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Section 1

Executive Summary

Affordable Care Act (ACA) added a new section (r) to Internal Revenue Code (IRC) Section 501 that imposes federal requirements to qualify as an IRC Section 501(c)(3) charitable hospital organization. Hospitals that are tax-exempt under IRC Section 501(c)(3) are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy to meet the needs identified through the assessment every three years. The CHNA report and the implementation strategy have to be approved by the governing body.

Chinese Hospital is part of the San Francisco Health Improvement Partnership (SFHIP), which is a collaborative body whose mission is to embrace collective impact and to improve community health and wellness in San Francisco. SFHIP includes the San Francisco Department of Public Health, San Francisco’s non-profit hospitals, the Clinical and Translational Science Institute’s Community Engagement and Health Policy Program at UCSF, the San Francisco Unified School District, the Office of the Mayor, community representatives from the Asian and Pacific Islander Health Parity Coalition, Human Services Network, Chicano/Latino/Indigena Health Equity Coalition, and African American Community Health Council, Community Clinic Consortium, Faith-based and other philanthropic partners. SFHIP completes a CHNA once every three years.

The citywide CHNA conducted by the SFHIP is the foundation for each non-profit Hospital’s community health needs assessment in San Francisco. Since Chinese Hospital primarily serves the Chinese community, we have decided to conduct a supplemental community health needs assessment in addition to the citywide CHNA to specifically look at the subpopulation Chinese Hospital serves. Therefore, 2016 Chinese Hospital Community Health Needs Assessment includes two reports: 1). San Francisco Community Health Needs Assessment 2016; 2). Chinese Hospital Supplemental Community Health Needs Assessment (CHSCHNA) 2016.

SFHIP CHNA Findings

Overall, SFHIP CHNA finds that health has improved in San Francisco since last assessment three years ago:

- More than 97,000 residents gained health insurance under the ACA in 2014, which is higher than the state or nation.
- Overall rates of smoking declined from 20.8% in 1996 to 12.3% in 2014 and are approaching the Healthy People 2020 goal of 12.0%.
- HIV diagnoses have been steadily declining since 2006.
- Between 2007-2013, the mortality rates related to cardiovascular disease, cerebrovascular disease, lower respiratory infections, and poisonings and drugs decreased.
The incidence rate of invasive cancers decreased between 2008 and 2010. Rates of tooth decay among school children decreased between 2007-2008 and 2013-2014. The SFHIP CHNA identifies two foundational issues contributing to the local health needs:

- **Economic barriers to health**
  Income generally confers access to resources that promote health such as good schools, health care, healthy food, safe neighborhoods and time for self-care and the ability to avoid health hazards such as air pollution and poor quality housing conditions.

- **Racial Health Inequities**
  Health inequities result from unevenly distributed systematic social, economic, and environmental obstacles that impact risk, prevention, and treatment of health problems.

The SFHIP CHNA also identifies 7 health needs that heavily impact disease and death in San Francisco:

- **Psychosocial health**
  Mental health is an important part of community health. The number of hospitalizations among adults in San Francisco due to major depression exceed that of asthma or hypertension. Psychosocial illnesses can adversely impact the ability to perform across various facets of life including work, home and social settings. It also negatively impacts the families, caregivers and communities of those involved.

- **Healthy eating**
  Poor nutrition contributes to 7 out of the 11 causes of death in San Francisco including heart failure, stroke, hypertension, colon cancer, Alzheimer’s, other dementias and diabetes.

- **Safety and violence prevention**
  Violence causes serious mental, physical and emotional injuries and potentially death for the victim, it also negatively impacts the victim’s family, friends and their community.

- **Access to coordinated culturally and linguistically appropriate services across the continuum**
  Access to services is influenced by location, affordability, hours of operation and cultural and linguistic appropriateness of health care services. Although 97,000 residents gained health insurance in 2014, more than 10% do not have a usual place they go to receive care.

- **Housing stability/homelessness**
  Sub-standard housing quality, overcrowding, housing instability and homelessness impact health by decreasing the opportunity for self-care, such as sound sleep, home-
cooked meals, warmth, and hygiene, and increasing risk exposure. Between 2000 to 2012, fair market rents increased by 22% and all-cause evictions are at a 10-year high in San Francisco.

- **Substance abuse**
  Substance abuse including drugs, alcohol and tobacco contributes to 7 of the top 10 causes of death in SF.

- **Physical activity**
  A lack of physical activity contributes to 5 of the top 10 causes of death in SF. Studies have shown that just 2.5 hours of moderate-intensity physical activity each week is associated with a gain of approximately three years of life.

**Chinese Hospital Supplemental CHNA Findings**

Overall, 96% of the people we surveyed were born out of the USA, 83% of them selected Cantonese as their primary language and about 70% of them reported an annual household income below $25,000.

**Health Concerns**

- **Chronic diseases**
  Chronic diseases including diabetes, heart diseases, lung diseases, high cholesterol, and high blood pressure have been marked as their primary health concern by over half of the respondents. Especially among those who are 65 or older, the percentage exceeds 60%. High blood pressure, high cholesterol, heart disease, and diabetes are the most popular concerns have been identified. Arthritis, chronic kidney failure, gout, stroke, osteoporosis and some other chronic conditions have also been listed by respondents at the open-ended question asking other health concerns.

- **Low screening rate**
  Low screening rate came as the next health concern of the community with 13% of respondents selected it. It is also interesting to find that respondents with an annual income between $100,000-$199,999 have the highest percentage (36.4%) concerning about their low screening rate.

- **Low usage of preventive health services**
  Low usage of preventive health services catches 12% of respondents’ attention, and especially from those with an annual income between $100,000-$199,999 (27.3%) and $200,000 or more (27.3%).

- **Smoking**
Smoking is another popular concern among all respondents (9.7%). A significant disparity between male and female respondents have been noticed - the percentage of male respondents who consider it as one of their top health concerns (15.8%) is more than three times of it is among female respondents (4.3%).

- **Mental health**
  It is interesting to note that youngster respondents expressed a big concern on this topic – 32% of respondents who are aged 19 or younger marked mental health as their primary health concern, which is way higher than that is among all respondents (9%).

- **Other health concerns**
  Other health conditions like arthritis, pain (e.g. lower back, leg, foot, knee, nerve, etc.), gastrointestinal problems, respiratory disease, cancer, otolaryngology diseases and disorders, bone problems (e.g. osteoporosis, osteophytes), dementia and Parkinson’s etc., that are not listed as choices, have also been brought up by respondents frequently as their top health concerns at the open-ended question.

### Lack of Health Access

- **Difficulty accessing urgent care or inpatient service**
  Difficulty accessing urgent care or inpatient service in their community is the leading concern of more than 16% of respondents in terms of health access. Among the top 10 districts most of our respondents live, the shortage is mostly reported from residents of Parkside/Forest Hill (94116) and Sunset (94122), which represent the Sunset District as a whole. And followed by residents from Visitacion Valley/Sunnydale (94134) and Bayview/Hunter’s Point (94124), two districts that are located next to each other, and where are populated with new Chinese-speaking immigrants.

- **Lack of access to culturally and linguistically appropriate health services**
  Lack of access to culturally and linguistically appropriate health services has mostly been reported in Parkside/Forest Hill (94116), Ingleside – Excelsior District (94112), Visitacion Valley/Sunnydale (94134) and Bayview/Hunter’s Point (94124). This result is aligned with the finding about urgent care or inpatient service access in these communities.

- **Insufficient mental health service**
  Knowing that mental health is one of the primary concerns of respondents aged 19 or younger, it is not surprising to find that this age group of respondents claims the highest demand of access to culturally and linguistically appropriate mental health service, and coaching on communicating with parents, mental support for homosexuals, and stress relief are the priorities specified by them.

- **Insufficient culturally and linguistically appropriate health education program**
  Insufficient culturally and linguistically appropriate health education program is considered as another key shortage of service by 11% of respondents, while over 32% of
respondents that are 19 or younger thinks it’s important to have such education programs in the community.

- **Lack of culturally and linguistically appropriate chronic disease management program**

  As chronic disease has been identified as a health concern of more than half of respondents, the demand for accessible, culturally and linguistically friendly chronic disease management programs in those communities has increased. Programs tailored for patients with chronic conditions like diabetes, cardiovascular diseases, pain, urinary problems, etc. have been called for by respondents.

- **Lack of other health services:**

  1) insufficient Chinese-speaking specialist and physician choices;
  2) lack of dental services, traditional Chinese medicine service;
  3) lack of affordable wellness programs and fitness programs;
  4) limited number of outpatient sites that provide radiology and lab services;
  5) lack of elderly care, cancer support, home care, and patient follow-up;
  6) lack of online health resources accessible to the public, and routine community health promotion events to raise awareness of health issues, etc.
  7) lack of pick-up service for clinic visits.

**Implementation strategy to meet the community needs identified through the CHNA**

Among all the community health needs identified by SFHIP and Chinese Hospital Supplemental CHNA, based on the resources available, we select the following five areas as our priorities to address in the next three years:

1. Expand patient-centered culturally and linguistically appropriate chronic disease management and education programs to the areas identified as lacking access to this services.
2. Increase culturally and linguistically appropriate health services, especially mental health services.
3. Expand urgent care access to the areas identified as lacking access to this services.
4. Improve preventive health care and increase health screening rates.
5. Providing Integrative Health Services.
6. Improving Children’s Dental Health Education and Services.
Section 2
SFHIP Community Health Needs Assessment 2016
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It is our pleasure to share with you the 2016 San Francisco Community Health Needs Assessment. On behalf of the members of San Francisco Health Improvement Partnership (SFHIP), we hope you find this information useful in planning and responding to the needs of our community.

We would like to thank the many individuals including community residents, community-based organizations, and health care partners that contributed to this assessment. A special thank you goes out to the Community Health Needs Assessment and Impact Unit of the San Francisco Department of Public Health for their work on the data analysis and overall project management, and to the Backbone of SFHIP, staffed by the Department of Public Health, the Hospital Council, and the University of California at San Francisco, for their support for the project.

This Community Health Needs Assessment (CHNA) is part of an ongoing community health improvement process. The CHNA provides data enabling identification of priority issues affecting health and is the foundation for citywide health planning processes including the Community Health Improvement Plan, the San Francisco’s Health Care Services Master Plan, the San Francisco Department of Public Health’s Population Health Division’s Strategic Plan, and each San Francisco non-profit hospital’s Community Health Needs Assessment and Implementation Strategy.

A Community Health Improvement Plan (CHIP), now known as the SFHIP Implementation Plan, is being developed as a companion to this document and will detail goals, objectives and action plans for each of the focus areas identified.

Several health needs surfaced through this assessment including: healthy eating, physical activity, psychosocial health, substance abuse, access to culturally and linguistically appropriate health care services, safety and violence prevention, and housing stability and homelessness. Additionally, economic barriers to health and major health inequities were identified which must be addressed to ensure a healthy San Francisco for all.

SFHIP recognizes that all San Franciscans do not have equal opportunity for good health, and we are committed to eliminating health disparities and inequities by working together across sectors to achieve health equity for all. We hope you find this assessment useful and we welcome any suggestions you may have for assisting us in improving the health of San Francisco.

Estela Garcia DMH, Abbie Yant RN, MA, SFHIP Co-Chairs; and Kevin Grumbach MD, former SFHIP Co-Chair
I am pleased to present the 2016 Community Health Needs Assessment (CHNA) for San Francisco. In 2011, the Health Department began our journey to achieve Public Health Accreditation. Accreditation will signify that DPH is meeting national standards for ensuring essential public health services and improving and protecting the health of the public. Collaboration with the San Francisco Health Improvement Partnership (SFHIP) and completion of the CHNA are essential to accreditation and to continued capacity building and, ultimately, improved health in San Francisco.

The 2016 CHNA takes a comprehensive look at the health of San Franciscans through an extensive data review process of a broad range of variables affecting health outcomes. A CHNA is completed once every three years and is an important tool for informing decision makers about San Franciscans’ health status, identifying key health priorities for the city/county, and gaining a better understanding of health disparities and inequities.

Our health jurisdiction has a long tradition of engaging the community in our planning, from identifying policy changes to improving health outcomes (e.g. reduced rates of smoking and new HIV infections), and have developed new ways to measure the health of our environment and community. Like previous endeavors, this CHNA and the success of the planning processes that follow are dependent on the community voices we heard, and I am especially thankful for the contributions of community groups that partnered with us and look forward to future collaborations.

Again, all of our accomplishments can be directly credited to the voices of the community members who contributed to this CHNA and the exceptionally dedicated staff and leadership at SFDPH and our SFHIP partners. I am grateful for their enduring commitment to this public health mission that we share and thank them for their ongoing efforts to protect and promote the health of all San Franciscans.

Best regards,

Barbara A. Garcia, MPA
Director of Health
San Francisco Department of Public Health
City and County of San Francisco
Acknowledgments

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San Francisco Health Improvement Partnership

Community Engagement Partners

Advancing Justice of the Asian Law Caucus

African American Art and Cultural Center

Asociación Mayab

CARECEN

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This is a joint Community Health Needs Assessment by these local Hospitals and Jewish Home.

