sfhip

2025 | SAN FRANCISCO

COMMUNITY HEALTH NEEDS ASSESSMENT

Table of Contents

Executive Summary	**2**
Introduction	**10**
What is a CHNA?	11
This Year's CHNA	12
Connection to past CHNAs	13
CHNA Partners	14
Methods Summary	14
Our Community	**17**
Community Description	18
Communities' Strengths	21
Our Community's Health Needs	**23**
Access to Care	24
Behavioral Health	33
Economic Security	39
Conclusion	**48**
Appendix	**50**
Detailed Methods	51
2022 CHNA Health Need-Related Hospital Initiatives	52
SFHIP Focus Group Discussion Guide	56
Kaiser Permanente Key Informant Interview Guide	57
Numeric Information for Maps	59

Executive Summary

The San Francisco Community Health Needs Assessment (CHNA), guided by the San Francisco Health Improvement Partnership (SFHIP), is an opportunity to connect with communities and hear about their strengths, health concerns, and suggestions for how things can be done differently to improve our community's health.

San Francisco is a bustling, diverse city, with a rich history. What keeps communities healthy are their cultural connections, trusted organizations, and collaborative efforts to promote well-being. The strong overall indicators of health and wealth, however, are paired with deep inequalities; communities acknowledge that continuous resilience takes its toll on vulnerable groups, highlighting the need for systemic change to support health equity that uplift community connected interventions.

In that spirit, this SFHIP CHNA report explicitly recognizes protracted patterns of health disparities and seeks to elevate community-driven solutions. Using insights from community conversations and quantitative data summarizing the health trends and disparities for San Francisco, community voice clearly coalesced around three health needs, shaped by two foundational issues.

Foundational Issues

The CHNA identifies two issues contributing to local health needs and highlighting the context in which we want all of solutions to be considered:

Equity: Health equity means ensuring everyone can achieve their best possible health, no matter their background or circumstances. It depends on both personal actions and broader policies that support fair access to health opportunities.

Community: A strong sense of community—rooted in shared history, culture, and relationships—is essential to health and resilience. Rebuilding social connections through inclusive policies and community engagement helps counter isolation and supports a healthier, more equitable San Francisco.

Health Needs

Access to Care. Access to healthcare included aging, culturally responsive services, disability, oral health, and transportation. In San Francisco, access is shaped by affordability, provider availability, transportation, and cultural responsiveness, with disparities persisting in historically neglected marginalized communities. Barriers like language access, financial hardship, and limited providers contribute to delayed or inadequate care, especially for aging populations and those with disabilities. Addressing these challenges requires equitable, community-centered solutions, including wraparound services, culturally responsive providers, and expanded preventive care in underserved areas.

Behavioral Health. Behavioral health includes mental health and substance use and is shaped by emotional, social, and environmental factors. Access to resources, socioeconomic status, housing conditions, and trauma all impact behavioral health. In San Francisco, where the cost of living is high and access to behavioral health specialists are limited, communities face increased risks. The environments in which people live, learn, work, socialize, worship, and age influence overall health, functioning, and quality of life.

Economic Security. Economic security includes education, employment, food security, housing and homelessness, and income. It is essential for accessing basic resources like food, healthcare, education, transportation, and housing. In San Francisco, the high cost of living makes it difficult for many residents to afford necessities which further exacerbates financial hardships and impacts housing, food, education and mobility.

Conclusion

San Francisco residents emphasized that their greatest strength lies in community and connection. By centering lived and learned experiences, policies, programs, and services can be more effective, equitable, and responsive to community needs. Residents possess firsthand knowledge of the challenges they face, as well as the strengths and resources within their communities — insights that external decision-makers may overlook. Many under-resourced communities navigate structural inequalities that are not always fully recognized by those outside their lived reality. When their voices are valued in decision-making processes, trust and engagement grow, fostering greater participation and collective ownership of solutions. Elevating lived and learned experiences ensures that diverse voices are heard, leading to more inclusive, community-driven solutions.

Additionally, shifts in policy structures at the highest levels pose a threat to the community connectedness that supports the health of individuals, families, neighborhoods, and our city. As resources are reallocated, the growing demand for community services and healthcare professionals will become even harder to meet. In this changing landscape, community-based organizations, advocates, and residents will play an increasingly vital role in maintaining the strength and well-being of their communities.

Resumen ejecutivo

La Evaluación de Necesidades de Salud Comunitaria (Community Health Needs Assessment, CHNA) de San Francisco, guiada por la Asociación para la Mejora de la Salud de San Francisco (San Francisco Health Improvement Partnership, SFHIP), es una oportunidad para conectarse con comunidades y conocer sus fortalezas, inquietudes de salud y sugerencias sobre cómo se pueden hacer las cosas de manera diferente para mejorar la salud de nuestra comunidad.

San Francisco es una ciudad con ajetreo y diversidad, enriquecida por su historia. Las comunidades se mantienen saludables gracias a sus conexiones culturales, organizaciones de confianza y esfuerzos colaborativos para promover el bienestar. Sin embargo, aunque hay buenos indicadores generales de salud y riqueza, existen desigualdades profundas; las comunidades reconocen que la resiliencia continua afecta a los grupos vulnerables, lo que pone de relieve la necesidad de un cambio sistémico que respalde la igualdad en la salud y promueva intervenciones conectadas con la comunidad.

Con ese fin, en este informe de CHNA de la SFHIP, se reconocen explícitamente patrones prolongados de desigualdades de salud para enfatizar las soluciones impulsadas por la comunidad. Utilizando las perspectivas de las conversaciones comunitarias y los datos cuantitativos que resumen las tendencias y desigualdades de salud en San Francisco, la comunidad se unió para alzar la voz con respecto a tres necesidades de salud, basadas en dos problemas fundamentales.

Problemas fundamentales

En la CHNA, se identifican dos problemas que contribuyen a las necesidades de salud locales y destacan un contexto en el que queremos que se consideren todas las soluciones:

Igualdad: La igualdad en la salud significa garantizar que todos puedan alcanzar su mejor estado de salud posible, independientemente de sus orígenes o circunstancias. Depende de las acciones personales y de políticas más amplias que respalden el acceso equitativo a oportunidades de salud.

Comunidad: Un fuerte sentido de comunidad —arraigado en la historia, la cultura y las relaciones compartidas— es esencial para la salud y la resiliencia. Reconstruir las conexiones sociales a través de políticas inclusivas y participación comunitaria ayuda a contrarrestar el aislamiento y respalda una mayor salud e igualdad en San Francisco.

Necesidades de salud

Acceso a la atención médica. El acceso a la atención médica incluyó envejecimiento, servicios culturalmente sensibles, discapacidad, salud bucal y transporte. En San Francisco, el acceso está determinado por la asequibilidad, la disponibilidad de proveedores, el transporte y la capacidad de respuesta cultural, con desigualdades persistentes en comunidades históricamente marginadas y desatendidas. Barreras como el acceso al idioma, las dificultades financieras y los proveedores limitados contribuyen a una atención retrasada o insuficiente, especialmente para las poblaciones de edad avanzada y las personas con discapacidades. Abordar estos desafíos requiere soluciones equitativas y centradas en la comunidad, incluidos servicios integrales, proveedores culturalmente receptivos y atención preventiva ampliada en áreas marginadas.

Salud conductual. La salud conductual incluye la salud mental y el consumo de sustancias, y está influenciada por factores emocionales, sociales y ambientales. El acceso a recursos, el estatus socioeconómico, las condiciones de vivienda y las experiencias traumáticas afectan la salud conductual. En San Francisco, donde el costo de vida es alto y el acceso a especialistas en salud conductual es limitado, las comunidades enfrentan mayores riesgos. Los entornos en los que las personas viven, aprenden, trabajan, socializan, practican su fe y envejecen influyen en la salud, el funcionamiento y la calidad de vida en general.

Seguridad económica. La seguridad económica incluye educación, empleo, seguridad alimentaria, vivienda y falta de vivienda, e ingresos. Es esencial para acceder a recursos básicos como alimentos, atención médica, educación, transporte y vivienda. En San Francisco, el alto costo de vida hace que sea difícil para muchos residentes pagar necesidades, lo que exacerba aún más las dificultades financieras y afecta la vivienda, los alimentos, la educación y la movilidad.

Conclusión

Los residentes de San Francisco remarcaron que su mayor fortaleza radica en la comunidad y la conexión. Centralizar las experiencias vividas y aprendidas, las políticas, los programas y los servicios puede ser más efectivo, equitativo y receptivo para las necesidades de la comunidad. Los residentes conocen de primera mano los desafíos que enfrentan, así como las fortalezas y los recursos dentro de sus comunidades; no obstante, es posible que los responsables externos de la toma de decisiones ignoren estas perspectivas. Muchas comunidades con recursos insuficientes atraviesan desigualdades estructurales que no siempre son completamente reconocidas por las personas ajenas a esa realidad. Cuando sus voces se valoran en los procesos de toma de decisiones, la confianza y el compromiso crecen, y se fomenta una mayor participación y propuesta colectiva de soluciones. Resaltar las experiencias vividas y aprendidas garantiza que se escuchen voces diversas, lo que conduce a soluciones más inclusivas e impulsadas por la comunidad.

Además, los cambios en los niveles más altos de estructuración de políticas representan una amenaza para la conexión comunitaria que respalda la salud de las personas, las familias, los vecindarios y nuestra ciudad. A medida que se reasignan los recursos, la creciente demanda de servicios comunitarios y profesionales de atención médica será aún más difícil de satisfacer. En este panorama cambiante, las organizaciones comunitarias, los defensores y los residentes desempeñarán un papel cada vez más esencial para mantener la fortaleza y el bienestar de sus comunidades.

Executive Summary

Ang San Francisco Community Health Needs Assessment (CHNA), na ginagabayan ng San Francisco Health Improvement Partnership (SFHIP), ay isang pagkakataon upang makakonekta sa mga komunidad at marinig ang tungkol sa kanilang mga kalakasan, alalahanin sa kalusugan, at mga suhestyon kung paano magagawa ang mga bagay sa ibang paraan para mapabuti ang kalusugan ng ating komunidad.

Isang lungsod na abala at maraming uri ng tao ang San Francisco, na may mayamang kasaysayan. Ang nagpapanatiling malusog sa mga komunidad ay ang kanilang mga kultural na koneksyon, pinagkakatiwalaang organisasyon, at tulong-tulong na pagsisikap na maisulong ang kagalingan. Ang malakas na pangkalahatang mga nagpapahiwatig ng kalusugan at kayamanan, gayunman, ay ipinares sa malalim na hindi pagkakapantay-pantay; kinikilala ng mga komunidad na ang patuloy na katatagan ay nagdudulot ng pinsala sa mahihinang grupo, na binibigyang-diin ang pangangailangan para sa sistematikong pagbabago para masuportahan ang pantay na kalusugan na nagpapasigla sa mga interbensyon na konektado sa komunidad.

