



**San Francisco**  
**Community Health Improvement Plan**  
**2021**

## **ACKNOWLEDGMENTS**

The success of the CHIP is due to the vital contribution, support, and guidance of community partners and community-based organizations. Many of these partners are from the Food Security Task Force, Getting to Zero SF, Vision Zero SF, and the Sugary Drink Distributor Tax Advisory Council.

# SAN FRANCISCO COMMUNITY HEALTH IMPROVEMENT PLAN 2021

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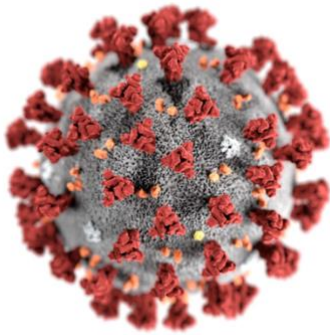
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## INTRODUCTION

COVID-19, starting with the unprecedented Shelter in Place Health Order on March 17, 2020, has dramatically changed City work to focus on the public health emergency response. The length of the response to COVID-19 is uncertain. Aspects of the response are documented here and may result in future measures.

Watching the alarming rate at which curves were going up, on January 21, 2020, with only a single confirmed case in the US, emergency preparedness plans were activated simultaneously at three major San Francisco institutions: the teaching hospital at UCSF Medical Center, San Francisco General Hospital, and the Department of Public Health.

The larger and longer-term response to COVID-19 resulted in the formation of the COVID Command Center (CCC). The purpose of the CCC is to provide a coordinated response to COVID-19, improve communication, and reduce duplicative work. This is the first time such a large cross-cutting group has come together for a public health response.



The CCC includes staff from many county agencies including the Department of Public Health, Department of Emergency Management, Mayor's Office, City Attorneys, Housing Services Authority, Human Rights Commission, Controller's Office, Office of Economic Workforce Development, SFO Airport, etc., along with Community Based Organizations, Universities, and individual volunteers.

COVID-19 has exacerbated health inequities among vulnerable populations such as Black/African American, Pacific Islanders, Native American, and the Latinx communities. In response, the CCC developed an equity component. The Equity Officer provides a culturally competent lens for response information, guidance materials, and outreach to vulnerable communities.

The response to COVID-19 aligns with priorities that arose from the Community Health Needs Assessment (CHNA). The activities address homelessness, isolation and quarantine facilities, hospital bed capacity, and mental health. Examples of City activities under CHNA priorities include:

- **Poverty**
  - Economic recovery funds for small business owners
  - Extended unemployment benefits
- **Racial health inequities**
  - Setting up test and food distribution sites in Latinx and Black African American neighborhoods because they had the most cases
  - San Francisco African American Faith-Based Coalition is helping Black/African American pastors care for their congregations
  - \$28 million of City earmarked for Latinx community
- **Access to coordinated, culturally and linguistically appropriate care and services**
  - Case investigation and contact tracing using culturally appropriate languages

- Benefits and Resource Hub for seniors and people with disabilities to streamline access to social services and maximize service connections
- **Food security, healthy eating, active living**
  - Food distribution to over 4,600 households totaling 16,400 individuals
- **Housing security and an end to homelessness**
  - Hotels and shelters to alleviate crowded housing conditions for those needing isolation or quarantine
  - The City's alternative shelter program has served more than 9,600 people
  - San Francisco's alternative shelter program has provided more shelter-in-place hotel rooms per capita than any county in California
  - Safe areas for homeless encampments to protect people and their belongings
- **Safety from violence and trauma**
  - The Human Rights Commission acquired \$120 million from the San Francisco Police Department for investment in community capacity building
- **Social, emotional, and behavioral health**
  - Meeting mental health needs for community and responders
  - Wellness Officer for CCC staff
  - Helpline for Disaster Service Workers

The San Francisco Community Health Improvement Plan (CHIP) is an action plan that addresses the health and safety needs of San Franciscans. The CHIP is a systematic improvement effort guided by the CHNA, the Social Determinants of Health (SDOH), and health equity. While the 2019 CHNA identified areas for improvement, the CHIP sets forth specific metrics to measure progress on those areas. Currently, community priorities have shifted to focus on addressing COVID-19 health needs. Thus, this CHIP reflects the priorities of the CHNA through the lens of COVID-19.

