Welcome!

Thank you for joining us today. We will get started shortly.

Please change your display name to your first name, last name, and preferred pronouns (ex: Jane Doe, she/her).

1. To change your name, click on the “PARTICIPANTS” button at the top of the Zoom window

2. In the participants list, find and hover your mouse over your name and click the “Rename” button
San Francisco Planning is committed to creating a safe and inclusive environment free from disruption. Hateful speech or actions will not be tolerated. Respectful community participation is critical to a successful project.

**Recording**

Audio, video, and chat will be monitored and recorded.

This presentation will be transmitted live on our Youtube page.

**Audio and Video**

We respect all participants in this convening today and want to create a safe space for all. By default, all participants will be muted, and video is disabled. Video will be on for speakers only.

**Chat**

To participate in the chat, please select the Chat button at the bottom of your screen.
AGENDA

1. Overview
2. SFDPH Community Health Needs Assessment
3. Vision Zero SF
4. Urban Agriculture Program
5. Panel Discussion
san francisco general plan updates

mei ling hui
urban agriculture and community gardens program manager, sf rec and park

ryan reeves
senior transportation planner, sfmta
vision zero program manager

meg wall shui
senior epidemiologist, sf department of public health

shamsi soltani
vision zero epidemiologist, sf department of public health
Interactive Poll

1. Who’s in the room?
2. What issues do you care about?
PLANNING HEALTHY COMMUNITIES
How do you define a healthy community?

Source: Build Healthy Places Network
Health Equity and Healthy Communities

From the American Public Health Association (APHA):

“APHA is dedicated to creating **health equity and healthy communities**. A healthy community can be defined as one that:

- Meets everyone’s basic needs
- Provides supportive levels of economic and social development
- Promotes quality and sustainability of the environment
- Places high value on positive social relationships
Health care is only responsible for 10% of our health status
SOCIAL DETERMINANTS OF HEALTH

The conditions in which we live, learn, work, and play

Source: BARHII
SOCIAL DETERMINANTS OF HEALTH

The conditions in which we live, learn, work, and play

Source: BARHII
PLANNING’S ROLE IN AFFECTING LIVING CONDITIONS

- Inclusionary affordable housing program
- Developing policies to promote housing opportunities for all income levels

- Supporting vibrant neighborhoods
- Improving streets and the public realm

Source: Market Octavia Plan
EXAMPLES OF HEALTHY PLANNING STRATEGIES

POLICIES
- General Plans
- Complete Streets Policies
- Active Design Guidelines

PROGRAMS
- Healthy corner store programs
- Grocery store attraction
- Shared Use of Schools

PRACTICES
- “Health in All Policies” Approach
- Health Impact Assessment
- Advisory Groups (ex: Food Policy Councils, Bike/Ped Commissions)
What Public Health Stakeholders can bring to Planning

• Data
• Breaking down of silos
• New community perspectives
• A focus on equity & health disparities
Green Connections Plan (2014)
Green Connections Plan

- Plan to increase access to parks, open spaces & the waterfront
- Focus on active transportation, urban ecology, public art, community stewardship
- SFDPH conducted a walkability analysis for 6 Economically Disadvantaged Communities using Pedestrian Environmental Quality Index (PEQI)
Meg Wall Shui, Senior Epidemiologist, SFDPH

SFDPH COMMUNITY HEALTH NEEDS ASSESSMENT
SFDPH Community Health Needs Assessment

Megan Wall Shui

Planning for Healthy Communities Brownbag Session – 3/17/2021
San Francisco Department of Public Health’s HIA History

1999
Health Benefits Analysis of 1999 San Francisco Living Wage Law

2003
Preventing Residential Displacement with HIA - Trinity Plaza, SF

2004
Eastern Neighborhoods Community Health Impact Assessment (ENCHIA)
Community Indicator Development
CHNA Quick Overview

- Identifies and describes the health status of San Franciscans and the factors which influence health status through systematic, comprehensive data collection and analysis.

- Completed every 3 years in collaboration with San Francisco Health Improvement Partnership

- Required for DPH Accreditation and Hospital’s IRS non-profit status. Informs the Community Health Improvement Plan and the Hospitals’ Community Benefits Plans.

