

San Francisco Healthy Homes Project

Community Health Status Assessment



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Summary

This Community Health Status Assessment focuses specifically on the Bayview Hunters Point (BVHP) neighborhood in San Francisco and the public housing sites that lie within BVHP: Hunters View, Hunters Point-A, Westbrook Apartments, and Alice Griffith.

Demographics

BVHP, and especially its public housing sites, have a greater proportion of youth and a lower proportion of seniors than the city as a whole. There are a greater proportion of African American residents in BVHP and its public housing than the city as a whole. Particularly in the census tract that Hunters View, Hunters Point-A, and Westbrook Apartments fall within, which is more than 50% African American. Both BVHP and the area around Alice Griffith have a higher proportion of Hispanic residents than the city as a whole, while BVHP and the city as a whole have similar proportions of Asian/Pacific Islander residents.

The population in BVHP and its housing sites has lower median and per capita incomes than the city as a whole and a greater proportion of residents living at or below 200% of the federal poverty level. Over 50% of residents in the census tract that Alice Griffith falls within live at or below the poverty level. There is a lower percentage of adults 25 years and older in BVHP that have a high school degree or more. The census tract that holds Hunters View, Hunters Point-A, and Westbrook Apartments has a notably lower percentage of foreign born residents than the city as a whole or the BVHP neighborhood.

Environmental Hazards

In general, exposure to small particulate matter air pollution appears to be lower in BVHP and around the housing sites when compared to the city as a whole. However, significant portions of the public housing properties are in close proximity to designated truck routes, which can create air pollution and noise. Overall, BVHP has a lower number of cars per street mile than the rest of the city. However, many streets in BVHP and around the public housing sites have higher levels of traffic noise than other parts of the city, perhaps due to the density of truck routes. BVHP has a significant portion of its land zoned for industrial uses and as a consequence, holds a high proportion of the city's brownfield reuse sites.

Housing

In BVHP, 30% of renters pay 50% or more of their income for housing compared to 20% of all San Francisco renters. The percentage of residents who spend 50% or more of their income on housing in the Census tract that Hunters View, Hunters Point-A, and Westbrook Apartments fall within is on par with the city as whole, likely due to the density of public housing which limits the amount of money that must be spent on rent. Nearly 50% of households in BVHP own their homes, while roughly 36% of all San Franciscans are home owners. However, only 10% of households in the tract that Hunters View, Hunters Point-A, and Westbrook Apartments fall within own their homes. Overcrowding in BVHP and its housing sites is about 10 percentage

points higher than the city as a whole. BVHP and the area around Alice Griffith is more ethnically diverse than the city as a whole, while the area around Hunters View, Hunters Point-A, and Westbrook Apartments is less ethnically diverse than the city overall. While the rate of health and building code violations in BVHP and around its public housing sites is slightly lower than the average for the city as a whole, BVHP still has one of the higher rates in the city when compared to all other neighborhoods.

Transportation

Fewer households in BVHP live without a personal vehicle compared to the city as a whole; however, a high proportion of households in the Census tract that Hunters View, Hunters Point-A, and Westbrook Apartments fall within do not own a vehicle (about 40%). Accordingly, a high proportion of individuals in that tract use public transit to commute to work, higher than the city as a whole or the neighborhood. Lower percentages of BVHP workers commute to work by walking or cycling than the rest of the city and BVHP residents spend a greater percentage of their income on transportation than the city as a whole. While pedestrian injury rates are lower in BVHP overall, the rate of pedestrian injuries and deaths is especially low near the Hunters View, Hunters Point-A, and Westbrook Apartment developments.

Employment

The number of jobs through employers based in BVHP is roughly on par with the number of individuals 16 years and older who are in the civilian labor force in the neighborhood. However, it is unclear whether all of these jobs are physically located in the BVHP neighborhood or whether the persons filling those jobs are residents of BVHP. While the number of jobs seems to match the number of workers, fewer jobs with BVHP employers pay more than \$19.23 per hour compared to all jobs with San Francisco employers. Unemployment rates by ethnicity could not be calculated for the BVHP neighborhood specifically; however city-wide unemployment rates for 2006-2010 illustrate that African American workers in San Francisco experience higher unemployment rates than non-Hispanic whites, Asians, and Hispanics (over 11% in both men and women).

Social Cohesion & Public Safety

Violent and property crime rates are consistently higher in BVHP and particularly near the public housing sites compared to the city as a whole. Physical assaults and property crime rates are especially high in the Census tract that Alice Griffith falls within, while the homicide rate is the highest in the tract that the other public housing sites lie within. A lower percentage of persons in the census tract that Hunters View, Hunters Point-A, and Westbrook Apartments fall within have lived in their residence for longer than a year compared to the city as a whole or the neighborhood. The number of alcohol retailers per 1,000 residents is similar in BVHP and the city as a whole, but is notably lower in the census tract that Hunters View, Hunters Point-A, and Westbrook Apartments fall within. Similar percentages of residents in BVHP and the city as a whole live within ½ mile of a community center, but there is currently no community center within ½ mile of Alice Griffith. Compared to the city as a whole, there are a high number of spiritual and religious centers per 10,000 residents in BVHP and around Alice Griffith. Voting

rates for the 2008 presidential election were significantly lower in BVHP and especially around the public housing sites compared to the city as a whole.

Public Infrastructure/Access to Goods and Services

In BVHP, a lower percentage of public schools meet state academic testing goals than in the city as a whole. Access to recreational spaces, those being parks, natural areas, recreational centers, and community gardens, is lower in BVHP and particularly around Hunters View, Hunters Point-A, and Westbrook Apartments compared to the rest of the city. Likewise, there are fewer trees per acre in BVHP compared to the rest of the city. While the majority of Alice Griffith, Hunters View, and Westbrook Apartments properties are within ¼ mile of a public recreational facility, a lower percent of BVHP residents live this close to a recreation facility and compared to the city as a whole. Access to key retail services is lower in BVHP is lower overall, which corresponds to the relatively low proportion of land that is zoned for commercial activity. Hunters View is the only public housing site that was within ½ mile of a banking institution. Food retail is particularly sparse in BVHP compared to the city as a whole.

Health Outcomes

Research has shown that residents of BVHP can expect to live on average 14 years less than their counterparts in Russian Hill. The leading cause of premature mortality in BVHP among men is violence, while it is ischemic heart disease among women. Accidental death from drug overdose also accounts for a larger portion of premature mortality in BVHP compared to the rest of the city and is the third highest cause of early death in men and the fourth in women. Hospitalization rates for chronic diseases, including diabetes, asthma, and heart failure, are also much higher in BVHP as are incidence rates for chlamydia and gonorrhea. Syphilis incident rates however, are lower in BVHP compared to the city as a whole. First trimester prenatal care is lower in BVHP than the city, while rates of low birth-weight among babies born in BVHP are higher than the city as a whole.

Glossary of Terms

ACS	American Community Survey
AGOC	Alice Griffith Opportunity Center
API	Academic Performance Index
BARHII	Bay Area Regional health Inequities Initiative
BVHP	Bayview Hunters Point
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CHSA	Community Health Status Assessment
CPR	Californians for Pesticide Reform
CT-AG	Census tract that contains Alice Griffith
CT-HHW	Census tract that contains Hunters View, Hunters Point-A, and Westbrook Apartments
GN	Good Neighbor Program
HDMT	Healthy Development Measurement Tool
SFHH	San Francisco Healthy Homes Project
HHW	Hunters View, Hunters Point-A, and Westbrook Apartments
HMSF	Health Matters in San Francisco
IPM	Integrated Pest Management
LEJ	Literacy for Environmental Justice
MAPP	Mobilizing Action for Planning and Partnerships
NACCHO	National Association of County and City Health Officials
Preventable ER Visits	165 different causes of emergency room admission that could have been prevented through utilization of primary care. These range from pregnancy and eye exams to bacterial infections.
PUMA	Public Use Microdata Area
REACH CORE	Racial and Ethnic Approaches to Community Health Program - Communities Organized to Respond and Evaluate
SCFTC	Southeast Child Family Therapy Center
SEFA	Southeast Food Access Workgroup
SFDPH	San Francisco Department of Environmental Health
SFE	San Francisco Department of Environment
SFHA	San Francisco Housing Authority
SFUSD	San Francisco Unified School District
WHP	West Hunters Point public health planning district

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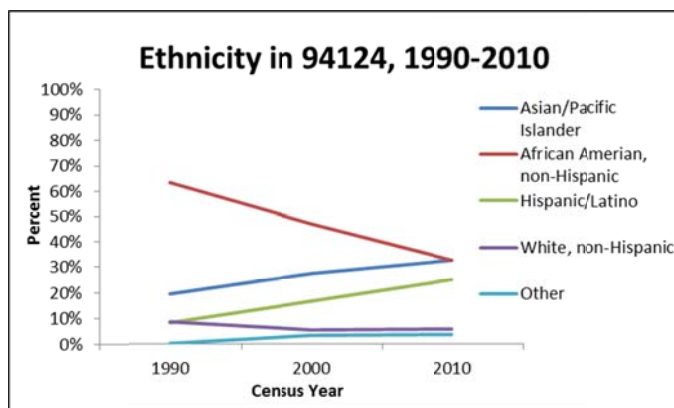
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Introduction

Bayview Hunters Point (BVHP) is located in the Southeast corner of San Francisco, bordering the Bay and is somewhat geographically isolated due to the presence of the 280 and 101 freeways that make up its western border. This neighborhood has historically been an epicenter for industrial and military activity. During and after World War II, the Hunters Point shipyard provided well-paying work and drew a large number of African American residents to the neighborhood, resulting in BVHP becoming one of the only predominantly African American neighborhoods in San Francisco. Residents purchased homes and created a lively commercial corridor along 3rd Street. However, the naval shipyard was closed in 1974 and the area was designated a Superfund site in 1994. With the loss of well-paying jobs that the shipyard provided, the absence of new employment opportunities, and San Francisco's increasing cost of living, many residents fell into poverty or were forced to move out of the county.

Today, African Americans no longer form the majority of BVHP residents. The Asian Pacific Islander (API) and Hispanic populations have grown significantly and now there are roughly equal numbers of African American and API individuals (Figure 1). Poverty and unemployment remain major issues. Poor neighborhoods are more vulnerable to external factors that are detrimental to health. San Francisco Department of Public Health research has already illustrated that BVHP experiences a disproportionate number of social determinants with adverse effects on health, ranging from social isolation to institutional and environmental



racism to lack of access to healthy food.² These social determinants in turn affect the behavior of residents living in the 94124 zip code.² For example, less access to healthy food makes maintaining a good diet and avoiding obesity more difficult, fewer job or recreational opportunities can cause depression and substance use, and an atmosphere of violence forces children to stay inside, leaving them more susceptible to poor indoor air quality, asthma triggers, and obesity.

Over the past 20 years, asthma has been identified as a significant, but modifiable, health disparity in BVHP and a priority for action. The San Francisco Department of Public Health and various county agencies have been involved in environmental, clinical, and school-based approaches to tackle the asthma epidemic; however, disparities persist. In 2001, the Board of Supervisors created the San Francisco Asthma Taskforce to create a countywide plan to manage and prevent asthma. In 2003, the Taskforce released its report with recommendations. Three of the report's top five environmental recommendations are focused on improving indoor air

quality in housing. San Francisco Housing Authority (SFHA) properties are specifically targeted as part of the recommendations.³

Since 2007, the San Francisco Department of Environment (SFE) has been working in collaboration with multiple community based organizations to improve indoor air quality and reduce asthma morbidity in San Francisco's public housing developments. SFE's field research at Alice Griffith Public Housing Development in San Francisco indicated that a large number of families have pest and mold problems. Because mold, mouse urine, and cockroaches are known contributors to poor indoor air quality and may be linked to asthma morbidity, SFE launched the San Francisco Healthy Homes (SFHH) Project to address asthma disparities in low-income housing. SFHH has been working to educate public housing residents about pest prevention, safer pest control methods, and non-toxic cleaning products.

With initial support from Supervisor Sophie Maxwell, San Francisco Asthma Task Force members first approached SF Housing Authority management in April 2009 to explore building the Housing Authority's capacity to provide integrated pest management (IPM), a practice which cooperatively involves tenants, property management, maintenance and contracted pest control operators in limiting pest access and harborage to minimize use of pesticides. By May 2010, Housing Authority management agreed to conduct an IPM pilot project at one of its public housing sites. The San Francisco Department of the Environment (SFE) has provided the leadership for this Task Force project.

In 2010, SFE was awarded a REACH CORE grant through the Centers for Disease Control and Prevention (CDC) to support SFHH's work on developing and implementing practice-based interventions to improve indoor air quality, reduce toxics exposure, and institute safer and more effective pest management programs in public housing in the Southeast sector of San Francisco – with the goal of preventing asthma episodes in San Francisco Housing Authority (SFHA) properties. The proposed interventions include developing a health protective public housing policy which would require the use of IPM.^a This policy would also contain guidelines for building out pests in new SFHA construction projects. SFHH would additionally work to educate SFHA staff about the importance of pest prevention and safer pest prevention and cleaning methods and would build the capacity of residents to advocate for healthier home environments.

As part of the REACH CORE grant, SFHH is required to undertake a process called Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-driven strategic planning process that was developed by the National Association of County and City Health Officials (NACCHO) to help communities apply strategic thinking to prioritize public health issues and identify resources to address them. Part of the MAPP process entails a Community

^a In 1996 San Francisco passed the Integrate Pest Management Ordinance, which requires IPM to be used in all city properties; however, San Francisco Housing Authority properties are currently exempt from this requirement: <http://www.sfenvironment.org/downloads/library/ipmordinance.pdf>

Health Status Assessment to answer the questions *“How healthy are our residents and what does the health status of our community look like?”*

While the Department of Public Health has conducted previous analyses examining health and environmental disparities in BVHP, this Community Health Status Assessment (CHSA) will specifically focus on comparing the social and environmental conditions near BVHP’s four public housing developments to those in the BVHP neighborhood and the county as a whole. Using this information, a number of health status priorities will be identified and modifiable environmental and social factors that could impact these priorities will be suggested. The report will conclude with a summary of current efforts being undertaken in BVHP to address these issues.

Methods

To conduct the CHSA, the San Francisco Department of Public Health (SFPDH), Environmental Health Section analyzed data at various geographic levels to make comparisons between San Francisco County, the Bayview Hunters Point (BVHP) Planning Neighborhood, and the areas surrounding the four public housing developments in BVHP: Alice Griffith, Hunters Point-A, Hunters View, and Westbrook Apartments.

Geographic Units of Analysis

When possible, data are presented at the planning neighborhood level (Map 1) for BVHP and at the Census tract level for Alice Griffith, Hunters Point-A, Hunters View, and Westbrook Apartments public housing sites. Alice Griffith is located in tract 234 while the other three developments are located in tract 231.03, shown in Map 2. When data was only available at the Zip Code level, data for Zip Code 94124 is used to represent BVHP (Map 3). For some indicators, data was only available at the Supervisorial District level, in which case, data for District 10 is used to represent BVHP (Map 4). District 10 also includes Visitacion Valley and Excelsior neighborhoods and part of Potrero Hill. For some health outcomes, data was only available at the Department of Public Health Planning District Level, in which case both the Bayview and West Hunters Point Districts are assumed to represent the BVHP neighborhood and the West Hunters Point District is assumed to represent the area that the public housing sites fall within (Map 5). Lastly, health insurance data for Census Public Use Microdata Area (PUMA) 2207 (Map 6) is presented to represent health insurance coverage for the BVHP community.

In this report, data from Census tract 234 will be used to describe Alice Griffith and will be referred to as CT-AG. Data from tract 231.03 will be used to describe Hunters View, Hunters Point-A, and Westbrook Apartments and will be referred to as CT-HHW. It is important to acknowledge that the public housing residents only make up a portion of the populations living in tracts 234 and 231.03. Thus, Census tract figures may not accurately reflect the actual population living within the public housing developments.

Data Sources

The two primary sources of data for this report are SFPDH's Healthy Development Measurement Tool (HDMT) and the Health Matters in San Francisco (HMSF) website. The HDMT provides data on over 100 indicators of community sustainability and wellbeing on topics including environmental sustainability, transportation, housing, economic equity, social cohesion, and access to goods and services. HMSF is a product of the Building a Healthier San Francisco Coalition that conducts a community health needs assessment for the county every three years. HMSF is a repository of local level health outcomes data for San Francisco and was used to gather hospitalization and infectious disease data. Data from the 2009-2010 California Physical Fitness Test was used for information on youth aerobic capacity and body composition.

Data utilized in the HDMT and HMSF come from a variety of sources including: the California Department of Public Health; the California Office of Statewide Health, Planning, and Development; the San Francisco Department of Public Health; the 2000 and 2010 US Census; the 2005-2009 American Community Survey; the California Department of Education; and various other local data sources. Because the American Community Survey (ACS) is a sample survey, the data presented in this report are statistical estimates with accompanying margins of error (the Census provides margins of error based on a 90 percent confidence level). In order to illustrate the degree of error accompanying the ACS estimates in this report, confidence intervals and error bars are presented in the tables and charts. Confidence intervals and error bars illustrate the potential span of values that the actual value could fall within. For example, if an error bar spans from three to six, the real value could be as low as three or as high as six. If error bar or confidence interval values for two estimates overlap, then there is no way to say that those two estimates are actually different. A high quality estimate will have a small error bar, because you can be relatively sure that the estimate is accurate.

Part A: Demographic Profile

In 2010, the population density of the BVHP neighborhood was much lower than the population density of the county as a whole (See Appendix, Master Table). CT-AG^b was more than 1.5 times as dense as the entire BVHP neighborhood, while CT-HHW^c was roughly as dense as BVHP. In 2010, the population densities for the county, BVHP, CT-AG, and CT-HHW were 17,144, 6,945, 11,104, and 7,685 residents per square mile respectively.

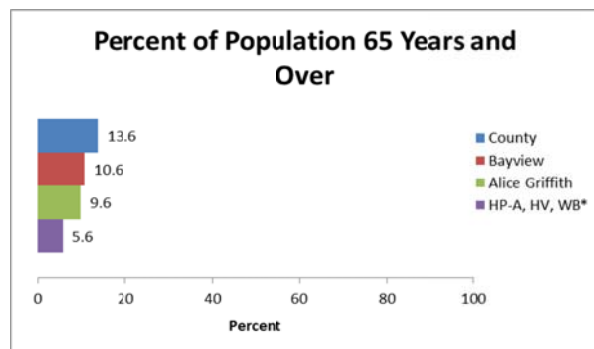


Figure 2. Source: 2010 US Census

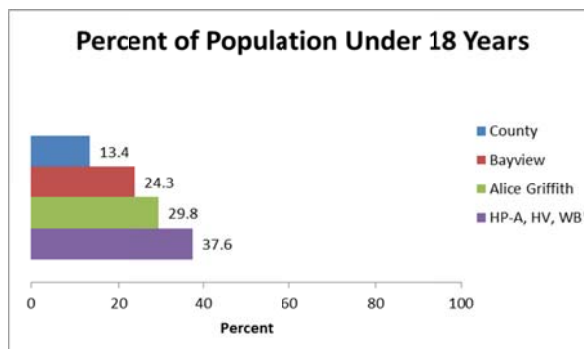
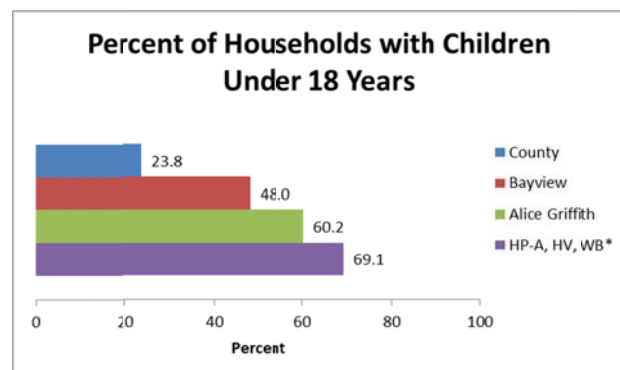


Figure 3. Source: 2010 US Census

Compared to the county, BVHP and the Census tracts that include the four public housing sites have a lower proportion of seniors and a higher proportion of youth (Figure 2-3). In 2010, the proportion of seniors (persons 65 years and older) in the county, BVHP, CT-AG, and CT-HHW was 13.6%, 10.6%, 9.6%, and 5.6% respectively. That same year, 13.4% of the County's population was under 18, while 24.3%, 29.8%, and 37.6% of BVHP, CT-AG, and CT-HHW's



population were minors. The BVHP neighborhood and its public housing sites also had a greater percent of households with children under 18 than the county. The 2010 Census shows that 48% of BVHP, 60.2% of CT-AG, and 69.1% of CT-HHW households had youth living within them, while only 23.8% of all San Francisco households contained youth (Figure 4).

BVHP and the four public housing sites also had a slightly higher proportion of females than males compared to the county (Figure 5). According to the 2010 Census, 49.3% of San Francisco residents were female while 51.3% of BVHP, 53% of CT-AG, and 56.5% of CT-HHW were

^b In this report, "CT-AG" refers to Census tract 234 and is used to describe conditions in Alice Griffith

^c In this report "CT-HHW" refers to Census tract 231.03 and is used to describe Hunters Point-A, Hunters View, and Westbrook Apartments

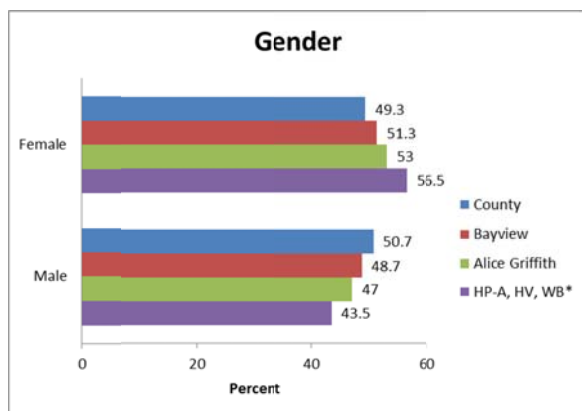


Figure 5. Source: 2010 US Census

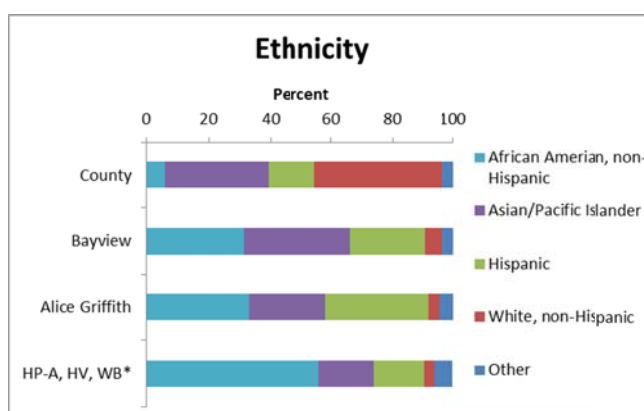
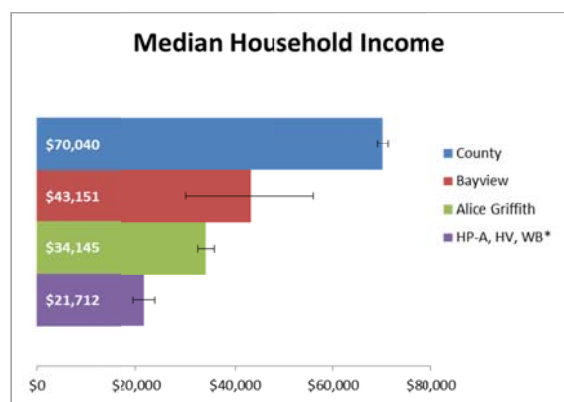


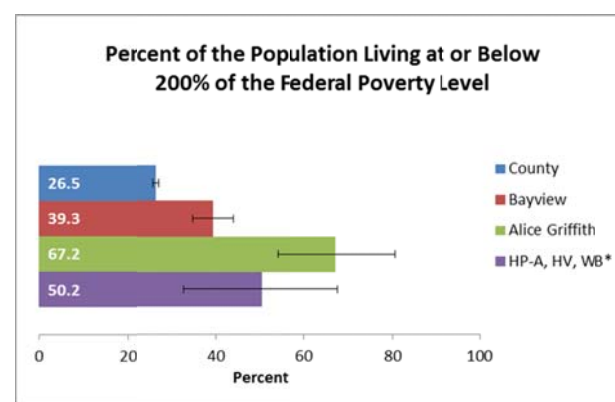
Figure 6. Source: 2010 US Census

female. BVHP and its public housing sites additionally had greater percentages of African American and Hispanic residents than the county, and a lower percentage of white residents (Figure 6). The public housing sites also had a lower percentage of Asian/Pacific Islander residents than the county or BVHP. CT-HHW had the highest proportion of African Americans compared to the other 3 geographies, while CT-AG had the greatest percentage of Hispanic residents.

Estimates from 2005-2009 for the median household income were \$70,040 for San Francisco, \$43,151 for the BVHP neighborhood, \$34,145 for CT-AG, and \$19,704 for CT-HHW (Figure 7). BVHP and the housing sites had significantly lower median household incomes than the county as a whole, while CT-HHW's median household income was significantly lower than both BVHP and CT-AG. Per capita income followed the same trend (Appendix 2). As would be expected a greater proportion of the population in BVHP and its public housing sites were low income, living below 200% of the federal poverty level (FPL) (Figure 8). The 2005-2009 American Community Survey (ACS) data show that 67.2% of CT-AG residents and 50.2% of CT-HHW residents were living below 200% of the FPL, while 39.3% of BVHP and 26.5% of all county



2005-2009



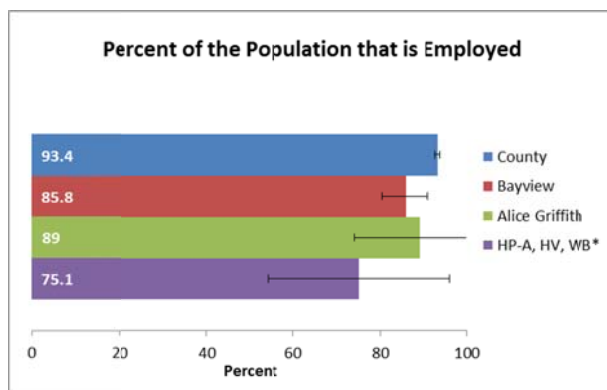


Figure 9. Source: American Community Survey, 2005-2009

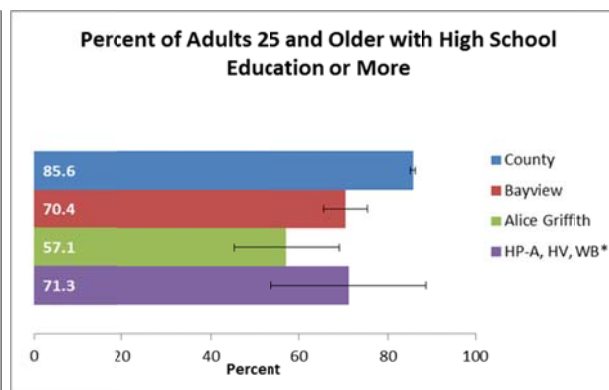


Figure 10. Source: American Community Survey, 2005-2009

residents were living at this poverty level. While the poverty estimate for CT-AG is significantly higher than both the county and BVHP, CT-HHW is only significantly greater than the estimate for the county, as illustrated by the overlapping error bars in Figure 8. The employment rate for BVHP was significantly lower than that for all county residents (16 years and older and in the civilian labor force), with 85.8% of BVHP residents being employed from 2005-2009 and 93.4% of county residents being employed (Figure 9). Unfortunately, employment rate data for the housing sites were unreliable, so differences cannot be determined. It is important to note that the employment rate data are from 2005-2009 and may not fully represent the effects of the recession, as years prior to 2008 are included.

The 2005-2009 American Community Survey (ACS) shows that in both BVHP and CT-AG, a lower proportion of residents 25 years and older were high school graduates compared to the county as a whole (70.4%, 57.1%, and 85.6% respectively). Differences between the four public housing sites and the neighborhood were not statistically significant (Figure 10). Lastly, ACS data show that CT-HHW had a much lower percent of residents that were foreign born than the county or BVHP (14.9%, 34.4%, and 33.1% respectively) (Figure 11).

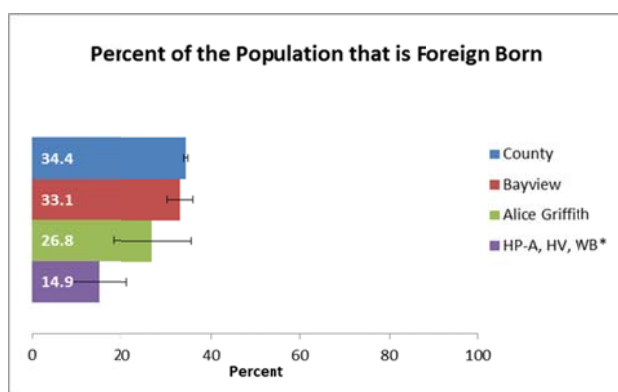


Figure 11. Source: American Community Survey, 2005-2009

Part B: Environmental Conditions

B.1 Ambient Environmental Hazards

Introduction

The ambient environmental hazards examined in this report pertain to exposure to noise and air pollution and potential sources of toxic substances. More specifically, exposure to traffic-related air and noise hazards, stationary air pollution hazards, total particulate matter exposure, and the distribution of brownfields are examined. These environmental metrics were chosen because of the evidence base linking these exposures to chronic diseases that disproportionately affect BVHP, including asthma and heart failure.

Research has shown that living next to busy roadways is associated with increased respiratory disease symptoms, asthma hospitalizations and doctor visits, and poorer lung function measures in children, compared to children who live further away from high traffic areas.⁴⁻⁷ Air pollution associated with roadway proximity has also been shown to contribute to cancer and impaired lung development.⁸ Motor vehicle emissions, power plants, and refineries are the predominant sources of fine particulate air pollution (PM2.5). Several large-scale studies demonstrate that increased exposure to PM2.5 is associated with detrimental cardiovascular outcomes, including increased risk of death from ischemic heart disease, higher blood pressure, and coronary artery calcification.⁹

The health impacts of environmental noise depend on the intensity of noise, the duration of exposure, and the context of exposure. Moderate levels of traffic noise have negative impacts on stress and are associated with higher risk for hypertension and heart disease.^{10,11} Chronic road noise can also affect cognitive performance in children, including difficulty paying attention, concentrating, and remembering; poorer reading ability; and poorer discrimination between sounds.¹² Traffic noise also contributes to sleep disturbance and annoyance, leading to decreased concentration, increased aggressive behavior, and decreased helping behavior in adults.¹³⁻¹⁵

A brownfield reuse site is a land parcel that may contain hazardous materials because of its prior commercial or industrial use.¹⁶ While the site may not be contaminated, testing and possible remediation may be necessary for new development. Brownfield redevelopments can have significant environmental, economic, and social benefits if remediated, which is often purported to advance environmental justice.¹⁷ Lastly, the presence of industrial zoned land may be a potential source of air and noise pollution. However, industrial facilities may also provide well-paying employment for skilled, but not necessarily highly educated, workers.¹⁸

Analysis

In 2005, the average traffic volume for San Francisco County was 117,989 cars per street mile while the traffic volume for BVHP was 62,723 cars per street mile (Appendix 2). Volumes were lower near all of the housing sites, at 57,335 cars per mile in CT-AG and 14,326 in CT-HHW. Low traffic in CT-HHW may be due to low personal vehicle ownership, which will be discussed further in a subsequent section. The proportion of BVHP's population living within 150 meters of a designated truck route was similarly lower than the county as a whole (38% versus 47%). While the percent of the households in the housing sites living within the 150 meter buffer could not be determined, 65% of Alice Griffith's, 58% of Hunters Point-A's, 37% of Hunters View's, and 58% of Westbrook's lot areas were within 150 meters of a truck route (Map 7). When examining proximity to stationary sources of air pollution, such as bus yards and ports, analysis shows that 4% of San Francisco's households are within 300 meters of such a source, while 1% of BVHP's and 0% of the housing sites' households are within this buffer (Map 8).

Modeling of traffic related air and noise pollution reveals that 68% of San Francisco households are within 150 meters of streets with potential traffic-related air quality hazard areas, while 42% of BVHP households are within a hazard area (Map 9). None of the four housing developments fall within an air quality hazard area. When actual concentrations of fine particulate matter (PM_{2.5}) were examined, the county, BVHP, and the housing sites were all found to have levels below the California annual standard of 12 ug/m³ (Map 10). Results from the Bayview Community Air Monitoring Project (BayCAMP), which measured ambient air quality for one year at a site in BVHP, also found that there were no air pollutant levels that would put BVHP residents at a higher risk for negative short or long term health outcomes, when compared to the rest of San Francisco and other sites in the Bay Area.¹⁹ For all criteria pollutants, BayCAMP measurements complied with state and federal standards.

Analysis of 24 hour traffic related noise on San Francisco streets, indicates that the BVHP neighborhood has a high proportion of streets that exceed 65 decibels (dB) compared to other parts of the county (Map 11). While the housing sites are not adjacent to the 101 and 280 freeways that produce high levels of traffic noise, generally all of the streets that surround the developments have noise levels between 66 and 75 dB. These noise estimates are based on modeling completed in 2006 that used traffic volume and vehicle types to calculate street level noise. While BVHP in general has lower traffic volumes than the county as a whole, the density of truck routes that service the many shipping and distribution centers in the neighborhood likely contributes to high levels of noise.

The BVHP neighborhood is characterized with one of the highest rates of industrial zoning in the county. In 2011, 38% of land in BVHP was zoned as industrial, compared to the 7% in the county as a whole (Appendix 2, Map 12). In CT-HHW, 29% of land was industrial whereas 39% of the land in CT-AG was industrial. While this land may provide valuable jobs, it also increases the potential that residential and sensitive uses may be in close proximity to industrial facilities that produce pollution or unhealthy levels of noise. In San Francisco as a whole, there are 30 brownfield reuse sites (Map 13). Nine, or 30% of these sites are in the BVHP neighborhood. Ten

percent of the county's brownfields are in CT-HHW. Of the 129 leaking underground fuel tanks (LUFT) in the county, 14, or 11% are in BVHP. CT-AG holds 2% of the county's LUFTs.

B.2 Housing

Introduction

The indicators examined in the housing section of this report pertain to housing affordability, housing size, neighborhood diversity, and housing quality. More specifically, the indicators that were chosen are: the percent of renting households paying 50% or more of their gross income to rent, overcrowding, neighborhood ethnic diversity, rates of home ownership, health and building code violations, and rates of homelessness. These indicators were chosen to illustrate housing related assets and problems within BVHP and its public housing sites that have been shown to impact multiple health outcomes including chronic disease, mental health, and child development.

When housing costs are high relative to individual or household income, individuals and families may be forced to spend a high proportion of their income on housing, accept lower cost but substandard housing, live in overcrowded conditions, move to where housing costs are lower, or become homeless. Each of these consequences of an unaffordable housing stock can have a multitude of negative health outcomes.²⁰ Spending a high proportion of income on rent or a mortgage means fewer resources for food, heating, transportation, health care, and child care. Crowded conditions are associated with risks for infectious disease, noise, and fires. Lower cost housing can often be substandard with exposure to waste and sewage, physical hazards, mold spores, poorly maintained paint, cockroach antigens, old carpeting, inadequate heating and ventilation, exposed heating sources and wiring, and broken windows. However, moving away to find cheaper housing can result in the loss of a job, difficult school transitions, and the loss of health protective social networks.²¹ Additionally, 78% of homeless children have been shown to suffer from either depression, behavior problems, or severe academic delay.²²

Although a mortgage can be a financial burden, home ownership does provide multiple benefits to its owners, including increased tax benefits, collateral for financial emergencies, and opportunities for wealth creation. Home ownership is also associated with increased residential stability and benefits homeowners by providing a setting for expression of identity and control. Homeownership positively impacts the social cohesion and civic participation of a neighborhood, which in turn can impact health. Homeowners are more likely to feel invested in their community, participate in nonprofessional associations, and vote in local elections. Additionally, a higher rate of homeownership in a neighborhood has been associated with fewer years of life lost due to cardiovascular disease for residents.²³

Research indicates that living in a racially and/or economically segregated neighborhood can put some individuals at higher risk for transmission of infectious diseases, such as tuberculosis.²⁴ African American men living in areas with the highest segregation were shown to have almost three times the mortality risk as those living in areas of low segregation.²⁵ One

systematic review of housing studies showed that reducing income-related residential segregation improved household safety, reduced exposure to crime, and decreased neighborhood social disorder.²⁶

Substandard and poorly maintained housing can cause both injury and chronic disease. Asthma and other respiratory conditions in particular can develop from poor moisture control, ventilation, and pest management.²⁷⁻²⁹ Many older houses in San Francisco may still have lead-based paint which can lead to lead poisoning, causing learning disabilities, seizures, and even death.³⁰ Research indicates that 13.5 million non-fatal injuries in U.S. annually are attributable to poor housing conditions including: functionality of windows, quality of building materials, and lack of safety precautions near heating devices.³¹

Analysis

Data from the 2005-2009 American Community Survey indicate that 20% of San Francisco renting households paid more than half of their income for housing. During that same time period, 30% of BVHP renters paid more than half of their incomes on housing, while 31% of renters in CT-AG paid the majority of their income for housing. In CT-HHW, 17% of renters paid 50% or more of their incomes to housing; significantly less than the neighborhood as a whole (Appendix 2). It is important to note that individuals who live in public housing are expected to pay at most 30% of their monthly adjusted income; thus, the areas with a high density of public housing are likely to have fewer individuals paying 50% or more of their income to rent. Because Alice Griffith falls within a Census tract that is not predominantly public housing, compared to the tract that HHW falls within, there are probably more renters that are paying market rate rent, which may account for the higher proportion of households with unaffordable rent.