Sa ganoong diwa, partikular na kinikilala ng ulat ng SFHIP CHNA na ito ang matagal nang mga pattern ng mga pagkakaiba sa kalusugan at naglalayong itaas ang mga solusyon na isinusulong ng komunidad. Gamit ang mga insight mula sa mga pag-uusap sa komunidad at quantitative data na nagbubuod sa mga nauuso at pagkakaiba sa kalusugan para sa San Francisco, malinaw na nagsasama-sama ang boses ng komunidad sa tatlong pangangailangang pangkalusugan, na hinubog ng dalawang pangunahing isyu.

Mga Pangunahing Isyu

Tinutukoy ng CHNA ang dalawang isyung nag-aambag sa mga lokal na pangangailangang pangkalusugan at binibigyang-diin ang konteksto kung saan gusto naming isaalang-alang ang lahat ng solusyon:

Pagkakapantay-pantay: Ang pagkakapantay-pantay sa kalusugan ay nangangahulugan ng pagtiyak na makakamit ng lahat ang kanilang pinakamahusay na posibleng kalusugan, anuman ang kanilang background o kalagayan. Depende ito sa mga personal na aksyon at mas malalawak na patakaran na sumusuporta sa patas na pag-access sa mga pagkakataong pangkalusugan.

Komunidad: Ang isang malakas na pakiramdam ng komunidad—na nakaugat sa ibinahaging kasaysayan, kultura, at mga relasyon—ay mahalaga sa kalusugan at katatagan. Muling pagbuo ng mga koneksyong panlipunan sa pamamagitan ng mga inklusibong patakaran at pakikipag-ugnayan sa komunidad ay nakakatulong na kontrahin ang pagkakahiwalay at sumusuporta sa isang mas malusog, mas pantay na San Francisco.

Mga Pangangailangan sa Kalusugan

Access sa Pangangalaga. Kasama sa pag-access sa pangangalagang pangkalusugan ang pagtanda, mga serbisyong tumutugon sa kultura, kapansanan, kalusugan ng bibig, at transportasyon. Sa San Francisco, ang pag-access ay hinuhubog ng pagiging abot-kaya, pagkakaroon ng provider, transportasyon, at kultural na pagtugon, na may mga pagkakaiba-iba na nagpapatuloy sa mga dati nang napapabayaang minamaliit na komunidad. Ang mga hadlang tulad ng pag-access sa wika, kahirapan sa pananalapi, at limitadong mga provider ay nag-aambag sa pagkaantala o hindi sapat na pangangalaga, lalo na para sa mga tumatandang populasyon at mga may kapansanan. Ang pagtugon sa mga hamong ito ay nangangailangan ng pantay, nakasentro sa komunidad na mga solusyon, kabilang ang mga panlahatang serbisyo, mga provider na tumutugon sa kultura, at pinalawak na pang-iwas na pangangalaga para sa mga lugar na kulang sa serbisyo.

Kalusugan ng Pag-uugali. Kasama sa kalusugan ng pag-uugali ang kalusugan ng pag-iisip at paggamit ng substance at hinuhubog ng mga bagay na emosyonal, panlipunan, at pangkapaligiran. Ang access sa mga resource, socioeconomic status, mga kundisyon ng pabahay, at trauma ay nakakaapekto lahat sa kalusugan ng pag-uugali. Sa San Francisco, kung saan mataas ang halaga ng pamumuhay at limitado ang access sa mga espesyalista sa kalusugan ng pag-uugali, nahaharap ang mga komunidad sa mas mataas na panganib. Ang mga kapaligiran kung saan ang mga tao ay namumuhay, natututo, nagtatrabaho, nakikihalubilo, sumasamba, at edad ay nakakaimpluwensya sa pangkalahatang kalusugan, paggana, at kalidad ng buhay.

Seguridad sa Ekonomiya. Kasama sa seguridad sa ekonomiya ang edukasyon, trabaho, seguridad sa pagkain, pabahay at kawalan ng tirahan, at kita. Mahalaga ito para sa pag-access ng mga pangunahing resource tulad ng pagkain, pangangalaga sa kalusugan, edukasyon, transportasyon, at pabahay. Sa San Francisco, ang mataas na halaga ng pamumuhay ay nagpapahirap sa maraming residente na maabot ang mga pangangailangan na lalong nagpapalala sa mga paghihirap sa pananalapi at nakakaapekto sa pabahay, pagkain, edukasyon at pagkilos.

Konklusyon

Binigyang-diin ng mga residente ng San Francisco na nasa komunidad at koneksyon ang kanilang higit na kalakasan. Sa pamamagitan ng pagsentro sa mga naipamuhay at natutunang karanasan, maaaring maging mas epektibo, pantay-pantay, at nakatutugon sa mga pangangailangan ng komunidad ang mga patakaran, programa, at serbisyo. May personal na kaalaman sa mga hamon na kanilang kinakaharap ang mga residente, pati na rin ang mga lakas at resource sa loob ng kanilang mga komunidad — mga insight na posibleng hindi mapansin ng mga external na tagapagpasya. Ninanabiga ng maraming komunidad na kapos sa resource ang mga hindi pagkakapantay-pantay sa istruktura na hindi laging ganap na kinikilala ng mga nasa labas ng realidad ng kanilang buhay. Kapag pinahahalagahan ang kanilang mga boses sa mga proseso ng paggawa ng desisyon, lumalaki ang tiwala at pakikipag-ugnayan, na nagpapaunlad ng higit na pakikilahok at sama-samang pagmamay-ari ng mga solusyon. Tinitiyak ng pagtataas ng mga naipamuhay at natutunang karanasan na maririnig ang iba't ibang boses, na humahantong sa higit na inklusibong mga solusyon na isinusulong ng komunidad.

Dagdag pa, ang mga pagbabago sa mga istraktura ng patakaran sa pinakamataas na antas ay nagdudulot ng banta sa pagkakaugnay ng komunidad na sumusuporta sa kalusugan ng mga indibidwal, pamilya, kapitbahayan, at ng ating lungsod. Habang muling inilalaan ang mga resource, magiging mas mahirap tugunan ang lumalaking pangangailangan para sa mga serbisyo sa komunidad at mga propesyonal sa pangangalagang pangkalusugan. Sa nagbabagong landscape na ito, ang mga organisasyong nakabatay sa komunidad, tagapagtaguyod, at mga residente ay may gagampanang higit na mahalagang papel sa pagpapanatili ng kalakasan at kabutihan ng kanilang mga komunidad.

執行摘要

舊金山社區健康需求評估（San Francisco Community Health Needs Assessment，簡稱 CHNA）是由舊金山健康改善合作組織（San Francisco Health Improvement Partnership，簡稱 SFHIP）所指導的報告，提供機會與社區建立連結，並聽取它們的優勢、健康議題，以及如何透過不同方式改善社區健康的建議。

舊金山是一座繁華、多元的城市，擁有豐富的歷史。維持社區健康的因素，包括文化連結、值得信賴的機構，以及促進健康福祉的合作努力。然而，整體強大的健康和財富指標，卻潛藏著深層的不平等問題；社區坦承，持續的復原恢復力，對弱勢族群造成嚴重影響，因此強調需要進行系統性變革，方能支持健康平等度，進而促進與社區相關的干預措施。

秉持此等精神，這份 SFHIP CHNA 報告明確指出長期的健康差距模式，並尋求改善社區導向的解決方案。透過社區對話的洞察分析，以及概述舊金山健康趨勢和差距的量化資料，社區具體提出了由兩個根本問題形成的三大健康需求。

根本問題

CHNA 歸納出兩個當地健康需求的主要原因，並強調需要考量所有的解決方案：

公平：健康公平意味著確保每個人都可以達到最佳健康狀態，無論其背景或處境為何。這不僅仰賴個人行動，更需透過更廣泛的政策支持，以確保獲得平等的健康機會。

社區：強烈的社區意識—深植於共同的歷史、文化和關係—對健康和恢復力至關重要。透過包容性政策和社區參與重建社群連結，有助於改善孤立情況，並支持舊金山變得更健康、更公平。

健康需求

照護取得。醫療照護取得包括老年、文化回應服務、身心障礙、口腔健康和交通服務。在舊金山，照護取得取決於負擔能力、照顧提供者的可得性、交通和文化反應，在長期以來被忽視的邊緣化社區中，差距仍然存在。語言可及性、財務困難和照護提供者有限等障礙，導致照護延遲或不足，對老年族群與身心障礙者影響尤為顯著。要解決這些挑戰，便需要公平、以社區為中心的解決方案，包括提供 Wraparound 服務、培育具文化反應的提供者，以及在服務不足的地區擴展預防性照護。

行為健康。行為健康包括心理健康和藥物濫用，且會受情緒、社會和環境因素影響。資源取得、社會經濟狀況、居住環境狀況和創傷，都會影響行為健康。在舊金山，高昂的生活費用及有限的行為健康專家資源，使社區面臨更高的健康風險。人們生活、學習、工作、社交、信仰和老化的環境，會影響整體健康、功能和生活品質。

經濟安全。經濟安全包括教育、就業、食物安全、住房與無家可歸狀態以及收入。取得基本資源至關重要，例如：食物、醫療照護、教育、交通和住房。在舊金山，高昂的生活成本使許多居民難以負擔必需品，這進一步加劇了財務困難，並影響了住房、食物、教育和行動能力。

結論

舊金山居民強調，他們最大的優勢在於社區和人際連結。聚焦於社區的生活與學習經驗，有助於使政策、計畫與服務更具成效、公平性，並更能回應社區的需求。居民擁有應對挑戰的第一手知識，加上社區內的優勢和資源，這些都是外部決策者可能忽視的見解。許多資源不足的社區面臨結構性的不平等，而身處社區之外的人往往難以充分體會到這些問題。當他們的聲音在決策過程中受到重視時，信任和參與度就會隨之提升，進而促進群體投入並掌握解決方案的主導權。重視生活和學習的經驗可確保聽到不同的聲音，進而帶來更具包容性、以社區為導向的解決方案。

此外，最高層級的政策結構轉變，對社區連結度構成威脅，而社區連結正是支持個人、家庭、社區和城市健康的重要因素。隨著資源重新分配，對社區服務和醫療照護專業人士的需求日益增長，將變得更加難以滿足。在這個不斷變化的環境中，社區組織、倡導者和居民在維護社區的優勢和福祉方面，將扮演越來越重要的角色。

INTRODUCTION

The 2025 Community Health Needs Assessment was guided by the San Francisco Health Improvement Partnership (SFHIP). Through focus group and interview conversations with community members and a synthesis of quantitative health indicators, three health needs emerged: access to care, behavioral health, and economic security; shaped by two foundational issues: equity (ensuring that everyone has a fair and just opportunity to achieve their highest level of health) and community (actively supporting and celebrating the relationships that contribute to healing and resilience).