*Community Health Needs Assessment Subcommittee Member. § SFDPH Community Health Needs Assessment and Impact Unit members. Report and data sheet design and production: Kate Godfrey | okayKate.com.
Welcome to the 2016 Community Health Needs Assessment (CHNA). The CHNA takes a broad view of health conditions and status in San Francisco. It reviews conditions where San Franciscans are born, grow, live, work and age, local risk and protective factors for health, as well as local disease and death rates.

The CHNA involves four steps:
- Community health status assessment
- Assessment of prior assessments
- Community engagement
- Health need identification

The CHNA is the foundation for each San Francisco non-profit hospital’s Community Health Needs Assessment and is one of the prerequisites for Public Health Accreditation. The CHNA also informs city planning processes such as San Francisco’s Health Care Services Master Plan.

Overall, the CHNA finds that health has improved in San Francisco:
- More than 97,000 residents gained health insurance under the Affordable Care Act in 2014. Insurance coverage in San Francisco was higher than coverage across the state or nation.
- Overall rates of smoking declined from 20.8% in 1996 to 12.3% in 2014 and are approaching the Healthy People 2020 goal of 12.0%.
- Since 2006, we have had steady declines in HIV diagnoses.
- Between 2007 and 2013, the rates of death due to cardiovascular disease (ischemic heart disease and hypertensive heart disease), cerebrovascular disease, lower respiratory infections, and poisonings and drugs decreased.
- Between 2008 and 2010, the incidence rate of invasive cancers decreased.
- Rates of tooth decay among school children decreased between 2007-08 and 2013-14.

The CHNA identifies two foundational issues contributing to local health needs:
- Economic barriers to health
- Racial health inequities

The CHNA identifies 7 health needs that heavily impact disease and death in San Francisco:
- Psychosocial health
- Healthy eating
- Safety and violence prevention
- Access to coordinated, culturally, and linguistically appropriate services across the continuum.
- Housing stability/homelessness
- Substance abuse
- Physical activity

Foundational Issues

Economic Barriers to Health
Income generally confers access to resources that promote health—like good schools, health care, healthy food, safe neighborhoods, and time for self-care—and the ability to avoid health hazards—like air pollution and poor quality housing conditions. Page 17 focuses on the Economic Barriers to Health that many San Franciscans face. Find additional data on economics and health in the Economic Environment appendix.

Racial Health Inequities
Health inequities are avoidable differences in health outcomes between population groups. Health inequities result from unevenly distributed systematic social, economic, and environmental obstacles that impact risk, prevention, and
treatment of health problems. Pages 18 and 19 focus attention on racial health inequities among Black/African Americans. Additional data on health inequities are found throughout the appendices.

Health Needs

Psychosocial Health
Mental health is an important part of community health. In San Francisco the number of hospitalizations among adults due to major depression exceed that of asthma or hypertension. Presence of mental illness can adversely impact the ability to perform across various facets of life — work, home, social settings. It also impacts the families, caregivers, and communities of those affected. Pages 20-21 focus on psychological distress and major depression in San Francisco. Find additional data on psychosocial health in the City in the Mental Health, Substance Abuse, and Tobacco Use & Exposure appendices.

Healthy Eating
Poor nutrition contributes to 6 of the top 10 causes of death in San Francisco—heart failure, stroke, hypertension, colon cancer, Alzheimer’s, and other dementias—as well as to the 11th top cause of death, diabetes. Page 22 focuses on barriers to healthy eating and drinking. Additional information on healthy eating in San Francisco is found in the Nutrition appendix.

Safety and Violence Prevention
Violence not only leads to serious mental, physical and emotional injuries and, potentially, death for the victim, but also negatively impacts the family and friends of the victim and their community. One out of five residents reports not walking because of fear of violence or crime. Pages 23-24 focus on violent crime and perceptions of safety in San Francisco and their health impacts. Additional data on safety and violence in the City is presented in the Safety appendix.

Access to coordinated, culturally and linguistically appropriate services across the continuum
In 2014, 97,000 residents gained health insurance. However, more than 10% do not have a usual place they go to receive care. Access to services is influenced by location, affordability, hours of operation, and cultural and linguistic appropriateness of health care services. Page 25 presents San Francisco statistics on health care use, barriers to use, and consequences of not having access to quality care. Additional information on health care quality and access is located in the Health Care Access and Quality appendix.

Housing Stability/Homelessness
Sub-standard housing quality, overcrowding, housing instability, and homelessness impact health by decreasing opportunity for self-care (sound sleep, home-cooked food, warmth, hygiene) and increasing risk exposure. Between 2000 and 2012, fair market rents increased by 22% and all-cause evictions are at a 10-year high. Page 26 provides an overview of the housing stressors in San Francisco. Additional information on housing and health is found in the Housing appendix.

Substance Abuse
Substance Abuse including drugs, alcohol and tobacco, contributes to 7 of the top 10 causes of death in the City—lung cancer, COPD, heart failure, stroke, hypertensive heart disease, Alzheimer’s and organic dementias, and poisonings. Pages 27-28 present statistics for substance abuse in San Francisco. Additional data can be found in the Substance Abuse and Tobacco Use and Exposure Appendices.

Physical Activity
A lack of physical activity contributes to 5 of the top 10 causes of death in San Francisco—lung cancer, heart failure, hypertension, colon cancer, dementias—and to the 11th top cause of death, diabetes. Studies have shown that just 2.5 hours of moderate intensity physical activity each week is associated with a gain of approximately three years of life. Data on the amount of physical activity San Franciscans do is presented on page 29. Additional San Francisco data is available in the Physical Activity, Transportation Systems, and Safety Appendices.
The **2016 Community Health Needs Assessment** (CHNA) takes a comprehensive look at the health of San Francisco residents by presenting data on demographics, socioeconomic characteristics, quality of life, behavioral factors, the built environment, morbidity and mortality, and other determinants of health status.

The CHNA is the foundation for each of San Francisco’s non-profit hospitals’ Community Health Needs Assessments and is one of the prerequisites for Public Health Accreditation, which includes: a CHNA, a community health improvement plan, and a strategic plan for population health. The CHNA also informs city planning processes such as San Francisco’s Health Care Services Master Plan.

The San Francisco Health Improvement Partnership (SFHIP) guided CHNA development. SFHIP is a collaborative body whose mission is to embrace collective impact and to improve community health and wellness in San Francisco. Membership in SFHIP includes the San Francisco Department of Public Health, San Francisco’s non-profit hospitals, the Clinical and Translational Science Institute’s Community Engagement and Health Policy Program at UCSF, the San Francisco Unified School District, The Office of the Mayor, community representatives from the Asian and Pacific Islander Health Parity Coalition, Human Services Network, Chicano/Latino/Indigena Health Equity Coalition, and African American Community Health Council, Community Clinic Consortium, Faith-based and other philanthropic partners. SFHIP completes a CHNA once every three years.
The 2016 CHNA was guided by the principles of equity, alignment, promotion of community connections, increasing efficiency, catalyzing and prioritizing action, and understanding assets and alignment of solutions.

The 2016 CHNA collected information on the health of San Franciscans via three methods — Community Health Status Assessment, Assessment of Prior Assessments, and Community Engagement. Through review of the information provided by these sources, SFHIP identified San Francisco’s health needs.

**Community Health Status Assessment**

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. While biology, genetics, and access to medical services are largely understood to play an important role in health, social-economic and physical environmental conditions are now known to be major, if not primary, drivers of health. These conditions are known as the Social Determinants of Health and are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Recognizing the essential role social determinants of health play in the health of San Franciscans, the Community Health Status Assessment examined population level health determinant and outcome variables. We used the San Francisco Framework for Assessing Population Health and Equity (pictured at right), which is a modified version of the Public Health Framework for Reducing Health Inequities published by the Bay Area Regional Health Inequities Initiative to guide variable selection. We ranked and selected available variables based on the Results Based Accountability criteria for indicator selection—communication power (ability to communicate to broad and diverse audiences), proxy power (says something of central significance), and data power (available regularly and reliably), as well as the ability to examine health inequities and current use by stakeholders. In all, 177 variables were analyzed.

We present the results from all analyses in 28 community health data appendices and in the Community Health Data Summary appendix.
Assessment of Prior Assessments

Over the years, a variety of valuable health needs assessments have been completed in San Francisco; therefore, we completed an assessment of assessments to ensure that this existing knowledge was integrated into the CHNA. We identified existing assessments by reaching out to community groups, city agencies and others as well as through internet searches.

We included assessments in the analysis if …
1) they included primary data collection,
2) the primary data was available for San Francisco alone,
3) the primary data was collected in 2010 or later,
4) the data collection methods were identified, and
5) the assessment topic included social determinants of health or health outcomes.

Data extraction and analysis involved description of the populations assessed and the motivations for the assessments, as well as identification of health issues.

The Assessment of Prior Assessments included 21 existing health assessments that engaged community members representing a broad spectrum of San Francisco residents. These assessments identified the following community health needs: safety and violence; drugs and alcohol (including personal addiction and effects on community); access to healthy food; housing; poverty and employment; mental health; and services and resources (health care, food access programs, recreational activity opportunities, education).

Community Engagement

The goals of the community engagement component of the CHNA were to:

- Identify San Franciscan’s health priorities, especially those of vulnerable populations
- Obtain data on populations for which we have little quantitative data
- Build relationships between the community and SFHIP
- Meet the regulatory requirements including the IRS rules for Charitable 501(c)(3) Charitable Hospitals, Public Health Accreditation Board requirements for the San Francisco Health Department, and the San Francisco’s Planning Code requirements for a Health Care Services Master Plan

We worked with community partners to co-host community meetings with target populations. Target populations were selected based on four factors…

1) the population has known health disparities,
2) little information describing the health of the population was available,
3) the population was not included in a recent health assessment, and
4) the population was reachable through an existing community group.

Where possible we joined existing meetings in an effort to increase efficiency and facilitate participation by residents. Successful community engagement would not have been possible without the contributions of our community partners:

- Advancing Justice of the Asian Law Caucus
- African American Art and Cultural Center
- Asociación Mayab
- CARECEN
- Filipino American Development Foundation
- Instituto Familiar de la Raza
- Larkin Street Youth
- LGBT Center
- Native American Health Center
- On Lok 30th Street Senior Center
- Swords to Plowshares
- Transitions Clinic

We facilitated all meetings using two Technology of Participation techniques—Focused Conversation and Consensus Workshop. The main question we asked of participants was What actions can we take— including residents, community groups, and SFHIP—to improve health? Participants were also asked about the assets and barriers which exist in their communities regarding health.

In total, 127 participants attended 11 meetings between July 1st and October 2nd, 2015. Participants came from a variety of backgrounds. The ethnic groups with the largest representation in the meetings were Latino (23 percent), Black/African American (15 percent), White (17 percent), and Asian (12 percent). Other self-reported ethnicities included Arab, Filipino, Jewish, Middle Eastern, and Native American. The majority of participants were female (59 percent).

At the meeting we identified these community health priorities: access to healthy foods and physical activity opportunities, safe and affordable housing, health education and empowerment, economic opportunities, clean and safe parks, restrooms, and other shared environments, and access to health care services which were culturally and linguistically appropriate.

Further details on the methods and findings are available in the Community Engagement Appendix.
Health Need Identification

To identify the most significant health needs in San Francisco, SFHIP steering committee, and SFHIP Community Health Needs Assessment Subcommittee met on October 8, and November 4th, 2015.

Participants identified health needs through a multistep process. First participants reviewed data and information from the Community Health Status Assessment, the Assessment of Prior Assessments, and the Community Engagement, as well as the health priorities from the 2012 Community Health Improvement Plan. Then, using the Technology of Participation approach to consensus development, participants engaged in small group focused discussions about the data. Finally, participants developed consensus on the health needs. (Figure A) Throughout the process needs were screened using pre-established criteria (Figure B).

Through this process two foundational issues and seven health needs were identified. Foundational issues are needs which affect health at every level and must be addressed to improve health in San Francisco.

The two foundational issues identified were:
- Economic barriers to health
- Racial health inequities

The seven health needs identified were:
- Psychosocial health
- Healthy eating
- Safety and violence prevention
- Access to coordinated, culturally and linguistically appropriate services across the continuum
- Housing stability/homelessness
- Substance abuse
- Physical activity

Data describing part of each of the foundational issues and health needs are located in the Major Findings section and in the appendixes.

SFHIP will use the CHNA findings to further prioritize the seven identified health needs and develop goals, objectives and strategies for collaborative action to improve the health of San Francisco residents.

<table>
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<td>1 Individually listing of top health needs</td>
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<tr>
<td>2 Small group discussions on the top health needs to identify similarities and differences</td>
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<tr>
<td>3 Sharing all the health needs identified by the individuals</td>
</tr>
<tr>
<td>4 Clustering the similar health needs into themes</td>
</tr>
<tr>
<td>5 Determining a name for the theme, which is the health need</td>
</tr>
<tr>
<td>6 Comparing and discussing new needs with those from 2012 Community Health Improvement Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Figure B: Health need screening criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health need is confirmed by more than one indicator and/or data source</td>
</tr>
<tr>
<td>Need performs poorly against a defined benchmark(s)</td>
</tr>
</tbody>
</table>

Health needs include health outcomes of morbidity and mortality as well as behavioral, environmental, clinical care, social and economic factors that impact health and well-being.
Population Growth
San Francisco is the cultural and commercial center of the Bay Area and is the only consolidated city and county jurisdiction in California. At roughly 47 square miles, it is the smallest county in the state, but is the most densely populated large city in California (with a population density of 18,187 residents per square mile) and the second most densely populated major city in the US, after New York City.1

Between 2010 and 2014 the population in San Francisco grew by 5 percent to 845,602, outpacing population growth in California (3.9 percent).2 3 By 2030, San Francisco’s population is expected to total nearly 970,000.4

An Aging Population
The proportion of San Francisco’s population that is 65 years and older is expected to increase from 13.7 percent in 2010 to 19.9% in 2030.4 The proportion of the population 75 years and older will increase from 6.9% to 9.8%. At the same time, it is estimated that the proportion of working age residents (25 to 64 years old) will decrease from 63 percent in 2010 to 57.7 percent in 2030. This shift could have implications for the provision of social services.