Below is an overview of the CHIP priorities.

- **Food Security**
  - Food Security means that all people at all times are able to obtain and consume enough nutritious food to support an active, healthy life
  - MEASURE: % of low-income people who are food secure
- **Access to Care**
  - Access to health care is the ability to receive timely care and maximize health outcomes; significant disparities in access to care exists by place, race, language, age, health status, and income
  - MEASURE: # of people newly diagnosed with HIV
- **Active Living**
  - Physical activity is movement of the body; these activities often take place outside along city streets
  - MEASURE: # of traffic fatalities
- **Healthy Eating**
  - A healthy diet that is low in sugar is essential for maintaining good health
  - MEASURE: % of people consuming sugar-sweetened beverages

## PROCESS

The CHIP is based on alignment with the Community Health Needs Assessment. The chosen areas had broad community input through councils, coalitions, and task forces. Throughout the CHIP process, the decisions have been guided by the Social Determinants of Health (SDOH) and the principles of health equity. These are important factors that bring together place-based and structural issues affecting health.

Individuals who contributed were community members and leaders, subject matter experts, and representatives from community-based organizations. Subject matter experts helped describe and define measures for accountability and improvement. Policy and system changes may occur and will be included in the strategies for moving the measure toward the intended target goal.

San Francisco has many assets and resources. San Francisco's strongest asset is the community. The community is involved, active, and influential with City government. Other assets and resources include an abundance of programs that respect cultures and languages, provide social services, health and wellness activities, and access to healthy food and nutrition classes. For more information on community assets in the CHNA, see: <http://www.sfhip.org/chna/community-health-data/community-assets-assessment/>

# FOOD SECURITY

## Background

Food Security means that all people at all times are able to obtain and consume enough nutritious food to support an active, healthy life. The San Francisco Board of Supervisors (BoS) declared that access to safe, nutritious, and culturally acceptable food is a public health issue and a basic human right. (For more information, see

[https://www.sfdph.org/dph/hc/HCAgen/HCAgen2018/Oct%2016/18\\_7Health%20Commission%20resolution%20on%20food%20insecurityv5.pdf](https://www.sfdph.org/dph/hc/HCAgen/HCAgen2018/Oct%2016/18_7Health%20Commission%20resolution%20on%20food%20insecurityv5.pdf) )



The San Francisco Food Security Task Force (FSTF) identified the following groups as being at high risk for food insecurity: low income residents, pregnant women and families with children, transitional aged youth, immigrants, older adults, people with disabilities, and people experiencing homelessness.

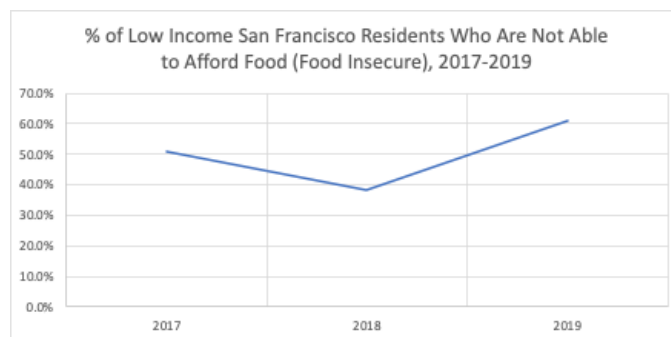
Food security rests on three pillars from the World Health Organization and are used for evaluating food security in San Francisco. **1:**

**Food Resources** - Sufficient financial resources to purchase enough nutritious food, **2: Food Access** - Access to affordable, nutritious, and culturally appropriate foods (from food pantries, meal programs, food retail) and **3: Food Consumption** - Ability to prepare healthy meals and the knowledge of basic nutrition, safety and cooking.

The Food Security Task Force (FSTF) was established in 2005 by the San Francisco Board of Supervisors, charged with the responsibility of creating a city-wide plan for addressing food security. The Task Force is comprised of representatives from San Francisco city agencies, the health care system, community-based organizations that provide food, and community members. For more information on the Food Security Task Force, please see: <https://www.sfdph.org/dph/comupg/knowlcol/FSTF/default.asp>

## Measure

Decrease the % of low-income people who are food insecure by 15% by 2025



Source: 2017, 2018, 2019 California Health Interview Survey, accessed 12/9/2020 11:24 AM

In the data depicted above, the survey was asked of adults whose income is less than 200% of the Federal Poverty Level. Given the current economy and the number of unemployed, this data may change. Fortunately, San Francisco has programs that address all three pillars of food security.