Land Acknowledgement. *We acknowledge that we are on the unceded ancestral homeland of the Ramaytush (Rahmytoosh) Ohlone (O-lon-ee) who are the original inhabitants of the San Francisco Peninsula. As the Indigenous stewards of this land, and in accordance with their traditions, the Ramaytush Ohlone have never ceded, lost, nor forgotten their responsibilities as the caretakers of this place, as well as for all peoples who reside in their traditional territory. As guests, we recognize that we benefit from living and working on their traditional homeland. We wish to pay our respects by acknowledging the Ancestors, Elders, and Relatives of the Ramaytush Ohlone community and by affirming their sovereign rights as First Peoples*

What is a CHNA?

The Affordable Care Act (ACA) requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years. The IRS code for Charitable Hospital Organizations, Section 501(r)(3)(A), is where this requirement is enshrined in law. To meet these requirements, the CHNA must:

- Define the community it serves
- Assess the health needs of that community
- Take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of, or expertise in, public health
- Be made widely available to the public

In addition to fulfilling these requirements, the CHNA is the foundation for each San Francisco non-profit hospital's Community Health Needs Assessment and one of the requirements for Public Health Accreditation. While the CHNA informs large-scale planning processes for healthcare systems, the intent of this report is to inform the work of all organizations, teams, and projects that affect health in San Francisco. We hope that hearing from the community will guide the priorities of San Francisco's healthcare institutions, policies, and practices, and further SFHIP's vision of **healthy people, healthy families, healthy communities: living, learning, playing, earning in San Francisco**.

This Year's CHNA

The San Francisco CHNA is an opportunity to connect with communities and hear what brings them strength, what health concerns they have, and their suggestions for how things can be done differently to improve our community's health. This report explicitly recognizes protracted patterns of health disparities and seeks to elevate community-driven solutions that interrupt these patterns.

Using insights from community conversations and quantitative data summarizing the health trends and disparities for San Francisco, community voice clearly coalesced around three health needs, shaped by two foundational issues:

Foundational Issues

The CHNA identifies two foundational issues contributing to local health needs and highlighting the context in which we want all of solutions to be considered:

Equity. Health equity ensures that everyone has a fair and just opportunity to achieve their highest level of health, regardless of their background or circumstances. It is supported by both individual actions (e.g., health behaviors, treatment by health professionals) and the structural and institutional policies and practices that promote access to health opportunities for all. Information about opportunities to improve on health equity are integrated throughout the discussion of health needs and solutions.

Community. Connections to our history, culture, and one another are fundamental to both individual wellbeing and the health of our broader community. Strong community ties provide a sense of belonging, identity, and shared purpose, all of which contribute to healing and resilience.[1] When we come together, we create spaces where people can support one another, access resources, and engage in meaningful relationships that promote both personal and collective health. These connections, however, face growing threats. The isolation that began during the COVID-19 pandemic disrupted social bonds, leaving many without the support networks they once relied on. Additionally, perceived competition for resources and the fear of aggression can create barriers to trust and collaboration, negatively impacting health and deepening existing disparities. To foster a healthier city, we must actively support and celebrate the relationships that connect us. Strengthening social ties through cultural engagement, community-building, and inclusive policies ensures that everyone has the opportunity to thrive, and that San Francisco is a more equitable, resilient, and vibrant community where all people can live their healthiest lives.

Health Needs

The CHNA elevates three health needs, each of which incorporates additional health issues considered connected and/or important to address as part of improving our community's health:

Access to Care: including aging, culturally responsive services, disability, oral health, and transportation

Behavioral Health: including mental health and substance use

Economic Security: including education, employment, food security, housing and homelessness, and income

The health needs we elevated — access to care, behavioral health, and economic security — reflect long-standing disparities impacting communities that have been historically marginalized, including Black, Indigenous, Latino, Asian American, Pacific Islander, Southeast Asian, and other communities of color, as well as low-income and immigrant populations. These groups face systemic barriers shaped by racism, xenophobia, colonialism, and unequal resource distribution. By centering these broad yet urgent needs, we create space for healthcare institutions to take both independent and collaborative actions that drive meaningful change. This report continues to connect identified needs with solutions that reflect the lived experiences of the communities most affected.

Connection to past CHNAs

Community Health Needs Assessments have been instrumental in magnifying the health needs of San Francisco communities for more than a decade. Throughout the history of SFHIP CHNAs, the elevated health needs have focused on the social determinants of health that underpin many common health concerns among San Francisco residents as well as the inequities in prevalence and care among our diverse communities.

Below we outline health needs identified in past SFHIP Community Health Needs Assessments:

2022 CHNA (link)

Health Needs
- Access to care
- Behavioral health
- Economic opportunity

Foundational Issues
- Structural racism
- Inequity

2019 CHNA (link)

Health Needs
- Access to coordinated, culturally, and linguistically appropriate care and services
- Food security, healthy eating, and active living
- Housing security and an end to homelessness
- Safety from violence and trauma
- Social, emotional, and behavioral health

Foundational Issues
- Poverty
- Racial health inequities

2016 CHNA (link)

Priority Health Needs
- Access to care
- Behavioral health
- Healthy eating and physical activity

Health Needs
- Access to coordinated, culturally and linguistically appropriate services across the continuum
- Healthy eating
- Housing stability/homelessness
- Physical activity
- Psychosocial health
- Safety and violence prevention
- Substance abuse

Foundational Issues
- Economic barriers to health
- Racial health inequities

2013 CHNA

Health Needs
- Ensure safe and healthy living environments
- Increase access to high-quality healthcare and services
- Increase healthy eating and physical activity

Almost all CHNAs — including this current one — identified similar health needs, specifically access to care, behavioral health, and economic conditions. Despite their persistence, health systems have focused significant attention on implementing community suggested solutions, focusing on holistic, collaborative and culturally inclusive, long term approaches. A summary of recent initiatives that SFHIP organizations have taken to improve access to care, behavioral health, and economic security is included in the chapter for each of those health needs, and full listing is included in the appendix.

CHNA Partners

This CHNA was guided by the **San Francisco Health Improvement Partnership** (SFHIP), whose mission is to improve community health and wellness through collective impact. SFHIP is comprised of mission-driven anchor institutions, health equity coalitions, the **San Francisco Department of Public Health** (SFDPH), funders, and educational, faith-based, healthcare, and other service provider networks. This year's CHNA process was facilitated by **Harder+Company Community Research** (Harder+Company), an independent California-based evaluation company with expertise in community participation. More information about these organizations is in the *CHNA Leadership* section of the appendix.

Methods Summary

Data Collection and Analysis

To assess community strengths, health needs, and suggested solutions, we used both experiential insights and empirical data. Community insights were shared between May and September 2024, through six focus groups and 14 key informant interviews conducted as part of the Kaiser Permanente CHNA. Below we outline the group and participant affiliations:

African American Health Equity Coalition

- Community members from the African American Health Equity Coalition

Asian & Pacific Islander Health Parity Coalition (APIHPC)

- APA Family Support Services
- Chinatown YMCA
- Community Youth Center
- NICOS Chinese Health Coalition
- Northeast Medical Services (NEMS)
- On Lok Senior Services
- Richmond Area Multi-Service Agency (RAMS)
- Southeast Asian Development Center
- UCSF Center for Community Engagement

Chicano/Latino/Indígena Health Equity Coalition (CLI)

- Central American Resource Center (CARECEN)
- Instituto Familiar de la Raza
- San Francisco AIDS Foundation
- San Francisco Mission District neighborhood
- UCSF Center for Community Engagement
- UCSF Clinical and Translational Science Institute

Community Clinics

- BAART Community Healthcare
- Curry Senior Center
- Mission Neighborhood Health Center
- San Francisco Community Clinic Consortium

Health Insurers

- Anthem Blue Cross
- Canopy Health
- San Francisco Health Plan (SFHP)
- UCSF Health

People with Disabilities

- San Francisco Human Services Agency, Department of Disability and Aging Services
- Support for Families of Children with Disabilities
- San Francisco Disability Business Alliance

Key Informant Interviews conducted as part of the Kaiser Permanente CHNA

- APA Family Support Services
- Bayview Hunters Point YMCA and Hope SF
- FAACTS Coalition (Booker T Washington Community Services and Farming Hope)
- Homeless Prenatal Program
- Larkin Youth Services
- Mission Neighborhood Centers
- On Lok Senior Services
- San Francisco African American Faith Based Coalition
- San Francisco Community Clinic Consortium
- San Francisco Department of Public Health
- San Francisco Human Rights Commission
- San Francisco Unified School District
- San Francisco AIDS Foundation
- Transgender District and San Francisco Community Health Center

The focus groups centered around the three Health Equity Coalitions to provide information on their clients, participants, and community members. Recognizing the trusted and culturally concordant relationship that these groups have with and within their communities was also a way for the CHNA to instill equity into the overall process by including them as partners, not only as focus group participants but also members of SFHIP.

The focus group and interview discussion guides are included in the Appendix. All discussions were online, in English; participants received a $50 gift card for participation. The conversations were recorded, professionally transcribed, and entered into the qualitative research software Dedoose. We made a list of all the mentioned community strengths, health needs, and suggested solutions, and tallied in how many of the 20 discussions (i.e., 6 focus groups plus 14 interviews) each was brought up.

Numerical data was used to contextualize community input and provide background on the demographics and health of San Franciscans. These came from myriad publicly available data portals and reports, including those published by the San Francisco Department of Public Health and the City and County of San Francisco. The specific sources are cited for each data point. For all metrics, we used the most recently available data that included as many race/ethnicity groups as possible. This highlights an important opportunity to strengthen data collection and reporting in ways that better capture the health needs of all communities, even — or especially — those that are considered "small"; many disparities are likely invisible among those not being reported or counted.

Health Need Selection

Community discussions suggested 23 health issues (listed in the side bar). Numerical data was then collected for each of these. Resulting graphs and representative quotes were then synthesized in a summary document. To identify the most significant health needs in San Francisco, SFHIP collectively reviewed the comprehensive findings over

Preliminary Health Issues

- Access to Care
- Aging
- Cancer
- Chronic Disease
- Climate / Environment
  - Natural Disaster
- Culturally Responsive Services
- Disability
- Economic Security
  - Income / Employment
- Education
- Equity
  - Racism
  - Segregation
- Food Security
- Healthy Eating Active Living
- Housing & Homelessness
- Infectious Diseases
  - COVID-19
  - STDs
  - Injury & Safety
- Law Enforcement
- Maternal / Infant Health
- Mental Health
  - Social Connectedness
  - Stress
  - Trauma
- Oral Health
- Political and Legal Climate
  - Safe & Green Spaces
- Substance Use
- Transportation

the course of several meetings. They engaged in robust discussions about the findings, coalescing through consensus around a set of needs that encompassed the most essential issues. Finally, participants voted on the health needs, elevating **access to care**, **behavioral health**, and **economic security**, and identifying **equity** and **community** as foundational issues. To convey the intricacy of the health needs, each includes a constellation of additional health issues that are considered related and/or important to address as part of the effort to improve overall health outcomes.