Ethnic Shifts
In the past 50 years, the most notable ethnic shifts have been a steep increase in the Asian and Pacific Islander population and a decrease in the Black/African American population.5 6 By 2030, growth is expected in the number of multi-ethnic and Latino residents, while the number of Black/African American residents will likely continue to drop.7 The white population is expected to continue to increase in numbers, but will decrease as a percentage of the total population.

Currently, about one third of San Francisco’s population is foreign born and 23 percent of residents speak a language other than English at home and speak English less than “very well.”8 The majority of the foreign born population comes from Asia (64 percent), while 20 percent were born in Latin America, making Chinese (Mandarin, Cantonese, and other) (18 percent) and Spanish (12 percent) the most common non-English languages spoken in the City.

Families and Children
Although San Francisco has a relatively small proportion of households with children (19 percent) compared to the state overall (36 percent), the number of school-aged children is projected to rise.7

As of 2013, San Francisco was home to 58,000 families with children, 29 percent of which were headed by single parents. There were approximately 114,000 children under the age of 18. Although the overall number of children under 18 decreased 7 percent in the last 20 years, the number of school-aged children is projected to rise by 28 percent by 2020.7

The neighborhoods with the greatest proportion of households with children are: Seacrest, Bayview Hunters Point, Visitacion Valley, Outer Mission, Excelsior, Treasure Island, and Portola.
San Francisco Neighborhoods and Zip Codes, 2014

*Additional detail on San Francisco geographies are available in the Using This Report Appendix.
Major Findings

The 2016 Community Health Needs Assessment identified two foundational issues and seven health needs.

The following infographics highlight aspects of each issue and need.

**Foundational Issues**
- Economic barriers to health .................................................. 17
- Racial health inequities .......................................................... 18

**Health Needs**
- Psychosocial health .............................................................. 20
- Healthy eating ....................................................................... 22
- Safety and Violence Prevention ............................................. 23
- Access to coordinated, culturally and linguistically appropriate services across the continuum .................. 25
- Housing stability/homelessness ........................................... 26
- Substance abuse ................................................................. 27
- Physical activity ................................................................... 29
Income generally confers access to resources that promote health—like good schools, health care, healthy food, safe neighborhoods, and time for self care—and the ability to avoid health hazards—like air pollution and poor quality housing.

Low income groups are at greater risk of a wide range of health conditions than higher income groups, and have a shorter life expectancy.\(^1\)

People who live in communities with higher income disparity are more likely to die before the age of 75 than people in more equal communities.\(^2\)

San Francisco has the highest income inequality in California. Between 2007 and 2014, the widening income gap was driven primarily by increasing incomes among the highest earners while incomes among lower earners stagnated.\(^9\)

The wealthiest 5% of households in SF earn 44 times more than the poorest 20% of households.\(^5\)

Low income impacts lifetime health, beginning with pregnancy and birth. Lower-income children in San Francisco experience higher rates of asthma, hospitalization, obesity, and dental caries.\(^10-12\)

In San Francisco, there is significant inequality in household income between races.\(^8\)

For a family of four, the 2015 federal poverty level is $24,250.\(^6\)

14% of children live in poverty.\(^2\)

San Francisco shows significant disparities in unemployment rates between Whites and Black/African Americans.

Less than 5% of White San Franciscans are unemployed.

Almost 18% of Black/African Americans are unemployed.\(^7\)

Black/African Americans are less than half as likely as Whites to have at least a Bachelor’s degree and 5 to 10 times more likely to have less than a high school education.\(^5\)

In San Francisco, median income is over $100k for White household median income and $30k for Black/African American household median income.

Low-birth weight is highest among low-income mothers.\(^13\)
Health inequities are avoidable differences in health outcomes between population groups. Health inequities result from unevenly distributed systematic social, economic, and environmental obstacles that impact risk, prevention, and treatment of health problems.1-2 Health inequities are issues of social justice and human rights.3

**Major Findings**

**Foundational Issues**

Health inequities are avoidable differences in health outcomes between population groups. Health inequities result from unevenly distributed systematic social, economic, and environmental obstacles that impact risk, prevention, and treatment of health problems.1-2 Health inequities are issues of social justice and human rights.3

**Racial Health Inequities**

All San Franciscans do not have equal opportunity for good health.

In San Francisco, a persistent, consistent pattern emerges when examining health data by race and ethnicity: Black/African American (B/AA) residents face the greatest social, economic, and environmental hardships and consequently have the highest rates of acute and chronic disease, injury, and disability, and ultimately lower life expectancy.

<table>
<thead>
<tr>
<th>Unevenly distributed obstacles to health</th>
<th>Variable</th>
<th>White</th>
<th>B/AA</th>
</tr>
</thead>
<tbody>
<tr>
<td>No prenatal care in first trimester6</td>
<td>5%</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Children 0-18 living in poverty7</td>
<td>2%</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>Not exclusively breastfed in first week8</td>
<td>9%</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Child neglect or abuse, age 0-189</td>
<td>3/1,000</td>
<td>36/1,000</td>
<td></td>
</tr>
<tr>
<td>Not proficient on English language</td>
<td>19%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>standard test in 3rd grade9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not meet 5th grade</td>
<td>26%</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>Fitness standards10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not graduate from high school11</td>
<td>16%</td>
<td>63%</td>
<td></td>
</tr>
<tr>
<td>Unemployed12</td>
<td>4%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Arrests13</td>
<td>45%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Homelessness14</td>
<td>39%</td>
<td>36%</td>
<td></td>
</tr>
</tbody>
</table>

*potency = household income <100% FPL

Whites and Black/African Americans make up similar percentages of arrested and homeless persons but there are 7 times more White than Black/African American residents in San Francisco.13

<table>
<thead>
<tr>
<th>Health inequities</th>
<th>Variable</th>
<th>White</th>
<th>B/AA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintended pregnancy6</td>
<td>18%</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>Born Preterm11</td>
<td>7%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Asthma hospitalizations at ages 0-416</td>
<td>11/10,000</td>
<td>72/10,000</td>
<td></td>
</tr>
<tr>
<td>Experienced cavities by kindergarten17</td>
<td>17%</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Overweight or obese by 5th grade18</td>
<td>23%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Overweight/obese as an adult19</td>
<td>33%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Emergency room visits due to assault20</td>
<td>39/10,000</td>
<td>241/10,000</td>
<td></td>
</tr>
<tr>
<td>Diabetes hospitalization16</td>
<td>6/10,000</td>
<td>40/10,000</td>
<td></td>
</tr>
<tr>
<td>Disability18</td>
<td>26%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Major depression hospitalization18</td>
<td>9/10,000</td>
<td>14/10,000</td>
<td></td>
</tr>
<tr>
<td>Have high blood pressure19</td>
<td>18%</td>
<td>47%</td>
<td></td>
</tr>
<tr>
<td>Invasive Cancer21</td>
<td>451/100,000</td>
<td>571/100,000</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis22</td>
<td>3/100,000</td>
<td>22/100,000</td>
<td></td>
</tr>
<tr>
<td>Years of life expectancy23</td>
<td>81</td>
<td>71</td>
<td></td>
</tr>
</tbody>
</table>

On average, Black/African American residents live 10 years less than Whites, 14 years less than Asian and Pacific Islanders, and 11 years less than Latinos(as).23
Hurdles to a healthy life start early in San Francisco.

- **36%** of Black/African American mothers do not receive prenatal care in the first trimester. Only 5% of white mothers do not.  
- **48%** of Black/African American children live in households earning less than 100% of the federal poverty level. Only 2% of White children do.  
- **76%** of Black/African American 3rd graders score lower than proficient on English Language standardized tests. Only 19% of white students do.

Health Inequities also start early in San Francisco.

- **50%** of Black/African American 5th graders are overweight or obese.  
- Black/African American 5th graders are 2 times more likely to be overweight or obese than White 5th graders.  
- **2.4 times more** Black/African American children have cavities by kindergarten than White children.  
- **76%** of Black/African American mothers do not receive prenatal care in the first trimester. Only 5% of white mothers do not.  
- **48%** of Black/African American children live in households earning less than 100% of the federal poverty level. Only 2% of White children do.  
- **76%** of Black/African American 3rd graders score lower than proficient on English Language standardized tests. Only 19% of white students do.

The Black/African American Exodus from San Francisco.  

Since a high of nearly 88,000 in 1970, outmigration has led to notable declines in the Black/African population. Between 1990 and 2005 the Black/African American population decreased by 41% from almost 79,000 to less than 47,000.

The out-migration was largely led by middle and upper middle class Black/African Americans. Between 1990 and 2005, the proportion of very low income households increased from 55% to 68%.

In 2014, Black/African Americans accounted for less than 6% (45,000) of the total population in San Francisco.
Mental Health is part of community health. Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to the community.\textsuperscript{1,2}

Mental illness, by contrast, includes all diagnosable mental disorders or conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and or impaired function. Mental disorders include depression, schizophrenia, anxiety, injuries to the brain, dementias, intellectual disabilities, developmental disorders, and substance abuse.\textsuperscript{1}

Risk factors for mental health disorders include individual (e.g., genetics, stress, thinking patterns) and environmental (e.g., social, cultural, economic) factors.\textsuperscript{1,3,4} Mental illness is elevated among certain vulnerable populations such as the homeless, the incarcerated, and those leaving the child welfare system.\textsuperscript{5,6} Social disadvantage is also a prominent risk factor for mental disorder.\textsuperscript{7,8}

Mental Health is an important part of community health. Mental illnesses, including substance use disorders, are the leading causes of years lived with disability worldwide.\textsuperscript{9} Presence of mental illness can adversely impact the ability to perform across various facets of life — work, home, social settings, and it also impacts the families, caregivers, and communities of those affected.\textsuperscript{4} Depressed youth are more likely to engage in risk-taking behaviors including using drugs, practicing unsafe sex, attempting suicide, and running away from home and are less likely to succeed in school and possibly later life.

Adult psychological distress is reported more often among certain populations. Serious psychological distress is reported by 9\% of adults and some groups experience even greater frequency.\textsuperscript{10}

Lower income residents are 2.5 times more likely to experience distress than residents from wealthier households (10\% compared to 4\%).\textsuperscript{11}

55\% of chronically homeless individuals acknowledge having a psychological or emotional condition.\textsuperscript{12}

Hospitalizations in San Francisco\textsuperscript{14} to treat major depression among adults occurred 1,852 times during the three years between 2012 and 2014.

The number of hospitalizations for major depression exceeded that of adult asthma or hypertension. Major depression hospitalization rates are elevated among Whites, Black/African Americans, and certain age groups:

- **Whites**: 90 hospitalizations/100,000 residents
- **Black/African Americans**: 140 hospitalizations/100,000
- **Adults 18 – 24 years**: 110 hospitalizations/100,000
- **Adults 45 – 64 years**: 110 hospitalizations/100,000

Asian and Pacific Islanders are the least likely to be hospitalized for major depression: 27 hospitalizations/100,000.

23\% of all City residents report needing emotional help and support although some groups less often reported the need.\textsuperscript{13} Only 10\% of Asian and Pacific Islander residents report needing help.\textsuperscript{13}

Hospitalization rates are highest in zip codes 94102 and 94103.
Suicide is the 8th leading cause of death in San Francisco.\textsuperscript{15} 337 San Franciscans committed suicide in the four years between 2010 and 2013. Whites have the highest rates of suicide (19 per 100,000). Despite low hospitalization rates and low reporting of needing help, Asian and Pacific Islanders have the second highest rates of suicide (9 per 100,000). Suicide completion is most common among men (75%). 49 is the average age of death for those who complete suicide.

Depressive symptoms are common among San Francisco school-aged youth. Some groups express greater incidence of prolonged sadness that interferes with usual activities while other groups experience less.

- 53\% of Gay or Lesbian students report prolonged sadness — twice the rate of heterosexual students (24\%).\textsuperscript{16}
- 35\% of Filipino and 37\% of Latino students report prolonged sadness.\textsuperscript{16}
- 26\% of San Francisco high school students report episodes of prolonged sadness.\textsuperscript{16}
- 17\% of Filipino, Latino, and White high school students consider suicide.\textsuperscript{16}
- 13\% of high schoolers and 15\% of middle schoolers consider suicide.\textsuperscript{16}

Addressing high rates of psychological distress requires a culturally sensitive approach. Ethnic groups show differences that are complex and may represent stigma, lack of availability of culturally competent services, or other barriers preventing access to needed preventative and treatment services.