- Process includes:
  - Community Health Status Assessment
  - Review of Existing Assessments
  - Community Engagement
Community Health Status Assessment

SAN FRANCISCO FRAMEWORK FOR ASSESSING POPULATION HEALTH AND EQUITY

UPSTREAM Root Causes

DOWNSTREAM Consequences

Belief Systems
- Cultural Values
- Social Norms
- Stigma

Living Conditions
- PHYSICAL ENVIRONMENT
  - Land Use
  - Transportation
  - Housing
  - Natural Environment
- SOCIAL ENVIRONMENT
  - Social Cohesion
  - Safety
- ECONOMIC ENVIRONMENT
  - Educational Attainment
  - Employment
  - Income
  - Occupational Safety
- SERVICE ENVIRONMENT
  - Health Care
  - Social Services
  - Education

Health Behaviors
- Nutrition
- Physical Activity
- Tobacco Use
- Alcohol and Other Drugs
- Oral Health
- Sexual Health
- Preventive Care
- Sleep

Psychosocial Factors
- Stress
- Lack of Control
- Reactive Responding
- Resilience

Death

INTERVENTIONS
- Strategic Partnerships
- Advocacy
- Community Building
- Capacity Building
- Community Engagement

EVIDENCE BASED POLICY MAKING

Medical Care

Health Promotion & Prevention
- Case Management

QUALITY OF LIFE FUNCTIONING

CLINICAL HEALTH
- Communicable Disease
- Chronic Disease
- Injury
- Mental Health

Inequality in percentage of population in Air Pollution Exposure Zone, by analysis neighborhood, 2011.
Leading Causes of Premature Death: 2015-2017

10 Leading Causes of Death: # Deaths
- Ischemic Heart Disease
- Cerebrovascular Disease
- Alzheimer’s Disease
- Lung Cancer
- Hypertensive Disease
- COPD
- Drug Use
- Diabetes
- Colon Cancer
- Influenza and Pneumonia

10 Leading Causes of Premature Death: YLLs
- Ischemic Heart Disease
- Lung Cancer
- Cerebrovascular Disease
- Drug Use
- Hypertensive Disease
- Alzheimer’s Disease
- Suicide
- COPD
- Diabetes
- Colon Cancer

Graph showing average age of death and years of life lost.
<table>
<thead>
<tr>
<th>Disease</th>
<th>Asian &amp; Pacific Islander</th>
<th>Black/African American</th>
<th>Latinx</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Primary Dx)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Failure (Primary Dx)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension (Primary Dx)</td>
<td></td>
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</tr>
</tbody>
</table>

Select Hospitalizations by age and race
Modifiable Common Risk Factors for the Leading Causes of Premature Death

Downstream Common Risk Factors

- Tobacco Use and Exposure
- Drug and Alcohol Use
- Physical Activity
- Nutrition
- Safety/Violence
- Mental Health and Wellbeing

Leading Causes of Premature Death In San Francisco

- Lung Cancer
- COPD
- HIV
- Drug Use
- Assault
- Suicide
- Breast Cancer
- Heart Disease
- Cerebrovascular Disease
- Hypertensive Disease
- Colon Cancer
- Liver Cancer
- Prostate Cancer
- Diabetes
- Alzheimer's
Substance Use

Map 3: Age-adjusted Rates of Hospitalizations and ER Visits due to Alcohol Abuse per 10,000 by Zip Code in San Francisco, 2012-2016

Data Source: California Office of Statewide Health Planning and Development.

Map 4: Number of Off-Sale Alcohol Outlets per Square Mile by Analysis Neighborhood, 2017

Outlet Density in San Francisco

16.26

Off-sale alcohol licenses allow for the sale of alcoholic beverages for consumption off the premises (license types 20, 21, 85).
Mental Health

Map 5: Age-adjusted Rates of Hospitalizations and ER Visits due to Depression and Self Injury per 10,000 by Zip Code in San Francisco, 2012-2016

- Depression
- Self Injury
- Emergency Room Visits
- Hospitalizations

Age-adjusted Rate per 10,000
- 6.63
- 30.34

Data Source: California Office of Statewide Health Planning and Development (OSHPD)
Figure 5A: Age-adjusted Rates of Hospitalizations and ER Visits due to Depression and Self Injury per 10,000 by Gender and Race/Ethnicity in San Francisco, 2014-2016

Data Source: California Office of Statewide Health Planning and Development (OSHPD).
Age-Adjusted Rates of Assault Emergency Room Visits per 10,000 Residents (All Ages), 2012 - 2016

Years to include: 2012 - 2016

Ages to Include: All Ages

Age-Adjusted Rate per 10,000

Source: Office of Statewide Health Planning and Development

* Zip code 94104 was excluded due to low population
Crime and Violence

Perceived safety at night: Not safe, by zip code, 2017

Year:
2017

Time of Day:
- Perceived safety during day
- Perceived safety at night

Perception of Safety:
- Not safe
- Safe

Percent (%): 23.83

Source: San Francisco City Survey via DataSF (residents were asked how safe they feel walking alone in their neighborhood during the day and night).