Community Voice

Throughout the CHNA process, we have prioritized community voices. This means that the report frequently uses direct quotes rather than summarizing, paraphrasing, or reinterpreting the strengths, needs, and suggestions that came from community members. Similarly, we connect the numerical data to concerns raised in the focus groups and interviews. This also led us to conclude the report with overarching suggestions from the community. These portions of the report should be uplifted as what community members would like to see healthcare organizations, health departments, hospitals-based community services groups, insurers, foundations, community groups, and all with resources to elevate the health and wellness of San Franciscans, do to improve access to care, support behavioral health, and strengthen economic opportunities.

Art is another way that people share their communities' strengths, struggles, needs, and ideas. Throughout this report, we have included murals with permission from the Clarion Alley Mural Project and Precita Eyes Muralists, whose mission echoes a hope for all of the information in this CHNA report: to enrich our environments through community collaborations; reflecting the communities' specific concerns, joys, and triumphs.

OUR COMMUNITY

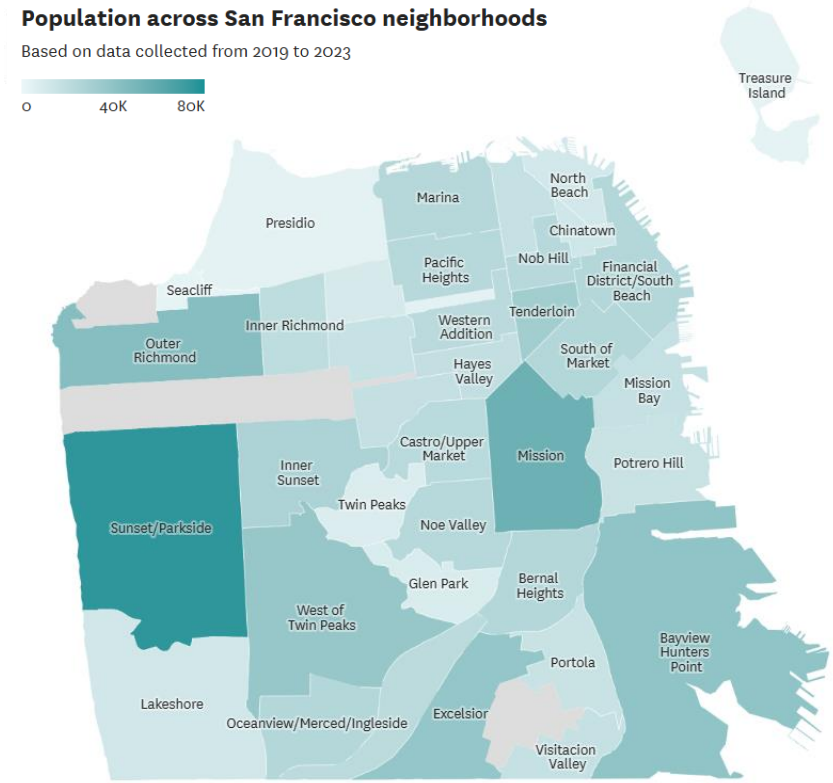
San Francisco is a bustling, diverse city, with a rich history. What keeps communities healthy are their cultural connections, trusted organizations, and collaborative efforts to promote well-being. The strong overall indicators of health and wealth, however, are paired with deep inequalities and communities acknowledge that continuous resilience takes its toll on vulnerable groups, highlighting the need for systemic change to support health equity that uplift community connected interventions.

Community Description

The City and County of San Francisco, with **827,526** people is the fourth-most populous city in California and the 17th-most populous city in the United States.[2] Its 46.9 square miles is often rounded up to 49, to connect to 1849, the year that started the gold rush and the nickname for San Franciscans as the 49ers. This compact area makes San Francisco the smallest geographic county in California and the second-most densely populated major U.S. city (after New York City), which contribute to the high cost of property and living, and the corollary impact on housing disparities.

Population across San Francisco neighborhoods

Based on data collected from 2019 to 2023

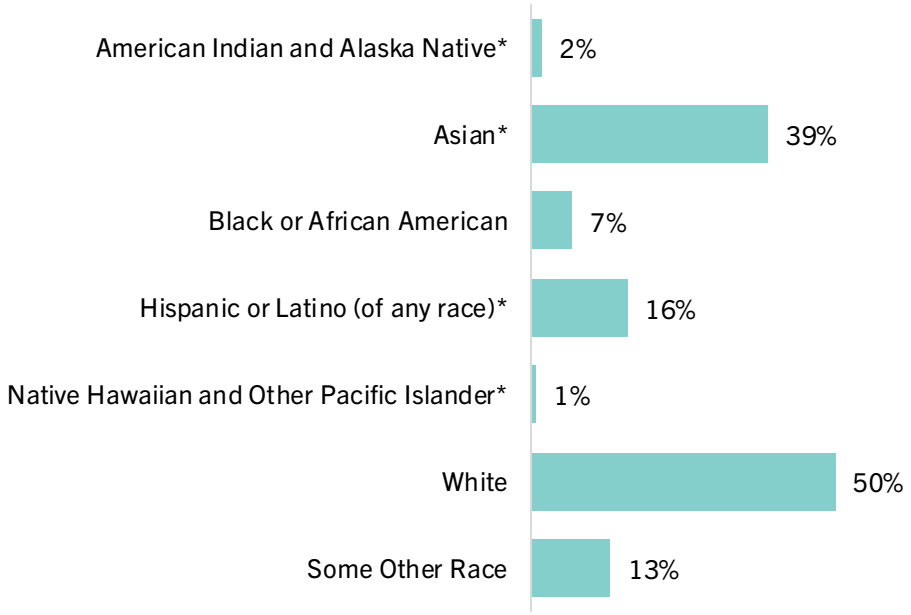


Map: Harsha Devulapalli/The Chronicle - Source: U.S. Census

Numeric information for this map is included in the appendix.

San Francisco is diverse, with almost half of residents speaking a language other than English at home and most identifying as people of color. San Francisco workers are mostly employed in the service industry. The most common employment sectors are professional, scientific, and administrative services (27%) and educational, healthcare, and social services (20%).

Race/ethnicity (select all that apply)



**subsets included on the following page*

Source: US Census Bureau. American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2023, https://data.census.gov/table/ACSDP5Y2023.DP05?q=San+Francisco,+California. Accessed on March 5, 2025.

Race/ethnicity (select all that apply): population subsets

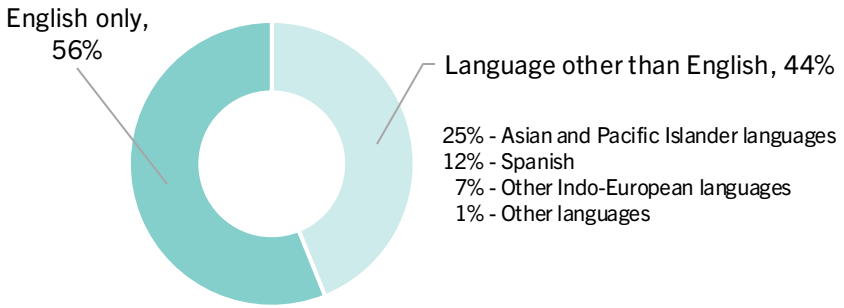
American Indian and Alaska Native	
Aztec	1,553
Blackfeet Tribe of the Blackfeet Indian Reservation of Montana	32
Maya	1,198
Navajo Nation	58
Other	2,683

Asian	
Asian Indian	21,774
Bangladeshi	219
Burmese	509
Cambodian	1,452
Chinese (except Taiwanese)	180,311
Filipino	34,662
Hmong	223
Indonesian	575
Japanese	9,453
Korean	12,018
Laotian	924
Malaysian	244
Mongolian	506
Nepalese	568
Pakistani	1,006
Sri Lankan	345
Taiwanese	3,784
Thai	2,012
Vietnamese	15,583
2+ Asian identities	5,720
Other	589

Hispanic or Latino (of any race)	
Argentinean	1,461
Bolivian	211
Chilean	880
Colombian	1,961
Costa Rican	584
Cuban	2,170
Dominican Republican	261
Ecuadorian	942
Guatemalan	6,125
Honduran	2,744
Mexican	67,525
Nicaraguan	8,338
Panamanian	675
Paraguayan	184
Peruvian	4,384
Puerto Rican	5,666
Salvadoran	16,431
Uruguayan	290
Venezuelan	1,092
Other	11,342

Native Hawaiian and Other Pacific Islander	
Chamorro	479
Melanesian-Fijian	257
Native Hawaiian	287
Samoan	1,229
Tongan	176
NHPI two or more	91
Other	622

Language Spoken at Home



Source: US Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1601, 2023, https://data.census.gov/table/ACSST5Y2023.S1601?q=San+Francisco,+California+S1601. Accessed on March 5, 2025.

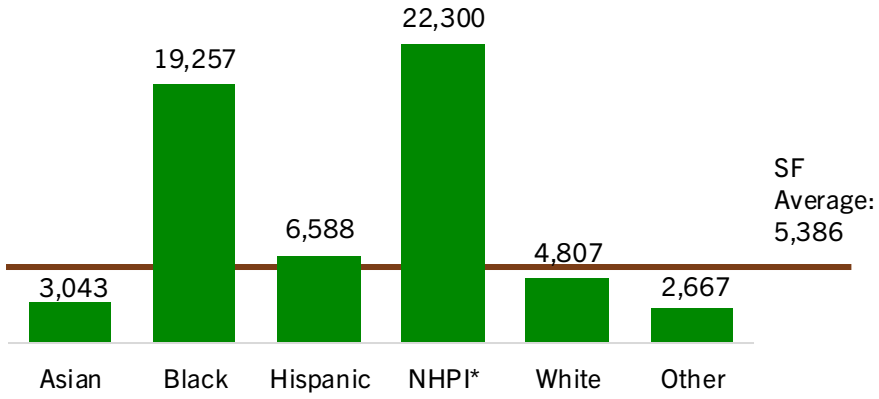
Employment by Industries

Industry	%
Professional, Scientific, & Technical Services	23%
Health Care & Social Assistance	12%
Retail Trade	8%
Educational Services	8%
Information	6%
Finance & Insurance	6%
Accommodation & Food Services	6%
Manufacturing	5%
Transportation & Warehousing	4%
Other Services, Except Public Administration	4%
Public Administration	4%
Administrative & Support & Waste Management Services	3%
Construction	3%
Real Estate & Rental & Leasing	2%
Arts, Entertainment, & Recreation	2%
Wholesale Trade	2%
Utilities	1%
Agriculture, Forestry, Fishing & Hunting	0%
Management of Companies & Enterprises	0%
Mining, Quarrying, & Oil & Gas Extraction	0%

Source: https://datausa.io/profile/geo/san-francisco-ca

On a range of health, social, and economic indicators, San Francisco is doing better than many other cities.[3,4] Going beyond averages and summary metrics, however, exposes inconsistent wellbeing, especially by race/ethnicity, i.e., outcomes overall are better than average, but the impact of racial disparities is worse.[5] An example of this is in life expectancy. On average, San Franciscans have a life expectancy of 82.4 years.[6] There was also 5,600 years of potential life lost among people under age 75 (per 100,000 population), driven by stark disparities in premature deaths among Black/African American and Native Hawaiian/Pacific Islander residents. These disparities highlight the need for targeted interventions and systemic changes to ensure that all San Franciscans have equitable opportunities for health and longevity.

