San Francisco 2000	123
41.0	Number of Deaths Due to Suicide by Race/Ethnicity and Sex, San Francisco 2000	123
42.0	Infant Mortality Rate by Race/Ethnicity, San Francisco 1995-2001	124
43.0	Usual Source of Care among Non-Elderly Population Aged 0 to 64 Years by Race/Ethnicity, San Francisco 2001	144
44.0	Delayed Care among Adult Non-Elderly Population Aged 18 to 64 Years by Race/Ethnicity, San Francisco 2001	145

LIST OF FIGURES

FIGURE	NAME	PAGE
1.0	Age of Population by ZIP Code Areas, San Francisco 2000	10
2.0	Ethnicity by ZIP Code, San Francisco 2000	11
3.0	Household Linguistic Isolation by Language and ZIP Code Areas, San Francisco 2000	12
4.0	Household Income Distribution by ZIP Code Area, San Francisco 2000	13
5.0	Ambulatory Care Sensitive Conditions: Adult and Pediatric Asthma Hospitalization Rates, San Francisco 1999-2001	22
6.0	Ambulatory Care Sensitive Conditions: Adult Diabetes Hospitalization Rates, San Francisco 1999-2001	24
7.0	Ambulatory Care Sensitive Conditions: Adult Chronic Obstructive Pulmonary Disease Hospitalization Rate, San Francisco 1999-2001	26
8.0	Ambulatory Care Sensitive Conditions: Adult Congestive Heart Failure Hospitalization Rate, San Francisco 1999-2001	28
9.0	Poverty in San Francisco Residential ZIP Codes and Age-adjusted Hospitalization Rates for ACSC: Adult and Pediatric Asthma	30
10.0	Poverty in San Francisco Residential ZIP Codes and Age-adjusted Hospitalization Rates for ACSC: Adult Diabetes	30
11.0	Referral Sensitive Procedures: Hip/Joint Replacement by ZIP Code, San Francisco 1999-2001	31
12.0	Life Expectancy by Race/Ethnicity and Sex, San Francisco 2000	114
13.0	Age-Adjusted Mortality Rates from All Causes by Race/Ethnicity and Sex, San Francisco 2000	115
14.0	Female Age-Specific Mortality Rates by Race/Ethnicity, San Francisco 2000	116
15.0	Male Age-Specific Mortality Rates by Race/Ethnicity, San Francisco 2000	116
16.0	Age-Adjusted Mortality Rates From Stroke by Race/Ethnicity and Sex, San Francisco 2000	117
17.0	Age-Adjusted Mortality Rates from Ischemic Heart Disease by Race/Ethnicity and Sex, 2000	117
18.0	Low Birthweight by Race/Ethnicity, San Francisco 2001	125
19.0	Late or No Prenatal Care by Race/Ethnicity, San Francisco 1997-2001	126
20.0	Births to Teenage Mothers Aged 15 to 19 Years by Race/Ethnicity, San Francisco 1998-2001	127
21.0	Prevalence of Diabetes among Population Aged 12 Years and Over by Race/Ethnicity, San Francisco 2001	128
22.0	Prevalence of Asthma among Population Aged 1 Year and Over by Race/Ethnicity, San Francisco 2001	129
23.0	Prevalence of Arthritis among Adults 18 Years and Over by Race/Ethnicity, San Francisco 2001	130
24.0	Self-Reported Disability among Population Aged 5 Years and Over by Race/Ethnicity and Sex, San Francisco 2000	131
25.0	Male Annual AIDS Incidence Rate by Race/Ethnicity, San Francisco 1999-2002	132

LIST OF FIGURES

FIGURE	NAME	PAGE
26.0	Female Annual AIDS Incidence Rate by Race/Ethnicity, San Francisco 1999-2002	133
27.0	People Living with AIDS by Race/Ethnicity, San Francisco 1999-2002	134
28.0	Six-year Survival among Persons Diagnosed with AIDS, San Francisco 1996-2002	135
29.0	Reported Incidence of Tuberculosis by Race/Ethnicity, San Francisco 1999-2003	136
30.0	Reported Incidence of Gonorrhea by Race/Ethnicity, San Francisco 1998-2002	137
31.0	Reported Incidence of Chlamydia by Race/Ethnicity, San Francisco 1998-2002	137
32.0	Smoking among Adults 18 Years and Over by Race/Ethnicity, San Francisco 2001	138
33.0	High Blood Pressure among Adults 18 Years and Over by Race/Ethnicity, San Francisco 2001	139
34.0	Overweight and Obesity among Adults 18 Years and Over by Race/Ethnicity, San Francisco 2001	140
35.0	Lack of Physical Exercise among Adults 18 Years and Over by Race/Ethnicity, San Francisco 2001	141
36.0	Un-Insurance among Non-Elderly Population Aged 0 to 64 Years by Race/Ethnicity, San Francisco 2001	142
37.0	Job-Based Health Insurance Coverage among Non-Elderly Population Aged 0 to 64 Years by Race/Ethnicity, San Francisco 2001	143
38.0	Dental Visit within Prior Year by Race/Ethnicity, San Francisco 2001	146