### **Food Resources**

- CalFresh (Supplemental Nutrition Assistance Program - (SNAP)
- Special Supplemental Program for Women, Infants and Children (WIC)
- Healthy Food Purchasing Supplement and Profile of EatSF

### **Food Access**

- Free Groceries/Pantry Network
- Free Dining Rooms
- School Meals
- After School and Summer Meals and Snacks for Youth and Children
- Home-Delivered Groceries, Home-Delivered Meals and Congregate Meals for Seniors and People with Disabilities
- Food Retail and the Healthy Food Retail Program

### **Food Consumption**

- SROs and Kitchens
- Nutrition Education

### **Strategies**

The COVID-19 pandemic has created new food security challenges. The Food Security Group within COVID Command Center developed new food programs and partnerships to address these needs. These included support for food insecure households during isolation/quarantine, a new program to provide restaurant meals for older adults at home, and delivery of meals to people experiencing homelessness. To date, over 4,600 households totaling 16,400 individuals have received food support during their isolation/quarantine period. In addition to the new programs, San Francisco's existing public and private food programs continue to provide access to food services for seniors and other vulnerable populations with meal kits that last several days. The San Francisco Unified School District provides to-go meals at over 25 locations across San Francisco twice a week. SF Marin Food Bank expanded their grocery delivery to 12,000 seniors and people with chronic health conditions; their pantry network doubled the amount of people served. Private food programs serve high-risk communities with direct delivery, pop-up distributions, and pick up at community locations.



# ACCESS TO CARE

## Background



Health care is a major public health issue. Access to care is essential for people living with HIV as well as for those at risk for acquiring HIV. The

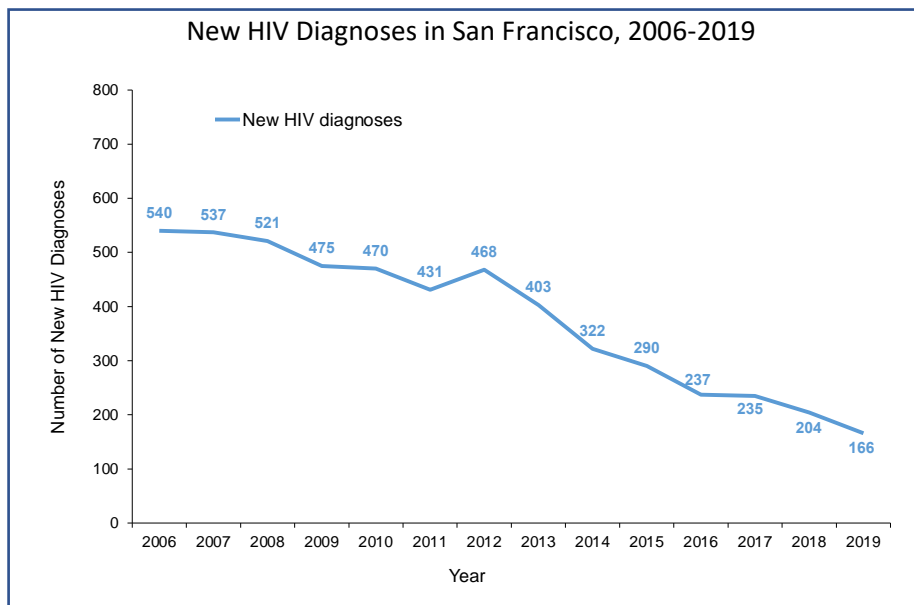
Getting to Zero San Francisco (GTZ SF) initiative is focused on addressing health inequities in new HIV diagnoses and maintaining the health of people living with HIV.

GTZ SF is a consortium of academic institutions, healthcare providers, community-based organizations, the San Francisco Department of Public Health, and members of the community. The mission and vision of GTZ SF is to get to zero HIV infections, zero HIV-related deaths, and zero HIV/AIDS stigma.

## Measure

Decrease the number of new HIV diagnoses by 90% by 2025.