The US Census defines overcrowding as housing with more than one resident per habitable room. In 2000, 14% of San Francisco households were overcrowded while 24% of BVHP households were overcrowded. Overcrowding rates near BVHP's public housing developments were similar to the neighborhood, being 23% in CT-AG and 25% in CT-HHW (Appendix 2).

Data indicates that BVHP is generally more ethnically diverse than the county as a whole. The Diversity Index developed by Environmental Systems Research Institute (ESRI) measures the likelihood that two persons chosen at random from the same area will belong to different race or ethnic groups. The index ranges from zero, indicating no diversity, to 100, indicating complete diversity. In 2007, San Francisco County had an index score of 58 while the BVHP neighborhood had a score of 77 (Map 14). The Census block group (block groups are smaller divisions of Census tracts) that Alice Griffith falls within had a diversity score similar to the neighborhood (75.2) while the block group that the HHW developments fell within had a score lower than the county's (53.8).

Compared to the county, more households in BVHP and CT-AG owned their homes (county = 35.8%; BVHP = 49.4%; AG = 40%). Conversely, CT- HHW had a relatively low home ownership

rate at 10%, again likely due to the high density of public housing (Appendix 2). While BVHP remains one of the neighborhoods with the highest home ownership rates, the percent of households that owned their homes dropped 8 percentage points between 2000 and 2010, likely a result of the 2008-2009 housing crisis.

The rate of residential health and building code violations reported by the Department of Public Health and the Department of Building Inspection in 2008 indicate that the number of violations reported per 1,000 residents was slightly higher in the county as a whole compared to the BVHP neighborhood (9.2 vs. 7.7) (Map 15). The rate of violations reported in CT-AG was 7 per 1,000 residents, while it was 8 per 1,000 in CT-HHW. An important caveat to this data, however, is that not all households are equally as likely to report hazardous housing conditions. San Francisco health inspectors have found that many tenants are reluctant to complain to landlords for fear of being evicted, blamed, or fined, and then being unable to find other affordable housing in San Francisco. Thus, residents who feel like they have fewer housing options may be less likely to report substandard housing conditions.

Lastly, results from the 2010 San Francisco Homeless Count indicate that District 10, which the BVHP neighborhood falls within, holds the highest percentage of the county's unsheltered homeless population at 37% (Appendix 2). This is significantly higher than results from the 2009 homeless count, which found that District 10 held only 16% of the county's homeless population. The number of homeless individuals per 1,000 persons has also more than doubled in that time span, going from 6 to 15. It is unclear whether the homeless individuals residing in District 10 were formerly housed in the District.

B.3 Transportation

Introduction

The transportation related indicators that were included in this report pertain to transportation behaviors and hazards. More specifically, the percent of households without a vehicle, pedestrian injuries, commute mode, and percent of income spent on transportation were examined. These indices were chosen to help describe access to safe and affordable transportation options within BVHP, which is related to chronic disease and injury incidence.

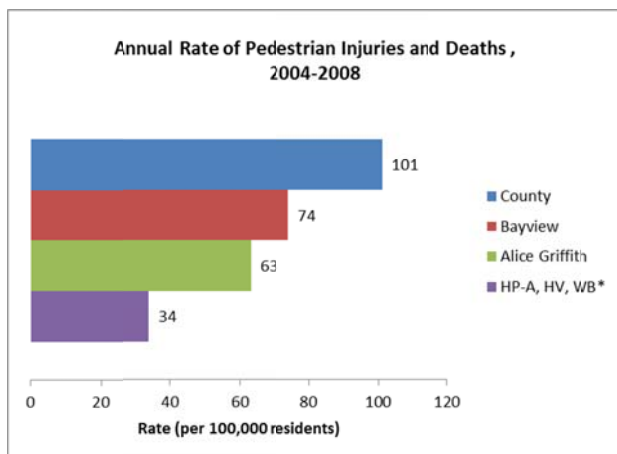
The mode of transportation that one chooses can affect one's personal health, as well as the health of others in their community. Car ownership is directly related to driving behaviors. Driving in turn affects both environmental and community health through the production of air and noise pollution, greenhouse gas emissions, and higher accident and injury rates.³²⁻³⁴ Traffic related air pollution is related to a host of chronic diseases, while greenhouse gas emissions can cause temperature increases that increase the risk of severe weather events and infectious diseases.³⁵ While Climate Change will affect everyone, it will disproportionately burden those who are most vulnerable and with the least amount of resources. Increased vehicle miles traveled also affects individual health by consuming time that could be used for physical

activity, either in the form of active transportation or leisure time exercise. Research has shown that driving time independently predicts obesity.³⁶

When communities have higher residential density, connected street grids, a mix of land uses, quality transit, and safe walking and cycling environments, residents are less likely to need a personal vehicle and are more likely to walk or bike to destinations.³⁷ People are also more likely to meet their daily requirements for physical activity from the walking that accompanies transit usage.³² The ability to use free or low cost modes of transportation additionally enables households to allocate a greater proportion of their income to other important needs such as housing, food, health care, and education.

Analysis

Data from the 2005-2009 American Community Survey reveals that fewer households in BVHP do not have a car compared to the County as a whole, with 21% of BVHP households and 29% of San Francisco households being vehicle-free (Appendix 2). CT-HHW however, has an even greater percentage of vehicle-free households than both the county and BVHP at 40%. The lower percent of vehicle free households in BVHP is likely impacted by BVHP's geographic isolation from the rest of the city and the fact that public transit is more spaced out and comes less frequently, making transit use less convenient. Additionally, BVHP has a low density of key retail establishments necessary for meeting daily needs, often necessitating trips outside of the neighborhood. Within BVHP, stop density is the highest and time between transit is the lowest near HHW, which, along with low incomes, is probably a factor in the area's lower car ownership rates. Conversely, transit access is the poorest in CT-AG, which has a car ownership rate that is not significantly different than BVHP's.

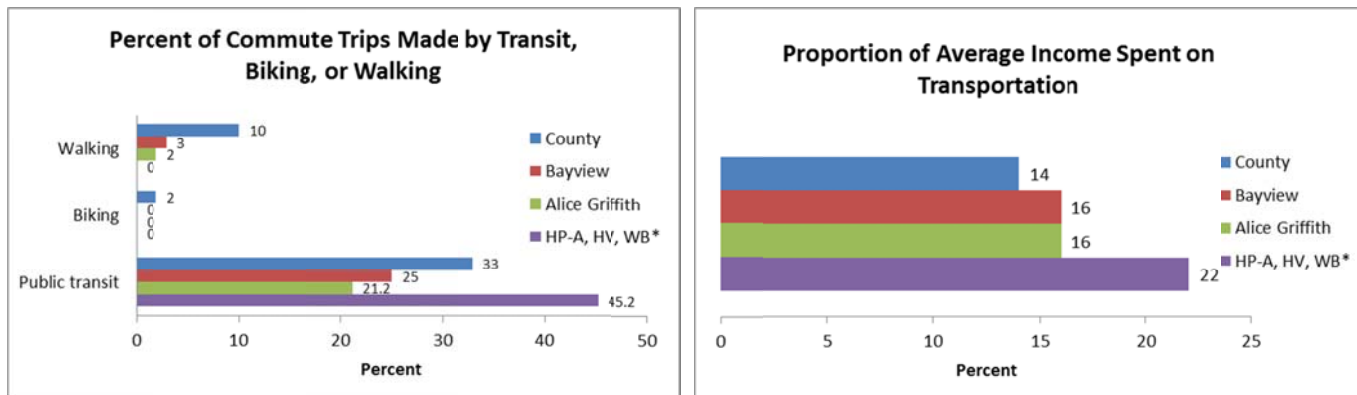


Rates from 2004-2008 for pedestrian injuries, were also the lowest in CT-HHW compared to CT-AG, the entire BVHP neighborhood, and the county as a whole (34, 63, 75, 101 injuries and deaths per 100,000 residents respectively) (Figure 12). The lower rate of pedestrian injuries in CT-HHW is likely due to the much lower traffic volume around the developments, which could in part be due to lower personal vehicle ownership.

Not surprisingly, results from the 2000 Census also demonstrate that in CT-HHW, a higher proportion of workers commuted to work via transit compared to the county as a whole,

BVHP, or residents in CT-AG (45%, 33%, 25%, and 21% respectively) (Figure 13). Census results also reveal however, that 0% of residents in BVHP and in the areas around the housing developments commuted to work via bike, while 2% of county residents used this mode. Commuting via walking was also lower in BVHP and its housing developments, with 3% of BVHP workers, 2% of workers in CT-AG, and 0% of workers in CT-HHW commuting by walking. Ten

percent of county residents on the other hand, commuted by walking. Low walking and bicycling rates can be related to a number of factors, including: street grade, proximity of shops and employment, crime, and quality of the pedestrian environment, which includes lighting and sidewalks.



utions Inc., 2007

Estimates for 2007 showed that San Franciscans in general spent 14% of their household income on transportation expenses, while BVHP households spent 16% of their income (Figure 14). In CT-AG, residents also spent 16% of their income on transportation, while households in CT-HHW developments spent 22%. Currently, monthly local bus and train fares for adults are \$72 for a pass that includes access to BART within the county and \$62 for a pass that is only valid on MUNI. In 2001, a monthly pass that included access to BART was only \$35 – thus, adult fares have increased by roughly 106% over 10 years. Historically, rate increases have been much lower, only increasing from \$30 to \$35 between 1991 and 2001. However, low-income adults (those who live at or below 200% of the federal poverty level) can purchase a Lifeline Pass for \$31 per month, \$4 less than the cost for the Lifeline Pass in 2008. Seniors, youth, and persons with disabilities can obtain a monthly pass for \$21.

B.4 Economic Conditions

Introduction

The economic indicators examined in this report pertain to income and employment. More specifically, we examined the number of jobs in BVHP relative to the number of individuals in the civilian labor force, the percent of those jobs that are higher paying, unemployment rates by ethnicity, and the number of Certified Local Business Enterprises in BVHP. These indicators were chosen because of income's relationship to overall health and life expectancy.

Income is consistently found to be one of the strongest predictors of health and disease in public health research.³⁸ In 1995 it was found that nationally, individuals with average family incomes of \$15-20,000 were three times more likely to die prematurely as those with family incomes greater than \$70,000.³⁹ Full-time employment can be an important source of income, family stability, identity, and health insurance coverage; while unemployment on the other hand is associated with premature mortality,⁴⁰ cardiovascular disease, hypertension,

depression, and suicide.⁴¹ Additionally, low-income status can lead to marginalization, inhibiting participation in mainstream social, economic, and political life.⁴² Wealth on the other hand enhances people's ability to take part in the political process and advocate for policies that will support their well-being.⁴³

High unemployment rates have been associated with community violence. In 2010, San Francisco adopted a Local Hire Ordinance that seeks to promote employment in San Francisco neighborhoods with historically high rates of unemployment and under-employment. In effect as of March 2011, the Local Hire Ordinance requires contractors

involved in county public work or public improvement projects to perform certain percentages of project work hours by hiring disadvantaged San Francisco residents. The ordinance established monitoring, enforcement, and administrative procedures to enforce the ordinance as well as establishing penalties for contractors who do not comply and incentives for those who go above and beyond the required minimum

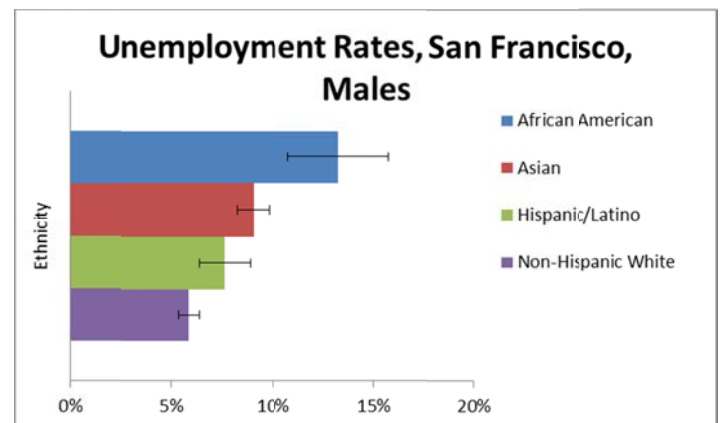
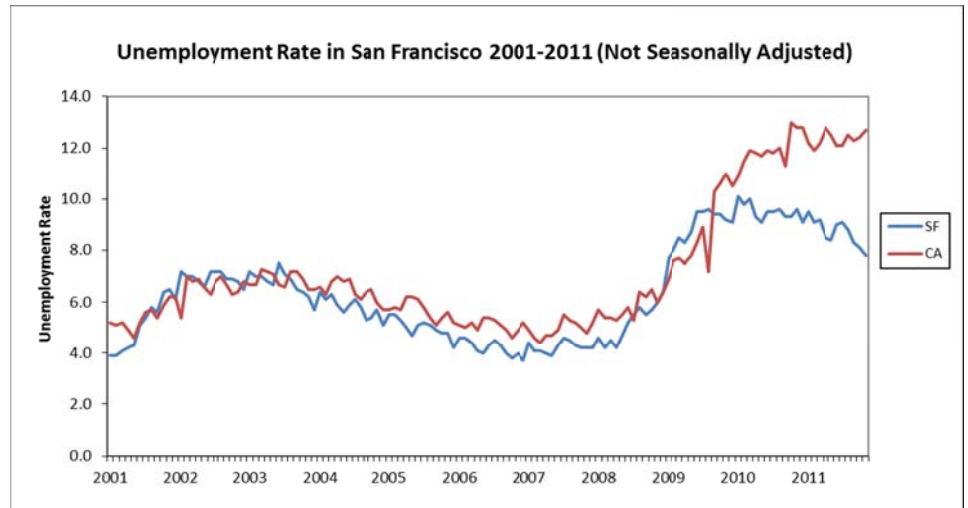
rates. More info is available at:

http://www.oewd.org/Workforce_Development-SF_Mandatory_Local_Hire.aspx. In

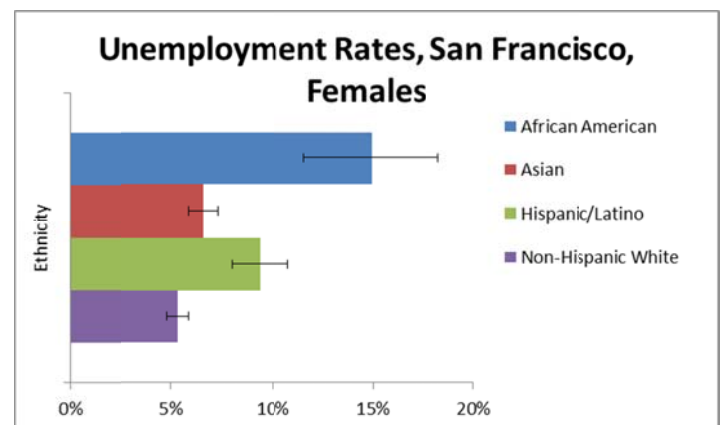
general, businesses that are locally owned generate 70% greater local economic impact per square foot or 58% by revenue, compared to national chain businesses.⁴⁴

Analysis

Examination of the job environment demonstrates that in 2009, there were 543,026 people who were employed through



es, 2006-2010



es, 2006-2010

employers based in San Francisco^d (Appendix 2). Of those people, 16,979, or roughly 3%, were employed through employers based in the BVHP neighborhood (Appendix 2). This split corresponds to estimates for the number of residents 16 years and older who are in the civilian labor force, with 474,594 workers being in the county as a whole and 16,015, or 3% of workers, being in BVHP (Appendix 2). The percentage of these jobs that actually go to BVHP residents though is unknown. Of the jobs with BVHP-based employers, only 40% paid greater than \$3,333 per month, while county-wide, 53.4% of jobs paid \$3,333 a month or more (corresponding to roughly \$19.23 per hour) (Appendix 2). However, the 2011 San Francisco self-sufficiency standard, calculated by the Insight Center for Community Economic Development, for one adult with an infant and a school aged child is \$35.15 per hour.

The unemployment rate in San Francisco was 7.8% in November of 2011, compared to 12.7 % in all of California (Figure 15). While San Francisco in general has lower unemployment than the state, there are known ethnic disparities in unemployment. Data from the 2006-2010 American Community Survey show that both African American men and women have significantly higher unemployment rates than Asian, Hispanic, or white workers (Figures 16-17). Likewise, unemployment rates for non-Hispanic white individuals were significantly lower than other ethnic groups. In females, unemployment was significantly lower among Asian women than Latina women, while this difference was not present among males. While we don't have neighborhood unemployment rate data, it is useful to note that BVHP's demographic structure is roughly evenly split between African Americans, Asian/Pacific Islanders, and Hispanic/Latino/as.

In 2010, there were 1,167 Certified Local Business Enterprises in San Francisco, with 17.5% (204) of them being in BVHP (Appendix 2).

B.5 Social Cohesion and Public Safety

Introduction

The social cohesion and safety indicators explored in this report pertain to violent and non-violent crime rates, neighborhood design that affects crime, residential stability, and resident participation in the political process. These indicators were chosen because they affect the ability of community members to form supportive relationships with one another, to be physically active within their neighborhood, and to feel a sense of empowerment and self-efficacy.

Research has shown that residents who live in socially cohesive neighborhoods, where they experience mutual trust and exchanges of aid with their neighbors, tend to have lower mortality rates than neighborhoods that do not have strong social bonds.⁴⁵ Community violence affects health directly in the form of injury and emotional wellbeing,⁴⁶ as well as indirectly through inhibiting social interactions that promote health and wellbeing.⁴⁷

^d Job numbers are derived from Unemployment Insurance Wage Records reported by employers and maintained by each state.

Land use patterns that encourage neighborhood interaction and a sense of community have been shown not only to reduce crime, but also to create a sense of community safety and security.⁴⁸ While the presence of community assets such as a community center may foster resident relationships and provide resources, the presence of features that promote nuisance, such as a high density of alcohol outlets, has been linked to an increased number of violent crimes.⁴⁹ Lastly, research has shown that people involved in electoral participation were 22% less likely to report poor/fair health.⁵⁰

Analysis

Between 2005 and 2007, the number of homicides per 1,000 residents in San Francisco was 0.3 (Figure 18). During that same time the homicide rate in BVHP was 1.4, while it was 2 in CT-AG and 3 in CT-HHW. Physical assault rates were highest in CT-AG, at a rate of 107 per 1,000 residents (county = 44; BVHP = 75; CT-HHW = 70) (Figure 19). The rate of rapes and sexual assaults was also highest CT-AG, at 3 per 1,000; while the rate for CT-HHW was 2, for BVHP 2.4, and for the county 1.7 (Figure 20). Lastly, property crime rates were also the highest in CT-AG at a rate of 289. Rates for the county, BVHP, and CT-HHW were 177, 189, and 186 respectively (Figure 21).

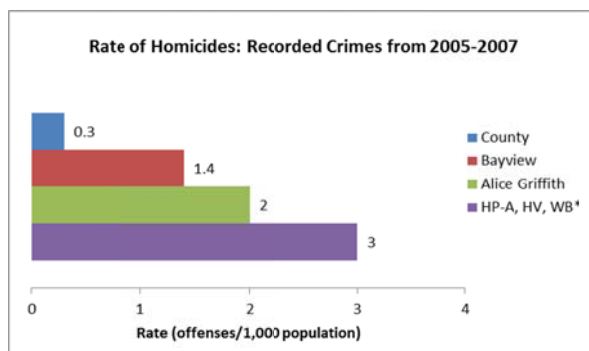


Figure 18. Source: San Francisco Police Department

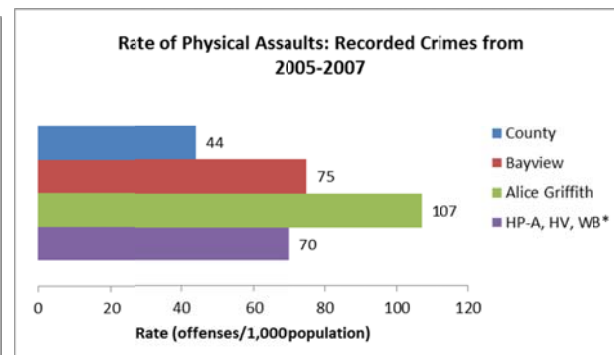


Figure 19. Source: San Francisco Police Department

Results from the 2005-2009 American Community Survey indicate that residential mobility was highest in CT- HHW, with 73.3% of residents 1 year and older living in the same house as one year ago (Figure 22). In contrast, 84.3% of county residents, 87% of BVHP residents, and 84.2% of CT-AG residents lived in the same house that they lived in 12 months ago. Results from the 2009 San Francisco City Survey indicate that residents of the county as a whole and of District 10, which BVHP falls within, are equally as likely to move away from the county within the next three years, with 31% indicating that they are very likely or somewhat likely to leave San Francisco (Appendix 2).

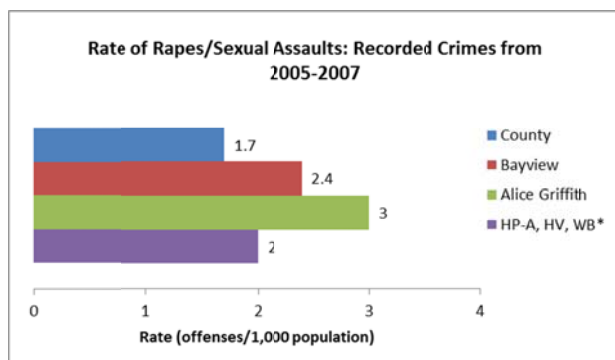


Figure 20. Source: San Francisco Police Department

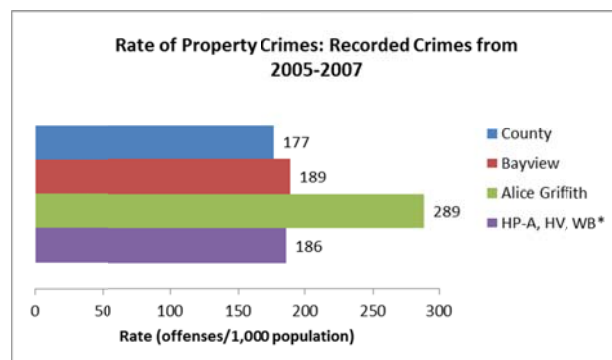
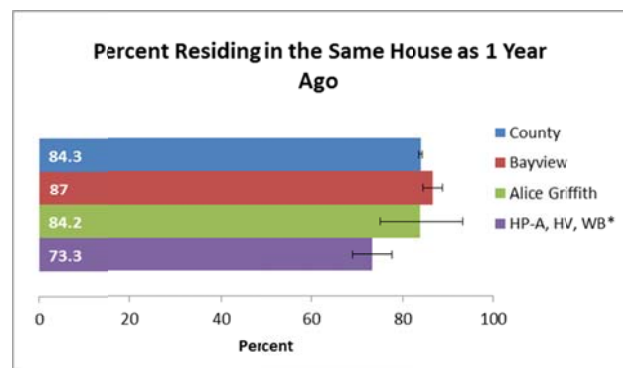


Figure 21. Source: San Francisco Police Department

In 2011 there was 1 off-sale alcohol outlet per 1,000 residents in San Francisco (Map 16). There were similar numbers of alcohol outlets per 1,000 residents in the BVHP community and CT-AG, with 0.9 in BVHP, 0.8 in CT-AG. However, the number of alcohol outlets relative to the number of residents was lower in CT-HHW, at 0.3 per 1,000. San Francisco is known for having the highest off-sale alcohol uses per capita in California the vast majority of which are liquor stores. However, because San Francisco has more than 1 off-sale liquor store per 1,250, there is a moratorium on new off-sale alcohol licenses by the California Alcoholic Beverage Control Agency. To become a new off-sale retailer of alcoholic beverages, a store operator must buy a license from an existing establishment that either no longer wants their license or is going out of business. This moratorium has resulted in significant reductions in the number of stores that sell beer, wine, and spirits in San Francisco since 1980. However, a survey of stores that sell alcohol for take away in San Francisco revealed that 44% of stores in less affluent neighborhoods sold malt liquor and/or beer at a cheaper price than bottled water.^e

During 2011, 85% of San Franciscans and 86% of BVHP residents were within ½ mile of a community center (Map 17). Alice Griffith was not within ½ mile of a community center, while all of the HHW complexes were. However, in 2007 the number of religious centers per 10,000 residents was particularly high in CT-AG, at 23 per 10,000 (Map 18). The number of religious centers per 10,000 was slightly lower for the BVHP neighborhood at 19.2, and even lower in CT-HHW and the county at 7.1 and 9.8.



The percent of registered voters who voted in the 2008 presidential election was highest for the county as a whole at 81% (Map 19). In BVHP, 69% voted, while turn out at Alice Griffith's precinct was 53%. In the precincts that Hunters Point-A, Hunters View, and Westbrook Apartments fall within, 62-64%, 42%, and 62-63% respectively came out to vote. Voting

^e <http://www.healthysf.org/chpp/dao-more.html>

behaviors are influenced by many factors including: educational attainment, gender, income/class, race/ethnicity, family history of voting, age, language spoken, literacy, trust in government, historical denial of the right to vote, access to transportation and childcare, get-out-the-vote mobilization efforts, awareness of candidate and ballot initiatives, clarity (or lack of) ballot initiative language, etc. It is likely that many of these factors are at the root of the community's lower voter turnout.

B.6 Public Infrastructure and Community Resources

Introduction

Public infrastructure and community resources provide residents with the ability to meet their daily needs. Public infrastructure includes resources such as child care, schools, art and cultural facilities, parks and recreation spaces, investment in the attractiveness and usability of public spaces, and access to retail and community services. Whether these components are accessible physically, financially, or culturally has a significant impact on human health.

There is a wealth of research demonstrating that high quality child care positively impacts the health and development of children.^{51,52} The ability to utilize child care may also allow parents to find work and increase their income. Education has a well-established impact on lifetime earnings and life expectancy.⁵³ Whether or not a school provides an environment that fosters strong educational performance is also important because academic performance is an important indicator of total educational achievement. The ability to walk to school can be an important source of physical activity for youth.

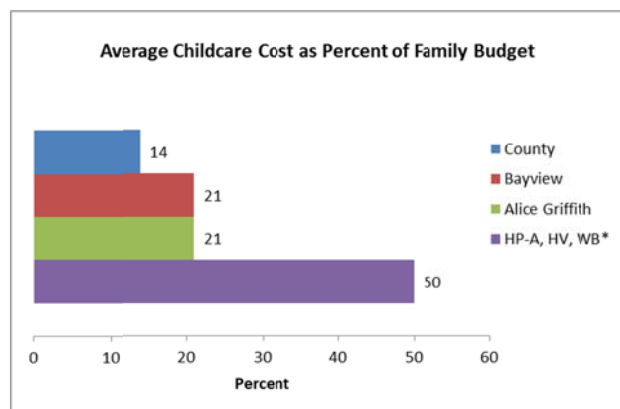
Arts and cultural centers have been shown to have a wide range of beneficial effects on human health.⁵⁴ Libraries serve as important public educational and cultural facilities that help to disseminate health information to health providers and the general public, promote general and health literacy, consolidate information on vulnerable populations, organize/filter and improve access to reliable internet resources, facilitate educational collaborations between agencies and communities, and promote art and cultural activities both on and off library property.

Access to parks, open spaces, and recreation facilities has been linked to more frequent physical activity⁵⁵ as well as reductions in stress, depression, and inability to focus.⁵⁶ Other natural aesthetic investments, such as trees, also provide similar mental health benefits, as well as an important source of natural cooling, shade, and pollution sequestration.

Lastly, the ability to access important goods and services, such as food and banking institutions, impacts one's ability to meet daily needs and can influence dietary and transportation behaviors.⁵⁷ Compared to fringe financial services such as check cashers, payday lenders, and pawn shops, banking institutions, such as banks and credit unions tend to have lower fees for services and offer savings account options, which support the ability to meet daily needs.⁵⁸ Being able to walk to important destinations also positively impacts air pollution and noise through reducing vehicle miles traveled.⁵⁹

Analysis

In 2006, there were potentially 19,088 children in San Francisco, 0-12 years old, which were eligible for childcare subsidies, but were not receiving them (Appendix 2). Of those children,



3,305, or 17%, lived in Zip Code 94124, which closely aligns with the BVHP neighborhood.

When average 2006 childcare costs for children 0-14 years were examined relative to median household income in San Francisco, child care was found to be on average 14% of median household income (Figure 23). In the BVHP neighborhood and in CT-AG, the average cost of childcare was 21% of the median household income. In CT-HHW, child care costs were 50% of the median household income.

The California Department of Education has defined an Academic Performance Index (API) score of 800 out of 1,000 as a state defined target. In recent years, both San Francisco and BVHP experienced increases in the percent of schools meeting the standard. In 2008, 36% of all San Francisco Unified School District (SFUSD) schools and 0% of BVHP SFUSD schools met this target. In 2010, 50% of all SFUSD schools and 2 out of 7 public schools in BVHP (29%) had APIs of 800 or more (Map 20).

The average number of acres of public recreational spaces, those being parks, natural areas, recreational centers, and community gardens, within ½ mile of San Francisco residences is 440 acres (Map 23). On average, residents of BVHP have 103 acres within ½ mile of their homes, while Alice Griffith residents have 214 acres. For the HHW residences, there is an average of 94 acres within ½ mile. For the county as a whole, 47.3% of residents live within ¼ mile of a public recreation facility, while in BVHP 27.8% of residents do (Map 21). Seventy-seven percent of the Alice Griffith property falls within ¼ mile of a recreation center, while 68.7% of Hunters Point-A, 38.1% of Hunters View, and 100% of Westbrook Apartments fall within a quarter mile of a recreation center. When considering access to recreational spaces it is important to note that poor park maintenance, lack of amenities like playgrounds and bathrooms, and the presence of crime may deter residents from using the available spaces.

In San Francisco in 2007, there was an average of 7 trees per acre (Map 24). In BVHP, the average was 3 trees per acre. The averages were a bit higher around the public housing developments, at 6.84 in CT-AG and 4.14 in CT-HHW. The estimated percent of street tree planting space that was filled in 2006 was 44% for the county as a whole and 34% for BVHP (Appendix 2).

In terms of overall access to public services, BVHP had marginally more child care centers, public schools, and recreation facilities per 10,000 residents compared to the county as a whole (Map 21). As previously noted, BVHP has more children and youth under 18 compared to San

Francisco generally. In 2011, 98% of San Francisco residents and 97% of BVHP residents lived within 1 mile of a public library. In the areas around all four BVHP public housing sites, 99% of residents lived within a mile of a public library (Map 21).

When examining key retail services, BVHP had more auto repair shops, but fewer banks and credit unions, barbershops and salons, dry cleaners, gyms, laundromats, pharmacies, and video rental or movie theaters per 10,000 residents (Map 22). In 2007, 80% of San Franciscans lived within ½ mile of a bank or credit union, while 44% of BVHP residents lived within ½ mile of a banking institution (Map 22). Only the Hunters View housing development was within ½ mile of a bank or credit union.

BVHP also had a much lower number of eating establishments as well as fewer healthy food retailers (supermarkets, produce stores, and farmers' markets) per 10,000 residents (Map 25). Poorer access to retail may be related to the lower proportion of land zoned for commercial use within BVHP. In 2011, 7% of San Francisco land was zoned as commercial, while only 4% of land in BVHP, and 2% near the public housing developments was zoned as commercial (Appendix 2, Map 12).

Part C: Health Behaviors and Risks

Introduction

Health behaviors such as diet, physical activity, substance abuse, and smoking have well established effects on health. Other less obvious behaviors, such as volunteering, can positively impact health by reducing social isolation and increasing self-esteem.⁶⁰ While behaviors often have a more proximate impact on certain health outcomes, it is important to acknowledge that many times, behavior is largely influenced by the social and physical environment in which we live.

Because most health behavior data is only reported at a county level, it was not possible to examine most behaviors specifically in the BVHP neighborhood. The only widely available sources of health behavior data that may be specifically relevant to BVHP are the California Physical Fitness Test results from the schools within the neighborhood. However, it is important to note that due to San Francisco's school assignment policy, many BVHP youth may attend schools outside of BVHP and many of the youth who attend BVHP schools may come from outside of the neighborhood.

Analysis

Table 1

Percent of tested students passing California State Physical Fitness Test standards for aerobic capacity and body composition, 2009-2010 school year

	Aerobic Capacity						Body Composition					
	5th		7th		9th		5th		7th		9th	
	N	%	N	%	N	%	N	%	N	%	N	%
San Francisco	3,730	64.8	3,606	66.3	4,075	67.6	3,730	68.6	3,606	68.8	4,075	74.1
Bret Harte ES	36	19.4	--	--	--	--	36	41.7	--	--	--	--
Carver ES	30	73.3	--	--	--	--	30	63.3	--	--	--	--
Drew ES	NA	NA	--	--	--	--	NA	NA	--	--	--	--
Malcom X ES	13	23.1	--	--	--	--	13	76.9	--	--	--	--
KIPP Bayview	47	97.9	56	66.1	--	--	47	53.2	56	62.5	--	--
Willie Brown ES	25	32	42	21.4	--	--	25	40	42	71.4	--	--
Marshall HS	--	--	--	--	184	59.2	--	--	--	--	184	70.1
City average												
Above city avg.												
Below city avg.												

Every year California 5th, 7th, and 9th grade students who attend public schools undergo physical fitness testing. Results from the 2009-2010 Physical Fitness Test reveal that 64.8% of San Francisco's 5th, 66.3% of 7th, 67.6% of 9th grade students who were tested meet standards for aerobic capacity (Table 1). For body

composition, which takes into account both body mass index and body fat percentage, 68.6% of 5th graders, 68.8% of 7th graders, and 74.1% of 9th graders who were tested met state standards.

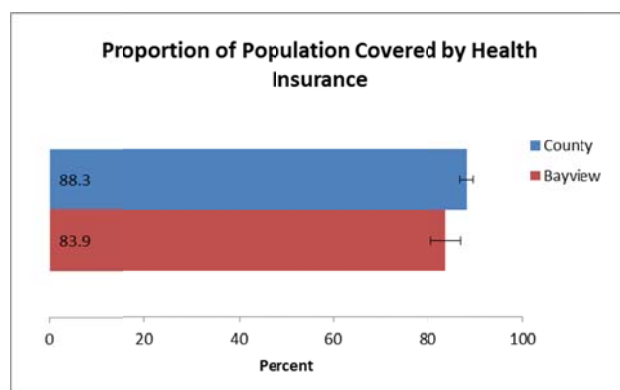
Among the six elementary schools in the BVHP neighborhood, Carver and KIPP Academy had the highest passing rates for aerobic capacity, at 73.3% and 97.9% respectively. Bret Harte and Malcom X had the lowest passing rates, at 19.4% and 23.1% respectively. All elementary schools but Malcom X, at 76.9%, had a lower percent of students with a health body composition than the county as a whole. Willie Brown's 5th graders had the worst passing rate at 40%.

Among BVHP's middle schools, KIPP Academy and Willie Brown, KIPP had the highest aerobic passing rate at 66.1%, while only 21.4% of Willie Brown 7th graders passed the aerobic fitness test. For middle schools, only Willie Brown's 7th graders had a body composition passing rate better than the county's, at 71.4%.

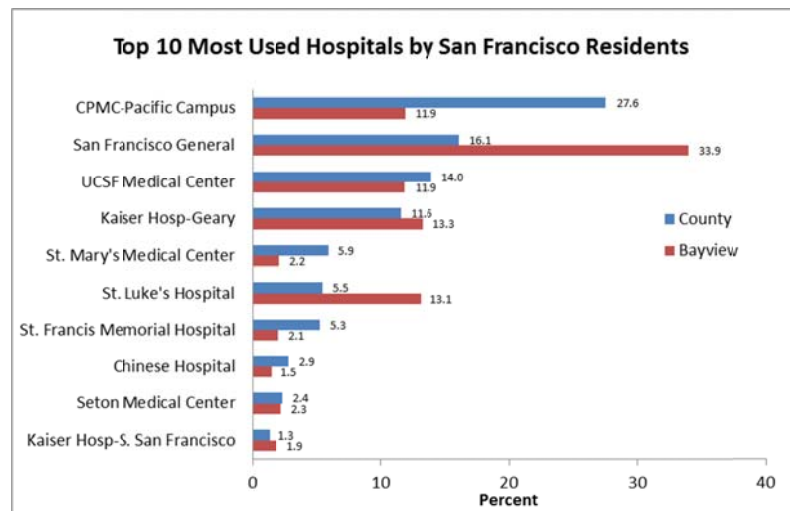
At BVHP's only high school, Marshall High, 59% of 9th graders passed aerobic requirements. As for aerobic capacity, Marshall High School's body composition passing rate was also lower than the county average.