- Asian and Pacific Islander residents report needing help less often and are less often hospitalized for depression, but have the second highest rate of suicide.\textsuperscript{13}
- White residents have higher rates of accessing hospitalization services, but also higher rates of completing suicidal acts.\textsuperscript{14,15}
- Black/African American residents have the highest rate of hospitalization for major depression.\textsuperscript{14}
Good nutrition means getting the right amount of nutrients from healthy foods and drinks. Good nutrition is essential from infancy to old age.

**Many San Franciscans do not eat enough fruits and vegetables.**

*2 out of 3 youth* and *4 out of 5 adults* do not eat 5 or more servings of fruits or vegetables daily.4,5

Many San Franciscans do not drink enough water. 1 out of 3 adults drinks less than 4 glasses of water per day.6

**Many do drink sugary drinks.** 1 out of 3 adults consume at least one sugar sweetened beverage a day.6

**Barriers to Healthy Eating**

Many factors influence healthy eating, including cost and income, food availability, transportation, time, and availability of facilities to store and cook foods, and food preferences. Factors vary across the city and result in neighborhood differences in consumption.

*Many cannot afford healthy foods.* 44% of adults living below 200% of the federal poverty level are not able to afford enough food at some time during the year.8

*Not everyone has access to a kitchen.* According to the American Community Survey, approximately 20,756 occupied housing units in San Francisco do not have complete kitchen facilities.9

*Healthy foods are not evenly distributed across the city.* While some neighborhoods, including Chinatown, have a dense array of food options, others, especially Oceanview/Merced/Ingleside, Bayview Hunters Point, Visitation Valley, and Treasure Island have less access to healthy food outlets.10

*Not cooking is the new normal.* On average, San Francisco area households spend **48% of their food dollars** on foods and non alcoholic beverages prepared away from home, such as meals from restaurants, and school or workplace cafeterias, or vending machines.11

*Unfamiliar fruits and vegetables are scary.* Childcare providers participating in the Child and Adult Care Food Program who serve low income children in San Francisco report that children are unwilling to eat unfamiliar fruits and vegetables.

“Some children just won’t eat the different vegetables...” —Healthy Apple Program, San Francisco Children’s Council

“We offer a lot of fruit and vegetables, but the kids are scared of them...” —San Francisco Food Vendor
Violence not only leads to serious mental, physical and emotional injuries and, potentially, death for the victim, but also negatively impacts the family and friends of the victim and their community. Witnessing violence is linked to lifelong negative physical, emotional and social consequences.1-4

Community violence decreases the real and perceived safety of a neighborhood disrupting social networks by inhibiting social interactions, causing chronic stress among residents who are worried about their safety, and acting as a disincentive to engage in physical activity outdoors.5-8

Children are particularly vulnerable. Witnessing and experiencing violence disrupts early brain development and causes longer term behavioral, physical, and emotional problems, including perpetrating or being a victim of violence, depression, suicide attempts, smoking, obesity, high-risk sexual behaviors, school absenteeism, unintended pregnancy, eating disorders, and alcohol and drug abuse.1-4

Violence is rarely caused by a single risk factor but instead by the presence of multiple risk factors. Some risk factors for violence are: poverty, poor housing, illiteracy, alcohol and other drugs, mental illness, community deterioration, discrimination and oppression, and experiencing and witnessing violence.9-11

Some data suggest an uptick in violence in the home. Since 2008, the rate of 911 calls reporting domestic violence has increased by 21%, to 953 calls per 100,000 residents in 2014. 36% of these calls reported injuries.15

**Violent Crime Rate, 2012–15**
Violent crime rates (shown) and rates of emergency room visits due to assault are highest in the Eastern Half of the City. Residents are less likely to feel safe in these neighborhoods.

**155 males** died violent deaths between 2010 and 2013. Violence is the 6th leading cause of death among Black/African American men in the City. Violence kills men in their prime years. 36 was the average age at death for men who died violently.14

**The number of homicides decreased from 2007 to 2014**

<table>
<thead>
<tr>
<th>Crime</th>
<th>SF</th>
<th>CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Rape</td>
<td>42</td>
<td>24</td>
</tr>
<tr>
<td>Robbery</td>
<td>580</td>
<td>150</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>570</td>
<td>240</td>
</tr>
</tbody>
</table>

*Number of crimes per 100,000 residents.*

**Major Findings**
**Health Needs**
Emergency room visits due to assault
Emergency room visits due to assault increased between 2006–08 and 2012–14.

Perceived Safety in San Francisco
Many do not feel safe in their neighborhoods.

18% of residents feel unsafe walking alone at night.\(^1\)
Women (27%) are 2x more likely to feel unsafe at night than men (12%).\(^1\)

Asians, Latinos, and Black/African Americans are more likely to feel unsafe walking at night than Whites.\(^1\)

Eastern Neighborhood residents are less likely to feel safe
“Drug addicts, alcoholics on the street, especially with grandson. It is not a good environment for them especially right now. Very dangerous, there are shootings at night time.”
— SF resident at CHNA community meeting

The rate of emergency room visits due to assault are highest in the Eastern half of San Francisco.
Healthy People 2020 defines access to health care as “the timely use of personal health services to achieve the best possible health outcomes.”

Access is influenced by availability of providers, location, affordability, hours, and cultural and linguistic appropriateness of health care services. Accessible health care can prevent disease and disability, detect and treat illnesses, maintain quality of life, and extend life expectancy.

From a population health perspective, regular access to quality health care and primary care services also reduces the number of unnecessary emergency room visits and hospitalizations and can save public and private dollars.

While access to health care in San Francisco is better than many other places, significant disparities exist by race, age, and income.

Many San Franciscans do not access health care.

San Francisco’s population now numbers over 850,000 people.

While over 97,000 San Franciscans gained health insurance in 2014 under the Affordable Care Act, an estimated 7.3% of residents, 60,877, still do not have health insurance.

13% do not have a usual place to go for medical care.

41% of adults have not had a routine check-up in the past year.

42% of women ages 18–44 have not received counseling or information about birth control from a doctor or medical provider in the past year.

22% of women with public safety net insurance do not receive timely prenatal care.

35% of adults have not seen a dentist in the past year.

60% of Denti-Cal eligible infants ages 0–3 years do not access to dental care.

41% of adults have not had a flu shot in the past year.

40% of women ages 18–44 have not received counseling or information about birth control from a doctor or medical provider in the past year.

Language barriers and cultural competency of services are serious barriers to receiving quality care.

Those with limited English proficiency are more likely to report problems understanding a medical situation, trouble understanding labels, and bad reactions to medications.

From the community we heard:

“Interpreting for mental health is hard. It makes things more complicated when you have three people in a session.”

“The Arab community is a very diverse community with differing needs... It is important to have infrastructure that understands religion and culture.”

“It’s important to have health professionals who mirror me.”

Young adults 18 to 34 years of age and people of color are less likely to be covered by insurance.

Different Levels of Prenatal Care

In 2012 95% of mothers with private insurance received prenatal care in the first trimester.

Only 78% of those with Medi-Cal received early prenatal care.

Residents covered by public safety net insurance do not receive preventative care at the same rate as those with private insurance.

Preventable Hospitalizations and Emergency Room Visits

While preventable hospitalizations for most causes have decreased over time, preventable hospitalizations for diabetes and hypertension have increased — potentially indicating that these conditions are not being well managed at the population level.

Preventable hospitalizations and ER visits are significantly higher among Black/African Americans compared to all other ethnicities in San Francisco.

Similarly preventable ER visits are much higher among adults 18 to 24.
Shelter is a basic human need. Sub-standard housing quality, overcrowding, housing instability, and homelessness impact health by decreasing opportunity for self-care (sound sleep, home-cooked food, warmth, hygiene) and increasing risk exposure.¹

Housing instability and homelessness compound health risks for vulnerable population groups (e.g. low income, seniors, disabled, mentally ill) in San Francisco.¹

**Housing Affordability**

Between 2000 and 2012, the median rent in San Francisco increased by 22%.³

It takes 6 working adults earning minimum wage to afford a 2-bedroom, market rate apartment.⁵

A typical San Franciscan spends 41% of their income on rent. 22% of all renter households spend more than 50% on rent.⁴

Renter households whose gross rent is 50 percent or more of household income³

- Excluded due to small sample size
- 9.0–17.1%
- 17.2–22.9%
- 23.0–29.4%
- 29.5–37.9%
- 38.0–59.1%

**Major Findings
Health Needs**

<table>
<thead>
<tr>
<th>Quality</th>
<th>Over Crowding</th>
<th>Displacement</th>
<th>Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 2013-15, 81% of the 186 homes inspected as part of the Supplemental Nutrition Program for Women Infants and Children (WIC) had environmental health hazards.³</td>
<td>51,000 people in San Francisco live in crowded conditions.⁴</td>
<td>The number of all-cause evictions have steadily increased since 2010. In 2014–15 there were 2,120 evictions.⁵</td>
<td>Over 7,500 people are homeless in San Francisco. 18% reported eviction, increased housing costs, or foreclosure as the primary reason for homelessness.⁶</td>
</tr>
</tbody>
</table>

Moving can result in the loss of employment, difficult school transition, increased transportation costs, and the loss of health protective social networks.¹

Among the many dangers homeless persons face, including those in temporary housing, safely storing medications, eating healthfully, and going to the doctor are difficult when trying to find a place to sleep each night.⁷,⁸

**Housing budget gaps**

Those who pay more than 30% of their income on housing costs are at risk for foreclosure, eviction, or homelessness if they experience a dip in income.²

Those paying over 50% are at extreme risk.

Spending a high proportion of income on rent also means fewer resources are available for other needs including food, heating, transportation, health care, and childcare.¹

San Francisco Health Improvement Partnership
Major Findings
Health Needs

Substance Abuse

Many factors affect the decision to start and continue using tobacco, alcohol and other drugs.

Factors include: substance abuse among friends and family, poor academic performance, unstable family and social relationships, exposure to abuse, availability, exposure to advertising, mental illness, and poverty.1

The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems. The earlier a person begins to use drugs and alcohol, the more likely he or she is to develop serious problems. Harms associated with substance abuse include: unintended pregnancy and STD transmission, poor academic performance, cognitive functioning deficits, motor vehicle crashes, violence, mental and behavioral disorders (unipolar depressive disorders, epilepsy, and suicide), injury and death.2-8 Unintentional poisoning is now the leading cause of injury death among adults nationwide, surpassing motor vehicle accidents.8 In 2012, alcohol was associated with 31% of motor vehicle crashes.7

Binge drinking is defined as…

five or more drinks for men,
four or more drinks for women,
consumed on one occasion.

50% of men binge drink6
25% of women binge drink6

Substance abuse has serious consequences in San Francisco.

Substance abuse is a risk factor for 7 of the top ten causes of death in the City: lung cancer, COPD, heart failure, stroke, hypertensive heart disease, Alzheimer’s and organic dementias, and poisonings.9

The number of hospitalizations due to acute and chronic alcohol abuse is greater than for diabetes, hypertension, or COPD.10

Between 2012 and 2014, 2,394 hospitalizations and 4,647 emergency room visits resulted from acute and chronic alcohol abuse. That’s 798 hospitalizations and 1,549 emergency room visits per year.10-11

Between 2012 and 2014, the Sobering Center received almost 13,000 Emergency Room diversions due to alcohol intoxication.12

Off-sale alcohol license density and alcohol-related ER visits among adults*11,16

ER visits due to alcohol per 10,000 residents (adjusted)

0.00 – 17.50, 17.51 – 26.11, 26.12 – 70.63

Off-sale alcohol licenses per 1,250 residents

0 – 1, 2 – 3, 4 – 56

*Retail outlets authorized to sell beer, wine, or spirits for consumption off the premises where sold.

Drug and alcohol abuse contribute to homelessness in San Francisco.

18% of homeless persons report drug and alcohol abuse as the primary cause of their homelessness.13

62% of chronically homeless persons have a drug or alcohol abuse condition.13

2 out of 5 San Franciscans binge drink.

39% of San Franciscans binge drink14

33% of Californians overall binge drink14

15% of total food expenditures in the home are for alcohol.15

Drug and alcohol abuse contribute to homelessness in San Francisco.

33% of Californians overall binge drink14

15% of total food expenditures in the home are for alcohol.15

Neighborhoods with the highest density of off-sale alcohol outlets coincide with those with higher rates of hospitalizations and emergency room visits due to alcohol.
Significant gains against smoking have been made, but not everybody has benefitted from tobacco control policies and education campaigns.

Between 1996-2012, the smoking rate declined by 41%. However, 11% of San Franciscans still smoke. Young adults, people of color, low income earners and LGBTQ residents are disproportionately affected by tobacco.

Young adults 18 to 24 years are more likely to smoke than those 25 and older (16% vs 10%).

Gay and Lesbian students are more likely to smoke than their heterosexual peers (11% vs. 9%).

Black women are more than 12 times more likely to be smokers prior to pregnancy than are all other new mothers (12% vs 1%).

Lower income earners are 45% more likely to smoke than those who earn more (14% vs 9%).

Tobacco Retailers and Current Smokers

Districts in San Francisco with higher concentrations of smokers, ethnic minorities, and youths are associated with a higher density of tobacco retailers, despite the fact that all the districts have approximately the same number of residents.