Premature Deaths (All Causes): Years of Potential Life Lost per 100,000 Population



**Native Hawaiian and Other Pacific Islander*

Source: City Health Dashboard. Multiple Cause of Death Data, National Vital Statistics System, National Center for Health Statistics. 2021, 3 year estimate.

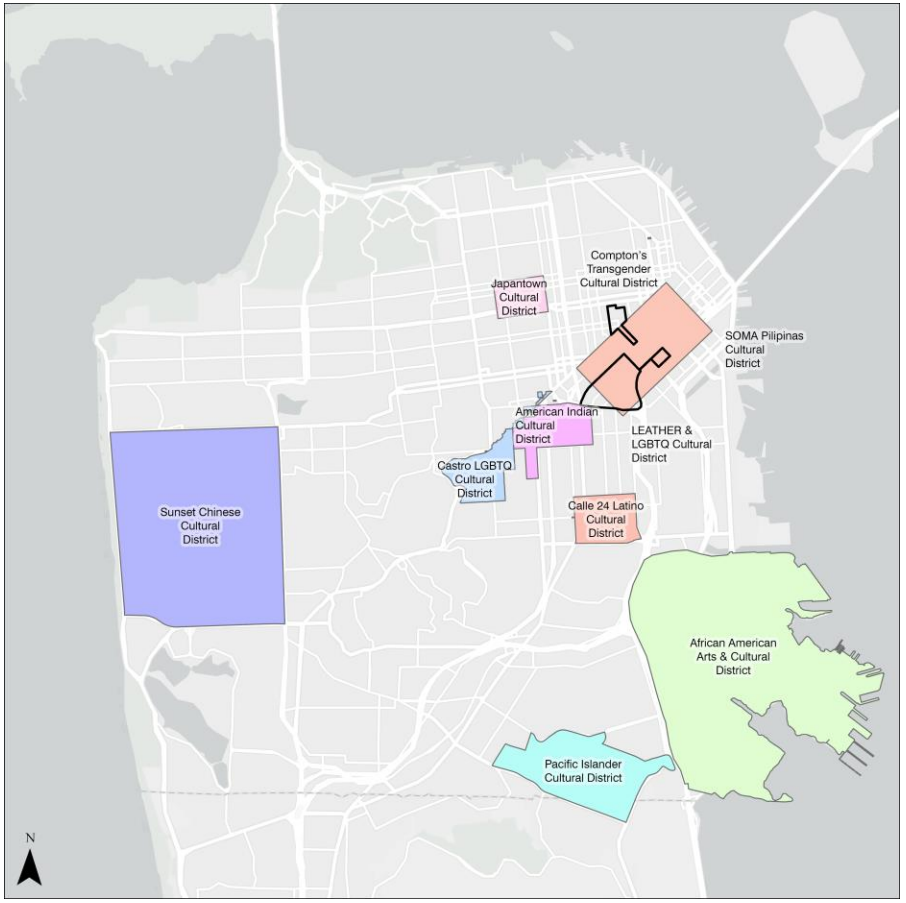
Communities' Strengths

"Community resilience, many people have that within them and sometimes they need that additional reminder. Both resilience and strong support network are needed."

Residents who participated in the SFHIP CHNA shared what keeps their communities strong and healthy. These strengths emerged most often in the 20 discussions held:

- Community-based organization (n=10)
- Resiliency (n=10)
- Community connection & support (n=7)
- Community diversity (n=6)
  - Generational knowledge
  - Lived experiences
- Culturally responsive services (n=6)
  - Linguistically diverse services
  - Culturally appropriate services

A key highlight was the importance of connection to the diverse communities and cultures throughout the city. Local community centers, culturally and linguistically relevant community-based organizations (CBOs), places of worship, and cultural districts were identified as trusted spaces within communities. Strong collaboration among different community-based organizations was also recognized as having a meaningful impact, with participants emphasizing the collective strength of working together.



Resilience was how communities summarized their key protective factors for health. Residents highlighted the importance of cultural preservation, including Indigenous approaches to managing stress and maintaining a work-life balance, and acknowledging ancestors, as was done in the San Francisco African American Reparations Advisory Committee report.[7] The sharing of health knowledge within communities, as well as socialization and inclusivity, were emphasized as essential to wellbeing. Efforts to provide culturally specific programs in multiple languages were shared as vital in ensuring that all residents have access to relevant services in a diverse city.

Although community resilience is the cornerstone for strength and community cohesion, having high levels of resiliency sometimes comes at the expense of those who are particularly vulnerable, including individuals living with disabilities, Black, Indigenous, and People of Color (BIPOC) communities, lesbian, gay, bisexual, transgender, queer and other gender or sexual orientation (LGBTQ+) communities, mixed-race, and immigrant communities — especially those living in poverty and navigating systemic barriers without language access.

Previous CHNA assessments have acknowledged the disproportionate rates of trauma and discrimination experienced by these communities, alongside their high levels of resilience and adaptability. This CHNA report builds on that understanding by recognizing the exhausting and harmful effects of sustained resilience. While resilience serves as an important coping mechanism, the continuous need for it can contribute to health disparities and a dominant culture that is overly tolerant of adversity. This report seeks to celebrate and uplift community strengths while also addressing the long-term impacts of systemic oppression that impacts health outcomes.

"The one thing that we saw in the pandemic is that different ways of delivering care, like testing or vaccines, it worked to empower these community organizations to be able to do some of this work. It took a lot of money that once the federal and the state money ended, it was not possible to maintain. The proof of concept was there, that it works."

OUR COMMUNITIES' HEALTH NEEDS

Communities face significant health needs, disparities, and systemic challenges and numerous obstacles prevent all San Franciscans from reaching their full potential. Three primary health needs emerged in this CHNA process: **access to care**, **behavioral health**, and **economic opportunity**. While distinct, these needs are also interconnected, forming a complex network of overlapping health concerns, each of which is also deeply intertwined with and compounded by structural racism and inequity, and exacerbated by the increasing threats to communities.

In this chapter, each of the health needs is defined and then illustrated with community voice and numeric data.

“When things are going well, it’s because there’s good access to primary care physicians, good access to community resources, and folks feel like care can be provided near them or in their community. Those are things that often don’t happen. We have had some community health fairs and events to try to bring care to places where it’s not currently. Another thing that can help is bringing care to people, whether that’s bringing it to their home or bringing it to their community where they can come to their community centers and get screening and other preventative care.”

Access to Care

Access to healthcare in San Francisco is shaped by affordability, provider availability, transportation, and cultural responsiveness, with disparities persisting in historically neglected marginalized communities. Barriers like language access, financial hardship, and limited providers contribute to delayed or inadequate care, especially for aging populations and those with disabilities. Addressing these challenges requires equitable, community-centered solutions, including wraparound services, culturally responsive providers, and expanded preventive care in underserved areas.

Access to care refers to the availability of healthcare providers and services, affordability, accessibility, timely access, location, transportation, operating hours, and the cultural and linguistic inclusivity of services. It ensures that communities can reach and use preventive services, health literacy resources, and system navigation support. Access to primary care physicians, clinics, and hospitals, as well as the provision of welcoming and inclusive healthcare spaces, is essential, particularly for communities historically marginalized and harmed by the healthcare system. This includes BIPOC communities, LGBTQ+ communities, older adults, individuals living with disabilities, immigrant communities, and those living in poverty and navigating systemic barriers without language access. Addressing barriers to care involves tackling challenges such as language, transportation, insurance coverage, cost, childcare, and long wait times. Ensuring equitable access requires not only removing these obstacles but also fostering a system that prioritizes inclusion, responsiveness, and community-centered care.

Residents in San Francisco face challenges in navigating the healthcare system and understanding what services are available and where to access them. There is a need for greater health literacy support, particularly for chronic disease management. Low health literacy is associated with poorer health outcomes, increased hospitalizations, and higher healthcare costs. Health literacy empowers individuals to make informed decisions about their health, and those with higher health literacy are more likely to follow treatment plans, take medications correctly, and adopt healthier behaviors, reducing the risks of chronic conditions such as diabetes, hypertension, and heart disease.

Additionally, there is a need for a robust continuum of services within the community — wraparound services that are both accessible and integrated. Wraparound services are essential for promoting health equity and holistic care by addressing medical, social, and economic needs together. Without clear guidance, residents may feel overwhelmed by navigating the system, placing the burden of coordination on the patient. These services help reduce barriers to care, including language barriers, lack of insurance, and transportation challenges.

“The high cost of living and healthcare forces people to make difficult choices — between food and medicine, rent and healthcare, or other essential needs. Without access to care, chronic conditions and other health issues worsen, which will only lead to higher costs when care is needed in acute situations. These financial trade-offs create a cycle that exacerbates health disparities and economic instability. It’s important to recognize how these challenges are interconnected and require bigger solutions.”

Wraparound services take a holistic, patient-centered approach by integrating medical, behavioral, social, and community-based support to improve health outcomes, particularly for underserved and high-risk populations. Historically under-resourced groups — such as BIPOC, LGBTQ+ individuals, immigrants, and low-income populations — often encounter systemic barriers to care. By ensuring culturally responsive and inclusive care, wraparound services play a crucial role in addressing these disparities. In addition to improving health outcomes, they help prevent avoidable hospitalizations and emergency visits, ultimately reducing overall healthcare costs for both individuals and the healthcare system.

“You can spend your whole life and every day, all day, trying to figure out what these different pieces are and what is going to help me when I’m already in a very vulnerable situation. It makes it more complicated. It’s hard enough if I don’t speak the language. It’s hard enough if I have a disability, and then if I need a lot of benefits on top of that or I’m unhoused on top of that. It feels impossible.”