Part D: Health Care Utilization

Results from the 2009 American Community Survey show that 83.9% of persons who live in the Public Use Microdata Area that includes BVHP had health insurance while 88.3% of all county residents reported having health insurance (Figure 24). However, these differences are not statistically significant.^f In June of 2011, 7% of Healthy San Francisco^g participants were residents of BVHP (Appendix 2). However, out of all of the Healthy San Francisco Participants, only 3% of them chose the BVHP's local public health clinic, the Southeast Health Center, as their medical home (Appendix 2).



Data from the California Office of Statewide Health Planning and Development show that in 2008, the most utilized hospital by all San Franciscans was the California Pacific Medical Center Pacific Campus, accounting for 27.6% of all hospital discharges for San Francisco residents (Figure 25). The hospital that BVHP residents were most commonly discharged from was San Francisco General Hospital, accounting for 33.9% of BVHP resident discharges. Kaiser San Francisco Medical



Center had the second highest number of discharges for BVHP residents, while San Francisco General had the second highest discharge rate for the county as a whole.

In 2009, 87.3% of all mothers in San Francisco received pre-natal care in their first trimester; however, only 68.8% of mothers in BVHP received prenatal care in their first trimester (Figure 39).

Between 2006 and 2008, the number of preventable emergency room visits per 10,000 residents was 237.8 for the county as a whole. In BVHP there were 408.9 preventable E.R. visits per 10,000 people during this same period (Appendix 2).

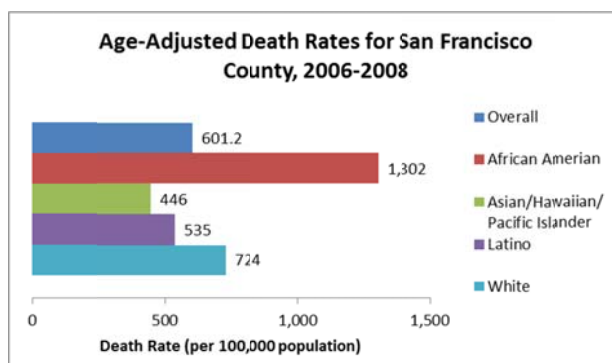
^f Statistical significance can be assumed when the confidence intervals or error bars do not overlap.

^g Healthy San Francisco is a program that provides access to medical care for lower-and middle income San Franciscans that do not qualify for public programs and do not have access to insurance through their employer. More at: www.healthsanfrancisco.org.

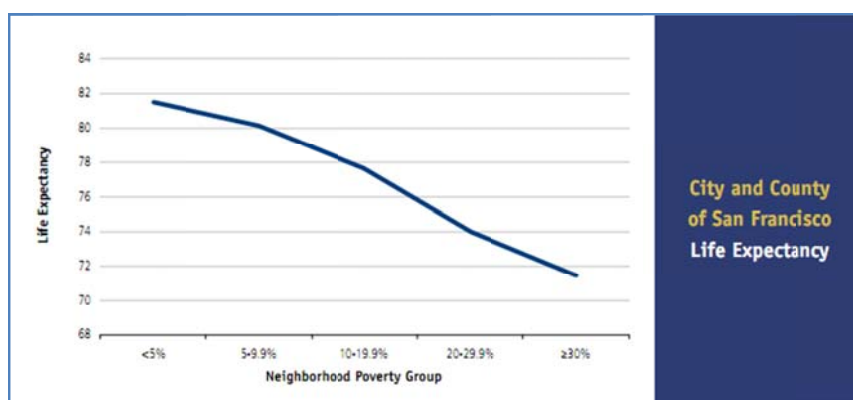
Part E: Physical and Mental Health Outcomes

Mortality

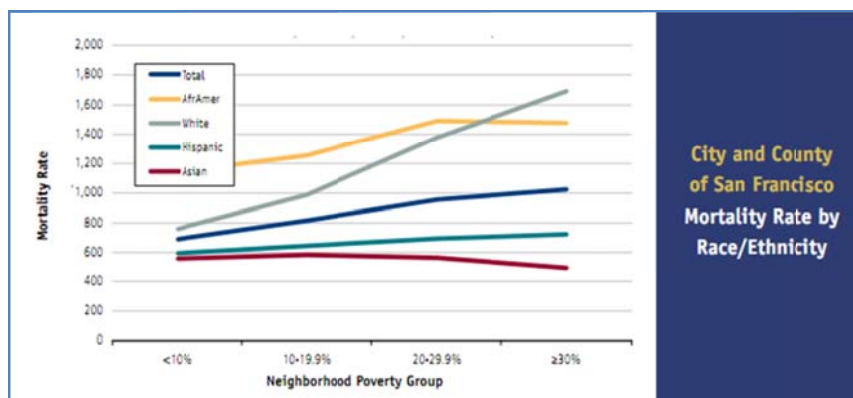
In the years 2004-2007, the life expectancy for women living in San Francisco was nearly six years greater than that for men (83.6 and 78 respectively) (Appendix 2). The age-adjusted death rate for all San Franciscans was 601.2 per 100,000 residents (Figure 26). During the same time the death rate was 1,302 for African Americans, 446 for Asian/Pacific Islanders, 535 for Hispanics, and 724 for non-Hispanic whites per 100,000 residents.



Both life expectancy and mortality rates are sensitive to the poverty level of the neighborhood in which an individual lives. A 2008 analysis conducted by the Bay Area Regional Health Inequities Initiative (BARHII) illustrated that in San Francisco, life expectancy is



about 10 years lower for individuals who live in neighborhoods with a poverty rate of 30% or more, compared to those that live in neighborhoods with less than 5% poverty (Figure 27).¹ Additionally, this analysis states that on average, residents of BVHP can expect to live 14 years less than their counterparts in the Russian Hill neighborhood.



The analysis of mortality rates by ethnicity and neighborhood poverty level revealed that, at all levels of neighborhood poverty, Asians have the lowest mortality rates, followed by Hispanics (Figure 28). In general, African American, white, and Hispanic mortality rates increase with the

rate of neighborhood poverty. African Americans generally have one of the highest mortality rates for all neighborhood income levels. Among neighborhoods with 30% or more of the population living below the poverty level, whites appear to have the highest mortality rate.

Between 2004-2007, the leading cause of premature mortality in San Francisco for both men and women was ischemic heart disease. For men living in BVHP, the leading cause of premature mortality was violence and assaults, while for women living in BVHP it was ischemic heart disease (Figures 29-32). Compared to the county, HIV/AIDS and ischemic heart disease accounted for a smaller percentage of premature mortality in BVHP men. In women, cerebrovascular disease accounted for a greater proportion of premature mortality in BVHP compared to the county. In men, self-inflicted injury, chronic obstructive pulmonary disease, and alcohol use disorders were top causes of premature mortality in the county overall, but not in BVHP; while drug use disorders, congenital abnormalities, and inflammatory heart disease were among the top ten in BVHP, but not the county. Top causes county-wide that were not among those listed for BVHP women include chronic obstructive pulmonary disease, colon and rectum cancers, and lower respiratory tract infections; while nephritis and nephrosis, birth asphyxia, and liver cancer were leading female causes in BVHP, but not in the county overall.

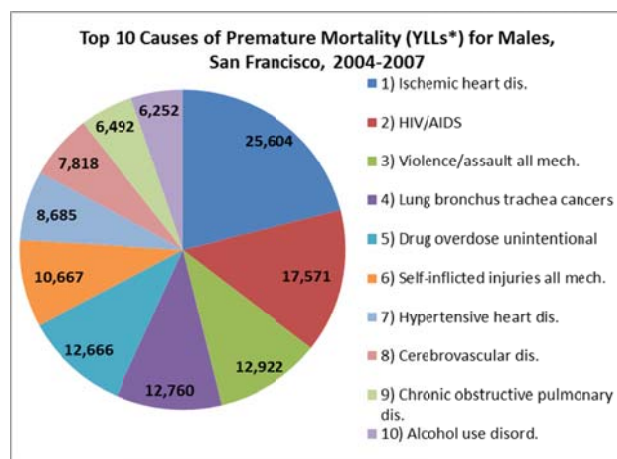


Figure 29. Source: California Department of Public Health;
*YLL = Years of Life Lost

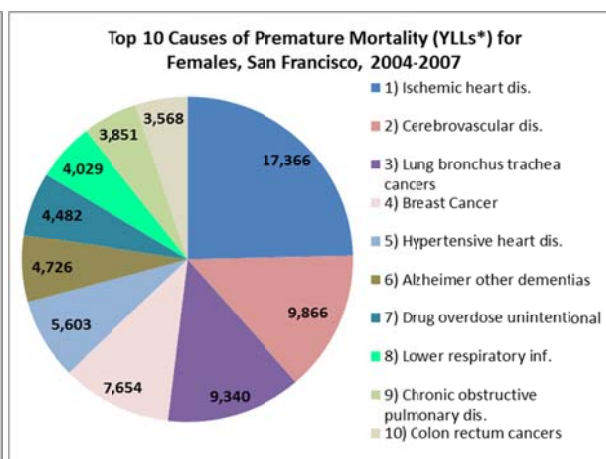
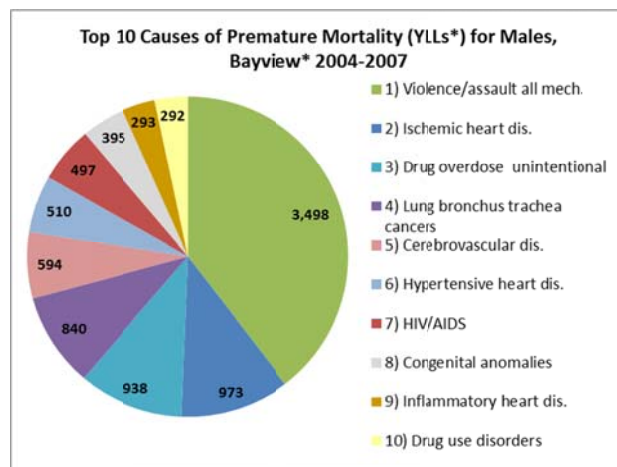
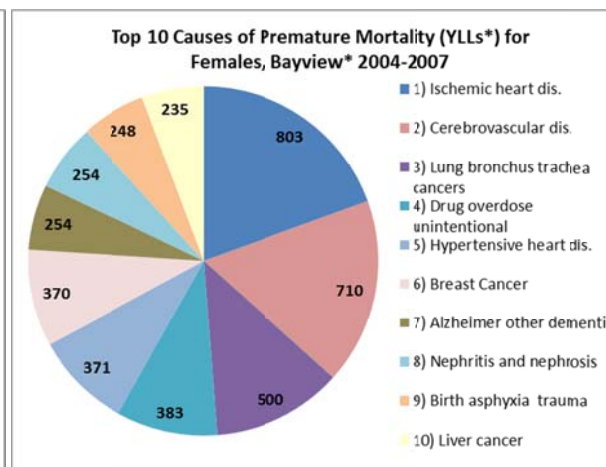


Figure 30. Source: California Department of Public Health;
*YLL = Years of Life Lost



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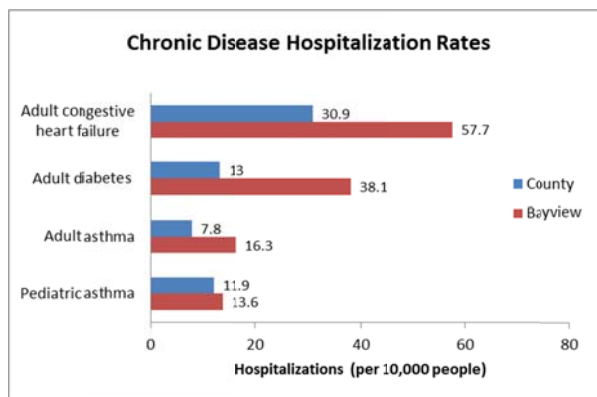
Chronic Disease

Between 2006-2008, the adult hospitalization rate due to asthma was 7.8 for every 10,000 San Francisco residents (Figure 33). In BVHP, the adult asthma hospitalization rate was more than double at 16.3. Between the periods of 2003-2005 and 2006-2008, the county saw a marginal 2.5% decrease in its adult asthma hospitalization rate, from 8 to 7.8, whereas the rate in BVHP decreased by 22% from 20.9 to 16.3 hospitalizations per 10,000 residents

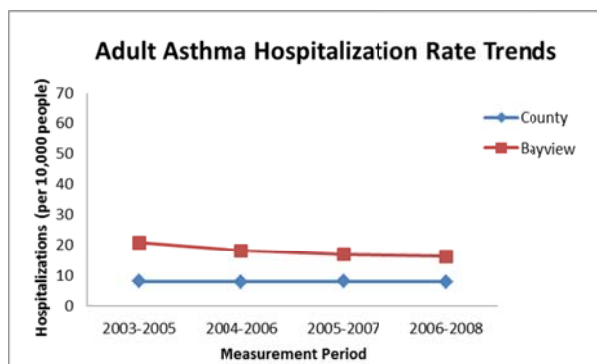
(Figure 34). Also during 2006-2008, the pediatric asthma hospitalization rate was 11.9 for the county and 13.6 for BVHP (Figure 33). Data from the 2009 California Health Interview survey indicate that San Francisco had a substantially lower percentage of youth (67.8%) who missed no school days in the past year due to asthma, compared to California youth in general (79.6%) (Appendix 2). Thus, more San Francisco students are missing school because of asthma symptoms compared to Californian youth on average.

Adult hospitalizations for diabetes were 2.9 times higher in BVHP compared to the county as a whole (Figure 33). Rates for 2006-2008 were 38.1 for BVHP and 13 for the county. Between the periods of 2003-2005 and 2006-2008, the adult diabetes hospitalization rate for the county stayed roughly the same at 13, while the rate for BVHP increased 5% from 36.3 to 38.1 (Figure 35). Data from the 2009 California

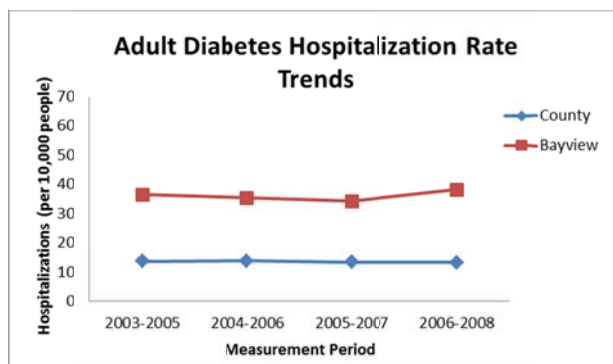
Health Interview Survey indicate that fewer African American adults have never been diagnosed with diabetes than other ethnic groups, particularly when compared with Hispanic residents (never diagnosed with diabetes: 75.7 for African Americans; 98.8 for Hispanics). However, a greater number of both adult African American and Hispanic residents report being overweight or obese (73.4% and



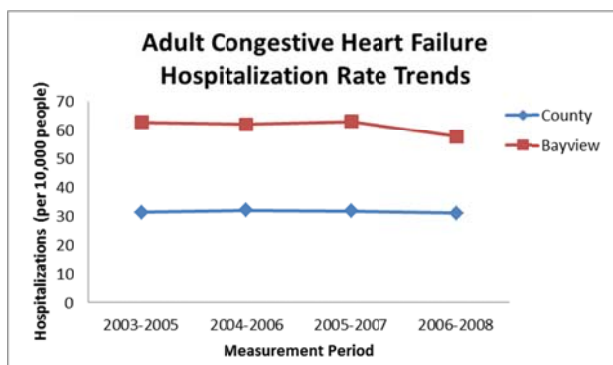
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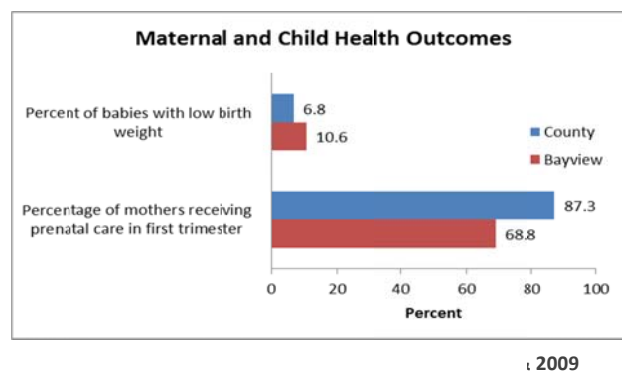
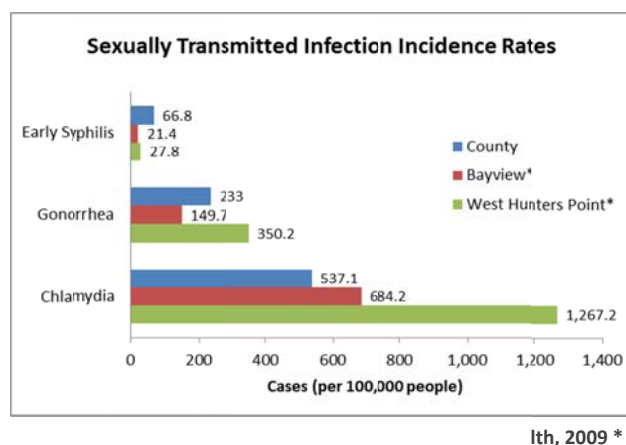
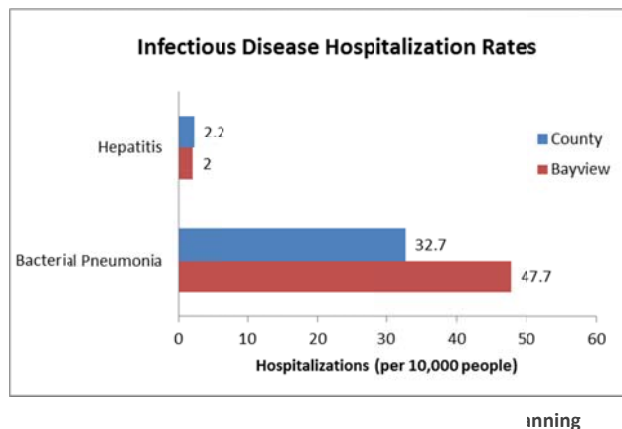
74.3%) compared to all adults in San Francisco (43.9%) (Appendix 2).

Like adult asthma and diabetes hospitalization rates, congestive heart failure hospitalization rates were 1.9 times higher in BVHP compared to the county as a whole (Figure 33). As in the case of adult asthma hospitalization, county rates stayed roughly the same, while the rate for BVHP decreased 8% from 62.7 to 57.7 between the periods of 2003-2005 and 2006-2008 (Figure 36).

While public health interventions may have played a significant role in declines in asthma and heart failure hospitalizations, it is also important to keep in mind that BVHP has undergone significant demographic shifts over the years, with its African American population declining from 47% in 2000 to 31% in 2010 and its Asian/Pacific Islander and Hispanic populations increasing from 24% to 35% and from 17% to 24% respectively, as chronic disease rates often vary by ethnicity.

Communicable Disease

During the period of 2006-2008, the hospitalization rate for bacterial pneumonia was 1.5 times higher for BVHP residents compared to all county residents (47.7 and 32.7 respectively) (Figure 37). During the same time, the hospitalization rate for Hepatitis for the county and BVHP were relatively similar, at 2.2 and 2 respectively. SFPDPH divides the county into public health planning districts when examining STD incidence rates (Map 5). The two districts that most closely align with the BVHP neighborhood are the Bayview and West Hunters Point districts, while the public housing sites all fall within the West Hunters Point district. In 2009, the chlamydia incidence rate (per 100,000 residents) was 537.1 for the county, 684.2 for the Bayview district, and 1,267.2 for the West Hunters Point (WHP) district. The gonorrhea incidence rate was 233 for the county, 149.7 for Bayview and 350.2 for WHP (Figure 38). The early syphilis incidence rate was lower in both Bayview and WHP, at 21.4 and 27.8, compared to 66.8 for the county.



Maternal and Child Outcomes

In 2009, the infant mortality rate (deaths per 1,000 live births) for San Francisco was 3.7, compared to 4.9 for California (Appendix 2). The percent of babies born in San Francisco who were considered low birth-weight (weighing less than 5 pounds, 8 ounces) was 6.8% in 2009. For BVHP, 10.6% of babies were born low birth-weight (Figure 39). Compared to all other ethnic groups, African American women have markedly higher rates of low birth-weight births. Results from the 2005-2006 California Maternal Infant Health Assessment for the San Francisco Bay Area show that 14% of sampled African American infants born during the assessment period were born low birth-weight while rates for all other races were 7% or less.⁶¹ Research has shown an association between low birth-weight and later life chronic disease as well as childhood asthma.⁶²⁻⁶⁴ Early and continuous prenatal care is important for preventing low birth-weight; however, the number of mothers receiving prenatal care in their first trimester is much lower in BVHP compared to the county (68.8% and 87.3% respectively).

Conclusion

Similar to previous research, this health analysis illustrates that health outcomes in the BVHP neighborhood tend to be poorer compared to health outcomes countywide. Over the past two decades, these disparities have been the impetus for numerous interventions within the BVHP community. The purpose of this report is to identify a few health outcomes that rise to the top as priorities for intervention in the MAPP planning process. By examining the disproportionate contribution of different health conditions to premature mortality and morbidity in BVHP, and by considering the results of past assessments of top community concerns,⁶⁵ the following health outcomes have been selected as priorities:

Health Status Priorities

- Premature mortality from violence, particularly among men
- Premature mortality from drug overdose
- Avoidable chronic disease morbidity: asthma, congestive heart failure, diabetes

Priority Environmental and Social Factors:

Based on the environmental and social variables that were examined in this analysis, the following variables emerged as challenges that particularly affected Alice Griffith, Hunters View, Hunters Point-A, and Westbrook Apartments when compared to the other geographies.

Table 2

Environmental and Social Challenges	
Poverty	Health and building code violations
Exposure to truck routes	Low paying jobs
Traffic noise	Crime and violence
High industrial zoning	Low voter turnout
High density of contaminated sites	Poorly performing schools
Weak transit infrastructure	Lack of access to banking institutions
Low walking and cycling rates	Lack of trees
Affordability of transportation	Poor fresh food access
Overcrowding in homes	Low retail zoning

Violence, substance abuse, and chronic disease result from a multitude of environmental and social factors, but only those for which data was readily accessible at a low geographic level were examined in this report. Thus, the environmental and social conditions that will be highlighted for action to address the priority health outcomes are only selected from those that were examined in this report and are strongly linked by research to the priority health outcomes. Many of the selected environmental and social conditions touch more than one health outcome; therefore they are summarized in the table below to demonstrate which selected health outcomes they may influence.

Table 3

Contributing Social/Environmental Conditions	Violence/Safety	Substance Abuse	Chronic Disease Morbidity
Trees	X		X
Pedestrian/bicycle infrastructure	X		X
Job opportunities that pay self-sufficiency wage	X	X	X
Access to healthy food retailers			X
Housing safety and quality			X
Concentration of poverty	X	X	X
School performance	X	X	X

Existing/Ongoing Efforts to Address Priority Health Outcomes

While there are likely gaps in efforts being undertaken to address health and environmental disparities in BVHP, it is important to acknowledge the wide breadth of previous and current work conducted in the community. In the upcoming years, extensive redevelopment of BVHP and its public housing sites is planned. All of the public housing sites in BVHP are part of the HOPE SF initiative that seeks to transform eight of San Francisco's most distressed public housing sites into mixed-income communities with improved access to retail and public services. While all four sites are part of HOPE SF, currently, only Alice Griffith and Hunters View have undergone pre-development planning. Through this process, many of the priority environmental conditions suggested in this report are expected to be addressed; however, the potential for resident displacement is a significant concern. One of the HOPE SF principles is "Ensure No Loss of Public Housing" and housing developers and the County have committed to provide one-for-one replacement of public housing units, minimize displacement of existing residents and relocate current residents onsite when possible.⁶⁶

Work at Hunters View is already underway. Redevelopment of the Hunters Point Shipyard Superfund site and Candlestick Point are also planned. The first phase of the shipyard redevelopment will: cover 63 total acres; build up to 1400 new homes with more than 30% affordable to low-income families; create 25 acres of new parks, trails and open space; and develop 9,000 square feet of retail and commercial space for local businesses. Phase two will build a mix of up to 10,500 market-rate and low-income homes, create more than 300 acres of park space, and add new office space.

A summary of Department of Public Health activities in BVHP was compiled in a 2006 report which provides an in-depth analysis of health related problems in BVHP, DPH's activities to

address these problems, and recommendations for further work (Appendix 3). A number of items from that report that relate to the priority health outcomes are provided below. There are of course many other activities being carried out independently from SFDPH. While it is not possible for this report to summarize all of these, select projects conducted by other agencies are also detailed below.

Violence/Safety

- SFDPH's Community Health Promotion and Prevention Branch organized the Violence Prevention Network comprised of county agencies, CBOs, and individuals to create strategies to promote peace in San Francisco. In 2001 they released the "Roadmap for Preventing Violence" which articulates a set of policies, practices, activities and other recommendations for prevention of violence, and addressing root causes and risk factors for violence.^{2,67} More examples of past SFDPH activities to address violence are presented in Appendix 3.
- SFDPH continues to engage in violence prevention efforts by: conducting data analysis and dissemination; training stakeholders; participating in regional violence prevention planning; collaborating to enhance systems, maximize services, and facilitate advocacy; and pilot programs and provide mini-grants to test or model promising practices.
- In 2008, the County and County of San Francisco released the 2008-2013 Violence Prevention Plan, which highlights previous efforts that address: employment, housing, education, reentry, family and senior support, trauma reduction, youth empowerment, community transformation and empowerment, community policing, and the availability of firearms and substances. The Plan also lays out a new strategic approach to coordinate the work of county agencies, invest strategically to increase community capacity, and hold county and community agencies accountable for achieving short- and long-term measurable outcomes.⁶⁸

Substance Abuse/Mental Health

- In October 2002, YouthPOWER received a \$100,000 Drug-Free Communities grant to utilize environmental prevention strategies to reduce alcohol and marijuana use among middle and high school-age youth in San Francisco's Bayview Hunters Point (BVHP). More information on the assessment findings from YouthPOWER can be found in its August 2002 report.⁶⁹
- Mobile methadone maintenance services have been expanded in San Francisco and those with an opiate dependency are able to receive treatment that they otherwise would not receive. Community Behavioral Health Services is targeting individuals residing in the communities that need it most: the Mission District and the Bayview District. The mobile maintenance program brings treatment services out into the community, thereby reducing travel time to treatment and increasing access to convenient treatment, and increasing program attendance and compliance.
- On March 25, 2003, a methadone dispensing location in Bayview Hunter's Point was successfully implemented through a partnership with two faith-based organizations: the Metropolitan Missionary Baptist Church and Providence Baptist Church.

- The Bayview Hunters Point Foundation provides methadone detox, courtesy dosing, jail detox and maintenance, a center for problem drinkers, and provides youth counseling.
- Southeast Child Family Therapy Center (SCFTC) has a dedicated, full-time clinician who provides on-site mental health services at six public schools in the Bayview District.
- SFDPH contracts with RAMS, a community-based mental health agency, to provide integrated behavioral health services at Wellness Programs in two public high schools, namely, Burton and Thurgood Marshall. Students are able to access services at the Wellness Programs on a drop-in or appointment basis, regardless of family income and insurance coverage.

Chronic Disease – Asthma, Diabetes, Heart Failure

Air Quality

- SFDPH conducts modeling of priority air pollutants, including particulate matter, nitrogen dioxide, and diesel exhaust.
- SFDPH reviews air quality assessments for new residential developments to determine whether air pollution mitigation measures are required.
- SFDPH reviews and approves, reviews, and monitors dust control plans for large construction sites.
- SFDPH is developing a Community Risk Reduction Plan to improve air quality and eliminate air pollution exposure disparities.
- SFDPH enforces the county's secondhand smoke ordinance, which prohibits smoking outside entrances, exits and operable windows and vents of all buildings and in common areas of multi-family units, among many other public spaces.
- SFDPH Environmental Health Section's Code Enforcement Unit conducts Environmental Home Assessments for all physician-referred adults with asthma in both public and private housing, providing tenants with crucial information about asthma triggers present in their homes. This unit also provides code enforcement visits in response to complaints about housing conditions, including those that might affect asthma, such as mold and pests.
- The Asthma Task Force's report provides recommendations for environmental asthma prevention measures in homes, schools, and outdoors.³
- The SFDPH-supported BVHP Health and Environmental Resource Center provides asthma outreach and classroom education, home assessments, and an annual asthma camp for youth.

Food and Physical Activity Environments

- SFDPH runs the Southeast Food Access Workgroup (SEFA), which is a collaborative of residents, county agencies, community-based organizations, and education to ensure that healthy, fresh, local, sustainable, and affordable produce is accessible to all residents of the Bayview Hunters Point and neighboring areas, utilizing existing venues and supporting transformation and /or creation of new ones.

- SFDPH worked with youth from BVHP to conduct a survey to identify major barriers to purchasing healthy food.
- In 2009, Mayor Newsom announced an Executive Directive to promote Healthy Sustainable Food in San Francisco which established the San Francisco Food Policy Council that will facilitate access to land and education for urban agriculture.
- The San Francisco Food Security Taskforce brings together representatives from various county departments and CBOs to ensure that food security issues are being addressed throughout San Francisco.
- In summer of 2011 a new full-service grocery store (Fresh and Easy) was opened on 3rd Street, significantly increasing grocery store access in BVHP.
- SFDPH participated in the revision of the Recreation and Open Space Element for the General Plan, which specifies the Hunters Point Shipyard area as a priority park renovation and acquisition area.
- The Blue Greenway will provide additional recreation space to BVHP residents by extending the Bay Trail from Mission Creek to the southern border of the county.
- The Newcomb Model Block Project was just completed by the San Francisco Department of Public Works between Newhall and Phelps streets utilizing measures to improve pedestrian safety and enhance community relationships by improving the public right of way. Residents have signed a neighborhood commitment to maintain the upgraded streetscape, creating a new model for the county that can hopefully be replicated.

Caveats and Limitations

The environmental and social indicators in this report measure progress towards goals that promote a vision of a healthy San Francisco.⁷⁰ Measurement and monitoring of economic, social and environmental indicators helps us understand the spatial, demographic and temporal patterns of community conditions, prioritize and target solutions, and evaluate success.

Indicators to measure environmental and social conditions are limited by data availability and by conditions that can change quickly (for example, the presence of certain businesses). Indicators can illuminate as well as hide conditions. They do not always speak to the priorities of diverse interests and data often suggest problems without obvious or immediate solutions. To be useful indicators need to be actionable in some way.

Throughout this report, caveats and limitations to specific indicators are noted in the text to assist with interpretation of results. However, there are also a number of overarching caveats that apply across all indicators included in this assessment. These are described in more detail below.

Proximity does not necessarily equal high-quality access

Many indicators included in this assessment are proximity-based metrics to services or public infrastructure. Although geographic distance is one valid dimension of accessibility, two residents of the same neighborhood may have very different access to a service with the same physical proximity, due to the topography and safety of the neighborhood, the presence of large roadways, available transportation options, cost of services, hours of operation, and language and cultural accessibility. Furthermore, because some of the housing developments have large land areas, proximity-based measures may not reflect within-site proximity differences (i.e., some residents may be closer or farther based on what part of the site they reside in). Additionally, the proximity analyses conducted here are based on a straight distance from the point of interest (i.e. “as the crow flies”), which does not account for the street grid. Therefore, actual walking distances may in some cases be longer than the distance being considered.

Unit of analysis and time period consistency

For the most part, the indicators included in this assessment are at the planning district level for BVHP and at the census tract level for the housing developments. There are exceptions to this however, and caution is advised when interpreting multiple indicators that do not all share the same geographic boundaries (e.g. data for District 10 is used as a proxy for BVHP, but the district includes other areas of the county that are different demographically and physically from BVHP).

Indicator data come from various sources including the U.S. Census, government and non-profit agencies, and business databases. Because SFDPH attempts to provide the most up-to-date data as possible, indicator data reflect various timeframes. The majority of indicators that use

U.S. Census data rely on data from the 2010 U.S. Census and the 2005-2009 American Community Survey. Some Census variables, for example commute mode, are no longer collected in the decennial Census, so data from 2000 is used. Similarly, administrative data that come from county agencies (e.g., police department, health department) are based on the most recent data SFDPH was able to obtain and analyze, and can vary significantly across indicators. It is especially important to note that it is possible that indicators that show the point locations of businesses or services may not reflect the current availability of these services due to business turnover and inaccuracies in the business database. All indicators included in this report note the time frame for the data reported.

Census undercount

There are a number of limitations to the use of Census data, or projections based on Census data. The *Neighborhood Change Database (NCDB) Data Users Guide* states: "Since its inception in 1790, controversy has surrounded the decennial census's alleged undercount of individuals (Anderson 1988). This is a significant issue because data from the census are so widely used in social science research and are the basis of important political decisions, including the drawing of congressional districts and the allocation of government funding.....No one, not even the Census Bureau, denies that the census misses many people. Also, to a lesser extent, there is some enumeration of fictitious or deceased individuals and double counting. The undercount problem exists for many reasons. For instance, the Census Bureau may miss some housing units when sending out forms or some people who have received forms may not complete and return them. The former case is prevalent among individuals with no stable address (such as the homeless), while the latter is particularly common among illegal immigrants, many of whom wish to remain hidden from the government. While the Census Bureau makes several attempts to locate non-responding households, some are inevitably missed." (pages 4-7 and 4-8)

"Of particular concern is the so-called "differential undercount," which refers to the fact that certain types of individuals and households are more likely to be missed by the census than others. According to one study, the undercount for black persons remained at 5.7 percent in 1990—an improvement from the 8.4 percent mark in 1940, but an increase from 4.5 percent in 1980 (Robinson, et. al. 1991). Men and the young are more likely to be missed than women and the old, and one study estimated that for black males between 20 and 29, the undercount was 10.1 percent in 1990 (Skerry 1992). The number of illegal immigrants, most of whom are of Hispanic origin, is believed to be around 3 million, and the Census Bureau estimates that 30 percent of this population was missed in 1990." (pages 4-8)

According to the U.S. Census, "data indicate that populations were undercounted at different rates. In general, Blacks, American Indians and Alaskan Natives, Asians and Pacific Islanders, and Hispanics were missed at higher rates than Whites." Given that the majority of BVHP residents fall into these racial/ethnic categories, it is likely that Census data do not accurately reflect the composition of the neighborhood and of its public housing sites.