Secondhand smoke is a problem in densely populated San Francisco. In 2014, 40% of residents experienced at least some degree of drifting smoke into their home.

San Francisco spends nearly $400 million a year on tobacco-related costs, including medical expenses, loss of productivity, and secondhand smoke exposure.

Youth in San Francisco are at risk of substance abuse.

28% of SFUSD high school students smoke marijuana. SFUSD students are more likely to smoke marijuana than their national peers (23%).

14% of SFUSD high school students use methamphetamines, inhalants, ecstasy or cocaine.

11% of SFUSD high school students abuse prescription drugs.

10% of SFUSD high school students binge drink.

The Rise of E-cigarettes

There is growing concern that electronic cigarettes may cause addiction among non-smokers and reverse decades of anti-smoking efforts. Between 2011 and 2012, the percentage of youth using e-cigarettes nationally increased from 4.7 to 10%.

In San Francisco 17% of high school students tried e-cigarettes while only 8% used cigarettes.
Consistent with less parking availability, less car ownership, better transit access, sense of safety, and closer goods and services, residents in the Northeast neighborhoods engage in more walking and biking each day than those in Southern neighborhoods.

The average adult in Northeast San Francisco spends 40 minutes per day walking or biking for daily errands, and meets his or her recommended minutes of physical activity with these trips alone.8

In other parts of San Francisco, such as Bayview Hunters Point and Oceanview, the average adult spends as little as 15 minutes walking or biking for transportation.8

Many San Franciscans don’t spend the recommended amount of time doing physical activity.

Scheduled daily physical activity at childcare centers varies from less than 45 minutes to more than 2 hours.4

Fewer than 1 in 5 high school students is active 60 minutes each day.5

Only 25% of adults spend enough time physically active by walking for transport and 33% of by walking for leisure.6

Neighborhood resources for physical activity

Minutes per day spent walking or biking for transportation purposes7

- 14–20
- 21–26
- 27–32
- 33–38
- 39–44

Many San Franciscans don’t walk.

47% of Kindergarten students live within a mile of school, but only 28% of kindergarten students walk or bike to school.7

42% of 5th graders live within a mile of school, but only 25% of 5th graders walk or bike to school.7

The 6 main barriers to walking in San Francisco are: lack of time, violence or criminal activity, unclean sidewalks, hills or steep streets, medical conditions, and speeding vehicles.6

1 out of 3 older adults reports a medical condition as a main barrier to walking.6

14% of adults report not walking because of fear of violence or crime.6

“I pray to god for protection, walking in a dangerous neighborhood counteracts the value and health of walking. I drive more. I fear for my life when I’m on the street.” – SF resident, CHNA community engagement meeting

Regular exercise extends lives.

The World Health Organization (WHO) recommends that children and adolescents, age 5 to 17 years, should do at least one hour of moderate-to-vigorous physical activity daily, while adults, age 18 years and above, should do at least 150 minutes of moderate-intensity physical activity, 75 minutes of vigorous-intensity physical activity, or an equivalent combination of moderate and vigorous activity throughout the week.1

Just 2.5 hours of moderate intensity aerobic physical activity each week is associated with a gain of approximately three years of life.2

Walking is a simple, affordable way for people to get around. A walkable city provides a free and easy way for people to incorporate physical activity into their daily lives as they walk to work, to school, to the market, to transit or other nearby services, or just for fun.3

Regular exercise extends lives.
Community Health Status Assessment


San Francisco Snapshot

1. American Community Survey. 2009-2013


Economic Barriers to Health


4. We defined “middle income” jobs as between 80-120% AMI (per Brookings Institute). In 2014 the 80% AMI for 1 person was $54,350

5. American Community Survey 2009-13


7. American Community Survey 2010-14

8. American Community Survey 2014


10. Office of Statewide Health Planning and Development, Patient Discharge Dataset, 2012-14


12. SFDPH-SFUSD-SFDS Kindergarten Oral Health Screening Program.


Racial Health Inequities


7. Our Children, Our Families Council. Data Report for Our Children,
References

Our Families Council, 2015


11. American Community Survey 2009-13

12. American Community Survey 2010-14


17. SFDPH-SFUSD-SFDS Kindergarten Oral Health Screening Program.


Psychosocial Health


14. Office of Statewide Health Planning and Development, Patient Discharge Dataset, 2012-14

15. California Department of Public Health, Death Statistical Master Files 2009-13

16. Centers for Disease Control and Prevention, Youth Risk
References

Healthy Eating


Safety and Violence Prevention


17. Office of State Health Planning and Development. Emergency Department Dataset. 2012-14


Access to Coordinated, Culturally and Linguistically Appropriate Services Across the Continuum


7. SFDPHSFUSD-SFDS Kindergarten Oral Health Screening Program. 2012

8. Office of Statewide Health Planning and Development, Patient Discharge Dataset, 2012-14
9. Office of Statewide Health Planning and Development, Emergency Department Dataset, 2012-14


**Housing Stability/Homelessness**

3. San Francisco Department of Public Health, Supplemental Nutrition Program for Women Infants and Children

**Substance Abuse**

9. California Department of Public Health, Death Statistical Master Files. 2010-2013
10. Office of State Health Planning and Development. Patient Discharge Dataset. 2012-14

11. Office of State Health Planning and Development. Emergency Department Dataset. 2012-14
15. Nielsen, Nielsen SiteReports. 2014.
16. ABC California Department of Alcohol Beverage Control.
19. YRBS Youth Risk Behavior Surveillance System. 2011-2013
20. CDPH California Department of Public Health, Birth Statistical Master File.
22. San Francisco Department of Public Health, Population Health Division, Environmental Health Section.
Community Health Needs Assessment
Appendices

The following documents can be found in the second half of this report:

Demographics

Community Identified Priorities

Assessment of Assessments

2016 CHNA Community Engagement

Community Health Data

Framework

Community Health Data Summary

Social Determinants of Health and Health Outcomes

Asthma and Chronic Obstructive Pulmonary Disease

Cancer

Cardiovascular Disease and Stroke

Children’s Oral Health

Civic Participation

Diabetes

Economic Environment

Education and Childcare

Foodborne Disease

Health and Wellbeing

Health Care Assess and Quality

Hepatitis B and C

Housing

Influenza and Pneumonia

Mental Health

Mortality

Natural Environment

Nutrition

Physical Activity

Pre-term Births

Safety

Sexual Health

Substance Abuse

Tobacco

Transportation

Tuberculosis

Vaccine Preventable Disease

Weight

Using This Report

References


Physical Activity


7. University of California, Berkeley, San Francisco Unified School District Student Commute Study, Summary of Results:2010-2013

8. San Francisco County Transportation Authority, 2011
Section 3

Chinese Hospital Supplemental Community Health Needs Assessment

Introduction

Affordable Care Act (ACA) added a new section (r) to Internal Revenue Code (IRC) Section 501 that imposes federal requirements to qualify as an IRC Section 501(c)(3) charitable hospital organization. Hospitals that are tax-exempt under IRC Section 501(c)(3) are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy to meet the needs identified through the assessment every three years. The CHNA report and the implementation strategy have to be approved by the governing body.

Chinese Hospital is part of the San Francisco Health Improvement Partnership (SFHIP), which is a collaborative body whose mission is to embrace collective impact and to improve community health and wellness in San Francisco. SFHIP includes the San Francisco Department of Public Health, San Francisco’s non-profit hospitals, the Clinical and Translational Science Institute’s Community Engagement and Health Policy Program at UCSF, the San Francisco Unified School District, the Office of the Mayor, community representatives from the Asian and Pacific Islander Health Parity Coalition, Human Services Network, Chicano/Latino/Indigene Health Equity Coalition, and African American Community Health Council, Community Clinic Consortium, Faith-based and other philanthropic partners. SFHIP completes a CHNA once every three years.

The citywide CHNA conducted by the SFHIP is the foundation for each non-profit Hospital’s community health needs assessment in San Francisco. Since Chinese Hospital primarily serves the Chinese community, we have decided to conduct a supplemental community health needs assessment in addition to the citywide CHNA to specifically look at the subpopulation Chinese Hospital serves.

Community Served by Chinese Hospital Health System

The Chinese Hospital Health System is an integrative health system, consists of Chinese Hospital and Clinics, Chinese Community Health Plan (CCHP), and Jade Health Care Medical Group. Each entity performs an important role in achieving the common goal of providing the community with quality, affordable care that is culturally competent and linguistically appropriate. The community Chinese Hospital serves has a majority of low-income, monolingual or linguistically isolated senior population. Of the inpatient population at Chinese Hospital, 98% are Chinese ancestry, 88% are over the age of 60, and 91% are Medicare/Medi-Cal beneficiaries.

Chinese Community Health Plan (CCHP) is a wholly-owned subsidiary of the Chinese Hospital to provide access to quality, affordable health plans directly to the community. CCHP has or is involved in the administration of over 22,000 members/capitated members in Medi-Cal, Medicare and commercial programs in San Francisco and Northern San Mateo County. Over
67% of its members have chosen Chinese as their primary language. CCHP and Chinese Hospital have a large overlapped patient population – over 50% of Chinese Hospital and Clinics visits are from CCHP members or capitated members. To efficiently reach out to and collect data from the population that best represents the underserved Chinese community, this needs assessment chose to survey the 14,848 Chinese-speaking members of Chinese Community Health Plan.

**Methodology**

A quantitative study was designed to assess the health status, concerns and access among the Chinese population Chinese Hospital mainly serves in San Francisco City and San Mateo County.

**Literature Review**

A literature review of Hospital Financial Assistance Policies & Community Benefit Laws and four reports on San Francisco community health status, including SFHIP “San Francisco Community Health Needs Assessment 2016”, NICOS “San Francisco Excelsior Chinese Community Health Needs Assessment”, San Francisco Department of Public Health “San Francisco Community Health Assessment + Profile”, and Kaiser “San Francisco Community Health Needs Assessment 2013” have been conducted. Chinese/API community demographics has been analyzed and extracted from 2010 Census data. The literature review helps to set the direction and build the framework of our study.

**Chinese Hospital CHNA Supplemental Survey Questionnaires**

The Chinese Hospital CHNA Supplemental Survey consisting questionnaires, was developed mainly based on the findings of a qualitative study “San Francisco Excelsior Health Needs Assessment for Chinese Community”, conducted by NICOS Chinese Health Coalition in 2015. The Survey collects data on health concerns (such as chronic diseases, high risk health behaviors, mental health problems, low health screening rate, and low usage of preventive health services etc.) and expectations of health access (culturally and linguistic appropriate health service, mental health service, health education programs, chronic disease management programs, and urgent care or inpatient services) of community residents; as well as their demographic information, including birth place, age range, sex, marital status, primary and secondary languages, education level, and income level.

A total of 14,848 Chinese-speaking CCHP members out of 22,000 total members were selected to receive the survey questionnaires by mail. A raffle draw of four $250 gift certificates has been used to incentivize participation. The letters were sent out in early November, and a total of 1,570 completed surveys were sent back to Chinese Hospital by November 30, 2016.

**Analysis**

The study utilizes a combination of quantitative and qualitative methods to analyze the data collected from the survey. *IBM SPSS Statistics 24* has been adopted as the primary software to conduct the quantitative analysis. Qualitative data from open-ended questions of the survey were gathered, sorted and summarized as a supplement to the quantitative results.
Community Profile

The top 10 districts most respondents live are Ingleside/Excelsior district (94112), North Beach/Chinatown (94133), Visitacion Valley/Sunnydale (94134), Chinatown (94108), Bayview/Hunter’s point (94124), Parkside (94116), Russian Hill (94109), Hayes Valley/North of Market (94102), South of Market (94103), and Sunset district (94122).
Ingleside – Excelsior District (94112)

<table>
<thead>
<tr>
<th>Zip-code</th>
<th>94112</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>79,407</td>
</tr>
<tr>
<td>Population density</td>
<td>23,768</td>
</tr>
<tr>
<td>Percentage of Population that is foreign born</td>
<td>50.5%</td>
</tr>
</tbody>
</table>

**Population by race**

- Asian: 49%
- Latino: 32%
- White: 14%
- African American: 3%
- Multi-ethnic: 2%
- Native America: 0.10%
- Other: 0.30%

**Chinese population**

- 25,063
- Chinese population percentage: 31.6%

**Per Capita Income**

- $23,5625

**Median Household Income**

- $67,4056

**Percentage of aged 65 years old or older**

- 14.7%

**Low income Household**

- 28%
North Beach/Chinatown (94133)

<table>
<thead>
<tr>
<th>Zip-code</th>
<th>94133</th>
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<tbody>
<tr>
<td>Population</td>
<td>26,237</td>
</tr>
<tr>
<td>Population density (residents per square mile)</td>
<td>20,250</td>
</tr>
<tr>
<td>Percentage of Population that is foreign born</td>
<td>32.9%</td>
</tr>
</tbody>
</table>

Population by race

- Asian: 39%
- Latino: 6%
- White: 49%
- African American: 3%
- Multi-ethnic: 2%
- Native America: 0.1%
- Other: 0.3%
- Chinese population: 12,233
- Chinese population percentage: 46.6%

Per Capita Income: $57,906
Median Household Income: $70,056
Percentage of aged 65 years old or older: 17.6%
Low income Household: 28%
Visitacion Valley/Sunnydale (94134)