LIST OF MAPS

MAPS	NAME	PAGE
1.0	Population Distribution by ZIP Code, San Francisco 2000	8
2.0	Low Income Population by ZIP Code, San Francisco 2000	14
3.0	Ambulatory Care Sensitive Condition: Adult and Pediatric Asthma Hospitalization Rates, San Francisco 1999-2001	23
4.0	Ambulatory Care Sensitive Conditions: Adult Diabetes Hospitalization Rates, San Francisco 1999-2001	25
5.0	Ambulatory Care Sensitive Conditions: Adult Chronic Obstructive Pulmonary Disease Hospitalization Rates, San Francisco 1999-2001	27
6.0	Ambulatory Care Sensitive Conditions: Adult Congestive Heart Failure Hospitalization Rates, San Francisco 1999-2001	29

Executive Summary

“Alone we can do so little; together we can do so much.”

--Helen Keller

The 2004 Community Health Assessment was developed by Building a Healthier San Francisco (BHSF), a collaboration of San Francisco hospitals, clinics, City departments, philanthropic foundations, and community organizations, to collectively meet the community benefit planning and reporting requirements of SB 697. Although law mandates this assessment, it is far more than just a matter of compliance. BHSF shares a common vision to improve the health of San Francisco residents. It is committed to producing a document that can be used for effective health program planning and analysis.

In 2002, City officials and health leaders met to review the 2001 Needs Assessment and identified the overwhelming disparity in the health of African Americans compared with San Francisco’s general population. As a result, these groups jointly created the African American Health Disparity Project. This initiative works to improve the health status of African Americans in our community by: addressing issues within the health care system that contribute to disparities; fostering changes to warrant an increase in the trust of the health care system by African Americans; implementing city-wide efforts to address major health issues affecting African Americans; and advocating for public policy changes.

The 2004 Needs Assessment again focuses on health improvement by analyzing existing data and providing additional information that will enhance the health of San Francisco residents. It examines health conditions by neighborhoods using data by ZIP codes and draws data from focus groups conducted to show how hospitals, clinics, and health care providers can best meet the diverse needs of San Franciscans. Twelve focus groups of 10 to 12 participants each¹ included: African Americans, Asian Americans (Non-Chinese), Chinese Americans (Cantonese Speaking), Disabled, Homeless, Latino (Spanish Speaking), Lesbian-Gay-Bisexual-Transgendered (LGBT), Lower Income, Middle Income, Middle Aged, Newcomers, and Whites.

¹ Focus group opinions may not be representative of San Franciscans generally.

Summary of Key Findings

1. **Focus group participants indicated health care facilities usually provide quality health care.** Most focus group participants rate the quality of health care available in San Francisco as “good” to “excellent” and are generally very satisfied with the care they receive.
2. **Residents from various economic backgrounds appear to have equal access to many inpatient hospital procedures.** Residents in low-income neighborhoods appear to have access to inpatient procedures, such as hip/joint replacement, pacemaker insertion, coronary artery bypass, and coronary angioplasty, equal or similar to those in higher-income neighborhoods.
3. **Many hospitalizations could be avoided through increased use of preventive services, including primary care, particularly in lower-income neighborhoods.** For example, the Tenderloin and Bayview-Hunters Point neighborhoods consistently have higher rates of hospitalizations for asthma, diabetes, COPD (Chronic Obstructive Pulmonary Disease), and congestive heart failure than wealthier neighborhoods. These conditions may be effectively controlled or managed in an outpatient setting without hospitalization and can potentially maintain the patient in better health. It is unclear whether the lack of preventive care is due to insufficient services or residents’ behavior. The focus groups concluded factors related to the timely use of services included inadequate transportation and poor customer service (such as lack of bilingual staff, long waits for appointments, long waits to be seen by providers, and lack of extended hours).
4. **Preventive care and targeted interventions work.** From 1999 to 2001, skin infections resulting from injected heroin use were the number one cause of admission to San Francisco General Hospital among the homeless. However, by 2002-2003, these infections dropped to the 16th cause of admissions, largely due to the development of a new outpatient wound treatment clinic, the Integrated Soft Tissue Infection Service (ISIS) team.
5. **Behavior impacts life expectancy.** Community-based education and primary health care can prevent premature death. All 15 leading causes of premature death have at least one behavioral aspect (such as diet, physical activity, smoking, and/or substance abuse) associated with them.
6. **Barriers, both real and perceived, impact health decisions.** Focus group participants believed the lack of health insurance coverage and inability to pay were significant barriers to receiving health care. As one member of the African American focus group said, “A great deal of it [disparity] is not black and white, it is green.” A member of the Chinese focus group reflected on the state of San Francisco health care as “If you have insurance, no problem; if no insurance, big problem.”