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Appendix 1: Maps

Map 1



San Francisco Census Tracts, 2010

Public Housing Sites

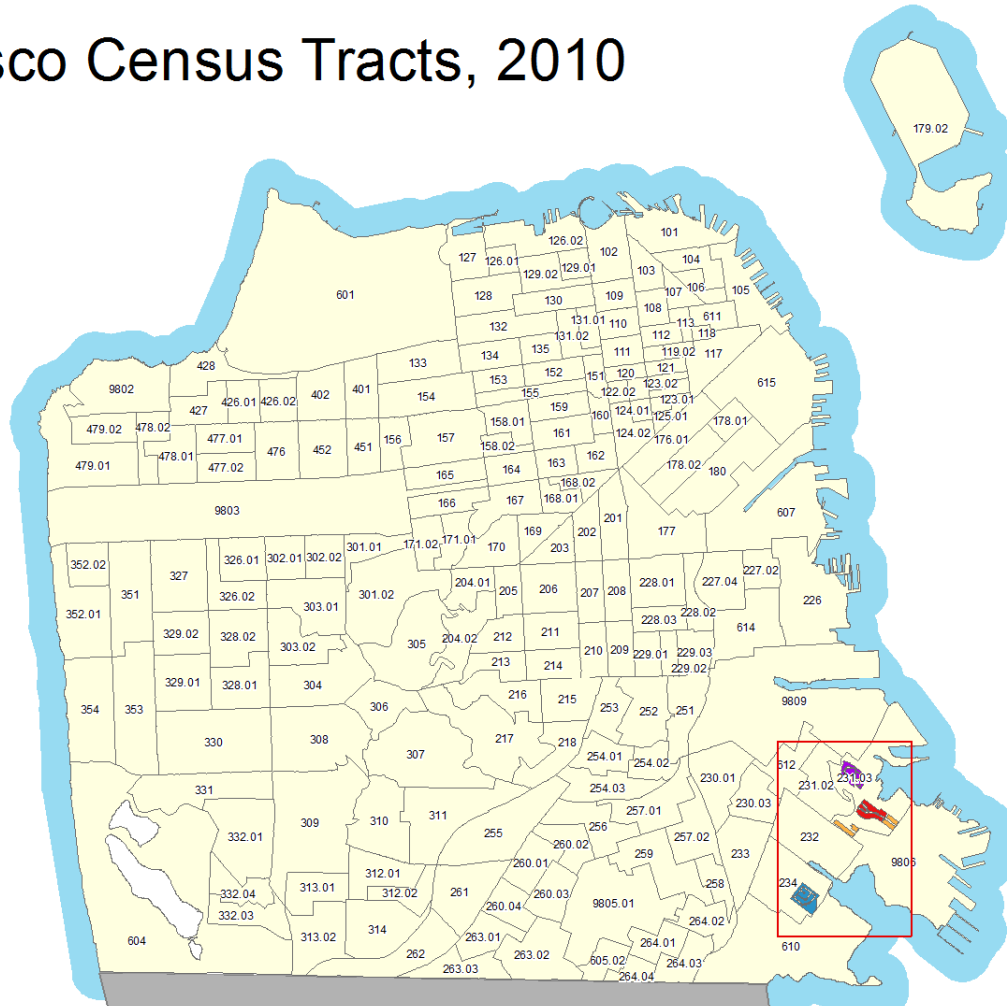
- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

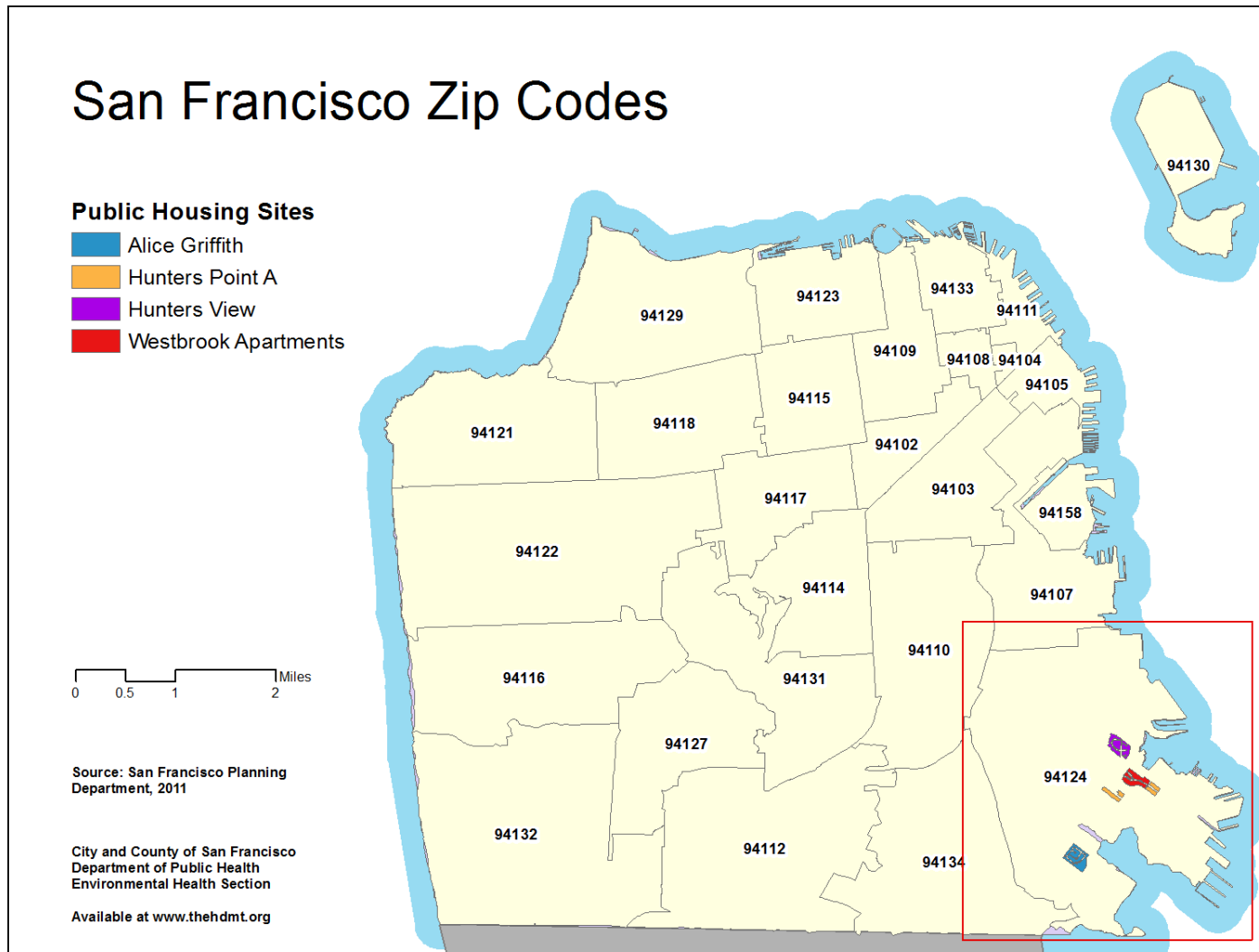
0 0.5 1 2 Miles

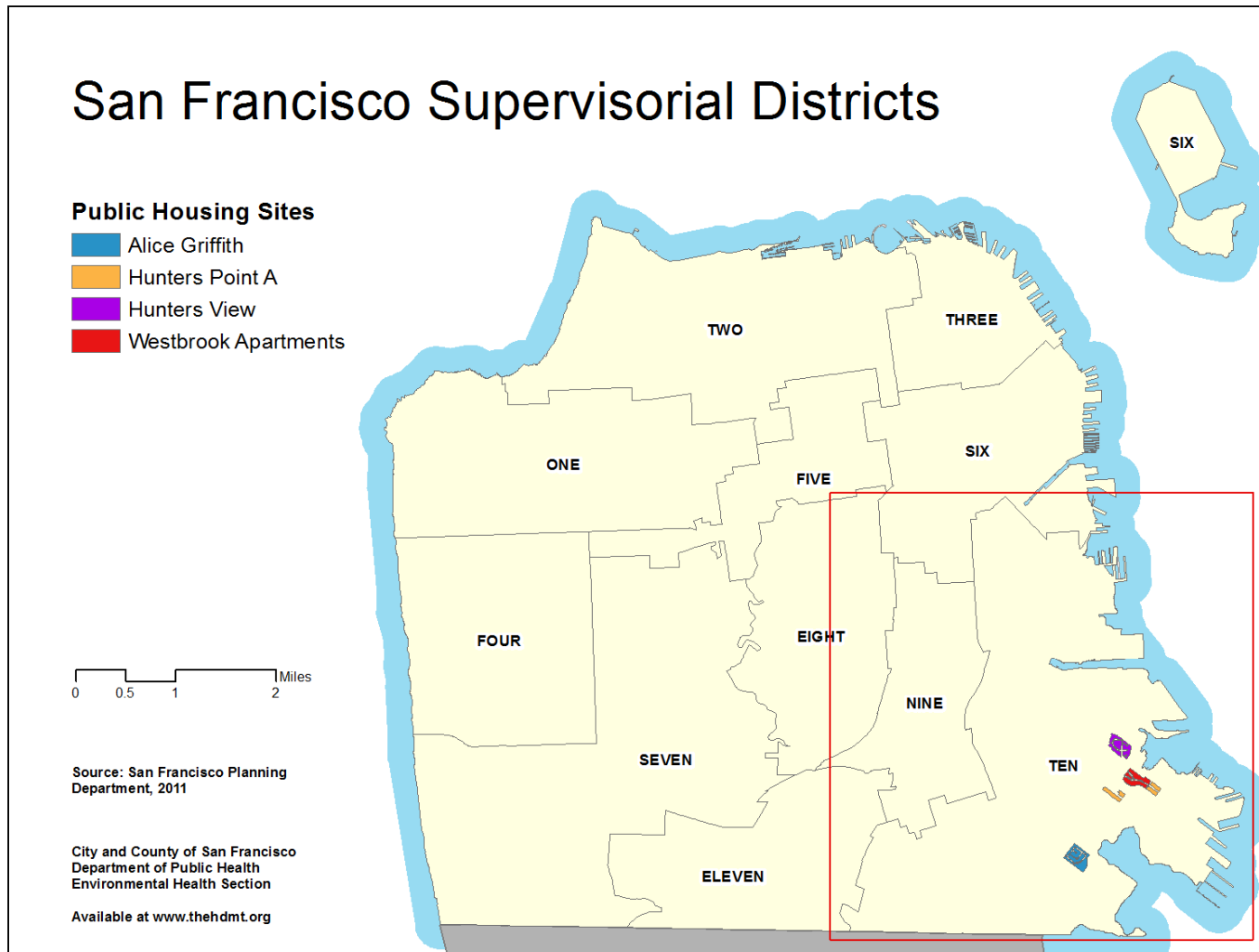
Source: US Census Bureau

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San Francisco Department of Public Health Planning Districts, 2010

Public Housing Sites

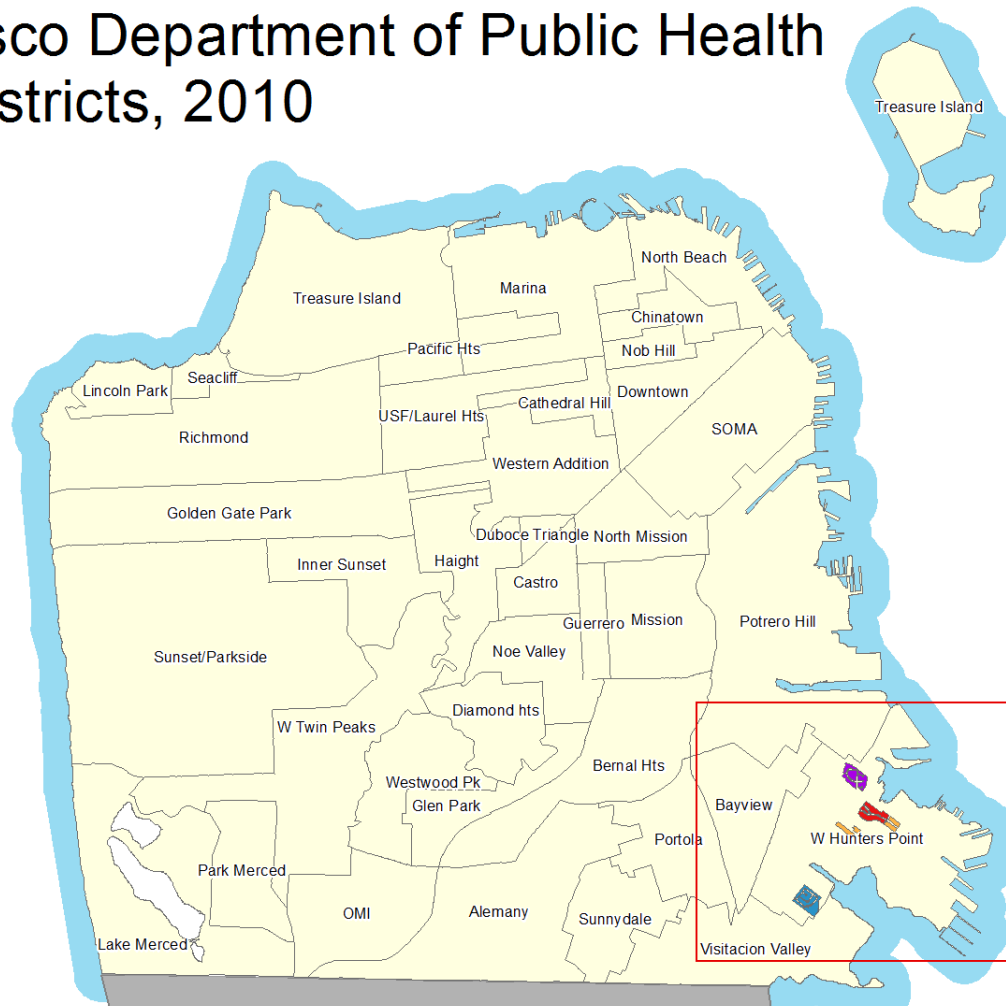
- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

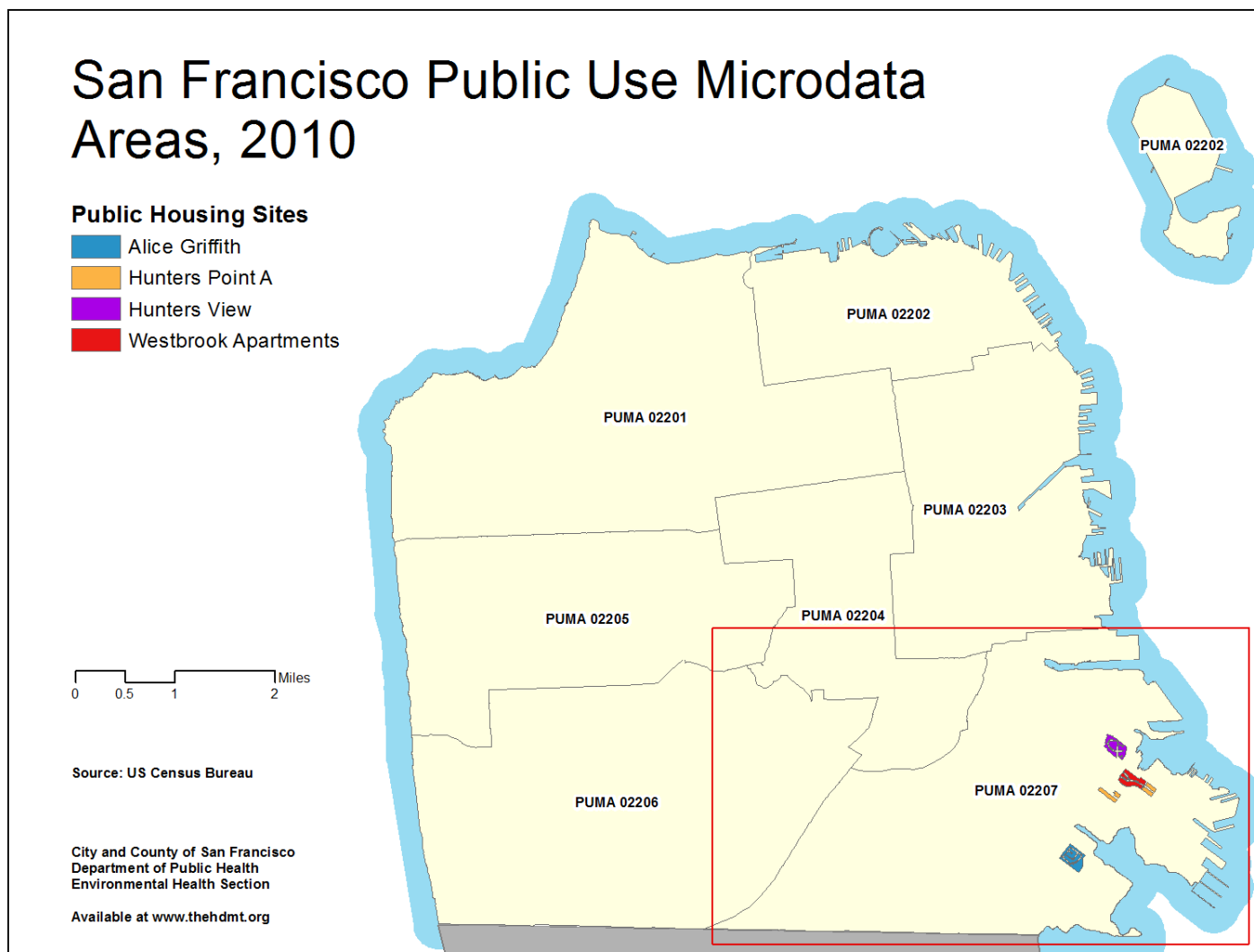
0 0.5 1 2 Miles

Source: San Francisco Department of
Public Health

City and County of San Francisco
Department of Public Health
Environmental Health Section

Available at www.thehdm.org





Households Living within 150 Meters of Designated Truck Routes - Bayview Hunters Point

Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

Truck Signs

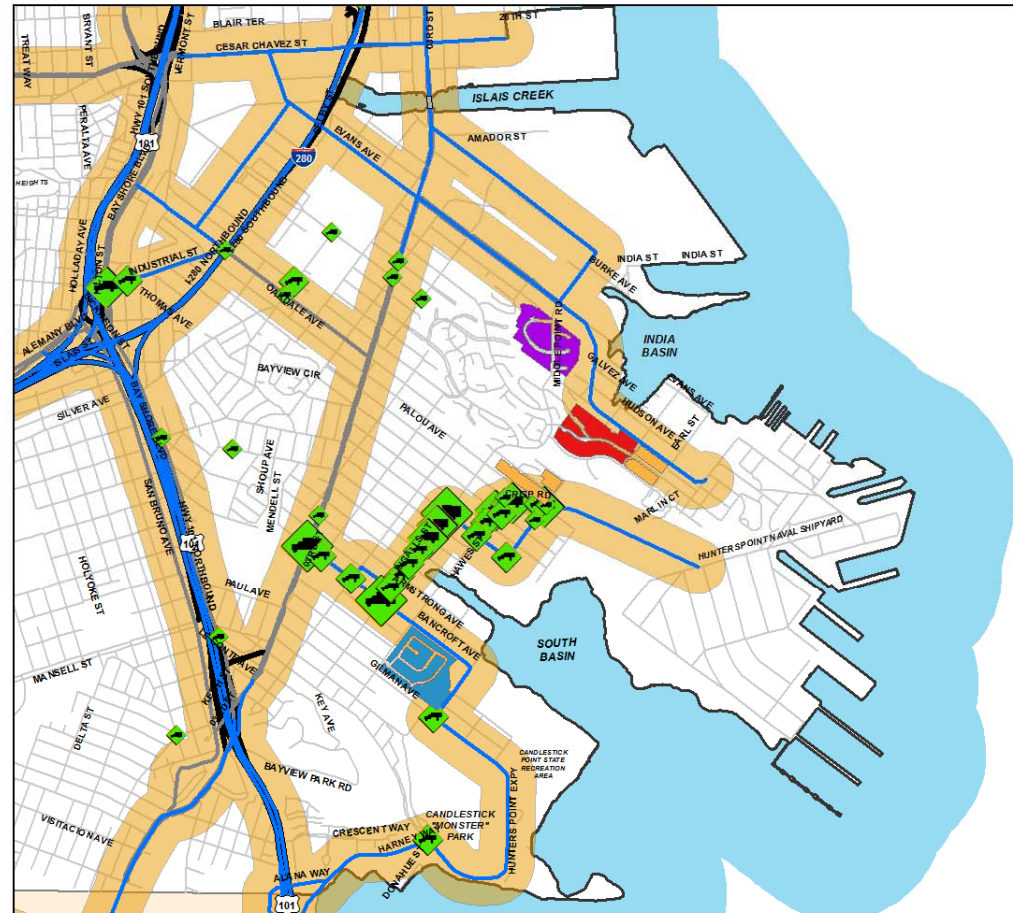
- 1
- 2 - 3
- 4 - 5
- 8 - 12

- Freight Traffic Routes
- Major Arterials
- Key Secondary Arterials
- Freeways
- 150 Meter Buffer

0 0.2 0.4 0.8 Mile

Source: San Francisco Department of Public Health and San Francisco Municipal Transportation Agency, 2009

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Major Industrial Stationary Sources of Air Pollution in San Francisco - Bayview Hunters Point

Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

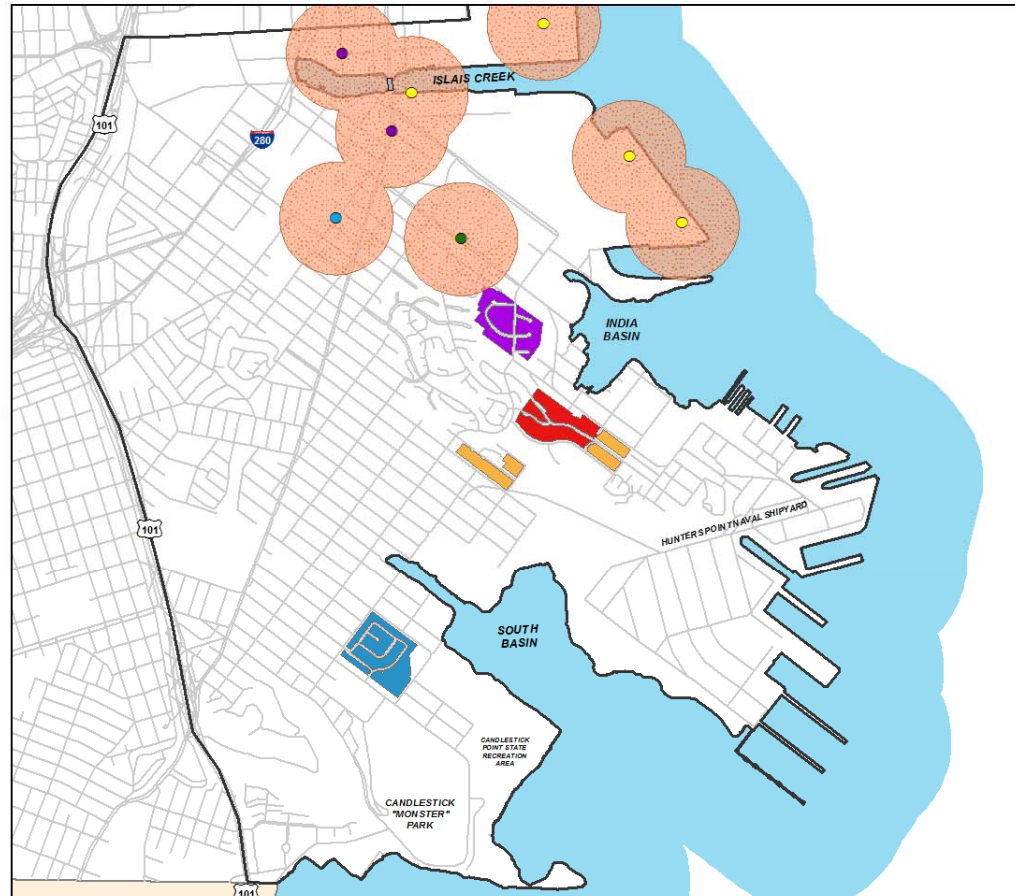
Source Type

- Bus Yard
- Packing and Shipping Distribution Center
- Power Plant
- Wastewater Treatment Plant
- Port
- 300 Meter Buffer

0 0.2 0.4 0.8 Mile

Source: California Air Resource Board and Bay Area Air Quality Management District, 2007

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Environmental Health



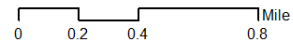
Streets with Annual Average Daily PM 2.5 Concentrations of 0.2 ug/m3 or Greater - Bayview Hunters Point

Street Above AQ Emissions Level

- Street with 0.2 ug/m3 or greater
- Area potentially effected

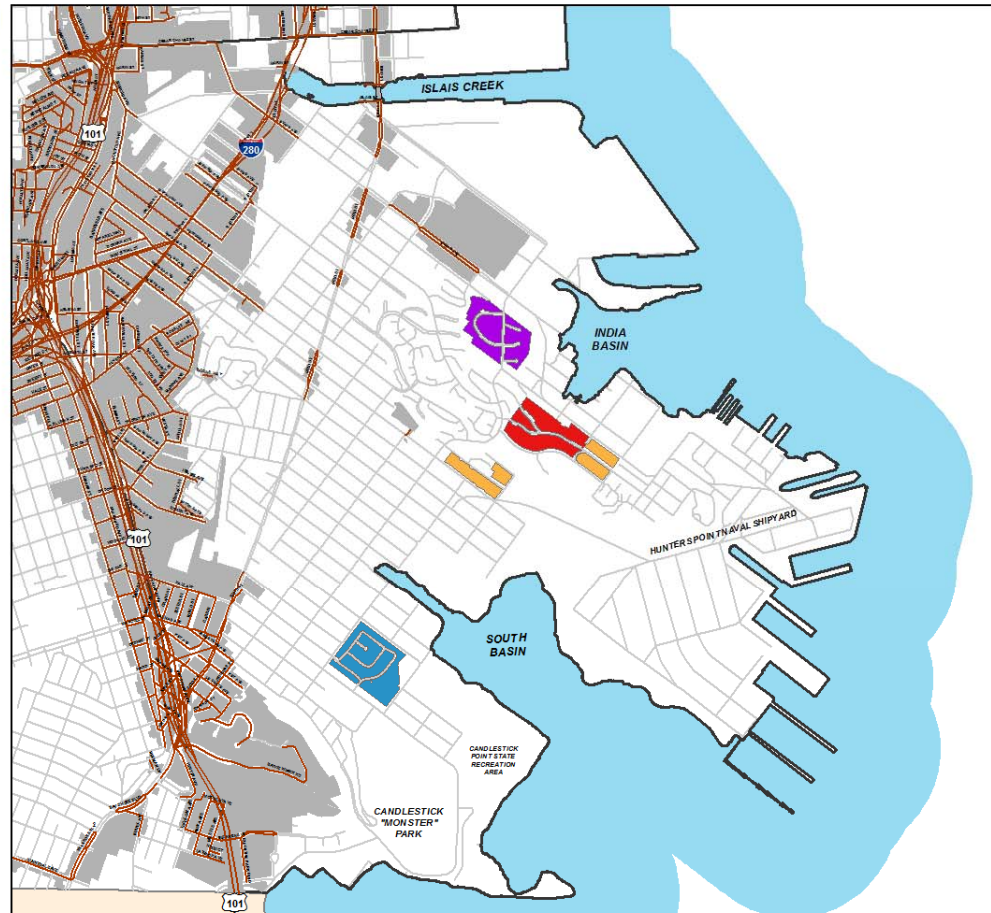
Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments



Source: San Francisco Department of Public Health, 2009

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Environmental Health

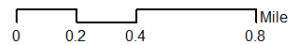
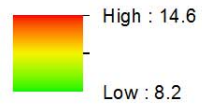


Annual Average Daily Traffic Related PM 2.5 Concentrations - Bayview Hunters Point

Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

PM 2.5 Concentration (ug/m3)



Source: San Francisco Department of Public Health, 2010

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Department of Public Health
Environmental Health, 2010



Street Noise

Street noise level (dB)

- 45 - 55
- 56 - 60
- 61 - 65
- 66 - 75
- 76 - 81

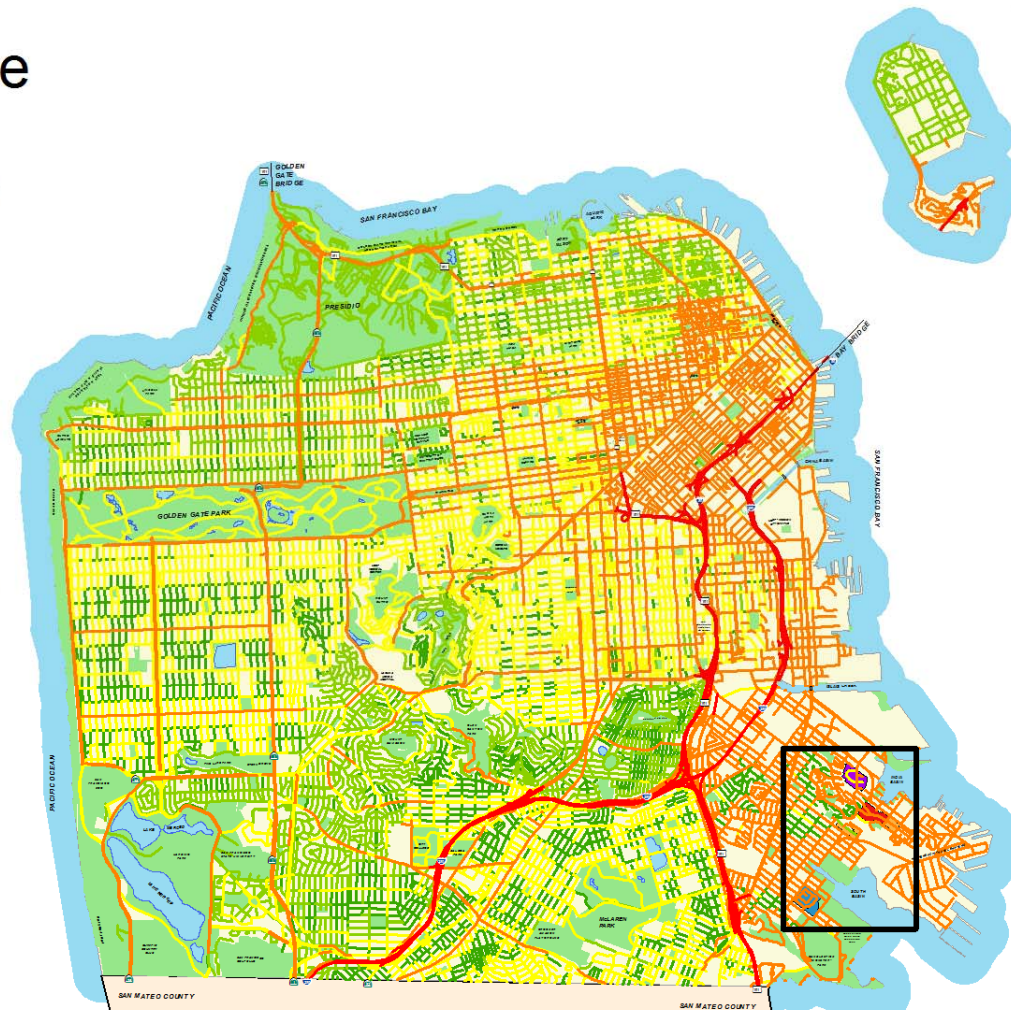
Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

0 0.5 1 2 Miles

Source: UC Berkeley, 2006

City and County of San Francisco
Department of Public Health
Environmental Health Section



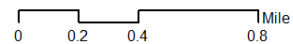
Proportion of Land Zoned for Residential and Commercial Uses - Bayview Hunters Point

Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

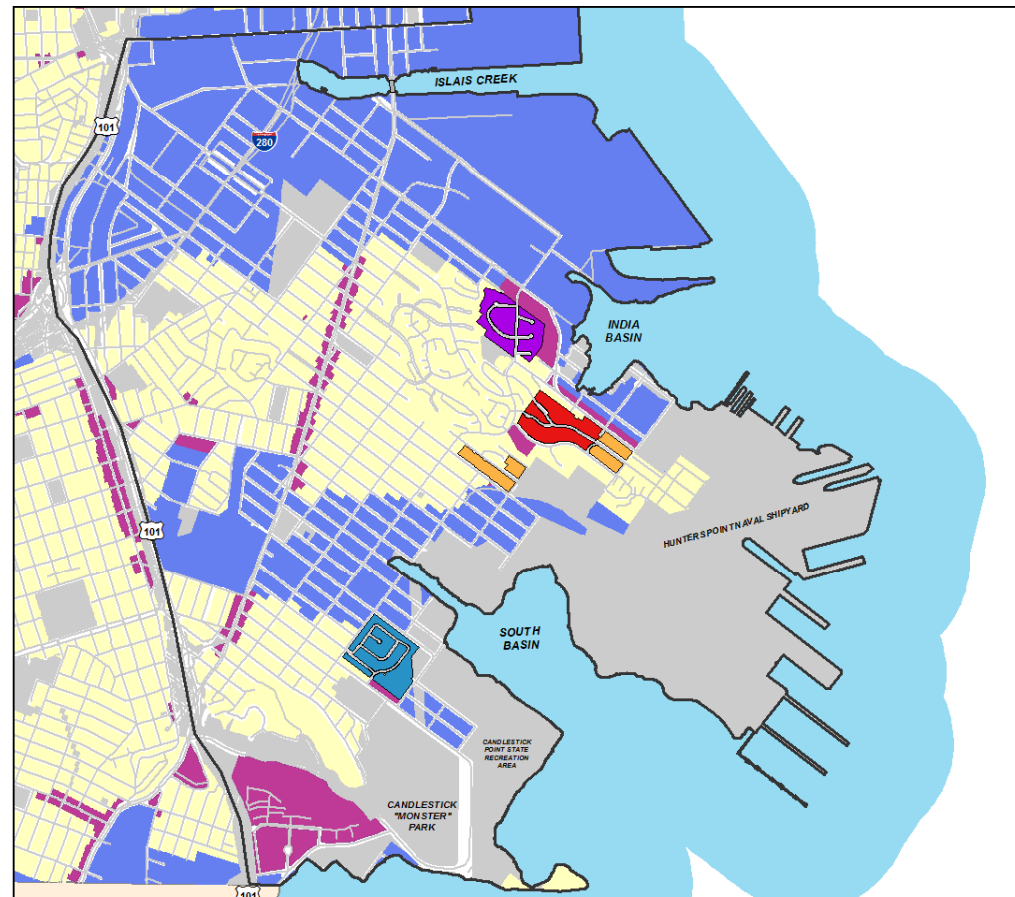
Zoning

- Residential
- Commercial
- Industrial
- Other



Source: SF Planning Dept. 2011

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Department of Public Health
Environmental Health



Brownfield Reuse Sites & Leaking Underground Fuel Tanks - Bayview Hunters Point

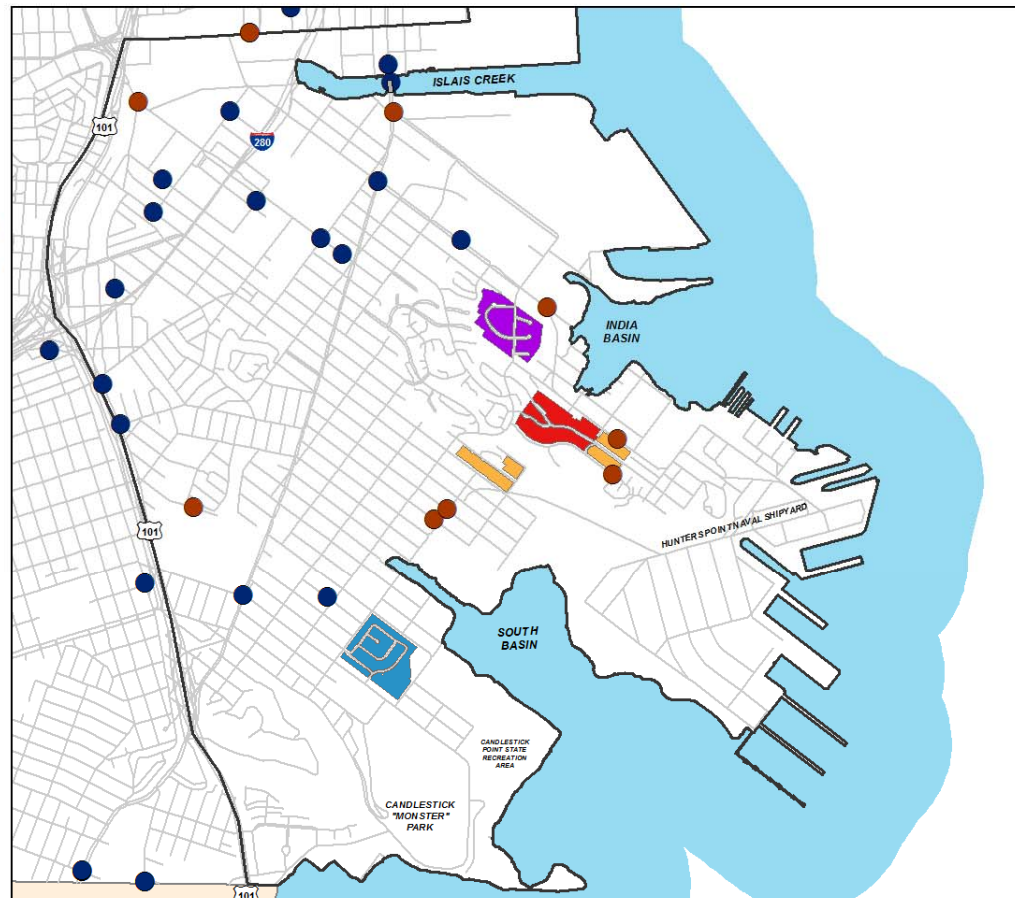
Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments
- Brownfields Reuse Site
- Leaking Underground Fuel Tank (LUFT)

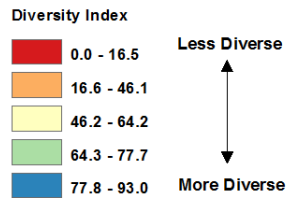
0 0.2 0.4 0.8 Mile

Source: Dept. of Toxic Subs.
Control - Brownfields; State Water
Resources Control Board - LUFT

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Department of Public Health
Environmental Health



San Francisco's Diversity Index



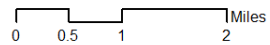
Excluded because of small population



Public Housing Sites

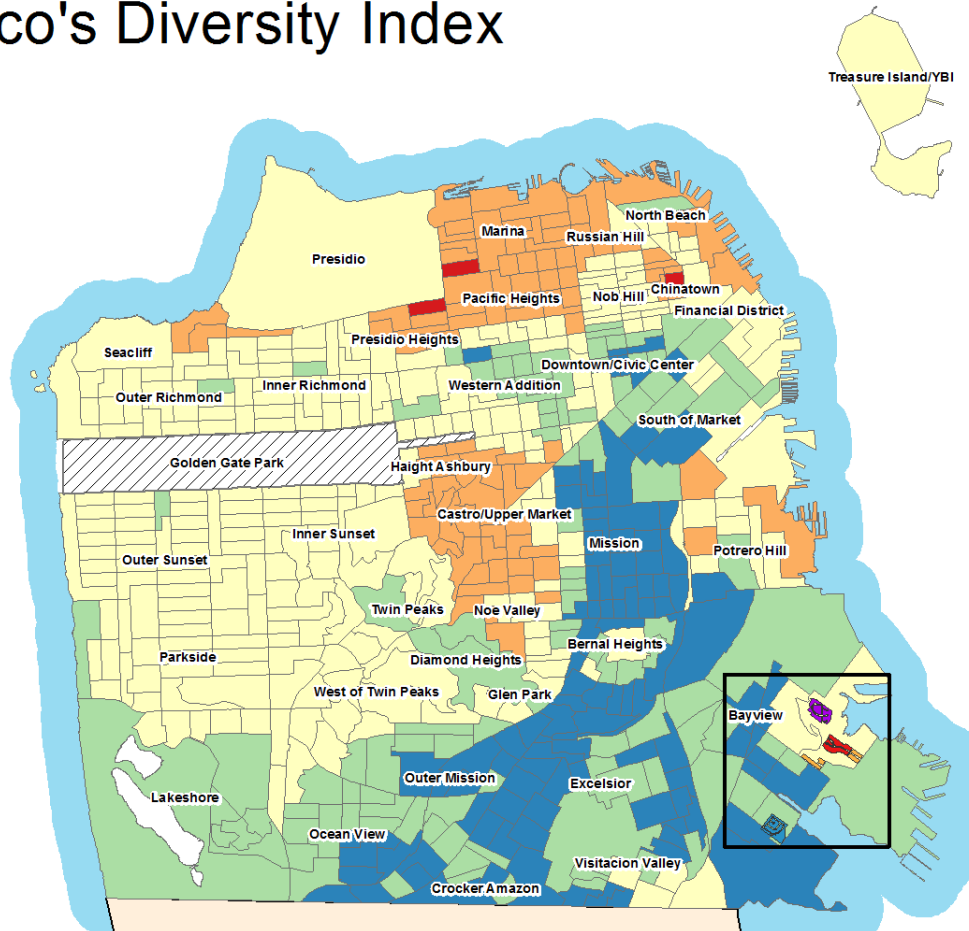


The Diversity Index is a measure of the probability that two people from the same area will be from different race/ethnic groups.