- Zip-code: 94134
- Population: 40,798
- Population density (residents per square mile): 16,164
- Percentage of Population that is foreign born: 51.3%

Population by race:
- Asian: 57%
- Latino: 21%
- White: 6%
- African American: 13%
- Multi-ethnic: 2%
- Native America: 0.2%
- Other: 0.2%

- Chinese population: 16,991
- Chinese population percentage: 41.7%
- Per Capita Income: $17,651
- Median Household Income: $44,373
- Percentage of aged 65 years old or older: 13.2%
- Low income Household: 39%
Chinatown (94108)

<table>
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<tr>
<th>Zip-code</th>
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<tr>
<td>Population</td>
<td>13,768</td>
</tr>
<tr>
<td>Population density (residents per square mile)</td>
<td>70,416</td>
</tr>
<tr>
<td>Percentage of Population that is foreign born</td>
<td>75.4%</td>
</tr>
<tr>
<td>Population by race</td>
<td></td>
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<tr>
<td>Asian</td>
<td>80%</td>
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<tr>
<td>Latino</td>
<td>3%</td>
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<tr>
<td>White</td>
<td>13%</td>
</tr>
<tr>
<td>African American</td>
<td>2%</td>
</tr>
<tr>
<td>Multi-ethnic</td>
<td>1%</td>
</tr>
<tr>
<td>Native America</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.1%</td>
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<tr>
<td>Chinese population</td>
<td>6,806</td>
</tr>
<tr>
<td>Chinese population percentage</td>
<td>49.4%</td>
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<tr>
<td>Per Capita Income</td>
<td>$18,573</td>
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<tr>
<td>Median Household Income</td>
<td>$17,630</td>
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<tr>
<td>Percentage of aged 65 years old or older</td>
<td>28.5%</td>
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<tr>
<td>Low income Household</td>
<td>68%</td>
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</table>
Bayview/Hunter’s Point (94124)

<table>
<thead>
<tr>
<th>Zip-code</th>
<th>94124</th>
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<tbody>
<tr>
<td>Population</td>
<td>33,996</td>
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<tr>
<td>Population density (residents per square mile)</td>
<td>6,945</td>
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<tr>
<td>Percentage of Population that is foreign born</td>
<td>33.1%</td>
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Population by race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Asian</td>
<td>33%</td>
</tr>
<tr>
<td>Latino</td>
<td>25%</td>
</tr>
<tr>
<td>White</td>
<td>6%</td>
</tr>
<tr>
<td>African American</td>
<td>33%</td>
</tr>
<tr>
<td>Multi-ethnic</td>
<td>3%</td>
</tr>
<tr>
<td>Native America</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

| Chinese population | 7,513 |
| Chinese population percentage | 22.1% |
| Per Capita Income   | $19,484|
| Median Household Income | $43,151|
| Percentage of aged 65 years old or older | 10.5% |
| Low income Household | 39%   |
Parkside/ Forest Hill (94116)

<table>
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<tr>
<th>Zip-code</th>
<th>94116</th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>43,698</td>
</tr>
<tr>
<td>Population density (residents per square mile)</td>
<td>18,121</td>
</tr>
<tr>
<td>Percentage of Population that is foreign born</td>
<td>43.1%</td>
</tr>
</tbody>
</table>

Population by race

- Asian: 56%
- Latino: 6%
- White: 34%
- African American: 1%
- Multi-ethnic: 3%
- Native America: 0.1%
- Other: 0.2%

Chinese population 18,314
Chinese population percentage 41.9%

Per Capita Income $32,093
Median Household Income $83,144
Percentage of aged 65 years old or older 16.9%
Low income Household 21%
Respondent Demographics

Birth Place

As Chinese-speaking residents are the primary target population of this study, the majority of our respondents are foreign born, only 4% of them are born in the United States. People born in mainland China comprise 80% of our total respondents, followed by Hong Kong born respondents (7.2%). Respondents born in Vietnam (3.2%), Taiwan (1.7%), Philippines (0.6%), and other non-listed countries (3.1%) like Myanmar, Thailand, Indonesia, Korea, and Japan, etc., make up 8.6% of the respondents.

![Respondent by Birth Place](image)

*Figure 1. Percentage of Respondent by Birth Place*

Age, Gender, & Marital Status

About two-thirds of our respondents are aged 65 or above, 28% falls in the age range of 40-64, 7% are between 20-39, and 2% are 19 years old or younger. Female respondents (51%) are slightly more than male (46%). Among all respondents, 74% are married, and 20% are single.
Cantonese is the primary language to 83% of our respondents, followed by Mandarin 8%, English 4%, and other languages 5% (including Chinese dialects e.g. Toisanese, Fukienese, Hakka, etc., and Tagalog, Vietnamese, Spanish, Burmese, etc.). Twenty-one percent of respondents speaks English as a second language, while approximately 75% speaks little or no English at all.
Figure 5. Primary Language Respondents Speak

Figure 6. Secondary Language Respondents Speak

Education Level

Two thirds of respondents reported having a high school education or more, but it is about 20% lower when compares to San Francisco city wide percentage of 86%\(^1\). Twenty-nine percent only has primary school education.

Figure 7. Percentage of Respondents by Education Level

---

\(^1\) The San Francisco Indicator Profile 2007-2014 Project Neighborhood Profile data, available at http://www.sfindicatorproject.org/neighborhoods/compare
Income

Over two-thirds of respondents reported an annual individual income less than $25,000, and about 17% make $25,000 or more a year but less than $50,000. Only 7% has an annual income of $50,000 or more. Apparently, Chinese Hospital serves a low-income community.

Figure 8. Percentage of Respondents by Income Level
Key Findings

Health Concerns

**Figure 9. Popular Health Concerns of the Community**

Chronic diseases including diabetes, heart diseases, lung diseases, high cholesterol, and high blood pressure have been marked as their primary health concern by over half of the respondents. Especially among those who are 65 or older, the percentage exceeds 60%. High blood pressure, high cholesterol, heart disease, and diabetes are the top three health concerns identified by the surveyors. Arthritis, chronic kidney failure, gout, stroke, osteoporosis and some other chronic conditions have also been listed by respondents answering the open-ended question regarding other health concerns.

Low screening rate came as the next biggest health concern of the community (13%). It is also interesting to note that respondents with a higher annual income ($100,000-$199,999) are more concerned about the low screening rate (34.6%).

Low usage of preventive health services, similar to the low screening rate, catches 12% of respondents’ attention, and especially from those with higher annual incomes, between $100,000-$199,999 (27.3%) and $200,000 or more (27.3%).

Smoking is another popular concern among all respondents (9.7%). A significant disparity between male and female respondents have been noticed. Males (15.8%) are two times more than females (4.3%) to identify smoking as a primary health concern.
**Mental health**: it is worrisome to note that more young respondents identified this as a major health concern. 32% of respondents at 19 or younger marked mental health as their primary health concern, compared to the average rate of 9%.

**Other health concerns**: Other health conditions were added by respondents through open-ended questions including arthritis, pain (lower back, leg, foot, knee, nerve, etc.), mobility problems, gastrointestinal problems, respiratory disease, cancer, otolaryngology diseases and disorders, bone problems (osteoporosis, osteophytes), and dementia and Parkinson’s disease.

**Lack of Health Access**

![HEALTH ACCESS](image)

*Figure 10. Lack of Health Access*

**Difficulty accessing urgent care or inpatient services** in their community is the leading concern of more than 16% of respondents in terms of health access. Among the top 10 districts most of our respondents live, the shortage is mostly reported from residents of Parkside/Forest Hill (94116) and Sunset (94122); and followed by residents from Visitacion Valley/Sunnydale (94134) and Bayview/Hunter’s Point (94124) where most of the new Chinese-speaking immigrants reside.

**Lack of access to culturally and linguistically appropriate health services** has mostly been reported in Parkside/Forest Hill (94116), Ingleside – Excelsior District (94112), Visitacion Valley/Sunnydale (94134) and Bayview/Hunter’s Point (94124). This result is aligned with the finding about urgent care or inpatient service access in these communities.
**Insufficient mental health service**: knowing that mental health is one of the primary concerns of respondents aged 19 or younger, it is not surprising to find that this age group of respondents claims the highest demand of access to culturally and linguistically appropriate mental health service, and coaching on communicating with parents, mental support for homosexuals, and stress relief are the priorities specified by them.

**Insufficient culturally and linguistically appropriate health education program** is considered as another key shortage of service by 11% of respondents, while over 32% of respondents that are 19 or younger thinks it’s important to have such education programs in the community. The programs should address topics including sex education, healthy eating and healthy lifestyle, disease prevention, etc. Adults between 20 to 64 expressed interests in learning more on nutrition, elderly care, women’s health, prenatal care, chronic disease prevention, and cancer support, etc. Senior respondents aged 65 or older are mostly interested in getting education in chronic disease management (such as diabetes and cardiovascular diseases), live with cancer, after surgery recovery, etc.

**Lack of culturally and linguistically appropriate chronic disease management program**: as chronic diseases have been identified as a health concern of more than half of respondents, the demand for accessible, culturally and linguistically appropriate chronic disease management programs in those communities has increased. Programs tailored for patients with chronic conditions like diabetes, cardiovascular diseases, pain, urinary problems, etc. have been called for by respondents.

**Lack of other health services** have been listed by respondents including:

1) insufficient Chinese-speaking specialist and physician choices;
2) lack of dental services, traditional Chinese medicine service;
3) lack of affordable wellness programs and fitness programs;
4) limited number of outpatient sites that provide radiology and lab services;
5) lack of elderly care, cancer support, home care, and patient follow-up;
6) lack of online health resources accessible to the public, and routine community health promotion events to raise awareness of health issues, etc;
7) lack of pick-up service for clinic visits.
Section 4
Implementation Strategy 2016

Chinese Hospital prioritizes the community health needs based on the inputs from surveyors and availability of resources. The sources of resources include Chinese Hospital and Chinese Community Health Plan operational and capital budget, federal and other grants, and community donations. Among all the community health needs identified, the following five areas are selected as our priorities to address in the next three years based on the importance rated by the surveyors and resources availability:

1. Expand patient-centered culturally and linguistically appropriate chronic disease management and education programs.
2. Increase culturally and linguistically appropriate mental health services.
3. Expand urgent care access in the areas identified as lacking access to this services.
4. Improve preventive health education and services.
5. Enhance integrative health services.
6. Improve Children’s Dental Health Education and Services
Table 1. Summary of Implementation Strategy

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>How will the need be addressed?</th>
<th>When</th>
<th>Who</th>
<th>Current Status</th>
</tr>
</thead>
</table>
| 1. Expand patient-centered culturally and linguistically appropriate chronic disease management and education programs | • Expand the existing chronic disease management programs to address more chronic conditions that are concerning the Chinese population.  
• Expand the services to all Chinese Hospital clinic sites in San Francisco and Daly City.  
• Expand educational classes on chronic diseases management to all clinic sites  
• Chinese Hospital and SF Hep B Free are working on developing a portal and navigational program, web based and direct hotline; to provide awareness and education about hepatitis B. | Ongoing | J Zhang  
J Wu  
A Sun  
S Fong | Ongoing free one on one diabetes self-management courses provided to diabetes patients  
• Free or low-cost diabetes prevention program for prediabetic patients.  
• Free educational classes offered by CCHRC |
| 2. Increase culturally and linguistically appropriate mental health services | • Create system-wide mental/behavior health services  
• Build/expand educational programs on mental health that are culturally and linguistically appropriate for this population  
• Establishing mental health service at more clinic sites or establishing more partnerships that link mental health services to other social service agencies in the area  
• Incorporate culturally and linguistically appropriate programs and activities that help boost mental health into treatment | Ongoing | J Zhang  
T Kravis  
J Wu  
A Sun | Chinese Hospital together with CCHRC are providing free or low cost mental health classes, stress management workshops, and group gentle fitness classes to communities in Chinatown, Sunset, Excelsior, and Daly City on a regular basis. |
| 3. Expand urgent care access in the areas identified as lacking access to this services. | • Expand clinic operation hours to weekends and after hours.  
• Contract with existing urgent care agencies in the identified areas.  
• Expand telemedicine services for those who can’t access our existing services. | J Zhang | Short of urgent care services |
| 4. Improve preventive health education and services | • Use multimedia approaches for outreaching to raise public awareness of preventive health  
• Provide education programs targeting the Chinese community on the topics of preventive screenings and disease prevention  
• Make bilingual health education resources available to the public online, as well as by printed copies | Ongoing | J Zhang;  
A Sun | Limited sites |
<table>
<thead>
<tr>
<th>Area</th>
<th>Activity</th>
<th>Responsibility</th>
<th>Notes</th>
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<tr>
<td>2.</td>
<td>to certain population have little or no access to the internet. Hold community health promotion events targeting the Chinese population, e.g. free screening day, nutrition counselling, onsite flu shot event, etc. on a routinely basis. Free or low-cost fitness classes can be provided to the community at a convenient location and time.</td>
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<tr>
<td>5.</td>
<td>Provide integrative health services</td>
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<td>6.</td>
<td>Improve children’s dental health education and services</td>
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</table>

**Expanding patient-centered culturally and linguistically appropriate chronic disease management and education programs.**

Among the findings of this assessment, chronic diseases have been identified as the top health concern of the Chinese population in San Francisco. The demand for accessible, culturally and linguistically friendly chronic disease management programs in those communities has greatly increased. Education programs on chronic diseases management are also needed. Chinese Hospital together with has been putting great efforts in building its chronic disease management programs.