Income limits for Medicaid and other public programs exclude many working poor individuals and families who earn too much to qualify for assistance but too little to afford private insurance or out-of-pocket healthcare costs. As a result, they often face gaps in coverage, delayed care, and financial hardship when seeking medical services, further exacerbating health disparities and economic instability.

Access to care is a fundamental aspect of ensuring that communities receive the right care at the right time without unnecessary barriers. Removing barriers to healthcare improves individual wellbeing, reduces health disparities, and strengthens public health overall. Addressing issues like affordability, provider shortages, and cultural responsiveness is key to ensuring equitable and timely healthcare for all.

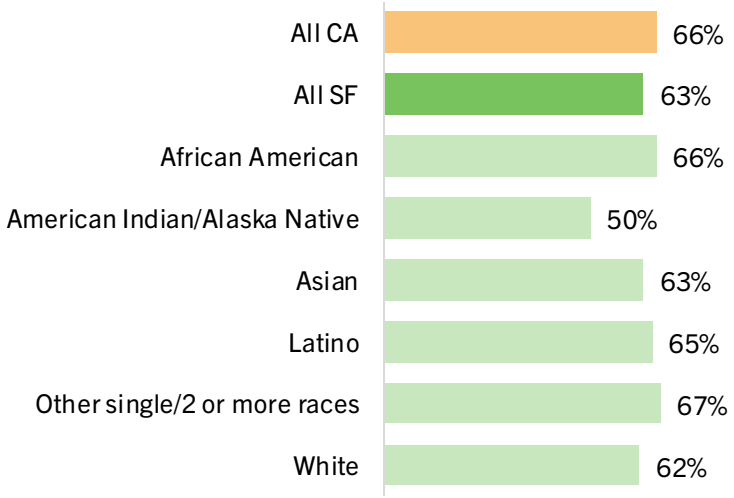
Access to Care

Percentage of population ≤64 years without health insurance

Source: American Community Survey, U.S. Census Bureau. Calculated by Dashboard using data from 2022, 5 year estimate.

Overall, about three-quarters of San Franciscans had a checkup in the past year; this was lower for those who identify as American Indian/Alaska Native.

Percentage who had a routine check-up with doctor in past 12 months

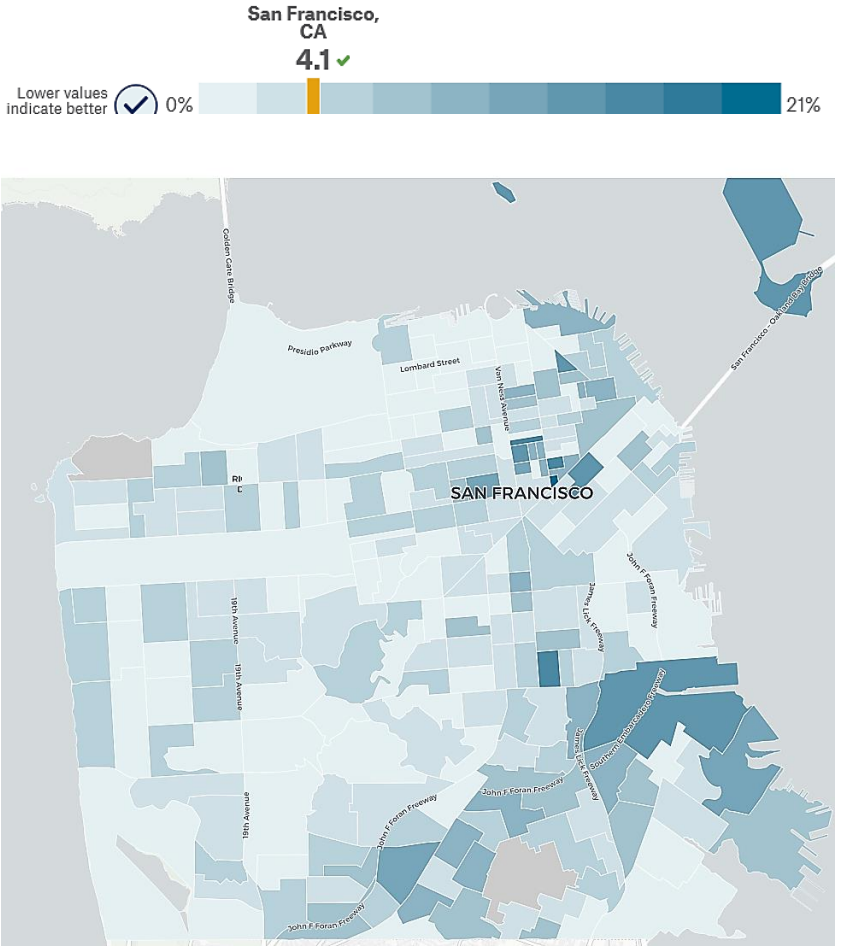


Source: 2020-2023 California Health Interview Survey

Although San Francisco overall has a high proportion of people covered by health insurance, there are neighborhoods with much higher rates of uninsured people, for example, Bayview/Hunters Point, the Tenderloin, and the Excelsior.

Uninsured by neighborhood

Insurance coverage is lower in the southeast neighborhood of the City.



Source: CityHealth Dashboard, found here

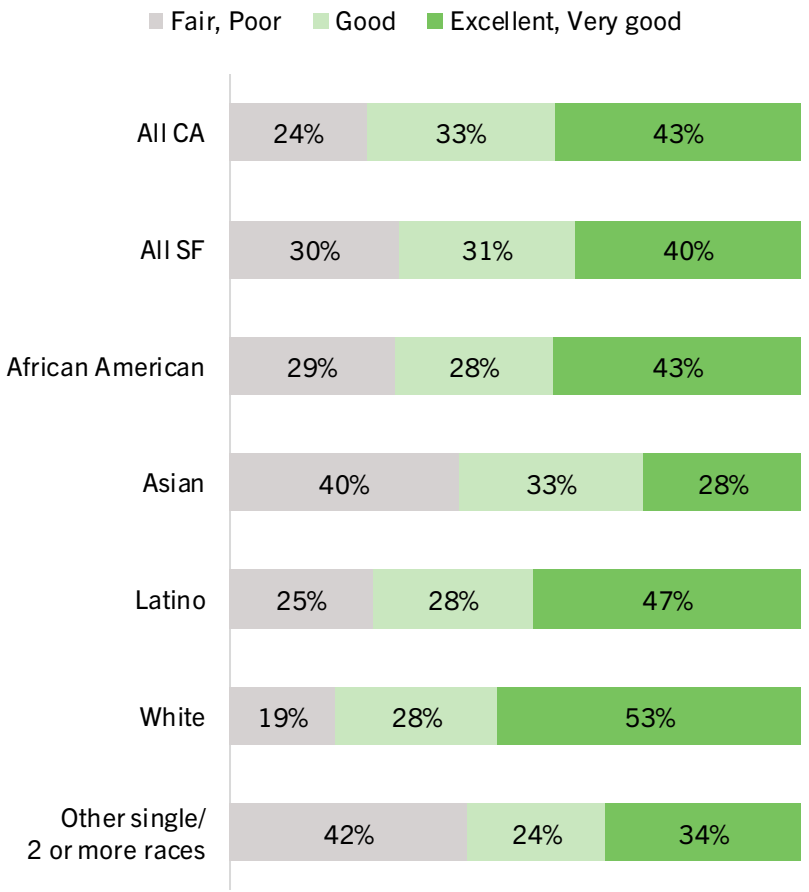
Numeric information for this map is included in the appendix.

Aging

"The needs of older adults are changing. We often think about strategically, we're taking care of people today, and there's a generation of people coming, they're part of the pipeline, their traits are different. The baby boomers who are 80 are not the same as the baby boomers who are 65. They've grown up in different decades that have different interventions, or they're accustomed to different service needs."

More people in San Francisco over age 65 reported having fair or poor health than in California overall. The difference in self-reported health was very different by race/ethnicity, with about one-in-five people who were white reporting fair or poor health compared to about 40% of Asian San Franciscans and people who reported other or more than one race.

Health status for those age 65+ years



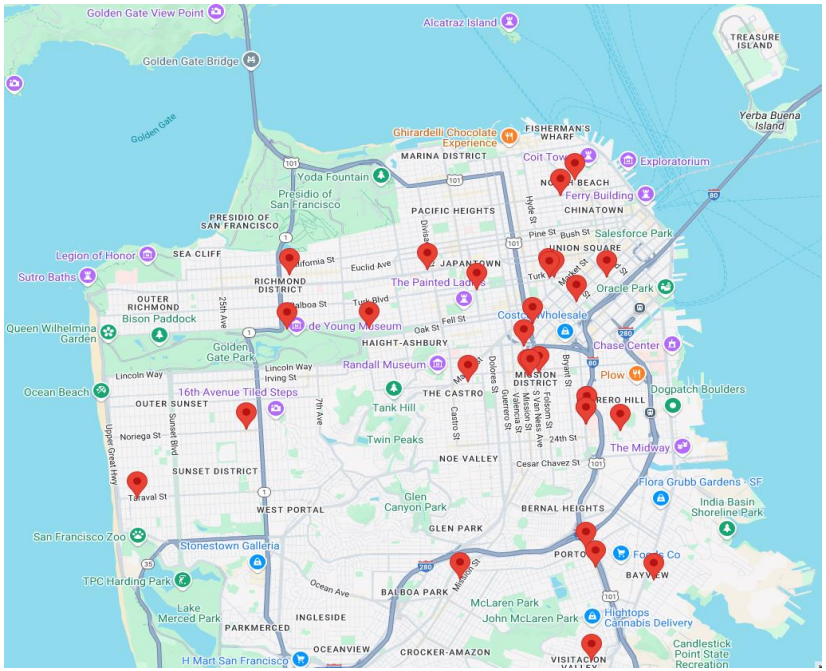
Source: California Health Interview Survey 2017-2023

Culturally Responsive Services

Improvements to language access and culturally responsive healthcare services require structural and systemic changes — including creating and safeguarding sanctuary spaces for immigrant communities within clinics and hospitals — and are closely tied to increased healthcare access, participation, and satisfaction.

San Francisco Health Clinics

There are health clinics scattered throughout San Francisco, although not in all parts of the city.