7. **Community health is more than traditional health care.** Many contributors to premature death are not traditionally addressed by the health care sector, such as poisoning and drug overdoses, homicide, suicide, and traffic accidents. Typically, the health care sector is the recipient of the results of these contributors, rather than a participant in their prevention.
8. **While the overall health of San Franciscans improved, wide disparities among racial and ethnic groups remain, with African Americans suffering more adverse health effects than any other group.** African Americans have a life expectancy that is 10 years shorter for men and 5 years shorter for women compared with White men and women. African Americans also have higher age-adjusted mortality from ischemic heart disease, stroke, and cancer; and higher rates of low birth weight, low or no prenatal care, and teenage births.

Areas of further study: The 2004 Needs Assessment does not address a number of important health care issues because they were either recognized late in the assessment, or insufficient data was available to draw reasonable conclusions. These issues, such as access to primary and specialty care physicians, uneven geographic distribution of care, and use of emergency services by “frequent flyers”, will be studied for inclusion in the 2006 Needs Assessment. The following pages discuss the Key Findings of the 2004 Needs Assessment in further detail.

Introduction

Building a Healthier San Francisco (BHSF) is a collaboration of San Francisco hospitals, clinics, City departments, philanthropic foundations, and community organizations. BHSF was established in 1994 to meet the requirements of Senate Bill 697, a state law requiring private, non-profit hospitals to conduct a community health needs assessment every three years and “assume a social obligation to provide community benefits in the public interest.”² Hospitals utilize this assessment as a tool for developing their community benefit plans, which are submitted annually to the California Office of Statewide Health Planning and Development (OSHPD).

Although law mandates the assessment, it is much more than a matter of compliance. The members of BHSF share a common vision to improve the health of San Francisco residents, and are committed to producing a document that can be used for effective health program planning and analysis.

In the 2001 assessment, a forum was held with 29 neighborhood and community organizations. The proceedings elicited two consistent responses:

1. Citywide data highlighted pressing health issues, but did not create a picture of local issues; and
2. Neighborhood information was more useful for local efforts and planning, given the City’s population concentrations of ethnicity, language, age, etc.

In preparation for this 2004 report, BHSF considered responses to the 2001 forum and assessed numerous reports produced by government agencies and private organizations. An effort was made to avoid duplicating information, such as data found in reports from the school district; the Department of Children, Youth, and Families; and the Department on Aging. Attention focused on the Department of Public Health’s publication, the *Overview of Health*, a citywide view of the health and well being of City residents. BHSF contacted SFDPH to discuss a different approach to the 2004 Assessment. Both organizations agreed the most effective approach was to produce two complementary documents, a BHSF Assessment highlighting the neighborhood data and the SFDPH *Overview of Health* highlighting citywide data.

With financial assistance from the Hospital Council, The San Francisco Foundation, McKesson Foundation, The United Way, Franklin Benevolent Corporation and Blue Cross, BHSF collected and analyzed data from the US Census, OSHPD, SFDPH, and the San Francisco Police Department. BHSF also conducted 12 focus groups to collect qualitative insights on health care.

The 2004 Community Health Assessment, and the raw data from which this report draws, are available online at the web site of the Northern California Council for the Community, www.ncccsf.org.

² SEE oshpd.cahwnet.gov/hid/HID/hospital/hcbp/faqs_hospital_CBP.htm.