Chinese Hospital Patient-Centered Diabetes Programs offer comprehensive diabetes care to the community with a multidisciplinary approach. Our multidisciplinary team consists bilingual primary care doctors, an endocrinologist, nurse practitioners, certified diabetes educators, registered dietitians, care coordinators, medical assistants, a podiatrist and other providers and staff. We also provide American Diabetes Association certified Diabetes Self-Management Education (DSME) to diabetic patients and families. The courses are provided in Cantonese,
Mandarin, and English, and education materials are bilingual in Chinese and English. The center is also expanding its program to serve the pre-diabetic population by adding the bilingual CDC recognized Diabetes Prevention Program.

Chinese Hospital Support Health Services also provides chronic disease management for Chronic Obstructive Pulmonary Disease, Congestive Health Disease, Hepatitis B and other chronic diseases. We will expand to all clinic sites in San Francisco and Daly City.

Chinese Hospital together with Chinese Community Health Resource Center (CCHRC) have been providing free bilingual health education classes on chronic conditions like cardiovascular disease, diabetes, high blood pressure, hepatitis B, etc., to the community at various locations, and the education program has been expanding to meet growing needs of the population.

Chinese Hospital is also a partner and collaborative of the SFCAN (the San Francisco Cancer Initiative). SF CAN is a collaborative effort to reduce cancer in San Francisco by engaging health care systems, government, community leaders and residents. The goal is to decease the incidence of liver cancer in San Francisco. The most common cause of liver cancer is Hepatitis B. Chinese Hospital, with its ongoing efforts to combat Hepatitis B, and established networks in the community; Chinese Hospital SF Hep B Free are working on developing a portal and navigational program, web based and direct hotline; to provide awareness and education about hepatitis B. The information will be provided in English, Cantonese, Mandarin and Vietnamese.

**Increasing Mental Health Education and Services**

From both this assessment and the NICOS Francisco Excelsior Health Needs Assessment for Chinese Community in 2015, we have learned that this population has both a high resistance and a high need for mental health services. Educational programs on mental health that are culturally and linguistically appropriate for this population is highly recommended. Establishing mental health service at more clinic sites or establishing more partnerships that link mental health services to other social service agencies in the area would help make services more accessible to this community. Incorporate culturally and linguistically appropriate programs and activities that help boost mental health into treatment are also encouraged, such as: free or low-cost stress relief workshops, gentle fitness classes like yoga and Tai Chi, etc.

**Expanding urgent care access in the areas identified as lacking access to this services**

Chinese Hospital health system has been working on expanding urgent care services to our serving areas, such efforts include but not limited to the following:

a) Expand clinic operation hours to weekends and after hours.

b) Contract with existing urgent care agencies in the identified areas.

c) Expand telemedicine services for those who can’t access our existing services.

**Improving Preventive Health Education and Services**

This needs assessment has identified that health education is greatly needed for the Chinese population in San Francisco to address the health disparities. Chinese Hospital has opened four community clinics in San Francisco and Daly City to provide preventive care services and
education since 1996. We will continue to assess the needs and expand to the area as needed when resources are available.

Using multimedia approach, for example, Chinese TV or radio channels, newspapers, health plan newsletters targeting the Chinese community, for outreaching and raising public awareness of preventive health is recommended. For example, on the importance of smoking cessation, raising awareness of the preventability of chronic illnesses and encouraging screening and preventive care utilization, as well as promoting healthy diet and exercise among this population.

In addition, Chinese Hospital and CCHRC are developing and expanding its health education programs on preventive screenings, health behavior and healthy lifestyle to address the identified behavioral health concerns, e.g. smoking. Bilingual health education resources need to be made available to the public online, as well as by printed copies to certain population have little or no access to the internet. Community health promotion events targeting the Chinese population, e.g. free screening day, nutrition counseling, onsite flu shot event, etc. can be held on a routine basis. Free or low-cost fitness classes can be provided to the community at a convenient location and time.

Providing Integrative Health Services

Identified from the assessment, there’s a high demand for traditional Chinese medicine and a safe, effective integration of complementary healing modalities among the Chinese population in San Francisco. Drawing from our cultural roots, Chinese Hospital is capable to offer and advance the practice of Chinese Medicine to serve the healthcare needs of people in this community.

Chinese Hospital East West Health Services is a community-based hospital clinic specializing in Chinese Medicine, a holistic system of health based on the philosophy that harmony and balance are the source of wellness. Our providers include licensed acupuncturists, herbalists and massage therapists. We partner with a range of allopathic and complementary health practitioners, researchers, and educators to support our patients in a holistic approach to health. As a supplement, traditional Chinese medicine approaches including acupuncture, cupping, herbs, and massage are being used to treat various health conditions, like diabetes, asthma, infertility, allergy, pain, and many other chronic conditions.

Expanding the service to more Chinese Hospital clinics, other than current locations in Downtown San Francisco and Daly City, and to other Chinese populated communities in San Francisco and San Mateo County, is on the plan. Marketing for traditional Chinese medicine and integrative treatment targeting Chinese population, is highly recommended to promote and introduce the service to the community.

Improving Children’s Dental Health Education and Services

It has been identified by the San Francisco Health Improvement Partnership has identified, that children in the Chinatown neighborhood have the highest incidence of dental caries and cavities, in San Francisco. Chinatown Children’s Oral Health Taskforce has been established with NICOS assuming the leadership role, Chinese Hospital is represented. The role of the taskforce is to help with community outreach and education. The taskforce meets monthly to discuss and plan
for events around Children’s oral health; i.e. health fairs; in addition, accessing day care centers and public schools in and around Chinatown. The taskforce provides and brings about awareness, and education about dental caries, screening, application of varnish and linkage to care (provide information regarding dental home), and provides one-on-one training to community Pediatricians and primary care physicians with young pediatric patients, to perform oral screening for dental caries and cavities and application of fluoride varnish. Chinese Hospital has implemented and continue to implement children’s oral health screening and varnish application to children, at our four neighborhood clinics in San Francisco and Daly City.
Section 5

Evaluation of the 2013 CHNA Implementation Strategy

Based on findings from 2013 Community Health Needs Assessment, Chinese Hospital adopted an Implementation Strategy to address the needs identified. Below is an evaluation of the work Chinese Hospital has accomplished and outcomes achieved.

1. Increase access to appropriate care for San Francisco’s vulnerable population.

   In addition to the three community clinics in San Francisco and Daly City, Chinese Hospital opened a comprehensive outpatient diagnostic center in Daly City in January 2016, to serve the underserved Chinese/Asian and Latino population in San Francisco City and San Mateo County. A building was bought in Richmond District for building a new clinic site, however, due to funding shortage, Chinese Hospital was unable to build the outpatient center.

2. Promote behavioral health, including the integration of behavioral health and medical services.

   In collaboration with Chinese Community Health Resource Center (CCHRC) and NICOS Chinese Health Coalition, Chinese Hospital has provided free or low cost culturally and linguistically appropriate health education programs and wellness programs to the community at various locations in San Francisco, including Chinatown, Sunset District, Excelsior District, and Daly City, on a regular basis.

   Free health education classes/lectures covering topics like chronic diseases, mental health, disease prevention, healthy lifestyle, traditional Chinese medicine, etc. have been provided to the community in 2014 and 2015, capturing 13,021 visits from community participants. A total of 1481 free fitness classes have been provided to CCHP members and Chinese Hospital patients in 2014 and 2015, to improve the overall wellness of the population.

   The Diabetes Self-Management Education Program has provided free bilingual behavior coaching to a total of 550 diabetes patients in 2014 and 2015, on healthy eating, physical activity, and glucose monitoring, through its registered dietitian and endocrinologist. A statistically significant improvement on health behavior and clinical results of blood sugar and cholesterol have been identified after comparing pre and post program data.

   A bilingual Diabetes Prevention Program, recognized by CDC National Diabetes Prevention Program, has been launched in 2016 to serve the pre-diabetic population. The program provides free lifestyle coaching on healthy eating and increasing physical activity, thus to lower the risk of developing type 2 diabetes.

3. Ensure that San Francisco has a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities to support their ability to live independently in the community.
Skilled Nursing Unit with 23 skilled nursing facility beds have been built on the second floor of the new tower of Chinese Hospital. Unfortunately, Chinese Hospital doesn’t have the funding to open the unit.

4. **Ensure that health care providers have the cultural, linguistic, and physical capacity to meet the needs of San Francisco’s diverse population.**

More health providers and staff who are bilingual/trilingual in English, Cantonese, Mandarin, Tagalog, Spanish etc., have been hired to work in Chinese Hospital clinics in those communities, it has improved the cultural and linguistic appropriate service (CLAS) capacity of Chinese Hospital System, and to better serve the community.

Most educational materials and documents in Chinese Hospital, both printed or available online, are bilingual in English and Chinese.

5. **Ensure that San Francisco residents - particularly those without regular car access – have available a range of appropriate transportation options (e.g. public transportation, shuttle services, bile lanes, etc.) that enable them to reach their health care destinations safely, affordably, and in a timely manner.**

The MUNI Chinatown station, which is now under construction, will greatly increase the access to Chinese Hospital in Chinatown. Most of Chinese families help transport their family members to Chinese Hospital for services.

6. **To maximize service effectiveness and cost effectiveness, ensure collaboration between San Francisco’s existing health and social services networks and the community.**

Chinese Hospital sponsors and works closely with Chinese Health Coalition NICOS, which was founded by five of the largest health care organizations in Chinatown to form a unified voice for the Chinese community, to enhance the health and well-being of San Francisco’s Chinese community. We also collaborate with Chinatown YMCA and Sunset Recreational Center to provide free bilingual fitness classes to the community on a regular basis. Chinese Hospital is the major sponsor of Chinese Community Health Resource Center (CCHRC). Together with CCHRC, we provide free bilingual health education to the Chinese community.

7. **Address identified social and environmental factors that impede and prevent access to care, including but not limited to violence and safety issues as well as environmental hazards.**

Chinese Hospital works with CCHRC to provide Patient Navigation Program that helps to increase access of community members to their needed services by providing assistance to community members with limited English skills. The Patient Navigation program services include: assisting patients in locating programs to meet their health care and financial needs, making medical appointments, communicating with health care providers, interpreting documents, arranging transportation for medical appointments, connecting patients to mental health related agencies for psychological counseling,
searching for culturally and linguistically appropriate educational materials and placing patients into existing education programs and public or private social services in the San Francisco Bay Area. Additionally, we also provide in-person seminars, online education and materials on subjects such as injury prevention, personal safety, and violence prevention (elderly abuse, bullying, teen dating violence, child sexual abuse) together with CCHRC.

8. **Facilitate sustainable health information technology systems that are interoperable, consumer-friendly, and that increase access to high-quality health care and wellness services.**

Patient Portal service, through which patients can access to personal health information and send secure messages to their primary care providers from anywhere with an internet connection, has been launched in September 2014. Over 1,000 patients who have had visits to Chinese Hospital or its clinics haven been enrolled in using the service.

9. **Employ a land use framework that responds to needs identified by the Health Care Services Master Plan Task Force (HCSMP TF), both at the time of application and throughout the life of affected projects. The HCSMP TF encourages San Francisco Department of Public Health (SFDPH) and the Planning Department to explore incentives for the development of needed health care infrastructure.**

Chinese Hospital built a new hospital building to meet the new safety standards for healthcare settings and the growing health needs of the community. The new hospital opened in April 2016.

10. **Assess the need for future health care facility development and plan for San Francisco’s evolving health care needs to support “healthy” urban growth.**

Health needs assessment of the community we are serving are being done every three years.

11. **Promote the development of cost-effective health care delivery models that address patient needs.**

Patient-Centered Medical Home model was used to develop our comprehensive diabetes program.

Chinese Hospital expanded outpatient services to more locations of the communities with growing Chinese/Asian population, providing more cost-effective preventive care and chronic disease management service.

*Please refer to Appendix B for 2013 CHNA Implementation Strategy.*
Appendix A: Chinese Hospital Community Health Needs Assessment Survey Questionnaire 2016

What health care needs do you think Chinese Hospital should address? Based on a survey done by NICOS Chinese Health Coalition, we list some areas for your reference, it is ok to choose more than one area. Please feel free to add other health needs that you think are important for our community.