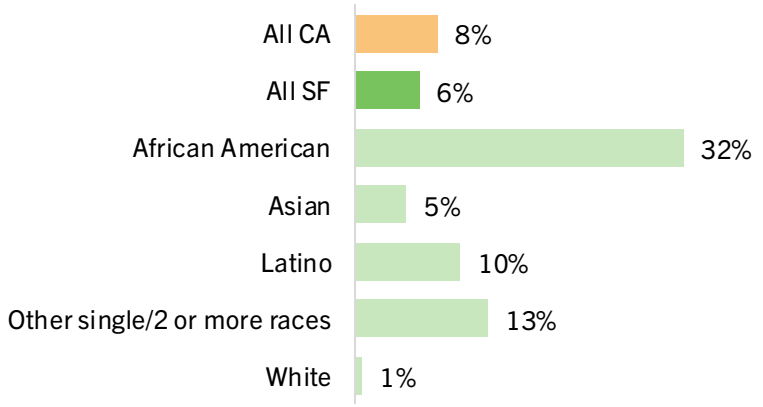


Source: https://healthysanfrancisco.org/medical-home-map/

"I want to uplift and recognize the abilities of all of our community partners within this coalition in that we really prioritize culture and language in thinking about the needs of our community, really making sure that our programs and services are really centered around culture and language, so that everything that we offer is really intentional in meeting the needs of the various populations that reside in San Francisco. And so, while I say that, I also want to not discount the fact that we still need more providers who speak the language and identify themselves as a part of the culture and the community."

While the overall proportion of San Franciscans experiencing unfair medical treatment due to their race/ethnicity is low, this happened to nearly one-third of African Americans and to almost twice as many Latinos as the citywide average.

Experienced unfair treatment getting medical care due to race/ethnicity within the past 5 years

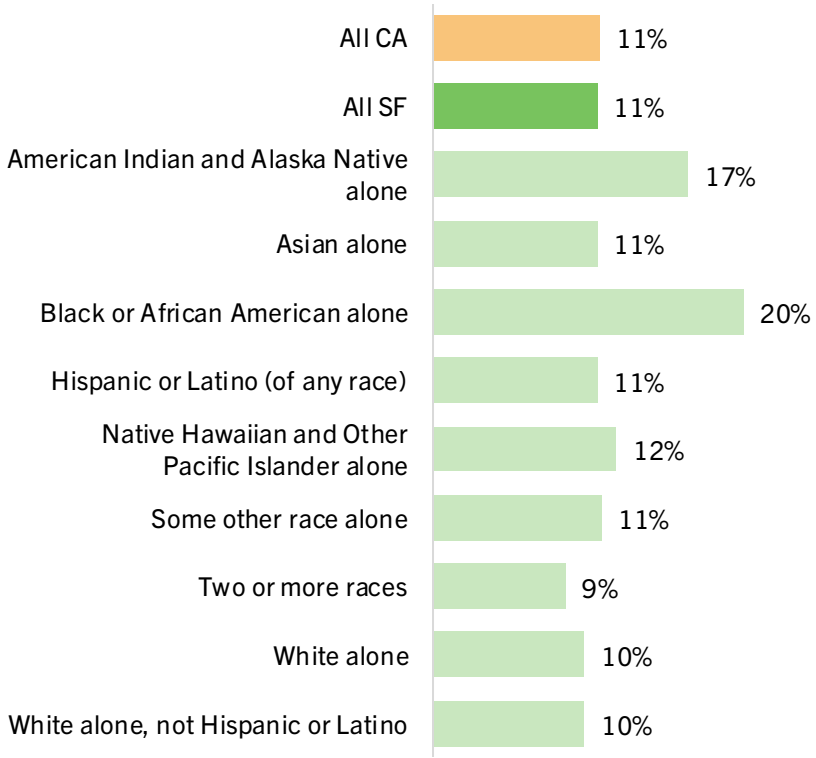


Source: California Health Interview Survey 2021-2023

Disability

The proportion of people in San Francisco with a disability was the same as in California overall. However, the proportion was almost twice as high among Black/African Americans and American Indian/Alaska Natives.

Percentage of people with disabilities

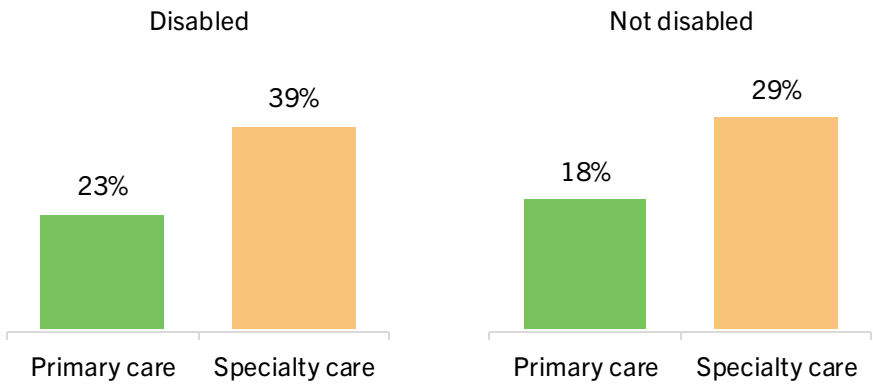


Source: American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1810, 2022.

"Systems navigation for people with disabilities is very complex. Sometimes systems take it for granted that, because they have their system streamlined and uniform on a website or something like that, it's still not necessarily one size fits all. Different disability types have different needs, and, at times, it's easier for people just to talk to somebody on the phone. So being more creative about getting people access to care without so many barriers in place sometimes."

People with disabilities in San Francisco reported more difficulty finding both primary and specialty care compared to people without a disability.

Difficulty Finding Care



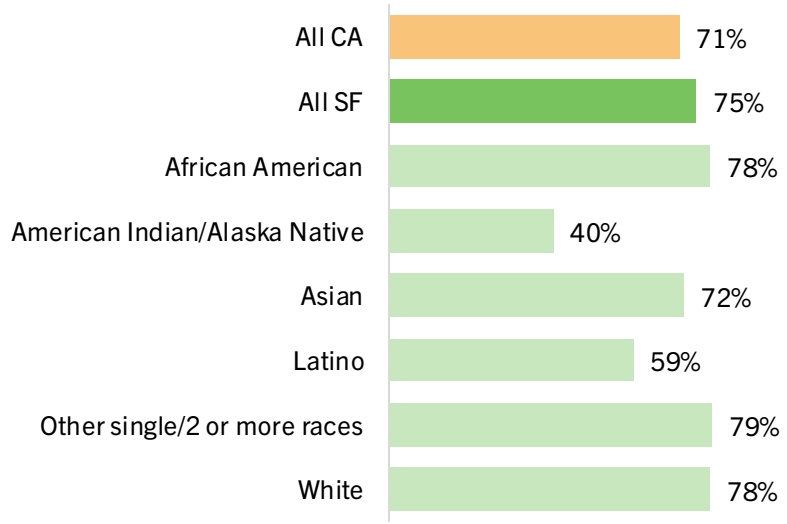
Source: California Health Interview Survey 2023

Oral Health

"Funding for special needs dental clinics are being shut down, and the care, it's just not there. Families are waiting years to get appointments, and their kids, young adults, and adults are not getting the dental care that they need and deserve."

Access to dental insurance in San Francisco varies widely by race/ethnicity, with only about half of those identifying as Latino and four-in-ten identifying as American Indian/Alaska Native having dental coverage.

Percentage who have dental insurance



Source: California Health Interview Survey 2019-2023

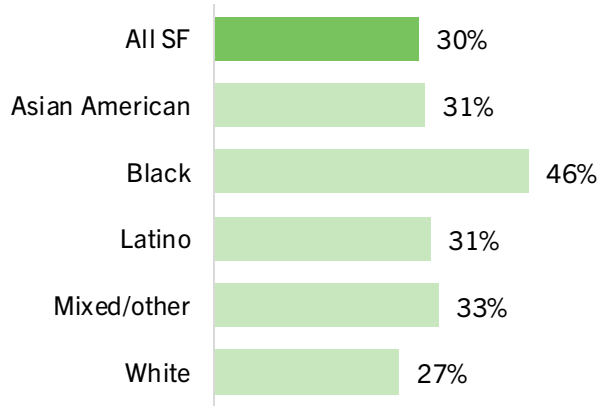
"When we look at oral health, children who are living in Chinatown have a higher risk of dental cavities than their peers do from other neighborhoods and other race ethnicities."

Transportation

Black households were most likely to report lack of access to a car, while white households were least likely, highlighting the need for equitable healthcare services to include proximity to safe, reliable, and affordable public transportation.

"There's just this overwhelming feeling that you don't know what you don't know, and is there's no place...that's a one-stop shop where I can get all of the information? So, if I am somehow able to get this particular doctor who is going to help me, what are my transportation options about getting there?"

Households without a Vehicle



Source: IPUMS USA, National Equity Atlas, 2022

Current Work on Access to Care

Recent initiative that SFHIP organizations have taken to improve access to care include and emphasis on holistic, community-driven solutions that extend beyond hospital walls:

- **No-Cost Specialty, Surgery, and Emergency Care**: Free or subsidized diagnostic screenings, specialty and surgical procedures, and emergency care through volunteer programs and financial support initiatives.
- **Culturally Inclusive and Affordable Care:** Expansion of culturally and linguistically appropriate services and offering financial assistance to improve healthcare access for uninsured and underinsured patients.
- **Community Partnerships and Social Service Integration:** Collaborations with community-based organizations, Federally Qualified Health Centers, and programs like CalAIM to address social determinants of health and improve care coordination.
- **Workforce Diversity and Health Equity Initiatives:** Focus on increasing diversity in healthcare professions and amplifying patient voices to build more equitable and representative healthcare systems.
- **Outreach and Navigation Services:** Strengthening crisis response, care navigation, and mobile health services to better support underserved communities.

“It was evident even before the pandemic, but more so after, what the mental and behavioral health needs of the community are. This is for all the communities that we serve, their access to care, it’s, one, understanding that they have a mental health issues, or mental health needs. Two, is then bringing them through that stigma of really just accessing and receiving that care and accepting the care and services.”

Behavioral Health

Behavioral health is shaped by emotional, social, and environmental factors. Access to resources, socioeconomic status, housing conditions, and trauma all impact behavioral health. In San Francisco, where the cost of living is high and access to behavioral health specialists are limited, communities face increased risks. The environments in which people live, learn, work, socialize, worship, and age influence overall health, functioning, and quality of life..

"Behavioral and mental health support are really difficult to access. It's very difficult to find providers, it's very difficult to coordinate care, and it's very difficult to find providers who, in particular, are familiar and supportive and affirming in working with children and youth who have neurodiversity or other disabilities, especially intellectual and developmental disabilities."

Behavioral health — which includes mental health, substance use, and emotional well-being — is fundamental to overall health, shaping physical health, relationships, and economic stability. Environmental factors play a significant role, as exposure to violence or trauma, poor housing conditions, food insecurity, and a lack of basic necessities, especially among children, can contribute to long-term mental health challenges and substance use disorders. Behavioral health is deeply interconnected with these social and environmental factors, making it a critical component of overall well-being. Addressing behavioral health helps prevent illness, manage chronic conditions, reduce healthcare costs, and improve community health outcomes. However, access to affordable and effective mental health and substance use services remains a persistent challenge, particularly for BIPOC, low-income families with young children, LGBTQ+ communities, and individuals with disabilities who often face systemic barriers, discrimination, and a lack of culturally responsive care.