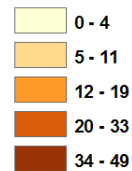
Source: ESRI BIZ, 2007

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Rate of Code Violations for Housing and Habitability

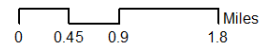
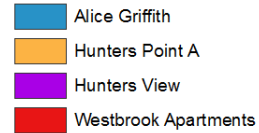
Code Violations per
1,000 Populations



Excluded because of
small population



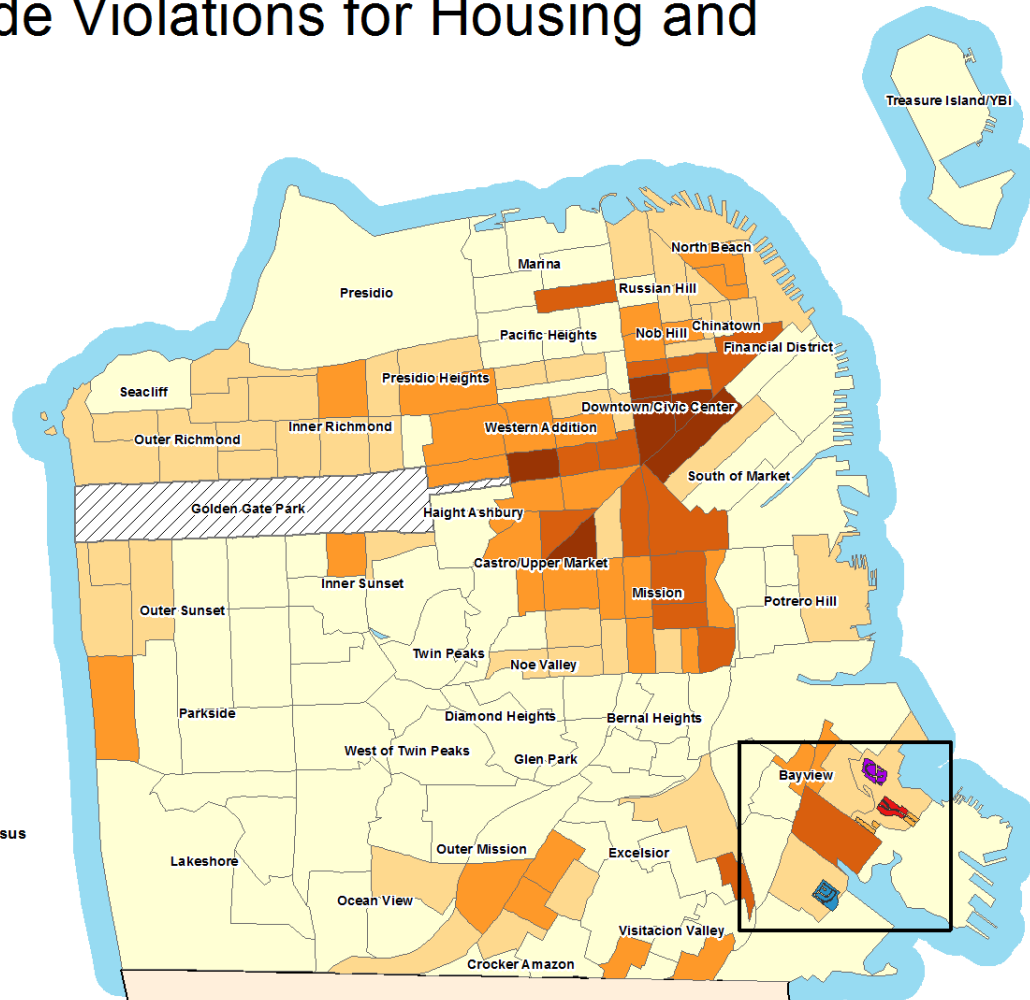
Public Housing Sites



Source: San Francisco Department
of Public Health, Department of
Building Inspection, 2008 and 2007 Census

City and County of San Francisco
Department of Public Health
Environmental Health Section

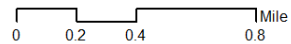
Available at www.thehdm.org



Density of Off-Sale Alcohol Outlets - Bayview Hunters Point

Public Housing Sites

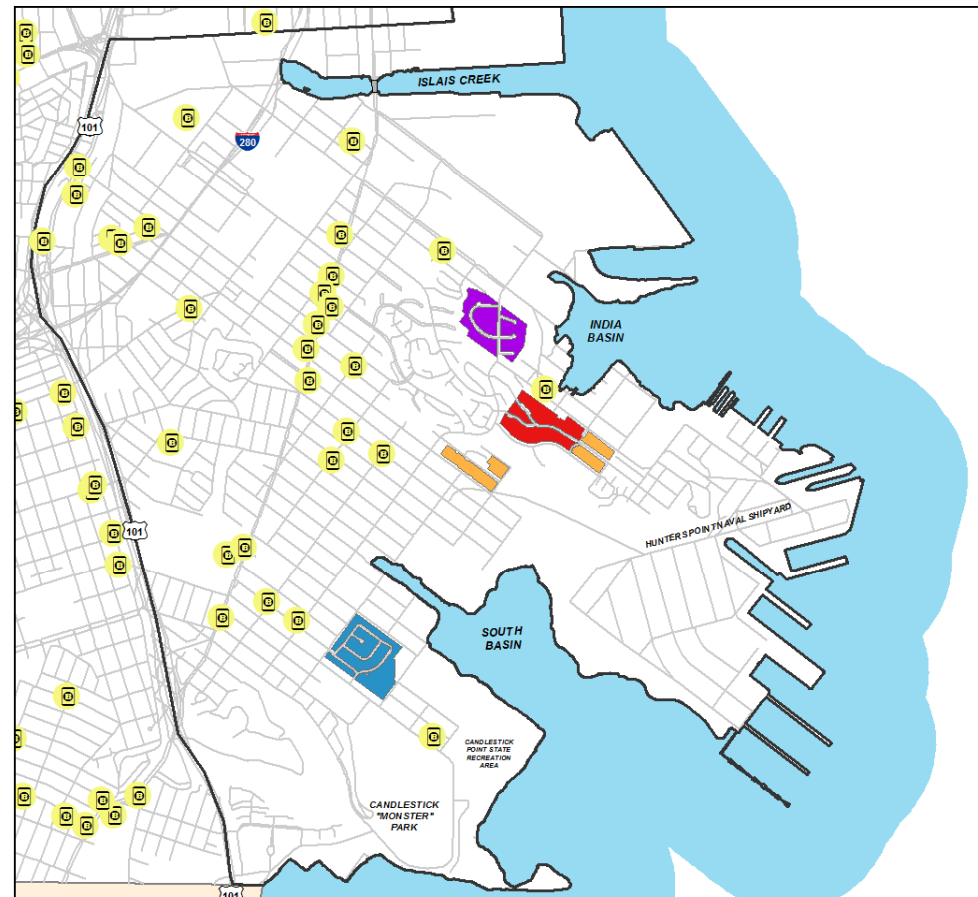
- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments
- Off-Sale Alcohol Outlets*



* Off-sale alcohol outlets are retail establishments authorized to sell beer, wine and/or distilled spirits for consumption off the premises where sold.

Source: California Department of Alcoholic Beverage Control, 2011

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Proportion of Population Within 1/2 Mile of a Community Center - Bayview Hunters Point

Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

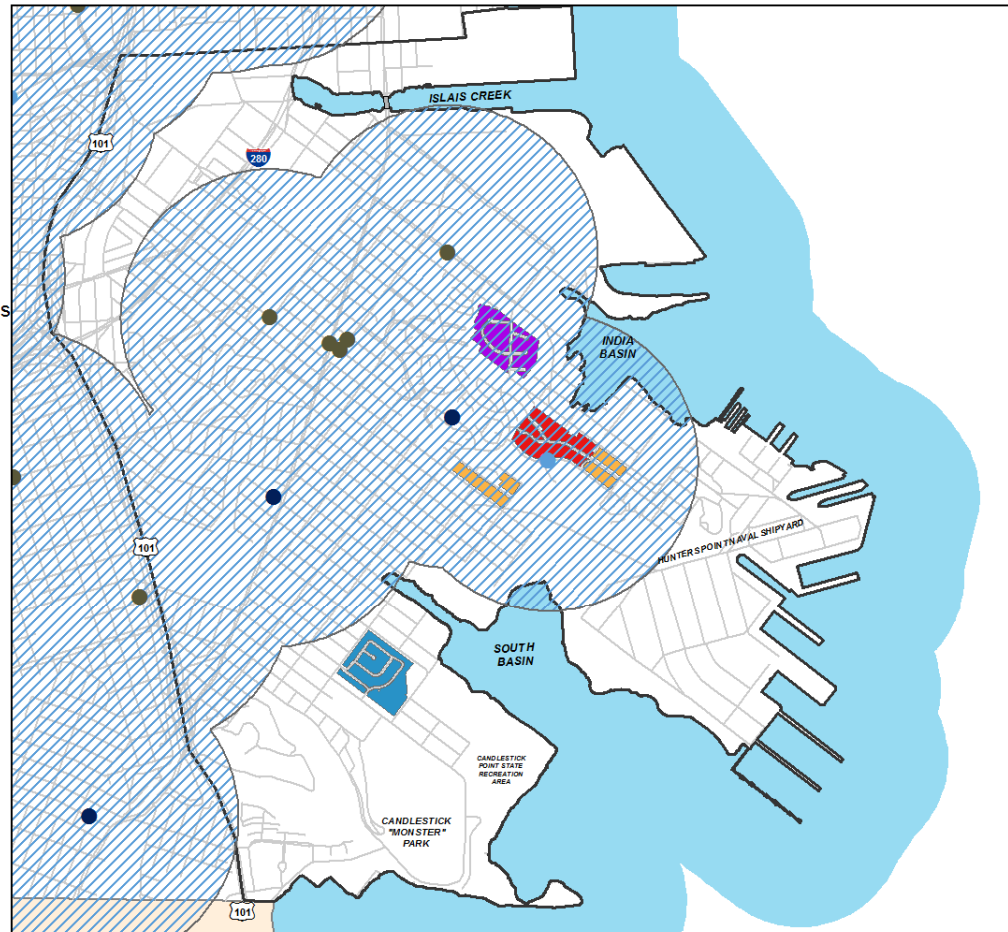
Population(s) Served

- Youth
- Seniors/persons with disabilities
- Adults/multiple populations
- 1/2 Mile Buffer

0 0.2 0.4 0.8 Mile

Source: San Francisco Human Services Agency, Department of Aging & Adult Service, San Francisco Adult Day Services, San Francisco Department of Children, Youth & Their Families, San Francisco Recreation & Parks Department, Arts Education Funders Collaborative, San Francisco Bay Area Volunteer Information Center, The Volunteer Center, and SFKids.org, 2008

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Spiritual and Religious Centers - Bayview Hunters Point

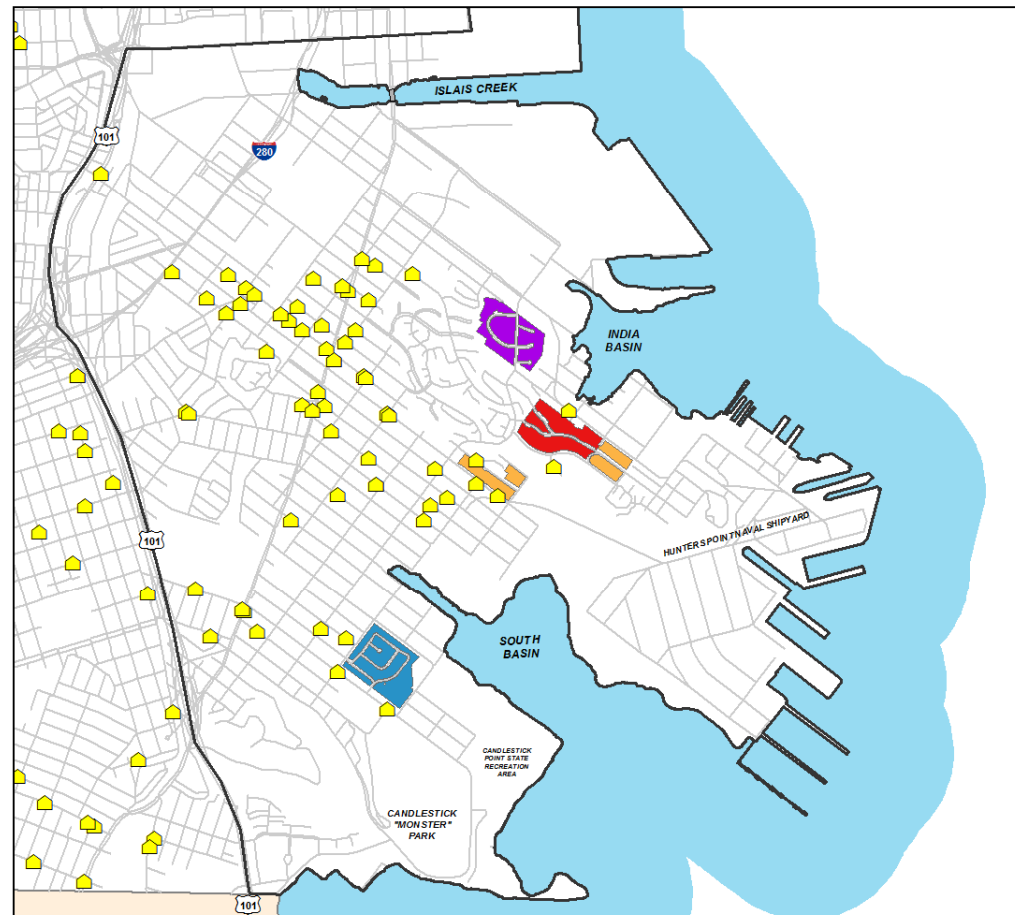
Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments
- Religious Centers

0 0.2 0.4 0.8 Mile

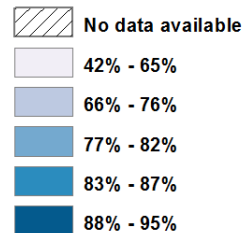
Source: Dun and Bradstreet 2007
Business Database, NAICS Code
813110

City and County of San Francisco
Department of Public Health
Environmental Health

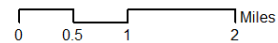
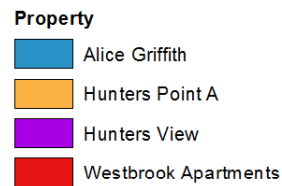


Proportion of Registered Voters Voting in November 2008 Election by Precincts

% Voters that voted in 11/08

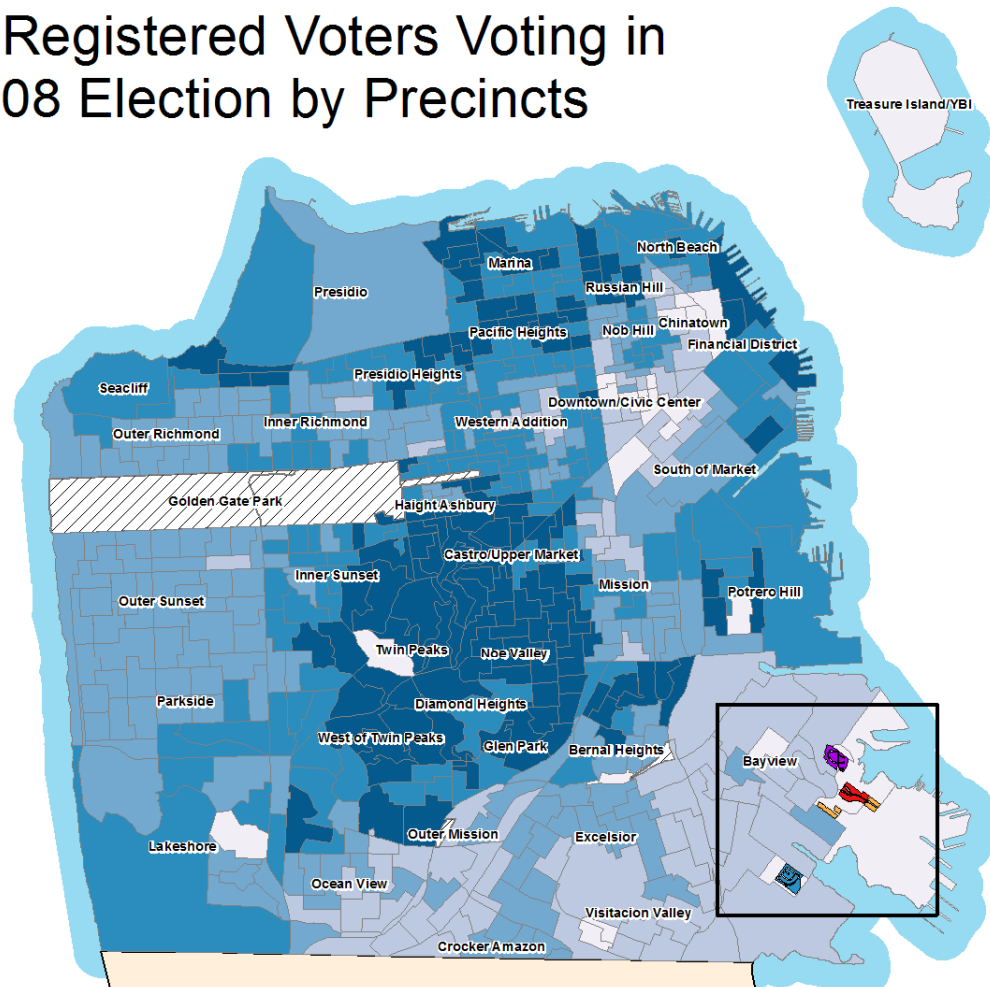


Public Housing Sites



Source: City and County of San Francisco, Department of Elections

City and County of San Francisco
Department of Public Health
Environmental Health Section



Schools Achieving a Base Academic Performance Index of 800 or More - Bayview Hunters Point

Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

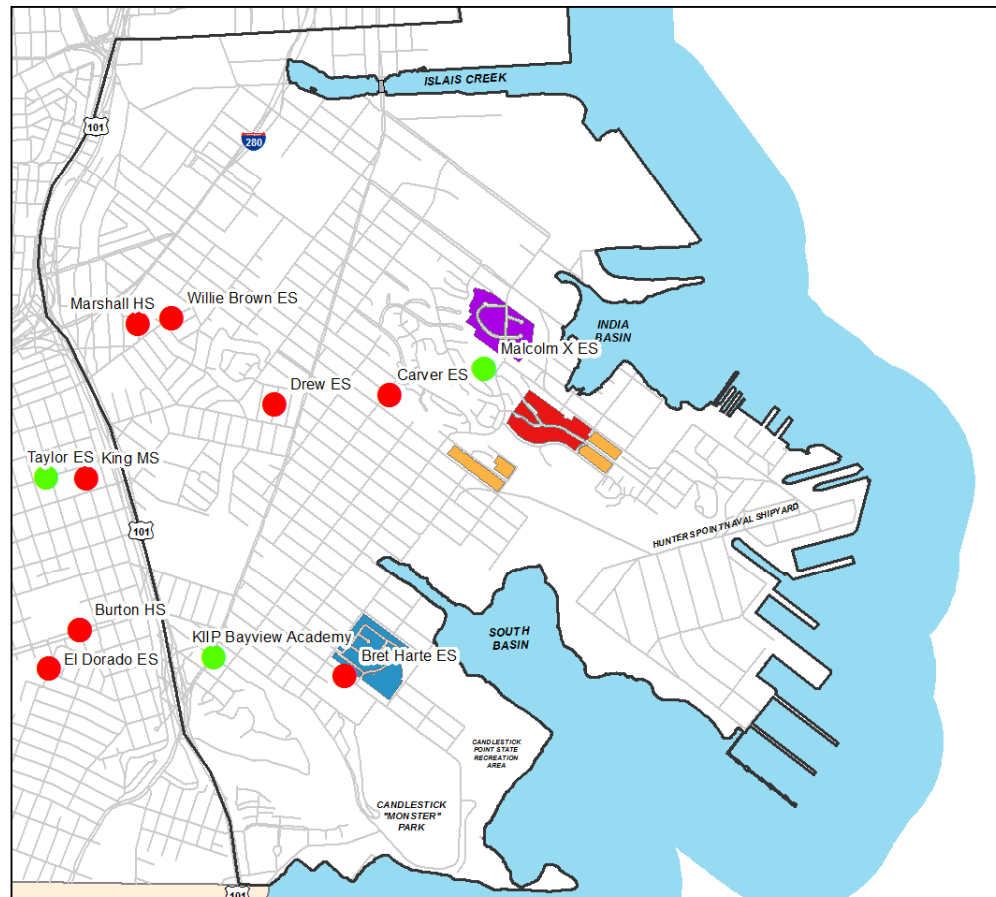
2010 Base API

- No Data
- < 800
- 800-955

0 0.2 0.4 0.8 Mile

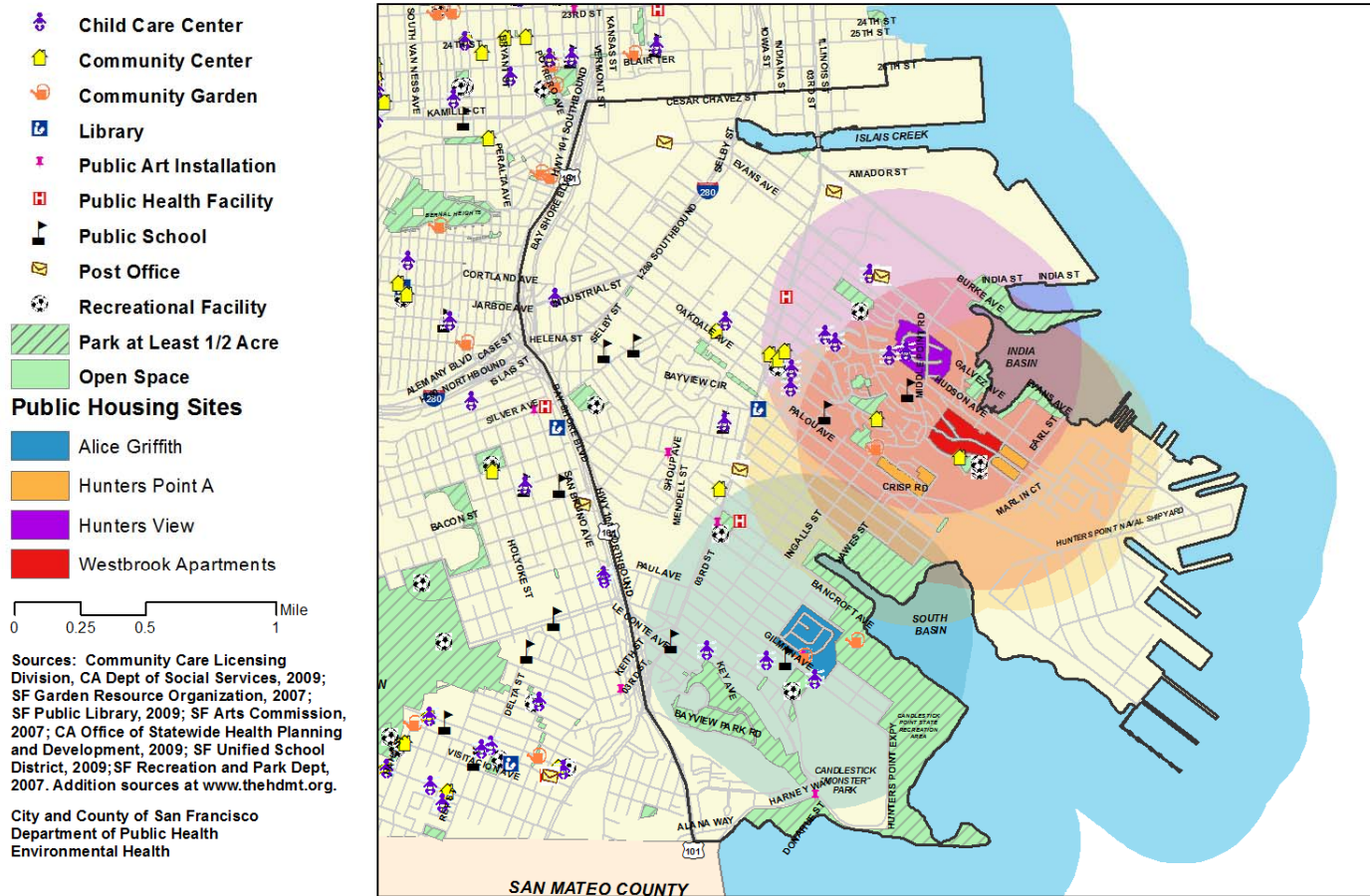
Source: California Department of Education,
2010 Base Academic Performance Index
(API) Report

City and County of San Francisco
Department of Public Health
Environmental Health



Access to Key Public Services in Bayview Hunters Point

Key Public Services within 1/2 Mile of Public Housing Sites



Access to Key Retail Services in Bayview Hunters Point

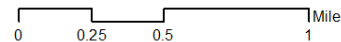
Key Retail Services within 1/2 Mile of Public Housing Sites

Excluding Food Retail

-  Auto Repair Shop
-  Bank and Credit Union
-  Beauty/ Barber Shop
-  Bike Shop
-  Dry Cleaner
-  Gym
-  Hardware Store
-  Laundromat
-  Pharmacy
-  Video Rental/ Movie Theater

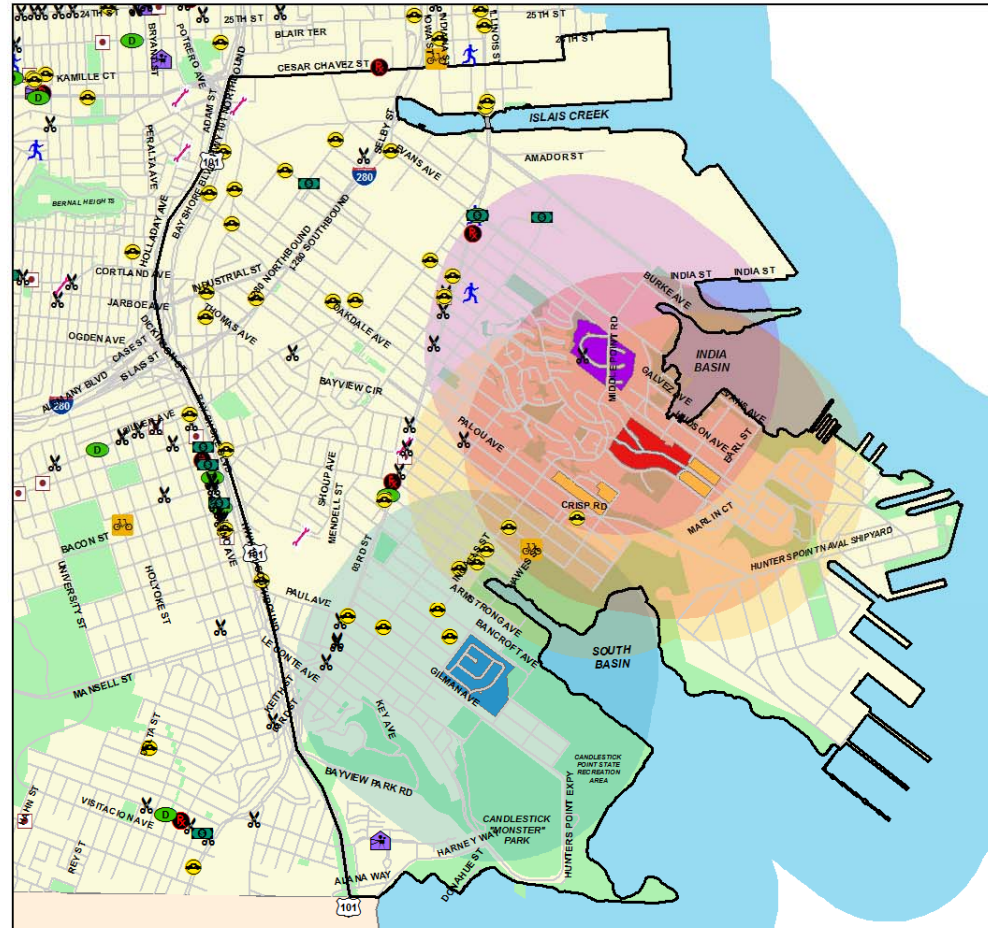
Public Housing Sites

-  Alice Griffith
-  Hunters Point A
-  Hunters View
-  Westbrook Apartments



Sources: Dun and Bradstreet, 2007;
State of California Department of Consumer
Affairs, 2008; WhitePages.com, 2008.

City and County of San Francisco
Department of Public Health
Environmental Health



Acres of Open Space within 1/2 Mile - Bayview Hunters Point

Public Housing Sites

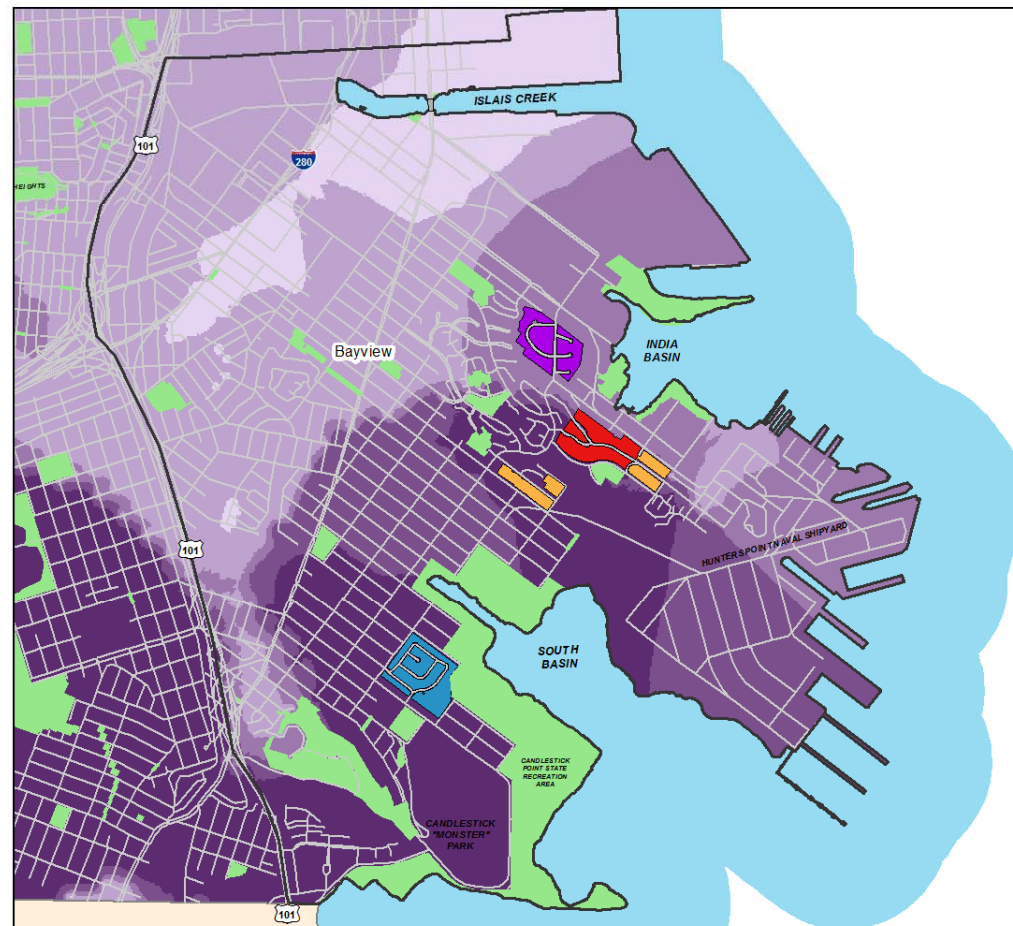
- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments

Acres within 1/2 mile

- 0.72 - 10
- 10.01 - 50
- 50.01 - 100
- 100.01 - 200
- 200.01 - 2,073.48
- Open Space

0 0.2 0.4 0.8 Mile

City and County of San Francisco
Department of Public Health
Environmental Health



Bayview Hunters Point Tree Population

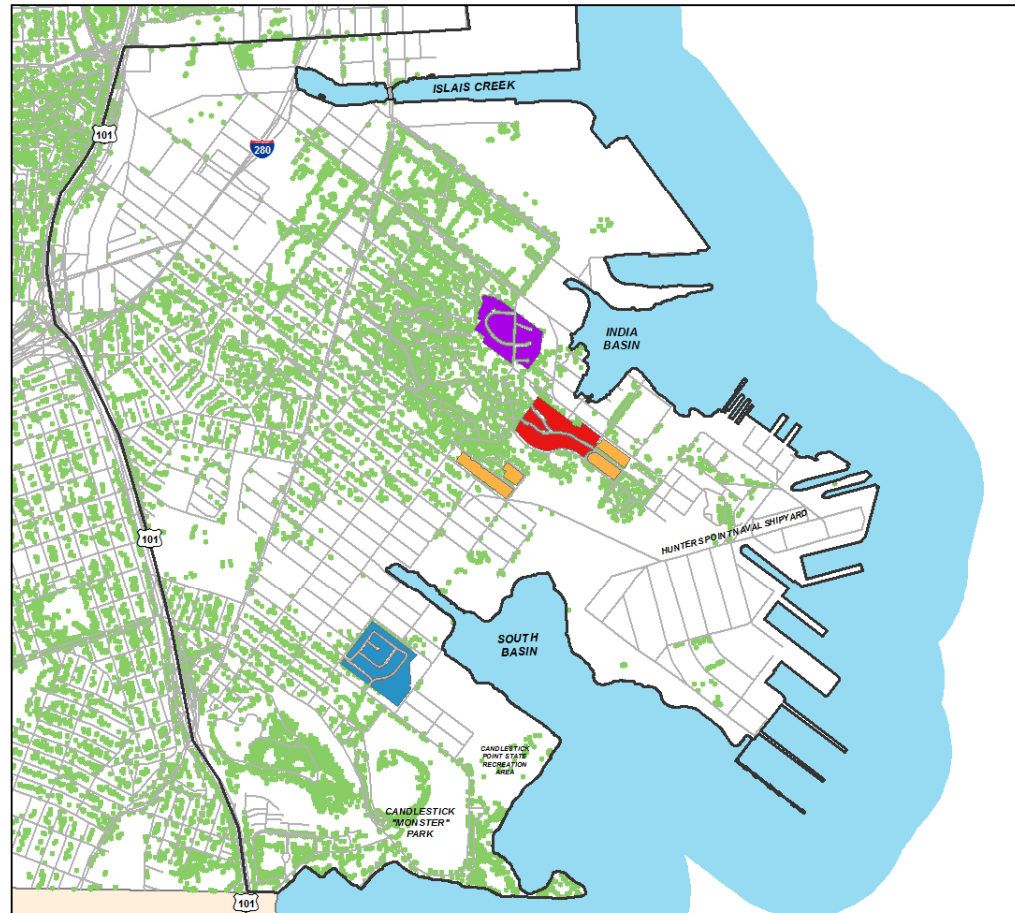
Public Housing Sites

- Alice Griffith
- Hunters Point A
- Hunters View
- Westbrook Apartments
- Trees

0 0.2 0.4 0.8 Mile

Source: Science Application International Corporation, 2007

City and County of San Francisco
Department of Public Health
Environmental Health