What the Assessment Does, What It Contains: This Assessment attempts to create a picture of the people in San Francisco neighborhoods, and to answer the questions:

1. Who lives there?
2. What health conditions exist?
3. What are the priorities?
4. How does this neighborhood compare with other San Francisco neighborhoods, the City at large, California, and the nation as a whole?

The 2004 Assessment is organized into two major sections, ZIP code data and focus groups.

ZIP Codes: There are many ways to define San Francisco neighborhoods. However, the most efficient plan for managing the Census, OSHPD, and SFDPH data was to consolidate data into 21 ZIP codes.

Focus Groups: The focus groups represented were African Americans, Asian Americans (Non-Chinese), Chinese Americans (Cantonese Speaking), Disabled, Homeless, Latino (Spanish Speaking), Lesbian/Gay/Bisexual/Transgender (LGBT), Lower Income, Middle Income, Middle Aged, Newcomers, and Whites.

Conclusions should not be based solely upon the focus group comments due to inherent limitations, namely:

1. Individual focus groups do not comprise a representative sample of San Francisco's population;
2. Sample sizes were small, usually ranging from 10-12 participants;
3. There were no distinctions made as to whether respondents used public or private health services; and
4. Responses are not associated with a specific ZIP code or neighborhood.

The focus groups bring a directional, rather than statistical, analysis to what San Franciscans think about their health care, how they access medical information and services, language barriers, issues specific to homelessness, and health disparities.

Also included are updated citywide health indicators up to 2004, and a more in-depth look at the health disparities discovered.

Though the Assessment improves our understanding of neighborhood health conditions, more work can be done compiling information on mental health, effects of easy vs. difficult transportation, location and capabilities of health providers, and a complete inventory of health services.

BHSF hopes that the Assessment will provide insight into the health and well being of San Francisco residents, as well as determining the best focus of future efforts.

Methodology

There are two major components to the 2004 Community Needs Assessment: ZIP code and focus group data. The San Francisco ZIP codes were consolidated to 21 areas in order to approximate actual neighborhoods.

In addition, 12 focus groups were conducted to seek opinions and behavioral data on a qualitative level. The intent was to collect in-depth information on subjects that cannot be deduced from quantitative data. The groups were African Americans, Asian Americans (Non-Chinese), Chinese Americans (Cantonese Speaking), Disabled, Homeless, Latino (Spanish Speaking), Lesbian/Gay/Bisexual/Transgender (LGBT), Lower Income, Middle Income, Middle Aged, Newcomers, and Whites.

Quantitative Data: BHSF research analyst John Rogers attempted to collect data from many sources, including community clinics, health and dental insurance companies, individual hospitals, MediCal, MediCare, and a state health survey. Many sources were limited by federal patient confidentiality laws and would not release patient data, or would not assign staff to process the data for BHSF. The available ZIP code data is comprised of the following sources:

- Census 2000 was the source for data concerning race, ethnicity, age, education, income, poverty, disabilities, linguistic isolation, and housing characteristics.
- California Office of Statewide Health Planning and Development (OSHPD), which provided data concerning Ambulatory Care Sensitive Conditions, Referral Sensitive Procedures, and Leading Causes of Hospitalizations.
- San Francisco Department of Public Health (SFDPH) Vital Records provided information about births and years of life lost (YLLs); and
- San Francisco Police Department provided crime information by Police Districts.

Highlights and summaries of the ZIP code data are presented with the individual profiles for the 21 ZIP codes. The crime statistics were not available by ZIP code and are therefore presented by predetermined Police Districts. However, this report does show the ZIP codes in each District service area.

Qualitative Data: Corey, Canapery & Galanis Research of San Francisco conducted the focus groups. Standard focus group technique was employed. Respondents were pre-screened in order to recruit a cross-section of San Francisco residents within each of the 12 segments. In total, 127 participants were selected.

Using the focus group approach permitted the development of directional, rather than statistical, analyses of respondents' opinions on health care providers, community issues, disparities, and barriers.

The focus group information is presented in a summary with specific community issues by segments, with three tables representing 1) respondents' rating of the quality of

health care; 2) their ability to see a doctor or nurse, 3) respondents' rating of health care providers; and 4) a summary of the participants and their overall observations.

Conclusions should not be based solely upon the focus group comments due to inherent limitations, namely:

1. Individual focus groups do not comprise a representative sample of San Francisco's population;
2. Sample sizes were small, usually ranging from 10-12 participants;
3. There were no distinctions made as to whether respondents used public or private health services; and
4. Responses are not associated with a specific ZIP code or neighborhood.