* In 2015, the survey methodology changed from mail to phone in order to reach a more representative sample of San Francisco residents. Therefore, differences in results from years prior to 2015 should be interpreted with caution.

* Empty zip codes have statistically unstable data.
Healthy Eating

Southeast San Francisco and Treasure Island were designated as low income areas with low food access by the USDA.
Healthy Eating

Southeast San Francisco and Treasure Island purchased more soda
Map 3: Age-adjusted Rates of Hospitalizations and ER Visits due to Diabetes Primary per 10,000 by Zip Code in San Francisco, 2012-2016

Data Source: California Office of Statewide Health Planning and Development (OSHPD).
### Mental Health and Substance Use Determinants (Upstream Risk Factors)

Adapted from WHO: Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors. August 27, 2012

*Preconception and prenatal period: The mental health of an individual can be influenced by circumstance occurring before birth. Unwanted pregnancies can raise the chance of risky behaviors during pregnancy and mental health problems later in childhood. Malnutrition, low birth weight, micronutrient deficiencies increase the risk of poor brain development as do the use of tobacco, alcohol and drugs during pregnancy.*
SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP

The San Francisco Health Improvement Partnership (SFHIP) is a cross-sector collaboration designed to improve the health and wellness of all San Franciscans. SFHIP combines into one aligned framework the efforts of three successful community health improvement collaborators: San Francisco’s non-profit hospitals and their Community Benefits Partnership (CBP) and Building a Healthier San Francisco (BHSH) projects; the Clinical and Translational Science Institute at the University of California, San Francisco, which supported the first phase of SFHIP; and the San Francisco Department of Public Health and its community health improvement process.

COMMUNITY HEALTH NEEDS ASSESSMENT

Once every three years the San Francisco Health Improvement Partnership completes a Community Health Needs Assessment (CHNA). The CHNA is the foundation for each San Francisco non-profit hospital’s Community Health Needs Assessment and is one of the requirements for Public Health Accreditation. While the CHNA informs large-scale city planning processes, the intent of this website is to inform the work of all organizations, teams and projects that impact the people of San Francisco. Gaining an understanding of why health outcomes exist here in San Francisco can help guide our efforts towards addressing root causes and developing better interventions, policies and infrastructure.

Go To the Report
Go to the Community Health Data Pages

The San Francisco 2019 CHNA is now online at
www.sfhip.org
Through Vision Zero SF we commit to working together to prioritize street safety and eliminate traffic deaths in San Francisco.
SAN FRANCISCO ADOPTED VISION ZERO IN 2014
PEOPLE MAKE MISTAKES: NO ONE SHOULD DIE WHEN THEY DO

TRADITIONAL APPROACH

- Traffic deaths are INEVITABLE
- PERFECT human behavior
- Prevent COLLISIONS
- INDIVIDUAL responsibility
- Saving lives is EXPENSIVE

VISION ZERO

- Traffic deaths are PREVENTABLE
- Integrate HUMAN FAILING in approach
- Prevent FATAL AND SEVERE CRASHES
- SYSTEMS approach
- Saving lives is NOT EXPENSIVE
LOWERING SPEED SAVES LIVES

If hit by a person driving at:

- **20 MPH**
  - Person Survives the Collision: 90%
  - Results in a Fatality: 10%

- **30 MPH**
  - Person Survives the Collision: 60%
  - Results in a Fatality: 40%

- **40 MPH**
  - Person Survives the Collision: 20%
  - Results in a Fatality: 80%

Seniors are more vulnerable at any given speed.
ONE IS TOO MANY: 30 TRAFFIC-RELATED DEATHS IN 2020