From 2012-2019, San Francisco has seen a dramatic decline in the number of people newly diagnosed with HIV. Yet, disparities and health inequalities persist for African-Americans, Latinx, youth, transgender persons, those who are housing insecure, have mental health conditions, and use substances.



Source: 2019 San Francisco HIV Epidemiology Annual Report

Data from the 2019 HIV Epidemiology Annual Report are encouraging; however, it's not clear what the full impact the coronavirus pandemic will have on San Francisco's progress towards getting zero thus

far. The San Francisco response to the public health emergency has required resources be re-allocated and re-focused towards the prevention and mitigation of COVID-19 transmission in the community, and many community programs reduced or closed services initially in responding to the pandemic. Surveillance data show dramatic declines in HIV and viral load testing for people living with HIV after the March 2020 Shelter-in-Place directive was issued. More recent data show a modest rebound, and, as more clinics within the San Francisco Network and local community-based organizations adapt and safely expand spatial capacity, the expectation is that testing and engagement in the City will increase.

### **Strategies**

Strategies to decrease new HIV diagnoses include the scale-up of pre-exposure prophylaxis (PrEP) uptake, adherence, and persistence of use over time. Focus also needs to be directed at getting people newly diagnosed and those living with HIV onto antiretroviral medications, both for their own health as well as decreasing the likelihood of HIV transmission. GTZ SF has helped launch city-wide efforts to increase provider knowledge and the prescribing of PrEP as well as community awareness and access to PrEP. The RAPID program links people newly HIV diagnosed and those who have fallen out of care into immediate care, including antiretroviral therapy and wrap-around services. City-wide linkage to care and intensive case management programs decrease disparities among people living with HIV.

## ACTIVE LIVING

### Background



Active Living often involves outdoor settings. In San Francisco, road user safety is a strong correlate of safety for residents involved in all forms of active mobility. San Francisco's traffic fatality trends exist in the larger context of a growing residential population and generally growing vehicle miles travelled on city streets.

Vision Zero SF is a task force made up of city agencies, advocacy groups and community members. Their mission is to create safer streets where San Franciscans live, work, and play. City officials, city employees and community members work together on policy, education, engineering, research, and evaluation committed to eliminating traffic fatalities and reducing severe traffic injuries.

In San Francisco over the last three years (2018-2020):

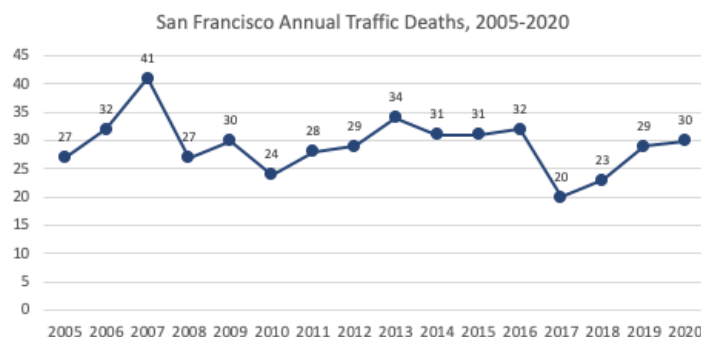
- Seniors account for more than 40% of pedestrian deaths but represent only 15 percent of the city's population
- People experiencing homelessness and marginally housed residents account for 20 percent of pedestrian deaths but represent less than one percent of the San Francisco population
- People of color represent the majority of those impacted by traffic-related fatalities
- Areas with high concentrations of low-income residents, immigrants, non-English speaking residents and seniors experience a disproportionate number of traffic fatalities
- People walking comprise over half of those who die in traffic collisions

Recent infrastructure improvements made in 2020 include updating more than 300 crosswalks to be more visible to drivers and upgrading over 200 signals to allow more time to cross the street or to give pedestrians a head start to cross at an intersection.

### Measure

By 2024, eliminate traffic deaths in San Francisco.

San Francisco's total annual traffic deaths, as seen in the graph below, number between 23 and 30 deaths per year over the last three years.



Source: Vision Zero Action End of Year Fatality Reports, 2005-2020

## **Strategies**


San Francisco has made significant investments in improving traffic safety. The High Injury Network (HIN), developed by the San Francisco Department of Public Health (SFDPH), highlights the 13% of streets where 75% of all fatal and severe traffic injuries occur. This tool informs engineering, enforcement, and education efforts which prioritize saving lives and reducing injuries.