1. Health Concerns
   a) Smoking
   b) Chronic diseases such as diabetes, heart diseases, lung diseases, high cholesterol, high blood pressure, hepatitis B etc.
   c) Low health screening rates
   d) Low usage of preventive services
   e) Mental health
   f) High risk life style choices such as smoking, drinking, drugs, lack of exercise and unhealthy diet
   g) Other health concerns, please describe:

2. Health Access
   a) Lack of access to culturally and linguistically appropriate health services in the community
   b) Insufficient mental health services in the community
   c) Insufficient culturally and linguistically appropriate health education program
   d) Difficulty accessing urgent care or inpatient services
   e) Lack of culturally and linguistically appropriate chronic disease management program
   f) Lack of other services, please describe:

3. Other health needs you think Chinese Hospital should address:

________________________________________________________________
________________________________________________________________

________________________________________________________________
________________________________________________________________

________________________________________________________________
Demographic Data

1. Place of birth:
   ____United State of America
   ____China
   ____Hong Kong
   ____Taiwan
   ____Vietnam
   ____Philippine
   ____Other
   _______________________

2. Age:
   ____19 and younger
   ____20-39
   ____40-64
   ____65 and up

3. Sex:
   ____Male
   ____Female

4. Marital status:
   ____Single
   ____Married
   ____Divorced

5. Primary language:
   ____Cantonese
   ____Mandarin
   ____English
   ____other___________________

6. Secondary language:
   ____Cantonese
   ____Mandarin
   ____English
   ____Other___________________

7. Education level:
   ____elementary school
   ____high school
   ____college
   ____graduate school

8. Income:
   ____$24,999 and lower
   ____$25,000-$49,999
   ____$50,000-$99,999
   ____$100,000-$199,999
   ____$200,000 and up

9. Zip code
   __________________________
東華醫院社區保健需求評估問卷 2016

為了更好地為您服務，東華醫院想要全面了解您的各類健康需求。我們根據華人健康組織聯會的一項調查，列出幾個方面的選項供您參考，您可以作出多項選擇。如果您的需求不在選項內，您可以在最後一個“其他”選項內手動填寫。
1. 健康問題
   a) 吸煙
   b) 慢性疾病，如，糖尿病，心臟病，肺病，高膽固醇，高血壓，乙肝等。
   c) 健康檢查率低
   d) 預防保健的使用度低
   e) 心理健康
   f) 高風險的生活習慣，例如，吸煙，酗酒，濫用藥物，缺乏藥物和不良飲食習慣
   g) 其他健康關注，請描述：

   ___________________________________________________________________________

2. 就醫渠道
   a) 社區內缺乏文化和語言上合適的醫療服務
   b) 社區內缺乏心理健康服務
   c) 缺乏文化和語言上合適的健康教育項目
   d) 急診和住院服務不方便
   e) 缺乏文化和語言上合適的慢性病管理項目
   f) 缺乏其他服務，請描述：

   ___________________________________________________________________________

3. 您覺得還有什麼別的健康保健需求是東華醫院應該為社區解決的：

   ___________________________________________________________________________
基本資料

1. 出生地：
   ___ 美國
   ___ 中國內地
   ___ 香港
   ___ 台灣
   ___ 越南
   ___ 菲律賓
   ___ 其他_____________________

2. 年齡：
   ___ 19 或以下
   ___ 20-39
   ___ 40-64
   ___ 65 或以上

4. 性別：
   ___ 男
   ___ 女

5. 婚姻狀況：
   ___ 單身
   ___ 已婚
   ___ 離婚

6. 母語：
   ___ 廣東話
   ___ 普通話
   ___ 英語
   ___ 其他______________________
Appendix B: Chinese Hospital Community Health Needs Assessment Strategy 2013
### Recommendations

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Will the need be addressed?</th>
<th>Why?</th>
<th>When?</th>
<th>Who?</th>
<th>Status?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase access to appropriate care for San Francisco’s vulnerable populations.</td>
<td>Yes</td>
<td></td>
<td>2016 and ongoing</td>
<td>Chief Out Patient Services and Innovation Officer</td>
<td>2016 and ongoing</td>
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<tr>
<td>Chinese Hospital continues to identify and reach areas that are underserved in our community (City and County of San Francisco). The hospital plans to open a clinic and/or an outpatient diagnostic center in the Richmond District in 2016. A significant portion of Chinese residents of San Francisco live in the Richmond District. Several years ago, Chinese Hospital opened a clinic in the Excelsior District. This district, along with Excelsior/Ingleside district in San Francisco has the highest number of Chinese residents of all districts in San Francisco. Of the clinics serving this area of San Francisco, the Chinese Hospital Excelsior Clinic had the second highest percentage of patients on public insurance assistance (54.7%). This primary care clinic is particularly important as 45% of the families in the Excelsior district have children under the age of 18. Additionally, the majority of patients seen at Chinese Hospital are from Chinatown and the immediate communities surrounding Chinatown. Sixteen percent (16%) of the population in Chinatown is living in poverty.</td>
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<td>Recommendations</td>
<td>Will the need be addressed?</td>
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<tr>
<td>2. Promote behavioral health, including the integration of behavioral health and medical services.</td>
<td>Yes</td>
<td>Chinese Hospital is currently trialing a tele-medicine system in the acute care setting. If this trial is successful, it can be expanded to behavioral health screening and assessment. The issue of mental health illness and treatment has a lot of cultural stigma associated with it and is often difficult to identify. Chinese Hospital through a collaborative effort with Chinese Community Health Resource Center (CCHRC) and NICOS Chinese Health Coalition provides community education regarding behavioral health issues. Mental health subject matter is incorporated into several class curriculums and CCHRC has developed educational materials to address these issues in both adult and teen patient populations. A provider's conference is planned for Spring of 2015 to address mental health and violence issues.</td>
<td>2014</td>
<td>CNO and physician leadership in the Urgent Care Center.</td>
<td>Trial to be completed in 2014.</td>
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<td>Recommendations</td>
<td>Will the need be addressed?</td>
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<td>Who?</td>
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<tr>
<td>3. Ensure that San Francisco has a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities to support their ability to live independently in the community.</td>
<td>Yes</td>
<td>Chinese Hospital has planned 22 skilled nursing beds as part of the new hospital construction. These additional beds will assist in providing a safe transition from the hospital to home for patients discharged from the acute care setting.</td>
<td>The new hospital will open in 2016.</td>
<td>Hospital administration to complete licensing and accreditation requirements with the completion of the construction.</td>
<td>Construction is on target.</td>
</tr>
<tr>
<td>4. Ensure that health care providers have the cultural, linguistic, and physical capacity to meet the needs of San Francisco's diverse population.</td>
<td>Yes</td>
<td>Over 90% of the patients cared for by Chinese Hospital have Chinese as their primary language. Over 90% of the staff employed at Chinese Hospital and the majority of physicians speak Cantonese and/or Mandarin. As the demographics of our patient populations change, we are recruiting bilingual staff in English, Spanish, Tagalog and Vietnamese. Our printed educational materials are currently available in both English and Cantonese.</td>
<td>Ongoing</td>
<td>Human Resources</td>
<td>Ongoing</td>
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<td>5. Ensure that San Francisco residents – particularly those without regular car access – have available</td>
<td>Yes</td>
<td>All of the locations (hospital and clinics) are easily accessible through the public transportation systems within SF. Additionally, the new hospital will provide secure bicycle parking. The central subway</td>
<td>Ongoing and 2016.</td>
<td>Chinese Hospital Administration</td>
<td>Ongoing and 2016.</td>
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<td>Recommendations</td>
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<td>a range of appropriate transportation options (e.g., public transportation, shuttle services, bike lanes, etc.) that enable them to reach their health care destinations safely, affordably, and in a timely manner.</td>
<td>will have a station one block from Chinese Hospital when the construction is completed. This will expand the light rail system to Chinatown.</td>
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<tr>
<td>2. To maximize service effectiveness and cost-effectiveness, ensure collaboration between San Francisco's existing health and social services networks and the community.</td>
<td>Chinese Hospital was one of the founding members of NICOS' Chinese Health Coalition in 1985. This health coalition has more than 30 health and human service organizations working as partners to enhance the health and well-being of the San Francisco Chinese community. A representative of Chinese Hospital serves on the Board of Trustees for NICOS and for the past two years, this representative has been the President of the Board. The board and the leadership of NICOS use research, training, advocacy, coalition-building and program implementation to promote the activities of all member organizations and enhance the services to the community. The current projects and programs for NICOS include: Chinatown Community Health Fair, Chinese</td>
<td></td>
<td>Ongoing</td>
<td>Chief Operating Officer</td>
<td>Ongoing</td>
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<td>Yes, How?</td>
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<td>Community Problem Gambling Project, Chinese Community Self Sufficiency Project, Community Connections Program, Chinatown Disaster Response Project, Family Health Outreach Project, Healthy Children, Healthy Community, and the Chinese Community Health Study. The Board of Trustees for NICOS directs the programs and projects for the organization.</td>
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<tr>
<td>7. Address identified social and environmental factors that impede and prevent access to care, including but not limited to violence and safety issues as well as environmental hazards.</td>
<td>Based on the data collected in the needs assessment, we found the residents of Chinatown and the communities immediately surrounding Chinese Hospital and in the Sunset District feel safer both during the day and night than the general populations feels in San Francisco as a whole. This is not the case in the Excelsior District where people feel less safe. Through our partner, CCHRC, safety issues are addressed through programs on Injury Prevention (pedestrian, road, home, first aid, and etc) and Prevention of Online Fraud (Online security, identity theft prevention, and etc.), Violence Prevention (prevention of physical harm and threats, including emotional abuse, elderly abuse, teen dating violence, bullying and child sexual abuse). Additionally, they also address medication safety (Medication Management and Infant</td>
<td>Ongoing</td>
<td>Hospital Administration</td>
<td>Ongoing</td>
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<td>Recommendations</td>
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<td><strong>CPR and Safety (Infant safety precautions).</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Bilingual materials on safety issues for adults (<a href="http://www.cchcrihealth.org/health/health-education-material/safety">http://www.cchcrihealth.org/health/health-education-material/safety</a>) and teens (<a href="http://www.teensinsource.org/en/health-topics">http://www.teensinsource.org/en/health-topics</a>) can be downloaded at these links.</strong></td>
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<td><strong>Additionally, Chinese Hospital has initiated discussions with the local San Francisco Police district leaders to identify additional ways to improve the safety of the immediate areas surrounding our sites. At Chinese Hospital and the locations immediately adjacent, the hospital security officers patrol 24/7 and also monitor the numerous security cameras located both inside and outside of our facilities.</strong></td>
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<p>| 8. Facilitate sustainable health information technology systems that are interoperable, consumer-friendly, and that increase access to high-quality health care and wellness services. | Yes | June 2016 | The IT teams for Chinese Hospital Chinese Community Health Plan (CCHP) and Chinese Community Health Care Association (CCHCA). | Upgrades are continuing to improve functionality. On target for June 2016. |
| Chinese Hospital has implemented an electronic health record that is interfaced with the other clinical applications (Laboratory, Radiology, Pharmacy, OR, etc.) within the hospital. The platform used by the hospital will be interfaced with the clinical documentation system utilized by many of the physicians who practice at Chinese Hospital. Additionally, CCHRC is providing computer lab training and assisting members of the | | | | |</p>
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<th>Recommendations</th>
<th>Will the need be addressed?</th>
<th>No</th>
<th>When?</th>
<th>Who?</th>
<th>Status?</th>
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<tr>
<td>9. Improve local health data collection and dissemination efforts.</td>
<td>Yes</td>
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<td></td>
<td>How? community in setting up e-mail accounts and learning to navigate the internet.</td>
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<td></td>
<td>No</td>
<td>The development of the HealthShare Bay Area (HSBA) as a central repository for patient information has been placed on hold due to several factors. 1. Many hospitals and physician practices were converting to EHR systems and 2. Lack of funding to support the development of the repository for</td>
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<td>10. Employ a land use framework that responds to needs identified by the Health Care Services Master Plan Task Force (HCSMP TF), both at the time of application and throughout the life of affected projects. The HCSMP TF encourages San Francisco Department of Public Health (SFDPH) and</td>
<td>Yes</td>
<td>Chinese Hospital is building a new hospital tower which will ensure a seismically safe and model hospital for the Chinese community. Expanded services in the new hospital include an MRI, additional CT capability, additional Surgical suites, a women’s health center, expanded outpatient medical therapy services, urgent medical treatment area and other outpatient treatment and diagnostic areas. 22 skilled nursing beds, predominately private acute care patient rooms.</td>
<td>No</td>
<td>San Francisco Chinese Hospital is a member of the Governing Committee for the development of HSBA and will re-engage if the committee reconvenes.</td>
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<td>the Planning Department to explore incentives for the development of needed health care infrastructure.</td>
<td>Yes</td>
<td></td>
<td>No</td>
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<td>11. Assess the need for future health care facility development and plan for San Francisco's evolving health care needs to support &quot;healthy&quot; urban growth.</td>
<td>Yes</td>
<td></td>
<td>No</td>
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<td>Chinese Hospital continues to reach areas that are underserved in our community. The hospital plans to open a clinic and outpatient diagnostic center in the Richmond District in 2016.</td>
<td>Yes</td>
<td></td>
<td>No</td>
<td></td>
<td>2016</td>
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<td>12. Promote the development of cost-effective health care delivery models that address patient needs.</td>
<td>Yes</td>
<td></td>
<td>No</td>
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<tr>
<td>The model used by Chinese Hospital through the clinics and its health plan (CCHP) continue to provide a cost effective method for patients to receive health care in their community. During the recent enrollment period for Covered California, over 15,000 new members enrolled with CCHP. Chinese Hospital serves a significant number of patients with very limited means. Over 90% of the patient served by Chinese Hospital are dual eligible and are covered by Medicare and Medi-Cal plans.</td>
<td>Yes</td>
<td></td>
<td>No</td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Reference

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