Food Availability in Bayview Hunters Point

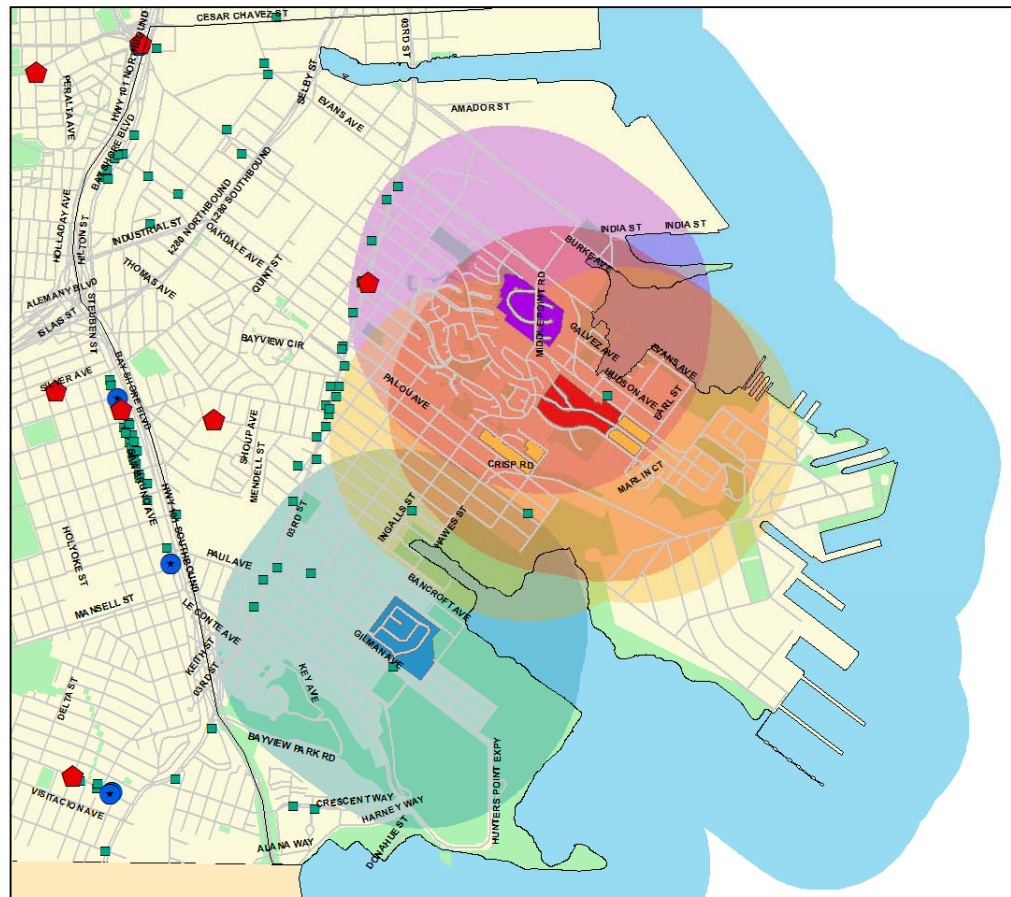
Food Retailers within 1/2 Mile of Public Housing Sites

- Healthy Food Retail**
- ◆ Supermarket
 - Produce store
 - ★ Farmers' market
- Eating Establishments**
- Restaurant
- Public Housing Sites**
- Alice Griffith
 - Hunters Point A
 - Hunters View
 - Westbrook Apartments

0 0.2 0.4 0.8 Miles

Source: San Francisco Department of Public Health and San Francisco Food Systems, 2008

City and County of San Francisco
Department of Public Health
Environmental Health



Appendix 2: Master Table

San Francisco Healthy Homes Project: Community Health Status Assessment

	County	Bayview Hunters Point	Alice Griffith	Hunters Point-A	Hunters View	Westbrook
Demographic Profile						
Total Population (US Census, 2010)	805,235	33,989 α	3,660*	3,725 $\dagger$	3,725 $\dagger$	3,725 $\dagger$
Population density (people/sqare mile) (US Census, 2010)	17,144	6,945 α	11,104*	7,686 $\dagger$	7,686 $\dagger$	7,686 $\dagger$
Ethnicity - Percent (US Census, 2010)						
African American, non-Hispanic	5.9	31.4 α	33.0*	55.8 $\dagger$	55.8 $\dagger$	55.8 $\dagger$
Asian/Hawaiian/Pacific Islander	33.4	34.7 α	25.2*	18.1 $\dagger$	18.1 $\dagger$	18.1 $\dagger$
Hispanic/Latino	15.1	24.3 α	33.5*	16.2 $\dagger$	16.2 $\dagger$	16.2 $\dagger$
White	41.9	6.2 α	3.5*	3.5 $\dagger$	3.5 $\dagger$	3.5 $\dagger$
Other	3.8	3.5 α	4.9*	6.4 $\dagger$	6.4 $\dagger$	6.4 $\dagger$
Percent of adults 25 and older with a high school diploma or equivalent (American Community Survey, 5-year Estimates, 2005-2009)	85.6 (85.0-86.2)	70.4 (65.5-75.3) α	57.1 (45.2-69.1)*	71.3 (53.7-89.0) $\dagger$	71.3 (53.7-89.0) $\dagger$	71.3 (53.7-89.0) $\dagger$
Proportion of non-English speaking population (American Community Survey, 5-year Estimates, 2005-2009)	14.2 (13.2-15.3)	17.6 (11.0-24.2) α	--	--	--	--
Proportion of foreign born populaton (American Community Survey, 5-year Estimates, 2005-2009)	34.4 (33.9-35.0)	33.1 (30.8-34.0) α	26.8 (18.00-35.6)*	14.9 (8.6-21.1) $\dagger$	14.9 (8.6-21.1) $\dagger$	14.9 (8.6-21.1) $\dagger$
Proportion of youth (US Census, 2010)	13.4	24.3 α	29.8*	37.6 $\dagger$	37.6 $\dagger$	37.6 $\dagger$
Proportion of seniors (US Census, 2010)	13.6	10.6 α	9.6*	5.6 $\dagger$	5.6 $\dagger$	5.6 $\dagger$
Proportion of households with children under 18 years (US Census, 2010)	23.8	48 α	60.2*	69.1 $\dagger$	69.1 $\dagger$	69.1 $\dagger$
Percent of the population living below 200% of the federal poverty level (American Community Survey, 5-year Estimates, 2005-2009)	26.5 (25.8-27.2)	39.3 (34.8-43.7) α	67.2 (53.9-80.6)*	50.2 (32.8-67.6) $\dagger$	50.2 (32.8-67.6) $\dagger$	50.2 (32.8-67.6) $\dagger$
Per capita income (American Community Survey, 5-year Estimates, 2005-2009)	\$44,373 (\$43,796-\$44,950)	\$19,484 (\$17,935-\$21,033) α	\$16,872 (\$13,114-\$20,630)*	\$10,486 (\$8,641-\$12,331) $\dagger$	\$10,486 (\$8,641-\$12,331) $\dagger$	\$10,486 (\$8,641-\$12,331) $\dagger$
Median household income (American Community Survey, 5-year Estimates, 2005-2009)	\$70,040 (\$69,017-\$71,063)	\$43,151 (\$30,209-\$56,093) α	\$34,145 (\$32,494-\$35,796)*	\$21,712 (\$19,521-\$23,902) $\dagger$	\$21,712 (\$19,521-\$23,902) $\dagger$	\$21,712 (\$19,521-\$23,902) $\dagger$
Percent of the population that is employed (American Community Survey 5-year Estimates, 2005-2009)	93.4 (92.9-93.9)	85.8 (80.4-91.1) α	89.0 (74.1-100)	75.1 (54.0-96.2) $\dagger$	75.1 (54.0-96.2) $\dagger$	75.1 (54.0-96.2) $\dagger$
Community-level environmental and Social Determinants of Health						
Ambient environmental hazards						
Proportion of households living within 150 meters of streets with 0.2 ug/m3 or greater of PM2.5 (San Francisco Department of Public Health, Environmental Health Section, 2009)	68	42 α 	0 	0 	0 	0 
Proportion households living within 300 meters of major industrial stationary sources of air pollution (Bay Area Air Quality Management District (BAAQMD), 2007)	4	1 α 	0 	0 	0 	0 
Average PM2.5 concentrations (San Francisco Department of Public Health, Environmental Health Section, 2010)	8.7	8.5 α 	8.5* 	8.2 $\dagger$ 	8.2 $\dagger$ 	8.2 $\dagger$ 
Proportion of households living within 150 meters of designated truck routes (San Francisco Municipal Transportation Agency, 2009)	47	38 α 	65% of property 	58% of property 	37% of property 	58% of property 
Traffic volume by miles of street (San Francisco County Transportation Authority, 2005)	117,989	62,723 α 	57,335* 	14,326 $\dagger$ 	14,326 $\dagger$ 	14,326 $\dagger$ 
Proportion of land zoned as industrial (San Francisco Planning Department, 2011)	7	38 α 	39* 	29 $\dagger$ 	29 $\dagger$ 	29 $\dagger$ 
Proportion of brownfield reuse sites in San Francisco (California Department of Toxic Substances Control, 2007)	100 (30 sites)	30 (9 sites) α 	0 (0 sites)* 	10 (3 sites) $\dagger$ 	10 (3 sites) $\dagger$ 	10 (3 sites) $\dagger$ 
Proportion of leaking underground storage tanks in San Francisco (California Department of Toxic Substances Control, 2007)	100 (129 sites)	11 (14 sites) α 	2 (2 sites)* 	0 (0 sites) $\dagger$ 	0 (0 sites) $\dagger$ 	0 (0 sites) $\dagger$ 
Housing conditions						
Proportion of renter households paying greater than 50% of their income on their homes (American Community Survey, 5-year Estimates, 2005-2009)	19.9 (19.2-20.6)	30.1 (24.5-35.7) α 	31.0 (13.5-48.6)* 	16.6 (9.8-23.5) $\dagger$ 	16.6 (9.8-23.5) $\dagger$ 	16.6 (9.8-23.5) $\dagger$ 
Proportion of households that own their homes (US Census, 2010)	35.8	49.4 α 	40* 	10 $\dagger$ 	10 $\dagger$ 	10 $\dagger$ 
Proportion of households living in overcrowded conditions (U.S Census, 2000)	14	24 α 	23* 	25 $\dagger$ 	25 $\dagger$ 	25 $\dagger$ 

San Francisco Healthy Homes Project: Community Health Status Assessment

	County	Bayview Hunters Point	Alice Griffith	Hunters Point-A	Hunters View	Westbrook
Percent of San Francisco's street homeless population, 2010 Homeless Count	100	37 α 				
Multi-group diversity index (Environmental Systems Research Institute Business Information Solutions (ESRI BIS), 2007)	58	77 α 	75.2 $\#$ 	53.8 $\$$ 	53.8 $\$$ 	53.8 $\$$ 
Rate of health and building code violations per 1,000 residents (San Francisco Department of Public Health, Environmental Health Section, 2008; San Francisco Department of Building Inspection, 2008)	9.2	7.7 α 	7* 	8 $\dagger$ 	8 $\dagger$ 	8 $\dagger$ 
Transport conditions						
Proportion of households without a motor vehicle (American Community Survey, 5-year Estimates, 2005-2009)	29.4 (28.8-30.0)	21.4 (17.5-25.4) α 	27.9 (18.8-37.0)* 	40.0 (31.3-48.7) $\dagger$ 	40.0 (31.3-48.7) $\dagger$ 	40.0 (31.3-48.7) $\dagger$ 
Proportion of commute trips made by public transit (U.S. Census 2000)	33	25 α 	21.2* 	45.2 $\dagger$ 	45.2 $\dagger$ 	45.2 $\dagger$ 
Proportion of commute trips made by biking (U.S. Census 2000)	2	0 α 	0* 	0 $\dagger$ 	0 $\dagger$ 	0 $\dagger$ 
Proportion of commute trips made by walking (U.S. Census 2000)	10	3 α 	2* 	0 $\dagger$ 	0 $\dagger$ 	0 $\dagger$ 
Proportion of average income spent on transportation expenses (Applied Geographic Solutions Inc., 2007)	14	16 α 	16* 	22 $\dagger$ 	22 $\dagger$ 	22 $\dagger$ 
Annual rate of pedestrian injuries and deaths per 100,000 residents (California Highway Patrol, Statewide Integrated Traffic Records System (SWITRS), 2004-2008)	101	74 α 	63* 	34 $\dagger$ 	34 $\dagger$ 	34 $\dagger$ 
Employment conditions						
Number of individuals 16+ years in the civilian labor force (American Community Survey, 5-year Estimates, 2005-2009)	474,594 (467,824.8-481,363.2)	16,015 (14,405-17,625) α	--	--	--	--
Number of jobs through employers are based out of San Francisco and Bayview (US Census, Center for Economic Studies, 2009)	543,026	16,979 α	--	--	--	--
Percent of San Francisco and Bayview based jobs that pay more than \$19.23/hr (US Census, Center for Economic Studies, 2009)	53.4 (289,716)	40.0 (6,773) α 	--	--	--	--
<i>Job numbers are derived from Unemployment Insurance Wage Records reported by employers and maintained by each state.</i>						
Percent of civilian workforce, 16 years and older, that are unemployed (American Community Survey, 5-Year Estimates, 2006-2010)						
Male						
African American	13.3 (10.8, 15.8)					
Asian	9 (8.3, 9.8)					
Hispanic/Latino	7.6 (6.4, 8.9)					
White, non-Hispanic	5.9 (5.4, 6.4)					
Female						
African American	14.9 (11.6, 18.3)					
Asian	6.6 (5.9, 7.3)					
Hispanic/Latino	9.4 (8, 10.8)					
White, non-Hispanic	5.3 (4.8, 5.8)					
Percent and number of San Francisco Certified Local Business Enterprises (San Francisco Human Rights Commission, 2010)	100 (1,167)	17.5 (204) α	--	--	--	--
Social cohesion and Public Safety						
Rate of homicides: recorded crimes from 2005-2007 (offenses/1,000 population) (San Francisco Police Department, 2005-2007)	0.3	1.4 α 	2* 	3 $\dagger$ 	3 $\dagger$ 	3 $\dagger$ 
Rate of physical assaults: recorded crimes from 2005-2007 (offenses/1,000 population) (San Francisco Police Department, 2005-2007)	44	75 α 	107* 	70 $\dagger$ 	70 $\dagger$ 	70 $\dagger$ 
Rate of rapes/sexual assaults: recorded crimes from 2005-2007 (offenses/1,000 population) (San Francisco Police Department, 2005-2007)	1.7	2.4 α 	3* 	2 $\dagger$ 	2 $\dagger$ 	2 $\dagger$ 

San Francisco Healthy Homes Project: Community Health Status Assessment

	County	Bayview Hunters Point	Alice Griffith	Hunters Point-A	Hunters View	Westbrook
Rate of property crimes: recorded crimes from 2005-2007 (offenses/1,000 population) (San Francisco Police Department, 2005-2007)	177	189 α 	289* 	186 $\dagger$ 	186 $\dagger$ 	186 $\dagger$ 
Persons residing in the same house as 12 months ago (among persons 1+ years old) (American Community Survey, 5-year Estimates, 2005-2009)	84.3 (83.9-84.7)	87.0 (84.9-89.1) α 	84.2 (75.0-93.4)* 	73.3 (69.0-77.7) $\dagger$ 	73.3 (69.0-77.7) $\dagger$ 	73.3 (69.0-77.7) $\dagger$ 
Proportion of households likely to move away from San Francisco in the next three years (San Francisco City Survey Report 2009, San Francisco Office of the Controller)	31	31 α 	--	--	--	--
Off-sale alcohol outlets per 1,000 population (California Department of Alcohol Beverage Control (ABC), 2011)	1	0.9 α 	0.8* 	0.3 $\dagger$ 	0.3 $\dagger$ 	0.3 $\dagger$ 
Proportion of population within 1/2 mile of a community center (San Francisco Department of Public Health, Environmental Health Section, 2011)	85	86 α 	0 	100 	100 	100 
Spiritual and religious centers per 10,000 population (Dun & Bradstreet, 2007)	9.8	19.2 α 	23* 	7.1 $\dagger$ 	7.1 $\dagger$ 	7.1 $\dagger$ 
Proportion of registered voters that voted in November 2008 election (San Francisco Department of Elections, 2008)	81	69 α 	53 (precinct (3035)) 	62-64 (precincts 3015, 3027, & 3034) 	42 (precinct 3016) 	62-63 (precincts 3015 & 3027) 
Public and other Community Infrastructure and Resources						
Number of children eligible for childcare subsidies not receiving them, 2006 (San Francisco Child Care Planning and Advisory Council. 2007 Child Care Needs Assessment)	19,088	3,305 $\pm$ (17% of all children)	--	--	--	--
Average childcare cost as proportion of family budget (Regional Market Rate (RMR) Survey of California Child Care Providers. California Department of Education, 2006)	14	21 α 	21* 	50 $\dagger$ 	50 $\dagger$ 	50 $\dagger$ 
Proportion of schools achieving an Academic Performance Index Base of 800 or more (California Department of Education, 2010)	50	29 α 	--	--	--	--
Proportion of the population within 1 mile of a public library (San Francisco Public Library, 2011)	98	97 α 	99* 	99 $\dagger$ 	99 $\dagger$ 	99 $\dagger$ 
Proportion of population within 1/2 mile from bank or credit union (Dun & Bradstreet, 2007)	80	44 α 	0 	0 	100 	0 
Average number of acres of recreational space within 1/2 mile (San Francisco Planning Department, 2011)	440	103 α 	214* 	94 $\dagger$ 	94 $\dagger$ 	94 $\dagger$ 
Percent of population within 1/4 mile of a recreational facility (San Francisco Recreation and Parks Department, 2008; US Census 2010)	47.3	27.8 α 	76.9 	68.7 	38.1 	100 
Number of trees per acre (Science Application International Corporation and the Federal Bureau of Investigation, 2007)	7	3 α 	6.84* 	4.14 $\dagger$ 	4.14 $\dagger$ 	4.14 $\dagger$ 
Percent of street tree planting space that is filled (San Francisco Department of Public Works and Friends of the Urban Forest, 2006)	44	34 α 	--	--	--	--
Percent of land zoned as commercial (San Francisco Planning Department, 2011)	7	4 α 	2.1* 	1.9 $\dagger$ 	1.9 $\dagger$ 	1.9 $\dagger$ 
Number of key public services within city or neighborhood boundaries, or with 1/2 mile of housing developments (San Francisco Department of Public Health, 2008)						
ChildcareCenter	257	13 α	3	5	7	3
Community Center	183	8 α	0	2	6	2
Community Garden	52	3 α	2	1	1	1
Library	24	1 α	0	1	1	0
Post Office	44	3 α	0	0	2	0
Public Art Installations	140	5 α	2	0	0	0
Public Health Facility	65	2 α	1	0	1	0

San Francisco Healthy Homes Project: Community Health Status Assessment

	County	Bayview Hunters Point	Alice Griffith	Hunters Point-A	Hunters View	Westbrook
Public School	114	7 α	2	2	2	2
Recreation Facility	113	α	2	2	4	3
Number of key retail services within city or neighborhood boundaries, or with 1/2 mile of housing developments (San Francisco Department of Public Health, 2008)						
Auto Repair Shop	308	33 α	9	6	3	2
Bank and Credit Union	270	3 α	0	0	2	0
Beauty/Barber Shop	1107	14 α	4	2	5	1
Bike Shop	45	1 α	1	1	0	1
Dry Cleaner	215	2 α	0	0	1	0
Eating Establishments	3466	47 α	8	4	8	2
Gym	217	2 α	0	0	2	0
Hardware Store	63	3 α	0	0	0	0
Healthy Retail Food	124	2 α	0	0	1	0
Laundromat	154	2 α	0	0	1	0
Pharmacy	165	3 α	0	0	1	0
Video Rental/Movie Theater	117	1 α	0	0	0	0
Physical and Mental Health						
Health Behaviors						
Never tried drugs (teens, California Health Interview Survey, 2009)		--	--	--	--	--
< 200% of Federal Poverty Level	65.7 (56.6 - 74.8)	--	--	--	--	--
Greater than or equal to 200% of Federal Poverty Level	93.8 (92.7 - 94.9)	--	--	--	--	--
Non-Hispanic White	83.1 (78.0 - 88.3)	--	--	--	--	--
Non-Hispanic Asian	100 (100.0 - 100.0)	--	--	--	--	--
All other ethnicities	67.4 (56.1 - 78.7)	--	--	--	--	--
Did volunteer work or community service in the past year (teens, California Health Interview Survey, 2009)						
< 200% of Federal Poverty Level	66.2* (50.7 - 81.6)	--	--	--	--	--
Greater than or equal to 200% of Federal Poverty Level	91.4 (89.9 - 93.0)	--	--	--	--	--
Non-Hispanic White	58.1 (45.2 - 70.9)	--	--	--	--	--
All other ethnicities	89.4 (79.4 - 99.4)	--	--	--	--	--
Health Care Utilization Measures						
Proportion of population covered by health insurance (American Community Survey 1-year Estimates, 2009)	88.3 (86.9-89.6)	83.9 (80.7-87.1) (PUMA 2207) ●	--	--	--	--
Hospital with greatest proportion of patient discharges (California Office of Statewide Health Planning and Development, 2008)	CPMC-Pacific Campus (27.6% of discharges for county)	SF General (33.9% of discharges for zip code 94124)†	--	--	--	--
Preventable emergency room visits (per 10,000 population) (California Office of Statewide Health Planning and Development, 2006-2008)	237.8	408.9‡ ●	--	--	--	--
Healthy San Francisco participation by neighborhood (June, 2011)	100	7 α	--	--	--	--
Healthy San Francisco participation by medical home (June, 2011)	100	3 (Southeast Health Center)	--	--	--	--
Mortality						
Life expectancy (2004-2007 death records, California Department of Public Health; population estimates from the California Department of Finance)		--	--	--	--	--
Male	78	--	--	--	--	--
Female	83.6	--	--	--	--	--
Age-Adjusted Death Rates (per 100,000 population) (2006-2008, California Department Of Public Health, County Health Profiles 2010)						
Overall	601.2	--	--	--	--	--
African American	1302	--	--	--	--	--
Asian/Hawaiian/Pacific Islander	446	--	--	--	--	--
Latino	535	--	--	--	--	--
White	724	--	--	--	--	--
Leading cause of death by years of life lost (2004-2007)	M/F: Ischemic heart disease	M: Violence‡ F: Ischemic heart disease‡	--	--	--	--
Chronic disease prevalence						
Adult hospitalization rate due to diabetes (per 10,000 population) (California Office of Statewide Health Planning and Development, 2006-2008)	13	38.1‡ ●	--	--	--	--

San Francisco Healthy Homes Project: Community Health Status Assessment

	County	Bayview Hunters Point	Alice Griffith	Hunters Point-A	Hunters View	Westbrook
Adult hospitalization rate due to congestive heart failure (per 10,000 population) (California Office of Statewide Health Planning and Development, 2006-2008)	30.9	57.7‡ ●	--	--	--	--
Adult hospitalization rate due to asthma (per 10,000 population) (California Office of Statewide Health Planning and Development, 2006-2008)	7.8	16.3‡ ●	--	--	--	--
Pediatric hospitalization rate due to asthma (per 10,000 population) (California Office of Statewide Health Planning and Development, 2006-2008)	11.9	13.6‡ ●	--	--	--	--
Missed no school days in the past 12 months due to asthma (< 18 years old, California Health Interview Survey, 2009)	SF: 67.8 (66.4-69.2) State: 76.9 (73.3-80.5)	--	--	--	--	--
All cancer incidence rate (per 100,000 population) (National Cancer Institute, 2004-2008)						
Overall	422.7	--	--	--	--	--
African American	536.7	--	--	--	--	--
Asian/Hawaiian/Pacific Islander	334.8	--	--	--	--	--
Latino	315.5	--	--	--	--	--
White	470.5	--	--	--	--	--
Never diagnosed with diabetes (Adults, California Health Interview Survey, 2009)						
Overall	93.3 (89.7-98.1)	--	--	--	--	--
African American	75.7 (54.2-97.1)	--	--	--	--	--
Asian/Hawaiian/Pacific Islander	91.7 (80.2-100)	--	--	--	--	--
Latino	98.8 (97.3-100)	--	--	--	--	--
White	96.0 (94.0-97.9)	--	--	--	--	--
Never diagnosed with heart disease (Adults, California Health Interview Survey, 2009)		--	--	--	--	--
Overall	96.1 (94.7-97.5)	--	--	--	--	--
African American	76.1 (55.8-96.3)	--	--	--	--	--
Asian/Hawaiian/Pacific Islander	98.2 (96.7-99.8)	--	--	--	--	--
Latino	97.5 (95.0-99.9)	--	--	--	--	--
White	96.4 (94.9-97.9)	--	--	--	--	--
Overweight or obese (Adults, California Health Interview Survey, 2009)		--	--	--	--	--
Overall	43.9 (36.1-51.8)	--	--	--	--	--
African American	73.4 (54.0-92.8)	--	--	--	--	--
Asian/Hawaiian/Pacific Islander	29.1 (15.5-42.7)	--	--	--	--	--
Latino	74.3 (60.9-87.7)	--	--	--	--	--
White	44.6 (34.0-55.2)	--	--	--	--	--
Communicable disease prevalence						
Chlamydia Incidence Rate (per 100,000 residents) (2009 San Francisco Sexually Transmitted Disease Annual Summaries, San Francisco Department of Public Health)	537.1	684.2‡ 1267.2Ⓢ ●	1267.2Ⓢ ●	1267.2Ⓢ ●	1267.2Ⓢ ●	1267.2Ⓢ ●
Gonorrhea Incidence Rate (per 100,000 residents) (2009 San Francisco Sexually Transmitted Disease Annual Summaries, San Francisco Department of Public Health)	233	149.7‡ 350.2Ⓢ ●	350.2Ⓢ ●	350.2Ⓢ ●	350.2Ⓢ ●	350.2Ⓢ ●
Early Syphilis Incidence Rate (per 100,000 residents) (2009 San Francisco Sexually Transmitted Disease Annual Summaries, San Francisco Department of Public Health)	66.8	21.4‡ 27.8Ⓢ ●	27.8Ⓢ ●	27.8Ⓢ ●	27.8Ⓢ ●	27.8Ⓢ ●
Hospitalization Rate due to Bacterial Pneumonia (per 10,000 population) (California Office of Statewide Health Planning and Development, 2006-2008)	32.7	47.7‡ ●	--	--	--	--
Hospitalization Rate due to Hepatitis (per 10,000 population) (California Office of Statewide Health Planning and Development, 2006-2008)	2.2	2‡ ●	--	--	--	--
Maternal and child outcomes						
Percentage of mothers receiving prenatal care in first trimester (California Department of Public Health, 2009 Birth Records)	87.30%	68.8%‡ ●	--	--	--	--
Infant mortality rate (per 1,000 live births) (California Department of Public Health, Death and Birth Records, 2009)	3.7	--	--	--	--	--

San Francisco Healthy Homes Project: Community Health Status Assessment

	County	Bayview Hunters Point	Alice Griffith	Hunters Point-A	Hunters View	Westbrook
Percent of babies with low birth weight (California Department of Public Health, 2009 Birth Records)	6.80%	10.6% 	--	--	--	--

Geography Key

* 2000/2010 Census Tract: 234		Worse health or environmental conditions than the city as a whole
† 2000/2010 Census Tract: 231.03		Better health or environmental conditions than the city as a whole
‡ Zip Code: 94124		Similar health or environmental conditions than the city as a whole
α Planning Neighborhood: Bayview ‡ Department of Public Health Planning District: Bayview © Department of Public Health Planning District: West Hunters Point # 2000 Census block group 234.001 \$ 2000 Census block group 231.031 Ω Supervisorial District 10		Unable to determine significant differences in health or environmental conditions

Appendix 3: Department of Public Health report on Bayview Hunters Point, 2006

Health Programs in Bayview Hunter's Point and Recommendations for Improving the Health of Bayview Hunter's Point Residents

**Mitchell H. Katz, MD
Director of Health
San Francisco Department of Public Health
101 Grove Street, Room 308
San Francisco, CA 94102**

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Introduction

Bayview Hunters Point (BVHP) is located in the Southeast corner of San Francisco, bordering the Bay. Throughout the early 1900's, the shipping industry constructed dry docks and filled in the bay with rock carved from the hill in Hunters Point. The US Navy took over the shipyard at the onset of World War II, and throughout the 1940's and 50's the navy shipyard and the abundant and well-paying work it offered drew African-American workers to the area. The area became one of the only majority African-American neighborhoods in San Francisco, and its residents developed a thriving community, purchasing homes and creating a commercial area along 3rd street. The naval shipyard closed in 1974, and was leased by a private company until the whole area was shut down in 1994. This series of closures left many BVHP residents unemployed. The shipyard that once served as a source of income was designated a Superfund site, and it and many other industrial facilities polluted the air and water of the newly underemployed community. As employment opportunities deteriorated and the cost of living in San Francisco rose, many residents were forced to move out of San Francisco, to the East Bay or elsewhere.

As a result, African-Americans no longer form the majority of Bayview residents, with the Asian/Pacific Islander and Latino populations growing. Poverty is a major issue, with 21.7% of Bayview Hunters Point's 33,170 residents below the poverty line in 2001. Poor neighborhoods are more vulnerable to external factors that are detrimental to health; pollution and poor housing can exacerbate many preexisting health problems.¹

There are several determinants that ultimately lead to bad health outcomes, and in order to improve the health of a community, these determinants need to be identified and addressed. BVHP experiences a disproportionate number of social determinants with adverse effects on health, ranging from social isolation to institutional and environmental racism to lack of access to healthy food. These social determinants in turn affect the behavior of 94124 residents: less access to healthy food makes maintaining a good diet and avoiding obesity more difficult, and an atmosphere of violence forces children to stay inside, leaving them more susceptible to poor indoor air quality, asthma triggers, and obesity. In turn, these behaviors create clinical signs, such as hypertension, obesity and high cholesterol, which can lead to death and disability. BVHP's disproportionate exposure to the negative social determinants results in negative health outcomes: Bayview Hunters Point residents are hospitalized more than residents of other neighborhoods for almost every disease, including asthma, congestive heart failure, diabetes, and urinary tract infections. More deadly than any of these diseases, however, is violence; BVHP residents lose more years of life due to violence than from any other cause.

DPH has been working with residents to begin to identify and remedy the root determinants of bad health in BVHP. Bayview Hunters Point demographics are constantly changing, and the Department's programs and approaches to health must evolve as the neighborhood does. Currently in Bayview Hunters Point, the Public Health Department funds twenty-five substance abuse programs, twenty-two mental health programs, one primary care clinic, and nine HIV/AIDS services-providers. Through community-based primary care centers, and care

¹ Community Health Assessment: Building a Healthier San Francisco, December 2004

provided at San Francisco General Hospital, the Department serves an average of 12,800 patients from Bayview Hunters Point annually, with an average of over 31,900 visits each year.

This report will present a snapshot of the array of services and programs provided by the San Francisco Department of Public Health. It will also include recommendations for further action.

General Healthcare

DPH Healthcare in BVHP

- The Southeast Health Center (SEHC) provides adult and children's dental services, HIV/AIDS treatment, gynecologic care, prenatal and regular medical care to patients on an ongoing basis. The clinic also provides drop-in services for patients with acute needs.
- Health insurance is guaranteed for all children in San Francisco with the Healthy Kids program, which provides low-cost health insurance for children in low to middle-income families, regardless of immigration status, who are ineligible for Healthy Families or Medi-Cal.
- A mini-information and referral outpost was established in the Milton Marks Recreation Center as a result of a Health Commission meeting in the BVHP neighborhood. The purpose of the outpost is to bring information about available DPH health care and other services in a location that is accessible to residents of Hunters Point.
- African American Health Initiative (AAHI) within the department supports departmental and community level education, services and policy initiatives that address the roots causes and risk factors for preventable death and morbidity in the African American community in general.

Recommendations for Further Work

- Increase staffing for SEHC in fiscal year 06-07.
- Work with San Francisco Redevelopment Agency and Community PAC to expand SEHC.
- Increase use of chronic care models at SEHC to provide better care for diabetics, asthmatics, and persons with other chronic diseases.
- Establish a center of excellence for HIV care SEHC.
- Increase availability of specialty care (e.g., ophthalmology, neurology, ER) for SEHC patients.

Environmental Health

Problem Description

In the United States, low-income and predominantly minority neighborhoods, such as Bayview Hunters Point, often have greater concentrations of hazardous environmental conditions. These conditions include but are not limited to contaminated soil and water, industrial emissions, and exhaust from motor vehicles. The existence of these conditions may reflect current and historic discriminatory land use decisions, population dynamics, and/or economic forces. Bayview Hunters Point has a number of such potentially adverse environmental conditions:

- Bayview Hunters Point has one of the heaviest concentrations of industrial uses in San Francisco.
- In 1989, the Hunters Point Shipyard, shut down by the Navy in 1974, was placed on the federal government's National Priorities List as one of the nation's worst toxic sites. Parts of the shipyard remain contaminated and unusable because of chemical pollution, radioactive waste, and neglect.
- The 77-year-old Hunters Point power plant which emitted substantial amounts of particulate matter and other air pollutants, was closed May 15, 2006.
- Eighty percent of the city's sewage is treated at the Southeast Water Pollution Control Plant in Bayview.
- Cement production and diesel bus storage are common uses on Port property adjacent to the neighborhoods.
- The southeastern neighborhoods of San Francisco, including Bayview, have a significant deficit of parks and open space relative to other neighborhoods in San Francisco.
- Bayview has a high concentration of substandard and poorly maintained housing. Substandard housing conditions can lead to poor indoor air quality contributing to the prevalence of asthma and other respiratory illness.

The hazardous environmental conditions described above exist concomitantly with other forms of disadvantage that result in poorer levels of physical health and well-being. Bayview Hunter's Point is deficient in environmental health assets such as full service grocery stores and safe and inviting public parks. Research has conclusively shown that neighborhoods without such resource have higher rates of premature death and avoidable hospitalizations for chronic disease conditions.

DPH Activities in BVHP to improve Environmental Quality

Bayview Hunter's Point community advocates frequently challenge public health and other regulatory agencies to use their research, regulatory, and planning capacities to clean-up a contaminated landfill, prevent hazardous industrial uses, reduce diesel truck traffic, and improve the condition of public housing. Between 1998 and 2002, the DPH Environmental Health Section (EHS) has initiated and implemented a number of environmental health research and intervention actions in partnership with residents and community organizations in Bayview/Hunter's Point. These partnerships built on prior collaboration with community

organizations through the Bayview Hunter's Point Health and Environmental Task Force. Partnership activities focused on asthma, air pollution, indoor air quality and food resources, and transportation. Research has included small area epidemiological analyses, hazard mapping, community assets mapping, a household health and environmental survey, a neighborhood food access survey, environmental assessments of housing conditions, and a time-series analysis of hospitalization rates in relation to an industrial fire. Programmatic interventions, as well as policy education and advocacy, resulted in a moratorium on new power plants, greater resident participation on planning and decision-making bodies, purchase of low-emission buses, financial incentives to corner stores providing nutritious foods, and improved public housing maintenance practices.

Ongoing environmental health activities are listed below as well in the sections on asthma and nutrition.

- Mapping Noise and Air Quality for Better Land Use Planning: Measuring traffic volumes is critical to estimating transportation system effects on environmental health determinants such as noise and air quality. DPH has mapped existing traffic data for San Francisco using GIS. DPH and partners at the University of California at Berkeley are developing software programs that assign traffic counts to uncounted street segments, and are validating these methods through the use of multiple aerial photographs. On a pilot basis, noise and air quality models have been applied to these traffic maps to provide descriptive maps of local noise and air quality exposure levels. Through this project, DPH intends to create neighborhood-specific noise and air quality models based upon traffic counts and other environmental parameters. This tool can be used in land use planning to reduce future environmental exposure.
- EHS supports a citywide project to safely locate new electricity generating units on the Central Waterfront. These new units will allow the retirement of older, more polluting facilities such as the Hunter's Point power plant. EHS has reviewed detailed plans to ensure the mitigation of adverse impacts on public health, air quality, hazardous materials and waste, and noise. EHS is also evaluating the health benefits of a package of community benefits accompanying the new power plant.
- The DPH Clean and Green Program reduces potential industrial hazard by showing businesses how to reduce or replace hazardous chemicals. While the program is new, over 50 businesses have successfully met the requirements for Clean and Green Certification. The Program has a priority focus on greening industry in Bayview Hunters Point.
- DPH monitors the cleanup of the Hunters Point Naval Shipyard (HPS), and has closely monitored the Navy's environmental investigations and cleanup actions for the past 12 years, providing technical expertise about the cleanup process and policy advice for DPH, the San Francisco Redevelopment Agency (SFRA) and other City Departments. Through its Occupational & Environmental Health Section, DPH staffs an environmental engineer to work as part of the City's HPS project team. DPH also staffs an industrial hygienist posted full time at City-leased facilities on site at HPS. In addition to these two employees, DPH regularly provides additional technical staff and resources, including outside expert consultants when needed. In addition, other

DPH staff and consultants assist with the effort when needed. DPH plays a significant role in community dialogues, public meetings, and hearings in explaining the risk posed by the HPS site and actions that the Navy is taking to mitigate risk. DPH also facilitates and advocates EPA and state agency representatives explain these issues to community members as well as City Commissions and Boards.