Education and awareness campaigns such as “Safe Speeds” and “Safety - It’s Your Turn” address traffic safety by encouraging drivers to drive at safe speeds and improve left turn safety. These efforts include multi-lingual presentations throughout San Francisco.

The City will continue to make safety improvements to the HIN, including advancing citywide work to add pedestrian visibility zones (daylighting) at 500 intersections, continuing to upgrade signals for slower walking speeds and adding leading pedestrian intervals, reducing speed limits on high injury streets in the Tenderloin, and advancing corridor wide safety improvements through 10 quick build projects in 2021.

## HEALTHY EATING

### Background



**SF's Soda Tax Supports...**

FRESH FOOD IN OUR COMMUNITIES

Learn how SF's penny-per-ounce tax on sugary drinks is helping San Franciscans live their best lives by making it easier to drink more water, eat fruits and vegetables, get exercise and improve oral health.

[www.SodaTaxSF.org](http://www.SodaTaxSF.org)

**SODA TAX SF FOR HEALTH**

A healthy diet that is low in sugar is essential for maintaining good health. The World Health Organization recommends that a healthy diet is comprised of whole foods (fruits, vegetables, legumes, nuts, whole grains) and that added sugars should make up less than 10% of daily intake. Regular sugar sweetened beverage (SSB) consumption increases the risk of cavities, obesity, type 2 diabetes, hypertension, and heart disease. These diseases disproportionately impact Black/African American, Latinx, API and low-income communities in San Francisco.

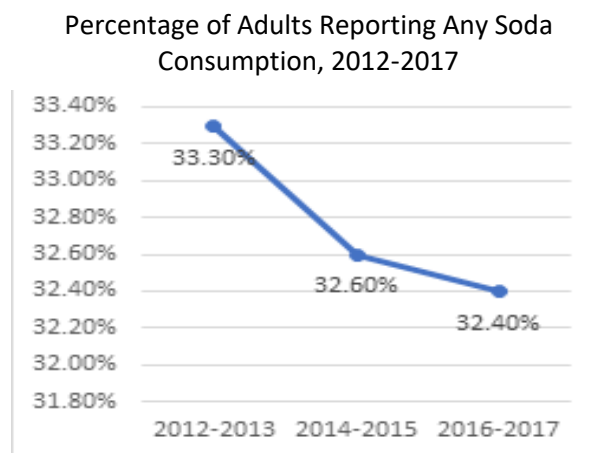
In 2016, San Franciscans passed a tax meant to decrease SSB consumption and create funding to address chronic disease health disparities. In 2016, San Franciscans passed legislation creating the Sugary Drink Distributor Tax Advisory Committee comprised of community members and city agencies. The committee makes recommendations to the Mayor and the Board of Supervisors on revenue expenditures and reports on the effectiveness of the Sugary Drinks Distributor Tax.

For more information, see: <https://www.sfdph.org/dph/comupg/knowlcol/SDDTAC/default.asp>

### Measure

By 2025, San Francisco adults will self-report a decrease in consumption of Sugary-Sweetened Beverages by 5%, from 32.5% to 27.5%

In the following graph, the trend has been going downward in slight increments every other year.



Source: California Health Interview Survey, 2012-2017

## **Strategies**

San Francisco has made significant investments in addressing the reduction of Sugar-Sweetened Beverage consumption. Strategies include policy change and education.

- The Mayor and Board of Supervisors have directed some of the Sugary Drinks Distributor Tax revenue for public health programs, education, and systems changes.
- Access to clean, free water is being increased by installing hydration stations at schools and in the public realm, particularly in neighborhoods with higher prevalence of diet sensitive chronic diseases.

## NEXT STEPS



The CHIP is an iterative process. All of the councils, coalitions, and task forces have agreed to the measures in this document and share responsibility of moving the measures forward to meet the plan's goals. Implementation will include regular communication with partners for reporting and accountability. The overall tracking of progress will be held within the Performance Improvement Team

within the San Francisco Department of Public Health. Annually, community partners will be asked to report on the progress of the measures and the CHIP measures will be revised as necessary. Below is a revision table showing changes that will be made to the CHIP since the start of this plan.

### Revision Table

Date of Revision	What Was Changed	Who Made the Change	Location/Page	Version