<table>
<thead>
<tr>
<th>Year</th>
<th>People Killed While Walking</th>
<th>People Killed While Biking</th>
<th>People Killed in Vehicles</th>
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<td>11</td>
<td>1</td>
<td>16</td>
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<td>2006</td>
<td>14</td>
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<tr>
<td>2020</td>
<td>12</td>
<td>2</td>
<td>16</td>
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</tbody>
</table>

Vision Zero adopted

Least deadly year in history

Second-least deadly year in history
SEVERE AND FATAL INJURY BY DATA SOURCE (2013-2015)

59% Linked Police and Hospital (N=883)
28% Hospital Only (N=11)
7% Police Only (N=104)
6% Medical Examiner (N=96)

N = 1,494 severe and fatal transportation-related injuries.
SFPD = San Francisco Police Department collision reports, 2013-2015.
ZSFG = Zuckerberg San Francisco General Hospital data linked to Emergency Medical Services data, 2013-2015.
31% of Surface Streets

51% of the High Injury Network
Injury Segments in Priority Areas:

- 75% of severe/fatal injuries
- 57% on the VZ High Injury Network
- 35% on Traffic Calm-able Streets

Priority Areas: Where Seniors and People with Disabilities Live and Travel, e.g.:

- Census Tracts with the highest 1/3 of population density
- Senior Centers
- Public Libraries
- Paratransit Drop Off/Pick Up Locations
- Public Health Facilities
DEEPENING COMMUNITY ENGAGEMENT

NEW IDEAS
Share your ideas for new Vision Zero action items.
This idea is for:
- Safe People
- Safe Streets
- Safe Vehicles

Name and Organization (optional):
COMPLEMENTARY CITY GOALS AND TRANSFORMATIVE POLICIES

- Urban Speed Limit Setting
- Speed Safety Cameras
- Pricing and Reducing Vehicle Miles Travelled
- Local Regulation Of Transportation Network Companies
PARTNERSHIP: CITY, COMMUNITY + REGIONAL, STATE
ACKNOWLEDGEMENTS
Thank you!

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MORE INFORMATION:
VISIONZEROSF.ORG
TRANSBASE.SFGOV.ORG
Mei Ling Hui, Urban Agriculture and Community Gardens Program Manager

URBAN AGRICULTURE PROGRAM
If you build it, they will come ... but will they stay?

Designing Community Gardens for Social Cohesion

Mei Ling Hui
Urban Ag and Community Gardens Program Manager
San Francisco Rec and Park
communitygardens@sfgov.org
3 Squash plants

- N1: Rake aside bark
  Dig in soil booster
  Plant 2 tomato plants

- S1: Remove remaining barks
  Improve soil.
Rule #1: The Zucchini Bread Rule
Rule #2: The dog poop rule.
SFRPD Community Gardens Program
A change of focus . . .

Original Program 2004 -2017

• Landlord/Lessee relationship with gardens
• 10 gardens highly underutilized
• Broad stroke rules/policies
• Limited $$ resources
• .5 FTE with occasional intern support
• 10-15 public inquiries/month
• 3 Garden Resource Days served 425 people
• 8 workshops/year
• 1700+ people on just over 1,000 plots on fewer than 10 acres of land.
Revised Program 2017- present

• Repairs focused initially on safety and gathering spaces
• Rules based on site needs
• 3 full time and 3 part time staff; additional position to staff UARC in summer 2021.
• Program support – leadership, education, conflict resolution, resource procurement, volunteer work groups
• 6 Garden Resource Days; 748 people, 79 yards of compost, 24 yards of mulch, 997 plants and 96 tool care demos
• 18 workshops: composting, pruning, food preservation, tool care, propagation, gardening 101
• 2650 active gardeners; 3 new gardens opened
• 3,564 adults, 978 youth served for a total of 14,353 recreation hours provided
• Waitlist and weekly inquiries for resources growing
Looking ahead . . . .

- Urban Ag Resource Center
- Partnership with UCCE (Master Gardeners, Master Food Preservers, 4-H Youth Development)
- Grant funding for major repairs/rebuilds
- Expanded staffing – UARC, garden liaisons
- New gardens opening
- Technical support for other agencies managing/planning community gardens
PANEL DISCUSSION
General Plan Virtual Events

March 15-19 & March 22-26, 2021
https://sfplanning.org/general-plan

Two weeks of workshops on:
- Housing Element
- Environmental Justice Framework
- Safety Element
- Transportation Element
- General Plan 101
- Racial and Social Equity Plan
- And more!
THANK YOU

sfplanning.org/general-plan