- DPH monitors the development of the Hunters Point Naval Shipyard. In December 2004 after cleanup was completed, Parcel A of the Shipyard, was transferred from Navy ownership to the SFRA. DPH along with the Regional Water Quality Control Board, the Department of Toxic Substances Control, and the United States Environmental Protection Agency reviewed the conditions of the transfer and agreed that the cleanup of Parcel A was complete and met the standards for protecting health and safety. In order to implement the EIR mitigation measures and to ensure that the redevelopment process for Parcel A is conducted in a safe manner, DPH developed a new set of regulatory requirements. Available best practices for dust control, storm water control, sampling for lead based paint and contingency planning will be used to prevent possible environmental exposures during redevelopment. The goal of this Shipyard program is to accelerate the cleanup and transfer of the Shipyard property so that the area can generate jobs and housing opportunities, while also maintaining high standards for public health.
- In 2003, in response to community requests, DPH conducted a statistical evaluation of respiratory illness in relation to the August 2000 shipyard fire. This analysis did not find any evidence of significant increases in hospital admissions for asthma or other respiratory illnesses among Bayview Hunters Point residents during the time of the landfill fire. This report was shared and discussed with concerned residents.
- DPH worked with the Navy and the Bayview Emergency Response Committee produced the "Bayview/Hunters Point Community Notification Plan" in August 2001. The plan developed procedures for general notification for any at the Hunter Point Shipyard that may cause general health and/or safety concerns to the community. The plan has contact lists of Navy personnel, community representatives, regulatory agencies, government officials, and local media who will be contacted, mainly by e-mail, of any significant incident that occurs at Hunters Point Shipyard. An incident that may cause immediate or potential risk to the community will be made as soon as possible, but no later than 24 hours. Once community reps are notified, it will be their responsibility to disseminate the information to the community. This plan compliments the emergency notifications that may come from the SF Office of Emergency Services, SFPD or SFFD. The plan is updated periodically.
- One full time health specialist coordinates, staffs and serves as liaison between BVHP activist and community agencies, the DPH and various city and statewide coalitions, agencies having to do with toxics, emissions and other environmental hazards.
- The Department of Public Health's Childhood Lead Prevention Program (CLPP) is dedicated to eradicating lead hazards in an effort to eliminate childhood lead poisoning, and has developed a comprehensive program aimed at combating this preventable disease. Services include education and outreach, case management, environmental investigation of places where children may be exposed to lead hazards,

with potential for code enforcement to abate identified hazards, and collection and analysis of blood lead level and environmental lead testing data. The goal is to promote healthy children, and advocate for housing free of lead hazards.

- Collaborative policy level work is also done with a Board of Supervisors-appointed Citizen Advisory Committee, the Department of Building Inspection, the Mayor's Office of Housing (MOH) and SF Head Start. CLPP refers its caseload to MOH, who can offer free lead hazard remediation benefiting affordable housing and childcare settings via its two USHUD grants. In addition, CLPP will be a partner in implementing MOH's US Conference of Mayors grant to promote these remediation opportunities in identified high-risk areas of the city, in coordination with the MOCD "Communities of Opportunity" initiative.
- On December 2, 2003, the Director of Health issued a Report to the Board of Supervisors, "Comprehensive Environmental Lead Poisoning Prevention Program for the City and County of San Francisco", providing policy recommendations for the elimination of childhood lead poisoning in San Francisco, as well as monitoring of the respective roles and responsibilities of specific City agencies to maintain lead-safe facilities and provide lead poisoning prevention education to families using agency services.
- The DPH-supported BVHP Health and Environmental Assessment Project Task Force (HEAP) provides technical assistance and general staff support to the ongoing efforts of community members to cleanup our environment. It developed from meetings held between DPH and community members. HEAP collaborates with several community groups, conducts community assessments, and early on provided support for the SF Asthma Task Force and other organizations in order to create BVHP Health and Environmental Resource Center (HERC). HERC assists in the development of environmental health policies in BVHP.

Recommendations for Further Work

- Continue to assist SFRA and the Office of Base Reuse and Development to find ways to accelerate the Navy's cleanup of Hunters Point Shipyard. The ultimate goal, while maintaining public health standards, is the transfer of the property back into productive reuse, which will contribute, to the revitalization of the area through the generation of jobs and housing.
- Identify key health assets in BVHP (e.g. a full service grocery store, a vital town center, parks and recreational spaces) to be prioritized in the implementation of the Bayview Redevelopment Plan.
- Ensure sufficient resources for the EHS Green Business Program to conduct outreach and training activities focused in BVHP.
- Use noise and air quality monitoring and modeling data to ensure transportation and land use planning minimize air quality and noise impacts in future development.
- Develop more open space and recreational opportunities for BVHP residents in and adjacent to their neighborhoods.

Asthma

Problem Description

Bayview Hunters Point has both a high prevalence of asthma relative to the country and relatively higher hospitalization rates for asthma relative to other neighborhoods in San Francisco.

Prevalence data for the Bayview Hunter's Point zip code was obtained via a 1999 community survey, in which residents were requested to report whether they had asthma, which found that 10% of the total population suffers from asthma, including 15.5% of children and youth in the area. The average asthma rate for African-Americans nationwide is 6.9%, while for the entire population it is only 5.6%.

BVHP along with the Tenderloin has the highest asthma hospitalization rates in San Francisco. BVHP hospitalization discharge for asthma in years 2001-2003 was 24.9 per 10,000, as compared to the Healthy People 2010 goal of 9.3 people per 10,000 and to SF overall rate of 9.66 per 10,000 in 2003. While asthma hospitalization rates in Bayview Hunters Point have dropped from 49.1 to 24.9 per 10,000 persons since 1994-96, these rates are still far above those for the rest of San Francisco, and those for California as a whole.

Many factors account for higher rates of asthma hospitalizations, including inadequate medical management and inadequate control of environmental triggers. DPH primary care clinicians work to provide proper diagnosis and treatment and some degree of patient education, while SFGH's asthma specialty clinics for children and for adults go beyond this to provide pulmonary function testing, allergy testing, culturally-competent asthma self-management education and in some cases, environmental assessment of home environments.

The focus on environmental triggers of asthma includes both outdoor and indoor air quality issues. Patients are especially trained to manage those environmental triggers within their control and those to which they have tested positive as allergens. Responses to a community survey indicate that 43% of all Bayview residents, and 50% of African-American residents, report smoking inside the home. Households with children did not experience lower rates of indoor smoking. Also, 25% of respondents reported using gas stoves to heat their homes, 3% doing this weekly or even daily. Studies have shown an association between gas stove use and asthma flares in asthmatic individuals.²

Asthma may be caused or aggravated by allergens common in homes. [Rosenstreich, 1997; Sporik, 1999; Eggleston, 1998] Recently, a National Academy of Sciences consensus report found that there was sufficient evidence to conclude that exposure to three of these allergens, house dust mite, cockroach antigen, and cat dander, caused asthma exacerbation in sensitive individuals and that house dust mite exposure caused the development of asthma. [Institute of Medicine, 2000]

Home characteristics including floor and window coverings, heating and ventilation can promote or sustain high allergen levels. In one study, carpeted floors doubled the risk of high dust mite

² Bayview Hunters Point Community Survey, Health and Environmental Assessment Task Force

levels. [Chew, 1998] Asthma is more frequent in children who live in water damaged homes. [Maier, 1997] Moisture or humidity also encourages dust mite growth. [Luczynska, 1998] Sufficient evidence exists to support measures to reduce dust mites in home, to control cockroach infestation, and to limit home moisture and dampness. [Institute of Medicine, 2000]

Over half of the San Francisco's housing was built over 50 years ago and 94% of the housing stock was built before 1978. Most of the city's pre-1950 dilapidated housing stock is located in low-income neighborhoods. These units tend to have a greater likelihood of not providing adequate ventilation, and of sustaining structural damage due to deferred maintenance. San Francisco's damp climate is also hospitable to the most common asthma triggers (dust mites, cockroaches, and fungi). Kitchens and baths, particularly in older housing stock, often lack adequate ventilation increasing the problems due to moisture. Since 1992 the San Francisco Department of Public Health has evaluated housing conditions and has recognized that these preventable factors for asthma are common in housing.

DPH Activities in BVHP Related to Asthma

DPH does not have a specific program coordinating all asthma activities, but offers both clinical and preventive public health activities related to asthma prevention and management.

- The Environmental Health Section's Code Enforcement Unit conducts Environmental Home Assessments for all physician-referred adults with asthma in both public and private housing, providing tenants with crucial information about asthma triggers present in their homes. This unit also provides code enforcement visits in response to complaints about housing conditions, including those that might affect asthma, such as mold, rodents, and pests.
- Maternal Child Health's Child Care Health Project provides asthma and general health education to low-income childcare staff and parents through its public health nurse childcare health consultants. Several of the consultant sites are located in the BVHP.
- DPH participates as a voting member, and as clerical support, to the San Francisco Asthma Task Force, a Board of Supervisors appointed group created to address the city's mounting asthma problem. The Task Force's Strategic Plan (June 2003) recommends citywide strategies to ensure proper asthma management and prevention. The Task Force continues to advocate for implementation of its recommendations, and provides advice regarding funding, legislative action, and policy to the Board of Supervisors.
- Many of the ATF recommendations and objectives will have a positive effect on Bayview Hunters Point residents, such as reforms proposed for SFUSD asthma emergency care plans, teacher and staff training in asthma management and to implement the Tools for Schools program, and replacement of dirty diesel buses. In addition, ATF recommendations affecting SF Housing Authority (SFHA) public housing will have the greatest impact in the southeast corridor of the City, where the oldest and most poorly maintained multi-unit family housing exists. The Director of Health went on record in support of the ATF's recommendations to SFHA, at the time of the Board of Supervisor's related hearing (March 2005).

- DPH's ATF representative helped the ATF produce a 30-second educational public service announcement, released for World Asthma Day May 3rd 2005, with testimony from a mother whose child died of asthma at a BVHP child development site, an incident well known in the community. This effort reflected the mother's wish to inform other families that asthma deaths can be prevented and that asthma can be controlled. DPH Children's Environmental Health Promotion (CEHP) committed funds to air the PSA at primetime, and to have it subtitled and broadcast in Spanish and Chinese as well. CEHP has produced or purchased print, radio and TV ads and materials related to asthma control and prevention over the last four years, particularly targeted to African Americans, Latinos and Chinese residents.
- The Director of Health went on record in support of several ATF recommendations presented in resolutions to the SF Board of Education, supporting the Asthma Emergency Care Plan and Tools for Schools initiative, as well as the initiative led by Parent Voices, a CBO, to urge SFUSD to switch to ultra-low sulfur diesels fuels and particulate filter traps for the contracted school bus fleet to reduce exposure of children to harmful emissions inside of buses.
- The 1M Adult High-Risk Clinic provides specialized asthma care and education via a public health nurse, pharmacist, and respiratory therapist with home assessments provided.
- The DPH-supported BVHP Health and Environmental Resource Center provides asthma outreach and classroom education, home assessments, and annual asthma camp for youth.
- DPH runs the 6M outpatient Children's Health Center at SFGHMC, where several asthma interventions for children are located:
 - The 6M Urgent Care Clinic, EHS assigned a public health nurse to provide comprehensive follow-up for approximately 40 urgent care patients per month with visits due to asthma flares.
 - In-patient asthma hospitalizations are routinely assigned public health nursing follow-up, as well as many of the urgent care outpatient visits.
 - The Pediatric Asthma Specialty Clinic provides specialized asthma care via UCSF-affiliated guest allergists.
 - The SF Health Plan funded improved access at the Pediatric Asthma Clinic by providing a second Nurse Practitioner for a two-year period.
 - Health workers provide patient self-management education in English and Spanish, as well as environmental home assessment and support patients to obtain housing rights.

Recommendations for Further Work

- Create asthma information website for the benefit of medical providers and patients.
- Create a comprehensive asthma resource page within the DPH website with links to ongoing analysis by State DHS and Building a Healthier San Francisco Collaborative.

- Assign staff to monitor asthma surveillance data as a basis to collaborate with community groups and the Asthma Task Force to target culturally specific public awareness messages and to create evaluation measures.
- Task CHN clinics with scheduling clustered care days for asthmatics in clinic to utilize mobile spirometry and education service. In conjunction with clinician oversight, challenge testing could be added to mobile spirometry service.
- Fund continuation of Mold Remediation workshops for property owners and managers.

Tobacco Use and Related Issues

Problem Description

Exposure to tobacco smoke, including secondhand smoke, increases the risk of many diseases. Many of the most prevalent diseases and health problems in Bayview Hunters Point can be linked directly to tobacco use, including asthma, infant mortality, cancer, other upper respiratory illnesses, and heart disease. As stated in the last section of this report, a community survey, conducted in 1999 by Environmental Health, showed that 43% of responding households reported indoor smoking; the number rises to 50% for African-American households, and is only 25% of Asian/Pacific Islander households. Households with children did not indicate lower rates of indoor smoking than households without children.³

A random phone survey of 317 San Francisco households was conducted by the Tobacco Free Project in 1998. Data from this 1998 survey showed that 20.7% of African American households in San Francisco with children under 18 years of age and/or pregnant women in the household allowed smoking inside their homes. The overall rate of smoke free households with children and/or pregnant women was 19.3%. Data was also analyzed by neighborhood in order to identify targets for a direct mail educational campaign. Only 4.4% of Bayview Hunters Point households surveyed reported that smoking was allowed inside the home, compared to 9.8% of Ingleside households and 5.0% of Western Addition households. Although no comparable data for San Francisco by ethnicity and neighborhood is available, 24% of San Francisco households (with and without children) allowed no smoking inside the home in a random survey conducted by the California Department of Health Services in 2002. Statewide, 77.4% of African American households banned smoking in the home, compared to 81.1% of all households. Asian Pacific Islander households had the highest rate (85.9%) of smoking bans in the home.

Youth conducting research as a Community Capacity Building Project of the San Francisco Tobacco Free Project (SFTFP) in 2002 found that the three most accessible products in local stores were alcohol, tobacco and junk foods (mostly Kraft/Nabisco), and less than 5% of food stocked consisted of produce. Transnational tobacco corporations own the Kraft and Nabisco corporations, which produce processed and junk food.

DPH Activities in BVHP Related to Tobacco Use and Related Issues

The Department of Public Health addresses the prevalence of tobacco use in Bayview Hunters Point by providing cessation services, but also addresses the root causes of the high smoking rates, by implementing programs to reduce the availability and advertising of cigarettes, and to address the environmental justice issues related to access to healthy products in BVHP stores.

- During 2003-2004, the Tobacco Free Project funded Polaris Research/African American Tobacco Free Project (AATFP) to provide smoking cessation services to

³ Bayview Hunters Point Community Survey, Health and Environmental Assessment Task Force, 1999.

the African American community. Cessation program sites are located at a number of churches in Bayview Hunters Point.

- Good Neighbor Program (GN): The Tobacco Free Project provided funding to LEJ (Literacy for Environmental Justice) during the period January 2002 through July 2004, to implement the CAM (Community Action Model) in Bayview/Hunter's Point. As part of the CAM process, LEJ staff and youth advocates chose to link tobacco to food security and environmental justice. The youth conducted a survey, and created the Good Neighbor program. Five city agencies in partnership with CBO's have agreed to provide economic incentives to local food retailers who agree to GN criteria such as removing all outdoor tobacco and alcohol advertising, replacing "junk foods" with healthier alternatives and increasing fresh produce.
- DPH Environmental Health Section implements and enforces a new retail tobacco permit program citywide. Using this program's enforcement tools, DPH-EHS suspends licenses of establishment who sell tobacco to minors.

Recommendations for Further Work

- Continue to provide resources and technical assistance/training to CBO's for environmental change focused efforts that will address the activities of the tobacco companies and related issues such as food security/systems, environmental justice and economic justice such as:

The Tobacco Free Project has provided funding for 3 additional CAM projects that will be focusing on the southeastern area of San Francisco. These 3 new projects will be implemented by PODER (People Organizing to Demand Environmental and Economic Rights), and the Chinese Progressive Association, and will address racial, economic, gender, and environmental justice issues as they relate to tobacco issues in the Southeast part of SF, including BVHP.

The SFTFP continues to provide technical assistance and training to the Good Neighbor Program through funding and participation on the Good Neighbor Advisory Committee (GNAC). This includes continuing to look for city-sponsored incentives to local retailers to remove tobacco/alcohol advertising and promotion and replace these with health promotion messages.

- The City should provide disincentives to retailers selling unhealthy foods (high in salt, sugar and fat), and increase and streamline incentives to retailers to provide healthy/nutritious and fresh products through programs like GN. This could happen through the city providing tax and other incentives for healthy food options at existing retailers and incentives for grocery stores, farmers markets, and programs like GN etc.
- The City and County of San Francisco should adopt policies that protect residents from second hand smoke. Policies to protect residents from second hand smoke exposure could include the following:
 - a. City and County could adopt a policy requiring new or existing multi unit housing complex developments subsidized by the City to adopt policies to (1) designate

25% of new units as smoke-free and/or (2) adopt phase-in plan such that 25% of existing units will be designated as smoke-free.

- b. City and County could adopt a policy banning smoking in foster homes and cars.
- c. The City and County could define second hand smoke as a nuisance in the local legal code. This would provide a legal tool for tenants in complexes where there is not an existing “No Smoking Policy” in lease agreements. If second hand smoke is legally defined as a nuisance, a tenant could go to small claims court and would just need to demonstrate damages to them caused by the second hand smoke, rather than needing to prove that second hand smoke is a nuisance. There would be no need to prove that second hand smoke was a nuisance if it was already defined to be a nuisance in the local legal code. This would make small claims court a much more viable legal option for residents to pursue.

Behavioral Health

Problem Description

The role of the Division of Behavioral Health at DPH is to ensure that San Franciscans get the services needed to improve health outcomes by: reducing the harm associated with alcohol or drug use in San Francisco; providing a full range of specialty culturally diverse mental health programs. Behavioral Health identifies the scope of alcohol and other drug problems, develops priorities and plans for services, provides access to an array of quality, culturally competent and cost-effective drug and alcohol prevention, outreach, education programs, and treatment. Most people seeking mental health services need only basic counseling services. For those who are in need of more extensive treatment, the S.F. Mental Health Plan offers an array of services.

DPH Activities in BVHP Related to Behavioral Health

- Baker Places Supportive Living sponsors a residential housing program for men and women (and their children) who are in recovery from substance abuse problems and are HIV positive or have AIDS. Services include clinical care coordination, evaluation and assessment, support groups, and case management for the residents. Baker Places also provides detox. The CSAT Targeted Capacity Expansion grant provided funding for the initiation of mobile methadone maintenance services in San Francisco. Through the grant and subsequent City generated funds, mobile methadone maintenance services have been expanded in San Francisco and opiate addicts are able to receive treatment that they may otherwise not have received. Community Behavioral Health Services is targeting individuals residing in the communities that need it most: the Mission District and the Bayview District. The mobile maintenance program brings treatment services out into the community, thereby reducing travel time to treatment and increasing access to convenient treatment, and increasing program attendance and compliance.
- On March 25, 2003, a methadone dispensing location in Bayview Hunter's Point was successfully implemented through a partnership with two faith-based organizations: the Metropolitan Missionary Baptist Church and Providence Baptist Church. The methadone van program provides on-site dosing Monday-Friday from 10:30-12:30 in the Bayview. As of June 1, 2006, 90 clients are receiving methadone maintenance treatment in Bayview.
- The Bayview Hunters Point Foundation provides Methadone detox, courtesy dosing, jail detox, and maintenance, has a center for problem drinkers, and provides youth counseling.
- The Bayview Family Center, part of the Bayview Hunters Point Foundation, provides mental health services to seriously mentally ill Bayview children, adolescents, and adults. Services include outpatient therapy, crisis services, medication support, outreach, case management brokerage, and intensive case management. The goals of the program are to promote and improve mental health, offer and participate in preventive measures, develop knowledge, manpower and services to treat and rehabilitate the seriously mentally ill, and participate in the development of a single network of services.

- Located in the Bayview Plaza on Third Street, Comprehensive Child Crisis Services (CCCS) provides 24-hour, 7-day-a-week, crisis intervention services. Services provided include 5150 evaluations (involuntary detention) for children and youth who are a danger to self, danger to others, or have a grave disability; a short-term follow-up mental health clinic; bridge services for hospital discharge; debriefing services; an urgent care clinic for children in the child welfare system; 5150 and Crisis Prevention Institute training; Dialectical Behavior Therapy and Post-Traumatic Stress Treatment intervention services.
- Jelani House provides individual and family counseling, work and GED preparation, parenting classes, domestic violence counseling, referrals to other agencies, residential treatment, relapse prevention, anger management, and special children's services
- Positive Directions Equals Change provides support groups, life skills training, relapse prevention, parenting classes, anger management, domestic violence education, African American history education, and drug education.
- Southeast Child Family Therapy Center (SCFTC) provides outpatient mental health services, including individual, group, family and play therapy. Also, SCFTC has a dedicated, full-time clinician who provides on-site mental health services at six public schools in the Bayview District.
- Foster Care Mental Health Program, located in Bayview Plaza, provides mental health services for children currently in, or at risk of being placed in, foster care.
- DPH contracts with RAMS, a community-based agency, to provide integrated behavioral health services at Wellness Programs in two public high schools, namely, Burton and Thurgood Marshall. Students are able to access services at the Wellness Programs on a drop-in or appointment basis, regardless of family income and insurance coverage.
- YMCA Urban Services provides mental health services at the Beacon Center located at Gloria R. Davis Middle School.
- The Primary Care / Mental Health Consultation Liaison Service (Child, Youth and Family Section of Community Behavioral Health Services) assigns a clinical social worker to provide consultation and direct services at Southeast Health Center.
- The Family Mosaic Project (FMP) uses an interdisciplinary, interagency approach to provide intensive care management and wraparound services to approximately 300 seriously emotionally disturbed children and youth each year. Care managers are responsible for coordinating, monitoring and implementing individualized care plans for each client, which include a broad array of services, such as respite care, tutors, mentors, anger management classes, transportation, family preservation, and individual, group or family therapy. FMP demonstrated impressive reductions in inpatient hospitalizations and juvenile recidivism during FY 2003-04. Of the 23 clients with an inpatient hospitalization in the year prior to enrollment in FMP, only 5 required inpatient care during the past year of enrollment in FMP (this represents a 78.3% reduction in the number of clients requiring inpatient care). The number of

acute hospital days decreased by 84.8% (355 days used by the 23 clients with pre-program inpatient stays, compared to 54 total acute days used by the 5 clients with inpatient episodes in the past year). A similar reduction was observed in juvenile probation arrests. Of the 32 clients who had been arrested for either a felony or misdemeanor in the year prior to entry into FMP, only 7 were arrested in the past year, which is a 78.1% reduction in the number of youth arrested. Of these 7 clients, 3 had as their only offense a single misdemeanor related to failing to obey an order of the Juvenile Court.

The Family Mosaic Project has expanded its involvement with interagency collaborations over the past year. FMP staff will be involved in the provision of two planned Evidence Based Practices over the next several months: Multisystemic Therapy for conduct disorder and dually-diagnosed youth, and an intensive wraparound program modeled after Wraparound Milwaukee for youth currently in placements. Other interagency collaborations involving FMP include: Community Violence Prevention Network, Bayview Family Resource Collaborative (working with HSA to bring a community presence to Team Decision Making) and Juvenile Detention Alternatives Initiative (JDAI, with representation on the Disproportionality of Minority Confinement subcommittee).

- The Child, Youth and Family System of Care, whose office is on Evans St. in the Bayview District, is in its third year of a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand our local Children's System of Care (CSOC). In addition to intensive care management and wraparound services, this program includes a uniform intake, referral, and placement authorization process; treatment models to more effectively serve youth with ADHD, mood disorders, post-traumatic stress disorder, and conduct disorders; specialized intensive care management for children age birth to 5 years; and most recently, planning for the implementation of two evidence based practices: Multisystemic Therapy, and The 25 Kid Project. Over the past fiscal year, SAMHSA CSOC was streamlined with our two other Intensive Care Management programs, the State funded Children's System of Care, and the Family Mosaic Project, making assignment to programs and service delivery seamless. The SAMHSA CSOC grant is part of a national evaluation conducted by ORC Macro, Inc, and our local evaluator is the UCSF Child Services Research Group. The process for developing our SAMHSA CSOC Logic Model, which involved input from management, line staff, parents and youth, was presented at the National Children's System of Care Research Conference in Tampa Florida in March 2005.
- The Family Advisory Council was established to give voice to the needs of clients and families. It is made up of nine parents who meet monthly with the CSOC Family Involvement Team (FIT). There is high representation of Bayview District parents. They provide valuable feedback to San Francisco CSOC on its performance and act as advocates in the community, whether it be to request additional information and training, or to present testimony before the San Francisco Board of Education. The Family Advisory Council recently organized a training session on the issue of domestic violence, and a member of the Family Council was hired to work as a Parent Evaluator with the CSOC evaluation team at UCSF.

Parent and Youth Support Nights, organized by the CSOC Family Involvement Team, are popular, twice-monthly get-togethers over dinner where youth and parents involved in Intensive Care Management services provide support to one another. Youth and parents/guardians meet separately to engage in activities and share information and experiences.

- The San Francisco CSOC Youth Task Force, which meets weekly, continues to have a core group of 6-8 youth who have been trained in community advocacy. The Youth Task Force's recommendations (to increase the effectiveness of services and make them more youth friendly) have been incorporated into the Department of Public Health's policy on youth development and involvement. They organized a training conference in August 2004, "I AM THAT YOUTH," designed to breakdown barriers between youth and service providers. In collaboration with the Youth Leadership Institute and YouthPOWER, the Task Force hosted a conference focusing on a "home away from home" for youth. In addition, they developed a youth track for the annual California Mental Health Advocates for Children and Youth Conference (CMHACY) in Asilomar, California. The Task Force worked with the Department of Human Services to develop a brochure, "Know Your Rights," for children and youth involved with the child welfare system, and is preparing to work with other child/youth-serving public agencies on similar materials.

During the past year the Youth Task Force completed its outreach and recruitment video that shares the experiences of youth involved in the major child serving systems. The documentary has been screened locally to build support for increasing youth involvement in CSOC and to educate audiences about challenges faced by youth.

- Southeast/Mission Geriatric Services provides home visits to seniors, age 60 years or over for psychiatric assessment, case management, information and referral, and evaluation for possible admission to a halfway house or hospitalization. The program also provides information and referrals, and consultation.
- The High Quality Child Care Mental Health Consultation Initiative provides services to nine childcare centers in the Bayview District.
- Children and Youth Domestic Violence Free provides community training to change how people in San Francisco learn about, and act regarding domestic and family violence. A special emphasis is on how children who witness violence in their homes are affected by this experience.

Recommendations for Further Work

- Fund more behavioral health clinicians who match the demographics of the client population in the Bayview District.
- Obtain more funding for wraparound services for child and adolescent clients who do not meet the eligibility criteria for Medi-Cal funding.
- Obtain funding for providing additional case management and behavioral health services at school sites in the Bayview District that are available to students and their families regardless of their insurance coverage. Currently these school sites are underserved, whether these services are provided by the school district or DPH.

- Seek funding to extend mental health services hours from 5pm to 9pm by creating a drop-in clinic.
- Implement “safe houses” to provide services to youth, including temporary housing, food, and counseling.
- Create outreach teams to provide assistance to Bayview residents, particularly seniors, who cannot otherwise get help with caring for children because they are scared to leave their homes.

Diet and Physical Activity

Problem Description

Lack of access to healthy foods, inadequate transportation, lack of exercise facilities, and violence all serve to restrict BVHP residents' ability to exercise and eat healthy foods. According to the Surgeon General, physical activity not only helps manage weight and lowers the risk of heart disease, colon cancer, and Type 2 Diabetes; it also improves self-esteem, and lowers feelings of depression and anxiety. Combining physical activity and a healthy diet lowers the risk of many diseases and health conditions, and improves a person's quality of life. In a 1999 survey, Bayview Hunters Point residents find it difficult to access healthy foods, and almost 40% of the respondents to a community survey rated parks and recreation facilities provided by the city as poor. Over 20% of respondents found transportation poor. Violence was a primary concern for residents, and a violent environment is not conducive to exercise and outdoor activities.⁴ More recent data corroborate some of the above information. In a 2005 study conducted by the City Controller, about half of southeast (Districts 9, 10, 11) respondents visit parks at least once a month, compared to 60% of respondents who live in other parts of the City. Southeast residents also have much less favorable ratings of park grounds, facilities and recreational programs when compared to the rest of the City. Southeast residents feel significantly less safe than San Franciscans who live in other parts of the City. On average, inhabitants of Districts 6, 9, 10, and 11 feel the least safe walking alone in their neighborhoods day or night.⁵ Parks in disrepair and unsafe streets contribute to increased sedentary behavior.

DPH Activities in BVHP Related to Diet and Physical Activity

The Department of Public Health approaches nutrition issues in terms of the entire food system. The food system includes the production, distribution, consumption, and recycling of food. Beyond looking at nutrition as maintaining a healthy diet, the Department hopes to integrate local producers, encourage relationships between suppliers and buyers, and create an environment in which these relationships can be sustained. The Department aims to distribute information, improve access to healthy food and places to exercise, and also to facilitate local leadership in these efforts.

- The Feeling Good Project aims to improve the nutritional well-being and physical activity of low-income San Francisco residents by providing multilingual education, classes, and materials, technical assistance to community partners, and support to parents and SFUSD staff. The Feeling Good Project has collaborated with many community groups in Bayview Hunters Point over the past few years.
- DPH worked with youth from Bayview Hunters Point to design and implement a survey that would identify the major barriers to purchasing healthy food.
- DPH works with San Francisco Food Systems in a public-private partnership to increase access to nutrition for all San Franciscans.

⁴ Bayview Hunters Point Community Survey, Health and Environmental Task Force, 1999.

⁵ City Survey 2005. <http://www.sfgov.org/site/uploadedfiles/controller/reports/CitySurvey2005.pdf>

- SF Food Systems and the Department provided technical assistance to the Department of the Environment in the creation of a Bayview Hunters Point farmers market.
- DPH and SF Food Systems worked with the Redevelopment Agency to create a comprehensive Food Resources Plan, including farmers markets, groceries, and restaurants.
- The Tobacco Free Project is working with Literacy for Environmental Justice (LEJ) to decrease tobacco and junk food advertising and availability in neighborhood corner stores and other food retailers through the Good Neighbor Project.
- In addition, San Francisco Food Systems is working with the SFUSD to increase access to healthy produce in federal nutrition programs operating throughout San Francisco including School Breakfast, National School Lunch Program, and Summer Lunch Program.
- San Francisco Food Systems is also working with the Department of Children, Youth and their Families to incorporate nutrition education into the Summer Lunch Program. 18 Summer Lunch sites operate in Bayview Hunters Point.
- The Shape Up San Francisco Coalition (formerly the Citywide Chronic Disease Prevention Consortium) with support from Kaiser Permanente expects to begin work with parents at Bret Harte Elementary School and residents at Alice Griffith Housing Development to identify ways to increase physical activity and healthy nutrition in September 2006.
- The April 2006 Shape Up San Francisco Summit held a roundtable focused on access to food in the BVHP including; establishing a neighborhood grocery store, bringing food to residents with a mobile produce truck or home delivery. Summit follow up continues.
- The Environmental Health Section is a project partner with the Neighborhood Parks Council to create a “healthy corridor” for activity along the southeast shore of San Francisco. In supporting this effort, DPH is a member of the Blue Greenway Task Force, which is responsible for defining the vision and developing an action plan in support of a 13-mile greenway along San Francisco’s southeastern waterfront. The goal of the Task Force is to create a landscaped “greenway” extending from AT&T Park to the Southern border of the city, which incorporates a large portion of the Bayview-Hunters Point neighborhood. The greenway will connect existing parks and green spaces and is an attempt to provide a needed spark to encourage additional green space in the area.

Recommendations for Further Work

- Revitalize the Bayview Farmers market through outreach, providing affordable healthy foods, and possibly changing its location.

Cancer

Problem Description

Cancer is a major cause of years of life lost in Bayview Hunters Point. African-American women and men have the highest mortality rates of any other racial/ethnic group for several major cancers. Lung cancer causes the most deaths of all cancers in BVHP, and breast cancer among women and prostate cancer among men come next. Smoking causes more than eight in ten cases of lung cancer, and exposure to secondhand smoke increases risk by 30%. Air pollution, exposure to asbestos, and diet also increase the risk of getting lung cancer. Physical inactivity, obesity, alcohol consumption, and poor diet all increase the risk of acquiring breast cancer. It is unclear whether smoking or environmental pollution increases the risk of breast cancer. Although a study analyzing breast cancer rates in Bayview Hunters Point during the period from 1988-92 found that the incidence of invasive breast cancer was higher than expected by San Francisco or Bay Area age and race specific rates, a study conducted for the period 1993-95 found that rates were not significantly different. These differences may be the result of increased screening for breast cancer during the period 1988-92.⁶ The causes of prostate cancer are unclear, but like for all cancer, environmental factors such as smoking increase the risk. Some studies link high intake of fat, and low intake of fruits and vegetables to an increased risk of prostate cancer, and people of African descent are at high risk.

DPH Activities in BVHP Related to Cancer

- BVHP Health and Environmental Resource Center provides asthma and cancer outreach and education, home assessments to identify asthma triggers, youth asthma camp and classroom training in asthma management, cancer support groups and referrals to additional support services. HERC continues to provide those services through DPH funding.
- African American Coalition for Health Improvement and Empowerment (AACHIE) conducts outreach to community residents as well as community institutions and service providers to inform the community about cancer screening and other chronic diseases.

Many of the activities described in the Nutrition and Physical Activity section are also vital cancer prevention activities.

⁶ Glaser et al. Cancer Incidence Among Residents of the Bayview-Hunters Point Neighborhood, San Francisco, California, 1993-1995

HIV/AIDS

Problem Description

In the early 90's, parts of Bayview emerged as hotspots for AIDS cases among injection drug users (IDUs). Bayview is also a hotspot for heterosexual AIDS cases, reflecting the fact that African-Americans form the predominant group of heterosexual AIDS cases in San Francisco.⁷ While most Bayview Hunters Point residents living with HIV/AIDS had their medical care needs met in 2003, they also have lower rates of Highly Active Anti-Retroviral Therapy (HAART) use than much of the city, and, partially as a result, a lower five-year survival rate once diagnosed with AIDS. African-American women bear a disproportionate burden of female HIV/AIDS cases; almost 46% of women with HIV/AIDS in San Francisco are African-American.⁸ HIV/AIDS in Bayview Hunters Point is unique when compared to the majority of other city neighborhoods. While in the rest of San Francisco the majority of HIV/AIDS cases occur in MSM, Bayview Hunters Point residents with HIV/AIDS are mostly heterosexual. As a result, prevention and care must be altered accordingly.

DPH Activities in BVHP Related to HIV/AIDS

The Department is committed to HIV/AIDS treatment, prevention, and research. DPH also works to make partner notification regarding STDs easier and anonymous.

- The Bayview Hunters Point Foundation, funded by DPH, runs the AIDS Emotional Support Unit (AESU), which provides clients and family members with individual assessments, case management, referrals, and practical assistance with food, clothing and transportation issues.
- The Southeast Health Center provides confidential HIV and STD testing, case management, health education, an AIDS drug assistance program, family planning and general nutritional services.
- Also located at the Southeast Health Center is the HIV Early Intervention Program (EIP), supported by a competitive grant to the DPH, HIV Health Services section. This program was developed to address problems of outreach and access to services by engaging HIV-infected persons of color into care and treatment programs.

The EIP program offers a range of comprehensive services – medical, psychosocial, case management, health education, and HIV transmission risk reduction – with the goals of: 1. Prolonging the health and productivity of HIV-infected persons by decreasing the amount of time HIV-positive persons of color are without comprehensive HIV care and treatment, and 2. Interrupting the transmission of HIV by educating people about HIV prevention services and by getting people who are not in care into care.

- Jelani House offers residential substance abuse treatment for pregnant women. Services include case management, parenting and prenatal classes, HIV prevention and education, GED prep, vocational training, medical service coordination, and individual and group counseling.

⁷ Historical Progression of the HIV/AIDS Epidemic in San Francisco, 1981-2000

⁸ HIV/AIDS Epidemiology Annual Report: 2004

- Baker Places Supported Living sponsors a residential housing program for men and women (and their children) who are in recovery from substance abuse problems and are HIV positive or have AIDS. Services include clinical care coordination, evaluation and assessment, support groups, case management for the residents. Rental subsidies are provided which assist with the individual's transition into the general recovery community.
- DPH provides funding for the Black Coalition on AIDS, located in Bayview Hunters Point. The BCOA conducts workshops and sponsors health forums, runs groups discussions for black gay men, provides case management and health services, and runs housing for dual or triple-diagnosed individuals with HIV/AIDS.
- Federal Ryan White CARE funds have been allocated to establish a "Center of Excellence" for HIV positive African American residents of the BVHP area with low income. The model, which began in November 2005, includes multiple services delivered in an integrated manner, intended to ensure that populations with severe needs have direct access to a comprehensive spectrum of care that is delivered seamlessly, in a culturally competent manner, and in accordance with the relevant standards of care for client-centered services.

The service model for the Bayview/Southeast corridor will be designed to place primary medical care at the center of the service delivery system and will provide at a minimum:

- outreach for case finding,
- care coordination/intensive case management,
- primary care (includes treatment advocacy),
- substance abuse assessments and treatment (including a treatment readiness assessment/harm reduction practices),
- mental health assessments and treatment,
- consumer education
- social support
- support for infrastructure development and coordination

Recommendations for Further Work

- Implement a strategy for BVHP agencies and individuals to be active in the HIV Health Services Planning Council and at the State level.
- Working with community groups, devise a public image and pride campaign.
- Make plans with the Redevelopment Agency for a health agenda in public housing properties.
- Create a supportive housing community that promotes unification with children in a supervised environment.
- Outreach to the artists of the BVHP to participate in beautification or creating a living face of HIV campaign to de-stigmatize, and represent in contrast to the AIDS Quilt that speaks more of death.

- Make banks and other business (BVHP Merchants Association) aware of what they can do and remind them regularly of their potential for being good neighbors.
- Highlight corporate and small-scale contributors to the community health (i.e. environment, food, recreation, etc.) in a visible way.
- Many BVHP providers don't know each other and need a body that will integrate, inform, and empower them.
- Outreach to Black professional health organizations to help train other providers and plan medical treatment programs that address the special medical issues of African Americans.
- Integrate holistic health into care options and assess and incorporate the patients' ideas about etiology and care including traditional and alternative treatment.
- Identify job training as part of a long-term plan.
- Provide transportation to services by using shuttles, program vans without AIDS identification, church vans.
- Develop opportunities for positive social networks that replace negative ones and reduce isolation and depression (example: activities groups, movies with post-film life-skills discussions groups).
- Provide access to an ombudsman who will advocate for people who do not have strong health literacy skills.

STDs

Problem Description

Chlamydia infection remains an important health problem in California with an estimated 600,000 new chlamydial infections a year and about 10% of the population with a subsequent reduction in fertility. While national, state and local guidelines advise routine chlamydia screening for all women under the age of 25, many medical providers fail to routinely screen their patients. DPH examined rates by 39 neighborhoods in San Francisco. The neighborhoods with the highest rates of chlamydia were in the southeastern sector of the city – Bayview Hunters Point. Overall, in 2004, Chlamydia rates among African Americans were five times greater than whites. Adolescents had the highest rates of Chlamydia, but this varied by gender. Females, 15-19 years of age had the highest rates (3280 per 100,000) with sharp drops in rates as age increased. Among males, rates were highest among 20 –24 year olds (1148 cases per 100,000), but there was no sharp decline in rates with increasing age. In the past year, gonorrhea and Chlamydia rates have declined among African American adolescents in the BVHP community, but have increased in the Sunnydale and Potrero Hill communities. Our program's primary focus on decreasing the rates among African American adolescents has been and will continue to be on education, outreach and chlamydia and gonorrhea screening/treatment, in order to reduce the pool of infection in the population.

DPH Activities in BVHP Related to STDs

The Sexually Transmitted Disease Prevention & Control Services Section provides a comprehensive array of state of the art STD services, including primary STD/HIV prevention through health education activities, risk reduction counseling, and secondary STD prevention through diagnosis and treatment of persons with STDs in clinic and community-based settings.

- Since 1998, the Youth United Through Health Education (YUTHE) Program has been providing STD/HIV prevention services to adolescents in BVHP. The young adult staff conduct: street and venue-based outreach, STD counseling and urine-based STD screening, field delivered treatment, single and multi-session STD/HIV prevention workshops and community-based STD/HIV prevention events for youth 12 –24 years of age in San Francisco.
- STD screening and treatment is conducted in the youth and adult detention facilities during the intake process. This has been an effective venue to detect asymptomatic STDs among young men, since they do not seek healthcare as often as their female counterparts. Unfortunately, the majority of the young men are from the 94124 zip code area, but since they are screened and treated upon admission, it helps to reduce the pool of infection upon their return to the community.
- In 2005, DPH re-established the Adolescent STD Community Advisory Committee, which is comprised of adults represented from various organizations that work with youth and young adults in the Bayview Hunters Point, Potrero Hill and Sunnydale communities. We are in the process of re-establishing the youth advisory committee, which will be chaired by one of our YUTHE staff. The committee's role is to review our direction and programs for youth, along with advocating reducing health disparities among AA youth.

- DPH launched an STD prevention social marketing campaign for AA adolescents in the BVHP community in the fall of 2005. This intervention will utilize the cellular telephone technology for adolescents to obtain STD and other sexual health information via text messaging. This is designed to make it easier for young men and women to obtain information in a confidential/anonymous manner to make informed decisions and access services that they need.
- DPH funds Inspot, a website that allows people to notify sex partners of their STD status anonymously. The program will soon allow individuals to notify their partners of their HIV status as well.

Recommendations for Further Work

- Obtain additional funding to increase outreach services in the other surrounding southeast areas, in an effort to continue working on decreasing STD rates among African American adolescents in SF.
- Obtain funding to focus on educating medical providers to routinely screen sexually active adolescents twice a year during their visits. Research has shown that many providers are uncomfortable asking sexual health questions and miss the opportunity to screen for asymptomatic infections.
- Seek funding to provide increased staffing to conduct STD screening around the clock, seven days a week in the jail health services program. Many incarcerated individuals are missed and not screened that are booked during the day, evenings, nights and weekends.

Maternal and Child Health

Problem Description

Bayview Hunters Point experiences higher rates of infant mortality than other neighborhoods in San Francisco. African-Americans in San Francisco experienced infant mortality rates at almost twice that of California, and nearly three times that of San Francisco as a whole. African-American infants in San Francisco were more than twice as likely as the average baby in San Francisco to have low birth weight. Low birth weights make infant mortality more likely. In 2001, nearly 7% of African-Americans in San Francisco received late or no prenatal care, and 56.7 out of 1,000 births were to teen mothers, both the highest rates for all racial or ethnic groups.⁹ Infant death is more likely when the mother is an adolescent, smokes, did not get prenatal care, did not complete high school, did not eat a balanced diet during pregnancy, or is single. Infant mortality rates are also higher for premature infants, infants with low birth weight, and male infants.

DPH Activities in BVHP Related to Maternal and Child Health

- The Seven Principles Project is a demonstration grant that focuses on the area of raising the awareness level of African Americans about health disparities in infant health and mortality, addresses institutionalized racism and its impact on the health seeking behaviors and provision of health care to pregnant and post-partum women and their infants, and builds capacity and skills within African American identified community agencies and community residents to address health problems on a local level.
- The Black Infant Health Program provides the following services: advocacy for enhancing health and related services for the low-income, at-risk population through training of providers and staff; collaboration and coordination and advising service providers of special needs regarding access, cultural competence and special needs; maintenance of a community advisory board/task force; assistance to outreach efforts targeted at the population and implementation of BIH outreach and awareness activities; case finding and case management of high-risk pregnant and postpartum women, and education and referral services.
- San Francisco Women, Infants and Children (WIC) Supplemental Nutrition Program provides nutrition education, breastfeeding education and support, food vouchers, and referrals to health & social services, to BVHP women who are pregnant, breastfeeding, and who have recently had a baby, infants and children up to 5 years of age, at Southeast Health Center and Silver Avenue Family Health Center.
- Jelani House offers residential substance abuse treatment for pregnant women. Services include case management, parenting and prenatal classes, HIV prevention and education, GED prep, vocational training, medical service coordination, and individual and group counseling.

⁹ <http://www.hcncc.org/doc/SF%20Needs%20Assessment%202004.pdf>

Injury Prevention

Unintentional Injury

The Year 2000 Department of Public Health State of the City Address lists as one of "San Francisco's major public health challenges 'a high proportion of injuries and deaths that could be reduced by prevention.'" It reports San Francisco's crude death rate from unintentional injuries as 38 per 100,000, above both the California rate and the Year 2000 National Objective. The Profile of Injury in San Francisco reports a total of 542 injury deaths and 8,037 injury hospitalizations of San Francisco residents in 2001. Low income, multiple social stresses, aging housing stock and heavy traffic volumes add to the problems in the Bayview. Within a citywide context in which pedestrian injury is a significant public-health problem, Bayview Hunters Point has several unique characteristics that pose special risks for pedestrians:

- The high level of industrial and light-industrial activity in Bayview Hunters Point creates a high volume of truck traffic on local surface streets.
- Third Street, which, as noted, is the major street running through Bayview Hunters Points, is one of the most heavily traveled surface streets in San Francisco. In addition to serving local traffic, Third Street provides an alternate route into downtown San Francisco for those seeking to avoid traffic congestion on Highway 101 or Interstate 280.
- Areas with a high concentration of alcohol outlets, such as Third Street in Bayview Hunters Points, have been shown to have a higher incidence of alcohol-impaired driving.

DPH Activities in BVHP Related to Unintentional Injury Prevention

- CHIPPS senior injury prevention project in Community Health Education has focused many of its efforts on the Bayview, home to many low-income community dwelling seniors. The project has worked closely over the years with Network for Elders, to reach their clients in the Bayview, and hopes to re-invigorate this relationship in the coming year and expect once again that this neighborhood will be one of the primary areas of outreach. In 2004, about \$20,000 in home safety repair services were provided in the Bayview, not counting staff time or contract services paid for by collaborators at UCSF.
- The Traffic and Pedestrian Safety Project in Community Health Education focuses on pedestrians and especially senior pedestrians, and on bicycle riders and potential bicycle riders. Using funds from the State Office of Traffic Safety, the project funded Senior Action Network (\$25,000), Network for Elders (\$23,000), and the Bike Coalition (\$20,000). Much of this work has focused on safety along the 3rd Street corridor.
- Traffic and Pedestrian Safety is working with Bayview Hunters Point Community Advocates, Inc., Literacy for Environmental Justice, Neighborhood Safety Partnership and Network for Elders to establish a Pedestrian Safety Plan for the Bayview. DPH received CalTrans Environmental Justice funding in the amount of \$157,541 to support this effort.

- Traffic and Pedestrian Safety received a grant from OTS for a project designed to improve child passenger safety in San Francisco by coordinating targeted community-based safety campaigns focused on low-income and minority communities. This includes coordination of child occupant safety activities with other Department of Public Health programs and other public and private non-profit agencies, and with community groups addressing health and safety issues for families with young children. Eight mini-grants of \$20,000 will support community capacity building efforts. Bayview Hunters Point will be one of the primary target sites for this project. One of the first four mini-grants, in the amount of \$20,000, was awarded to a collaboration between the nonprofit Bayview Advocates and the South East Health Center, to provide child occupant safety seats, outreach, education and seat check workshops to Center clients and other Bayview residents.

Intentional Injury

Violence is the leading cause of years of life lost in Bayview Hunters Point, as well as the leading cause for black men in San Francisco. Although homicide rates have declined in recent years, Bayview Hunters Point still experiences disproportionately high rates of violence as compared to most other neighborhoods in San Francisco. Adolescents and young adults experience the highest homicide rates, and the majority of homicides are committed using firearms. African-American men ages 15-24 are at three times the risk of dying by firearms than Latino men in the same age group. Likewise, African-American men ages 15-24 are seven times more likely to die by firearms than Caucasian or Asian men in the same age group.¹⁰ Also of concern are occurrences of domestic violence and child abuse. Root causes of violence include poverty, oppression, mental health and family dynamics. Risk factors include witnessing acts of violence, access to firearms, alcohol use, incarceration, media, and community deterioration. 61% of homicides in the past 10 years were committed with firearms, and many assaults occur close to venues that sell alcohol. All of these causes and risk factors for violence are present in Bayview Hunters Point.

DPH Activities in BVHP Related to Violence Prevention, Response, Aftercare and Recovery

The Department of Public Health uses a comprehensive approach to violence. The Department emphasizes prevention, includes the community as a resource for identifying and understanding the problem, focuses on the root causes of violence, uses approaches based on data, collaborates with partners from different disciplines, and stresses an integrated approach focusing in community-wide, systemic solutions to prevent violence.

- The Violence Prevention Network (VPN), staffed by DPH, brings together city and county, public, private, non-profit and community based agencies as well as individuals to develop and implement strategies that prevent violence and promote peace in San Francisco. The VPN has also created a Roadmap for Preventing Violence in San Francisco, which articulates a set of policies, practices, activities and other recommendations for prevention of violence, and addressing root causes and risk factors for violence.
- DPH, through the Community Health Education Section, provides mini-grants of up to \$15,000 to projects analyzing local manifestations and causes of violence, and

¹⁰ <http://www.surgery.ucsf.edu/sfic/Local.html#Anchor-HOMICIDE-14210>

addressing them through environmental change or policy development. These projects are based on the community action model. One of these projects resulted in the current campaign to prohibit guns shows at the Cow Palace.

- YouthPOWER works with youth in Bayview Hunters Point to prevent and reduce youth violence and substance abuse, create community environments that are conducive to positive youth development, create a model for neighborhood/citywide planning and to incorporate youth development principles and practices into youth-serving programs and organizations. In July 2005, the YouthPOWER projects redecorated five stores on Third Street to reduce alcohol advertising, which was easily seen by small children, and replace those ads with positive images of the community.
- The Level 1 Trauma Center, run by UCSF at San Francisco General Hospital provides the only 24-hour trauma care in San Francisco. The San Francisco Injury Center is also located at SFGH, and provides education, conducts research, and works on violence prevention. The “Wrap Around” project serves firearm injury trauma patients with in-patient and community supportive services meant to prevent further injuries due to violence. A recent study showed that this approach has been successful, and the primary project participants are seeking funding to extend this intervention to similar patients treated in the Emergency Department.
- The Gun Violence Prevention, Response, Aftercare and Recovery Work Group convened in Fall 2004 to address the escalation of gun violence in the Southeast sector of the city. This workgroup includes representatives from Children System of Care (CSOC), public agencies, community-based organizations, the faith community, families, young people, and other groups concerned about gun violence. The workgroup has examined the coordination of services across agencies and has had a number of significant accomplishments. In December 2004 the Department of Public Health finalized the Gun Violence Incident Protocol with the SF Police Department. This protocol ensures that mental health and support services are available to children, youth and families when there is a critical incident involving gun violence. Comprehensive Child Crisis Services also worked with San Francisco General Hospital to establish a gun violence protocol, as well as with the school district to establish a protocol to respond to violence in the community. A Community Outreach Worker position was created to work with victims of gun violence. The outreach worker is planning to establish weekly family and youth support groups. Comprehensive Child Crisis Services has conducted 65 debriefings at schools and, and as direct result, referred youth for CSOC’s Dialectical Behavioral Therapy and Post-Traumatic Stress Disorder services.
- From 1999-2004, the Community Health Education Section worked with the San Francisco Police Department, Medical Examiner’s Office, San Francisco General Hospital, and the San Francisco Injury Center on the San Francisco Violent Injury Reporting System, which comprehensively captured and analyzed in aggregate county occurrences of intentional injuries and fatalities, including suicides, incidents involving intimate partners, and child abuse related case. Analysis and findings help agencies to identify trends in firearm-related injuries, recognize “hot spots”, develop

prevention programs, and better inform policymakers. In 2005, a new project was started to eventually create, state by state, a national violent death reporting system, which could influence policies and practices on a national level.

- The African American Coalition for Health Improvement and Empowerment (AACHIE) addresses violence through its Community Empowerment Center, a joint project of the Housing Authority and the Sheriff's department. AACHIE provides counseling and mentoring services to young men and women seeking to leave gangs, criminal activity and the violence of that lifestyle.
- Critical Incident Response Team (CIRT) responds to incidences of violence in Bayview Hunters Point and provides and coordinates clinical and case management services to victims' families. CIRT provides grief counseling, hospital and home visits, short-term psychotherapy, and cooperates with other agencies to provide victim witness assistance, relocation with the Housing Authority, and funeral/burial services for victims.

Recommendations for Further Work

- Conduct an asset inventory of BVHP, determining the assets of the community rather than focusing on the deficits.

Appendices

Appendix A- Lists of Programs

Alphabetical List of Programs

1. Adolescent STD Community Advisory Committee
2. African American Health Initiative (AAHI)
African American Coalition for Health Improvement and Empowerment
3. Baker Places Supportive Living
4. Bayview Hunters Point Foundation
AIDS Emotional Support Unit (AESU)
Bayview Family Center
5. Bayview Hunters Point Farmers Market
6. Black Coalition on AIDS
7. Black Infant Health Program
8. BVHP Community Notification Plan
9. BVHP Health and Environmental Assessment Task Force
10. BVHP Health and Environmental Resource Center (HERC)
11. Child Care Health Project
12. Childhood Lead Prevention Program
13. Children and Youth Domestic Violence Free
14. Children's System of Care Youth Task Force
15. Child, Youth and Family System of Care
16. CHIPPS Senior Injury Prevention Project
17. Clean and Green Program
18. Comprehensive Child Crisis Services
19. Critical Incident Response Team (CIRT)
20. Environmental Home Assessments
21. Family Advisory Council
22. Family Mosaic Project
23. Feeling Good Project
24. Food Resources Plan
25. Foster Care Mental Health Program
26. Good Neighbor Program
27. Gun Violence Prevention, Response, Aftercare and Recovery Work Group
28. High Quality Child Care Mental Health Consultation Initiative
29. HIV Early Intervention Program
30. Inspot
31. Jelani House
32. Level 1 Trauma Center

33. Mapping Noise and Air Quality for Better Land Use Planning
34. Monitoring Clean-Up and Development of Hunters Point Shipyard
35. Pilot Food Access Program
36. Polaris Research/African American Tobacco Free Project (AATFP)
37. Positive Directions Equals Change
38. Retirement of Hunters Point Power Plant
39. San Francisco Asthma Task Force
40. San Francisco Food Systems
41. San Francisco General Hospital Asthma Programs
42. San Francisco Violent Injury Reporting System
43. San Francisco Women, Infants and Children Supplemental Nutrition Program
44. SevenPrinciples Project
45. Southeast Child Family Therapy Center
46. Southeast Health Center
47. Southeast/Mission Geriatric Services
48. Tobacco Free Project
49. Tobacco Permit Program
50. Traffic and Pedestrian Safety
Pedestrian Safety Plan
51. Violence Prevention Network
52. Wellness Programs
53. YMCA Urban Services
54. YouthPOWER
55. Youth United Through Health Education Program

List of Programs by Health Problem

Environmental Health

BVHP Community Notification Plan
 BVHP Health and Environmental Assessment Task Force (BV HEAP)
 Childhood Lead Prevention Program
 Clean and Green Program
 Mapping Noise and Air Quality for Better Land Use Planning
 Monitoring Clean up and Development of Hunters Point Shipyard
 Retirement of Hunters Point Power Plant

Tobacco Use and Related Issues

Good Neighbor Program
 Polaris Research/African American Tobacco Free Project (AATFP)
 Tobacco Free Project
 Tobacco Permit Program

Diet and Physical Activity

Bayview Hunters Point Farmers Market
Feeling Good Project
Food Resources Plan
Good Neighbor Project
Pilot Food Access Program
San Francisco Food Systems

Asthma

BVHP Health and Environmental Resource Center (HERC)
Child Care Health Project
Environmental Home Assessments
San Francisco Asthma Task Force
San Francisco General Hospital Asthma Programs

Behavioral Health

Baker Places Supportive Living
Bayview Hunters Point Foundation
 Bayview Family Center
Children and Youth Domestic Violence Free
Children's System of Care Youth Task Force
Child, Youth and Family System of Care
Comprehensive Child Crisis
Family Advisory Council
Family Mosaic Project
Foster Care Mental Health Program
High Quality Child Care Mental Health Consultation Initiative
Jelani House
Positive Directions Equals Change
Southeast Child Family Therapy Center
Southeast/Mission Geriatric Services
Wellness Programs
YMCA Urban Services

Maternal and Child Health

Black Infant Health Program
Jelani House
San Francisco Women, Infants and Children Supplemental Nutrition Program
SevenPrinciples Project
Universal Home Visiting Program

HIV/AIDS

AIDS Emotional Support Unit (AESU)
Baker Places Supportive Living
Black Coalition on AIDS
HIV Early Intervention Program (EIP)
Jelani House
Southeast Health Center

STDs

Adolescent STD Community Advisory Committee
Inspot
Youth United Through Health Education Program (YUTHE)

Injury

African American Coalition for Health Improvement and Empowerment
Children and Youth DV Free
CHIPPS Senior Injury Prevention Project
Critical Incident Response Team (CIRT)
Gun Violence Prevention, Response, Aftercare and Recovery Work Group
Level 1 Trauma Center
San Francisco Violent Injury Reporting System
Traffic and Pedestrian Safety
 Pedestrian Safety Plan
Violence Prevention Network
YouthPOWER

Cancer

African American Coalition for Health Improvement and Empowerment
BVHP Health and Environmental Resource Center (HERC)

General Healthcare:

African American Health Initiative (AAHI)
Southeast Health Center

Complete List of Programs and Brief Descriptions

1. Adolescent STD Community Advisory Committee

In 2005, we re-established the Adolescent STD Community Advisory Committee that is comprised of adults represented from various organizations that work with youth and young adults in the Bayview Hunters Point, Potrero Hill and Sunnysdale communities. We are in the process of re-establishing the youth advisory committee, which will be chaired by one of our YUTHE staff. The committee's role is to review our direction and programs for youth, along with advocating to reduce health disparities among AA youth.

2. African American Health Initiative (AAHI)

Supports departmental and community level education, services and policy initiatives that address the roots causes and risk factors for preventable death and morbidity in the African American community in general. African American Coalition for Health Improvement and Empowerment also conducts outreach to community residents as well as community institutions and service providers to inform the community about cancer screening and other chronic diseases.

African American Coalition for Health Improvement and Empowerment

This coalition addresses violence through its Community Empowerment Center, a joint project of the Housing Authority and the Sheriff's department. AACHIE provides counseling and mentoring services to young men and women seeking to leave gangs, criminal activity and the violence of that lifestyle.

3. Baker Places Supportive Living

Sponsors a residential housing program for men and women (and their children) who are in recovery from substance abuse problems and are HIV positive or have AIDS. Services include clinical care coordination, evaluation and assessment, support groups, case management for the residents. Rental subsidies are provided which assist with the individual's transition into the general recovery community.

4. Bayview Hunters Point Community Notification Plan

DPH worked with the Navy and the Bayview Emergency Response Committee produced the "Bayview/Hunters Point Community Notification Plan" in August 2001.

5. Bayview Hunters Point Farmers Market

The Department of Public Health provided technical assistance to the Department of the Environments in the planning and implementation of the new farmers market in Bayview Hunters Point.

Contact: Fernando Ona (252-3939), Paula Jones

6. Bayview Hunters Point Foundation

Provides methadone detox, courtesy dosing, jail detox, and maintenance, has a center for problem drinkers, and provides youth counseling.

AIDS Emotional Support Unit (AESU)

Run by the Bayview Hunters Point Foundation and funded by DPH, it provides clients and family members with individual assessments, case management, referrals, and practical assistance with food, clothing and transportation issues.

Bayview Family Center

The Bayview Family Center provides mental health services to seriously mentally ill Bayview children, adolescents, and adults. Services include outpatient therapy, crisis services, medication support, outreach, case management brokerage, and intensive case management. The goals of the program are to promote and improve mental health, offer and participate in preventive measures, develop knowledge, manpower and services to treat and rehabilitate the seriously mentally ill, and participate in the development of a single network of services.

7. BVHP Health and Environmental Assessment Task Force

Provides technical assistance and general staff support to the ongoing efforts of community members to cleanup our environment. It developed from meetings held between DPH and community members. HEAP collaborates with several community groups, conducts community assessments, and provided support for the SF Asthma Task Force and other organizations in order to create BVHP HERC.

Contact: Karen Pierce (581-2459)

8. BVHP Health and Environmental Resource Center (HERC)

Provides asthma and cancer outreach and education, home assessments to identify asthma triggers, youth asthma camp and classroom training in asthma management, cancer support groups and referrals to additional support services. HERC continues to provide those services through DPH funding.

Contact: Karen Pierce (641-2996)

9. Black Coalition on AIDS

The BCOA conducts workshops and sponsors health forums, runs group discussions for black gay men, provides case management and health services, and runs housing for dual or triple-diagnosed individuals with HIV/AIDS.

10. Black Infant Health Program

Provides the following services: advocacy for enhancing health and related services for the low-income, at-risk population through training of providers and staff; collaboration and coordination and advising service providers of special needs regarding access, cultural competence and special needs; maintenance of a community advisory board/task force; assistance to outreach efforts targeted at the population and implementation of BIH outreach and awareness activities; case finding and case management of high-risk pregnant and postpartum women, and education and referral services.

Contact: Jene Johnson (575-5682)

11. Child Care Health Project

Maternal Child Health consultants provide asthma and general health education to low-income childcare staff and parents.

Contact: Rita Times (575-5767)

12. Childhood Lead Prevention Program

This program is dedicated to eradicating lead hazards in an effort to eliminate childhood lead poisoning, and has developed a comprehensive program aimed at combating this preventable disease. Services include education and outreach, case management, environmental investigation for families with lead-poisoned children, and collection and analysis of data. The goal is to promote healthy children, and advocate for housing free of lead hazards.

Contact: Karen Cohn (554-8930 x 11)

13. Children and Youth DV Free

This project provides community training to change how people in San Francisco learn about, and act regarding domestic and family violence. A special emphasis is on how children who witness violence in their homes are affected by this experience.

Contact: (581-2400)

14. Children's System of Care Youth Task Force

15. Child, Youth and Family System of Care

In addition to intensive care management and wraparound services, this program includes a uniform intake, referral, and placement authorization process; treatment models to more effectively serve youth with ADHD, mood disorders, post-traumatic stress disorder, and conduct disorders; specialized intensive care management for children age birth to 5 years; and most recently, planning for the implementation of two evidence based practices: Multisystemic Therapy, and The 25 Kid Project.

16. CHIPPS Senior Injury Prevention Project

This project has focused many of its efforts on the Bayview, home to many low-income community dwelling seniors. The project has worked closely over the years with Network for Elders, to reach their clients in the Bayview, and hopes to re-invigorate this relationship in the coming year and expect once again that this neighborhood will be one of the primary areas of outreach. In 2004, about \$20,000 in home safety repair services

were provided in the Bayview, not counting staff time or contract services paid for by collaborators at UCSF.

17. Clean and Green Program

This program extends the regulatory mandate to prevent toxic hazards by showing businesses in how to more efficiently achieve their compliance goals through reducing and replacing hazardous chemicals. While the program is new, over 50 businesses have successfully met the requirements for Clean and Green Certification. The Program has a priority focus on greening industry in Bayview Hunters Point.

Contact: Sue Cone (252-3991)

18. Comprehensive Child Crisis Services

Located in the Bayview Plaza on Third Street, Comprehensive Child Crisis Services (CCCS) provides 24-hour, 7-day-a-week, crisis intervention services. Services provided include 5150 evaluations (involuntary detention) for children and youth who are a danger to self, danger to others, or have a grave disability; a short-term follow-up mental health clinic; bridge services for hospital discharge; debriefing services; an urgent care clinic for children in the child welfare system; 5150 and Crisis Prevention Institute training; Dialectical Behavior Therapy and Post-Traumatic Stress Treatment intervention services.

19. Critical Incident Response Team (CIRT)

Critical Incident Response Team (CIRT) responds to incidences of violence in Bayview Hunters Point and provides and coordinates clinical and case management services to victims' families. CIRT provides grief counseling, hospital and home visits, short-term psychotherapy, and cooperates with other agencies to provide victim witness assistance, relocation with the Housing Authority, and funeral/burial services for victims.

20. Environmental Home Assessments

The Environmental Health Section conducts Environmental Home Assessments for all clients with asthma in both public and private housing, providing tenants with crucial information about asthma triggers present in their homes.

Contact: Helen Zverina (252-3887)

21. Family Advisory Council

The council provides valuable feedback to San Francisco CSOC on its performance and act as advocates in the community, whether it be to request additional information and training, or to present testimony before the San Francisco Board of Education.

22. Family Mosaic Project

FMP uses an interdisciplinary, interagency approach to provide intensive care management and wraparound services to approximately 300 seriously emotionally disturbed children and youth each year.

23. Feeling Good Project

This project aims to improve the nutritional well-being and physical activity of low-income San Francisco residents by providing multilingual education, classes, and materials, technical assistance to community partners, and support to parents and SFUSD staff.

Contact: (575-5689)

24. Food Resources Plan

DPH and SF Food Systems are working with the Redevelopment Agency to create this comprehensive plan, which will include farmers markets, groceries, and restaurants.

Contact: Fernando Ona (252-3939)

25. Foster Care Mental Health Program

Provides mental health services for children currently in, or at risk of being placed in, foster care.

26. Good Neighbor Project

EHS is working with LEJ to decrease tobacco and junk food advertising and availability in neighborhood corner stores and other food retailers through this project.

Contact: Ana Validzic (581-2478)

27. Gun Violence Prevention, Response, Aftercare and Recovery Work Group

The work group convened in Fall 2004 to address the escalation of gun violence in the Southeast sector of the city. This workgroup includes representatives from Children System of Care (CSOC), public agencies, community-based organizations, the faith community, families, young people, and other groups concerned about gun violence

28. High Quality Child Care Mental Health Consultation Initiative

The High Quality Child Care Mental Health Consultation Initiative provides services to nine childcare centers in the Bayview District.

29. HIV Early Intervention Program (EIP)

Located at the Southeast Health Center is the HIV Early Intervention Program (EIP), this program was developed to address problems of outreach and access to services by engaging HIV-infected persons of color into care and treatment programs.

30. Inspot

Inspot is a website that allows people to notify sex partners of their STD status anonymously.

31. Jelani House

Offers residential substance abuse treatment for pregnant women. Services include case management, parenting and prenatal classes, HIV prevention and education, GED prep, vocational training, medical service coordination, and individual and group counseling.

32. Level 1 Trauma Center

This care center is run by UCSF at San Francisco General Hospital, and it provides the only 24-hour trauma care in San Francisco. The San Francisco Injury Center is also located at SFGH, and provides education, conducts research, and works on violence prevention.

33. Mapping Noise and Air Quality for Better Land Use Planning

This project was implemented to estimate transportation system effects on environmental health determinants such as noise and air quality. The information can contribute to land use planning and preventing exposure to noise and air pollution hazards.

Contact: Tom Rivard (252-3840)

34. Monitoring Clean-Up and Development of Hunters Point Shipyard

Contact: Amy Brownell (252-3967)

35. Pilot Food Access Program

The Department is working on a pilot program at Milk Civil Rights Academy to improve food options in schools, increasing CA-grown healthy produce options, and increasing enrollment in the national school lunch program.

Contact: Fernando Ona (252-3939)

36. Polaris Research/African American Tobacco Free Project (AATFP)

During 2003-2004, the Tobacco Free Project funded Polaris Research/African American Tobacco Free Project (AATFP) to provide smoking cessation services to the African American community.

37. Positive Directions Equals Change

Provides support groups, life skills training, relapse prevention, parenting classes, anger management, domestic violence education, African American history education, and drug education.

38. Retirement of Hunters Point Power Plant

The Department is participating in a citywide project to locate new electricity generating units in Southeast San Francisco to facilitate the retirement of older, more polluting facilities.

Contact: Richard Lee (252-3992)

39. San Francisco Asthma Task Force

The Task Force consists of board-appointed voting members, and was created to address the city's mounting asthma problem. The Task Force recommends legislative action and strategy to ensure proper asthma management and prevention, provides advice regarding funding, legislative action, and policy to the Board of Supervisors. The ATF created a comprehensive strategic plan for the management and prevention of asthma.

Contact: Karen Cohn (554-8930 x 11)

40. San Francisco Food Systems

DPH works with San Francisco Food Systems in a public-private partnership to increase access to nutrition for all San Franciscans. The project has made use of food stamps possible at farmer's markets, including the Alemany Farmer's Market in the Southeast section of San Francisco.

Contact: Paula Jones

41. San Francisco General Hospital Asthma Programs

SFGH provides primary, specialized, pediatric, and urgent care for asthma patients. The hospital also conducts follow-up with past patients.

Contact: Karen Cohn (554-8930 x 11)

42. San Francisco Violent Injury Reporting System

The Department of Public Health is working with the San Francisco Police Department, Medical Examiner's Office, San Francisco General Hospital, and the San Francisco Injury Center on its reporting system, which will comprehensively capture every firearm-related injury occurring in the county into a single shared database. This data will allow agencies to identify trends in firearm-related injuries, recognize "hot spots", develop prevention programs, and better inform policymakers.

43. San Francisco Women, Infants and Children (WIC) Supplemental Nutrition Program

Provides nutrition education, breastfeeding education and support, food vouchers, and referrals to health & social services, to BVHP women who are pregnant, breastfeeding, and who have recently had a baby, infants and children up to 5 years of age, at Southeast Health Center and Silver Avenue Family Health Center.

Contact: (575-5788)

44. SevenPrinciples Project

The SevenPrinciples Project is a demonstration grant that focuses on the area of raising the awareness level of African Americans about health disparities in infant health and mortality, addresses institutionalized racism and its impact on the health seeking behaviors and provision of health care to pregnant and post-partum women and their infants, and builds capacity and skills within African American identified community agencies and community residents to address health problems on a local level.

45. Southeast Child Family Therapy Center

Provides outpatient mental health services, including individual, group, family and play therapy.

46. Southeast Health Center

The health center provides adult and children's dental services, HIV/AIDS treatment, gynecologic care, prenatal and regular medical care to patients on an ongoing basis. The clinic also provides drop-in services for patients with acute needs.

47. Southeast/Mission Geriatric Services

Provides home visits to seniors, age 60 years or over for psychiatric assessment, case management, information and referral, and evaluation for possible admission to a halfway house or hospitalization. The program also provides information and referrals, and consultation.

48. Tobacco Free Project

This project addresses tobacco related issues in Bayview Hunters Point by providing cessation services, as well as by addressing the root causes of tobacco use and environmental factors that promote tobacco. Specifically, programs that have been implemented by the Tobacco Free Project's funded Community Capacity Building projects have focused on tobacco as an environmental justice issue and developed policy based interventions to (1) reduce the availability and advertising of tobacco as well as tobacco food subsidiary products while increasing access to healthy products in BVHP stores through the Good Neighbor Project; (2) increase understanding of health hazards of smoking by non English speakers and smokers with low literacy levels by advocating for a Federal Trade Commission investigation into the use of graphic warning labels on cigarette packs; and (3) advocating for allocation of local tobacco control funds that reflect health disparities in Southeastern San Francisco, including Bayview Hunters Point. .

Contact: Alyonik Hrushow (581-2447)

49. Tobacco Permit Program

DPH Environmental Health Section implements and enforces a new retail tobacco permit program citywide. Using this program's enforcement tools, DPH-EHS suspends licenses of establishment who sell tobacco to minors.

50. Traffic and Pedestrian Safety

This division of the Department focuses on pedestrians and especially senior pedestrians, and on bicycle riders and potential bicycle riders. Using funds from the State Office of Traffic Safety, the project funded Senior Action Network (\$25,000), Network for Elders (\$23,000), and the Bike Coalition (\$20,000). Much of this work has focused on safety along the 3rd Street corridor.

Contact: Michael Radetsky (581-2418)

Pedestrian Safety Plan

Traffic and Pedestrian Safety is working with Bayview Hunters Point Community Advocates, Inc., Literacy for Environmental Justice, Neighborhood Safety Partnership and Network for Elders to establish a pedestrian safety plan for the Bayview. DPH is currently awaiting word on an application submitted to CalTrans for Environmental Justice funding in the amount of \$157,541.

Contact: Michael Radetsky (581-2418)

51. Violence Prevention Network

This project is staffed by DPH, brings together city and county, public, private, non-profit and community based agencies as well as individuals to develop and implement strategies that prevent violence and promote peace in San Francisco. The VPN has also created a Roadmap for Preventing Violence in San Francisco.

Contact: Dionne Carter (581-2442)

52. Wellness Programs

DPH contracts with RAMS, a community-based agency, to provide integrated behavioral health services at Wellness Programs in two public high schools, namely, Burton and Thurgood Marshall.

53. YMCA Urban Services

Provides mental health services at the Beacon Center located at Gloria R. Davis Middle School.

54. YouthPOWER

This is a project that works with youth in Bayview Hunters Point to prevent and reduce youth violence and substance abuse, create community environments that are conducive to positive youth development, create a model for neighborhood/citywide planning and to incorporate youth development principles and practices into youth-serving programs and organizations.

Contact: Ana Validzic (581-2478)

55. Youth United Through Health Education Program (YUTHE)

Since 1998, the Youth United Through Health Education (YUTHE) Program has been providing STD/HIV prevention services to adolescents in BVHP. The young adult staff conduct: street and venue-based outreach, STD counseling and urine-based STD screening, field delivered treatment, single and multi-session STD/HIV prevention workshops and community-based STD/HIV prevention events for youth 12 –24 years of age in San Francisco.

Appendix B- Acknowledgments

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