High costs, limited insurance coverage, and a shortage of behavioral health professionals make mental health services difficult to access, and more a luxury rather than essential care. Residents recommended integrating screenings and treatment into routine healthcare visits to improve access. Stigma remains a major barrier, especially in BIPOC communities, where therapy is often met with cultural resistance and fears of being labeled weak, unstable, or unfit as parents. These social and systemic obstacles prevent many from seeking timely care, deepening the cycle of untreated mental health issues.

Unaddressed behavioral health challenges contribute to broader social issues like substance use, homelessness, and economic instability. BIPOC and LGBTQ+ communities have reported rising rates of gambling, substance use, and overdoses, with increasing stress levels intensifying mental health struggles. San Francisco's overdose crisis is deeply connected to these behavioral health needs, underscoring the urgency of services that meet people where they are in their recovery journeys. Low-income families with young children face heightened stress and anxiety due to financial insecurity and the constant pressure to meet basic needs, which has long-term effects on children's development. Older adults also experience isolation and stress, particularly since COVID-19.

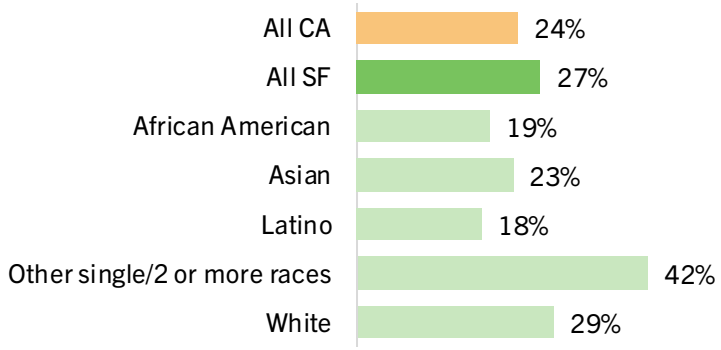
Behavioral and mental health concerns affect everyone, but vulnerable communities are disproportionately impacted. The ongoing need for accessible, culturally responsive, and integrated care is critical, as disparities in behavioral health persist. Without adequate support, these challenges will continue to harm individuals, families, and communities—worsening existing social and economic inequities.

"We need mental health and substance use disorder providers [and to] compensate them the way we do physicians, nurses, and other healthcare providers. Part of the reason we have such a hard time recruiting and retaining people is because they're really hard, challenging roles, but we don't compensate them in the same way as we do other medical providers."

Mental Health

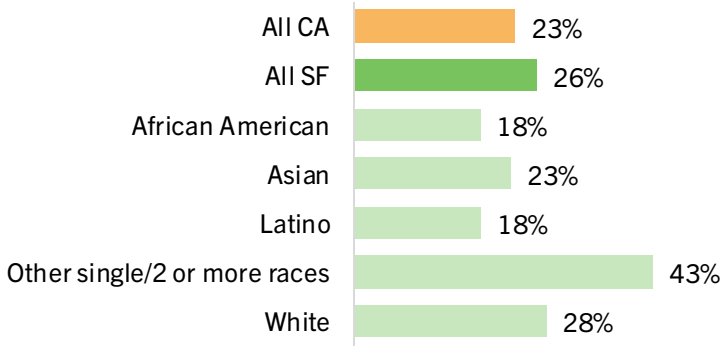
Overall, about one-quarter of San Franciscans report having moderate to severe impairment in their social or family life within the previous year. This was especially high among those of a different or more than one race/ethnicity.

Moderate/severe social life impairment past 12 months



Source: California Health Interview Survey 2020-2023

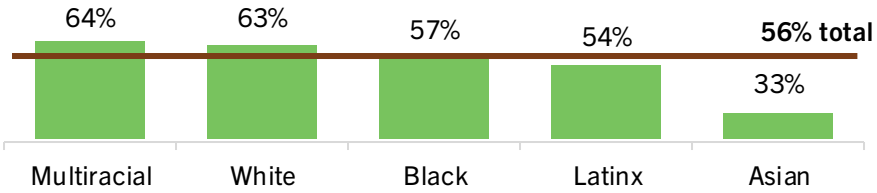
Moderate/severe family life impairment past 12 months



Source: California Health Interview Survey 2020-2023

Rates of seeking help for behavioral health issues varied by race/ethnicity, with Latinx and Asian San Franciscans having lower rates of seeking help than other race/ethnicities.

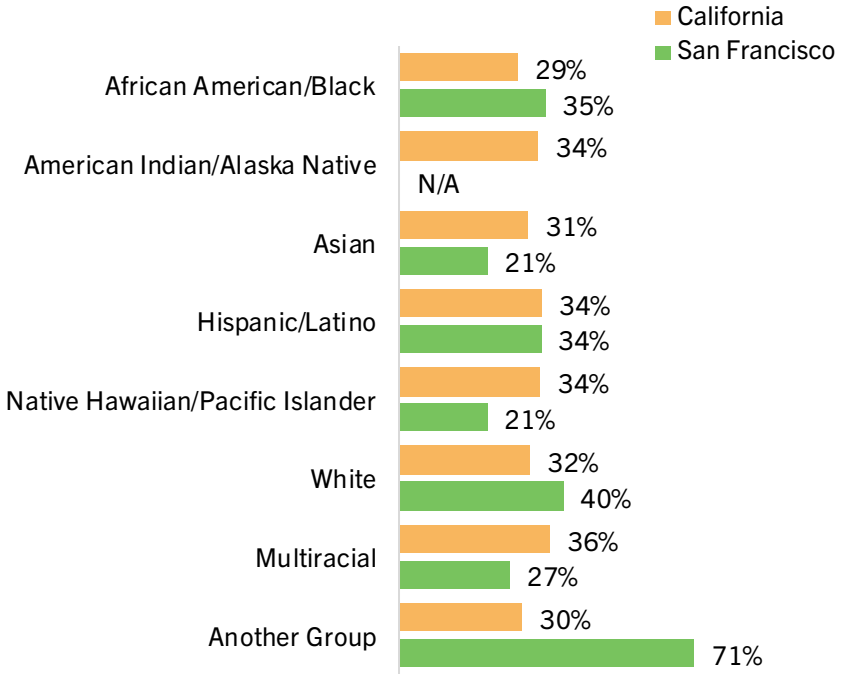
Adults who got help for mental/emotional or alcohol/drug issues



Source: https://www.racecounts.org/issue/health/

Rates of depression (defined as feeling so sad or hopeless that you stopped doing some usual activities almost every day for two weeks or more in the previous year) are especially pronounced for youth who identify as another race/ethnicity.

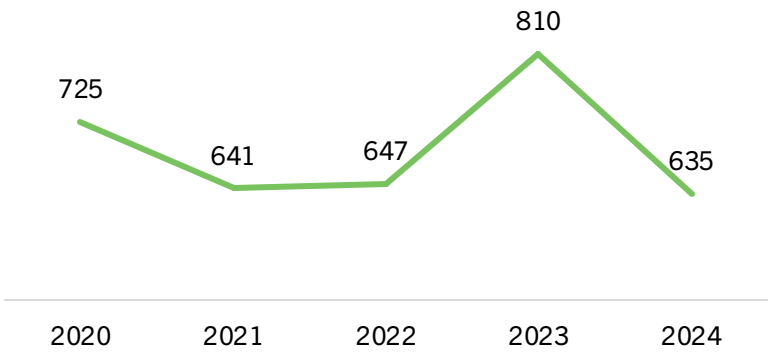
Youth Depression-Related Feelings in Previous Year



Substance Use

Unintentional drug overdoses are high in San Francisco overall; while they decreased in 2024, they seem to be on the rise again in the first months of 2025.

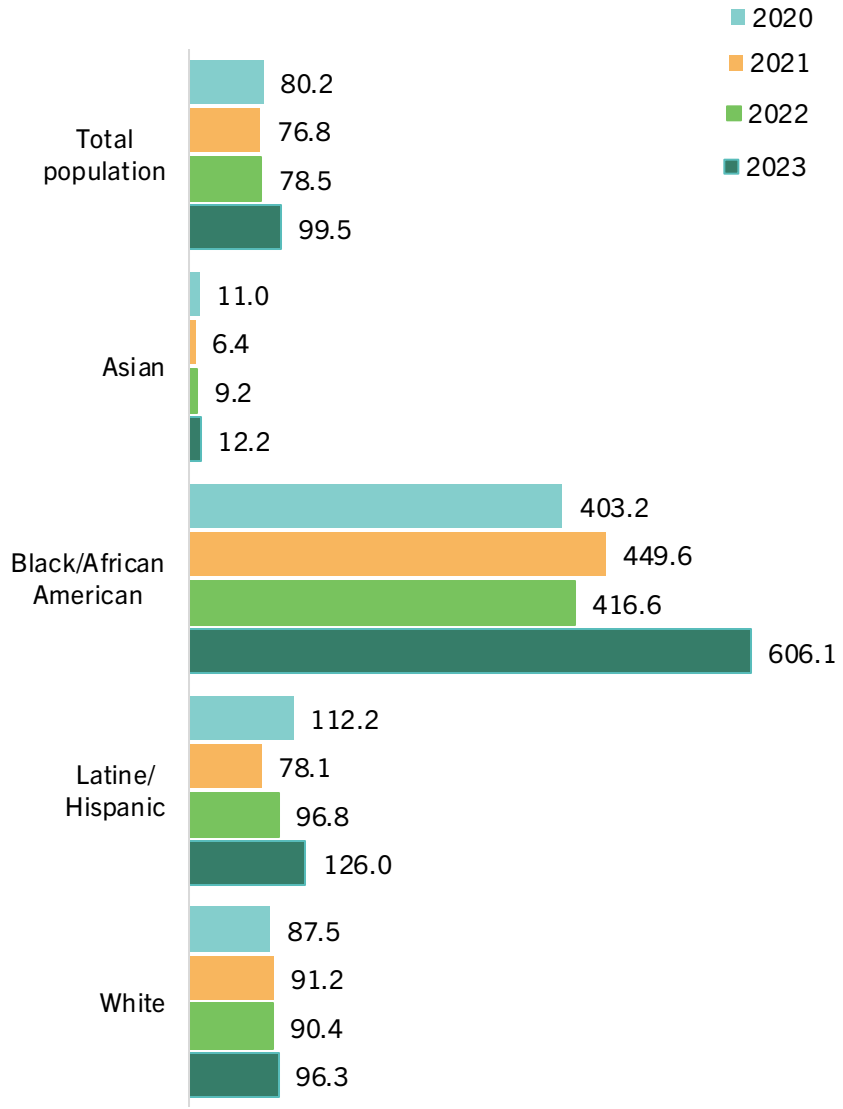
Unintentional drug overdose deaths



Source: San Francisco Office of the Chief Medical Examiner (https://www.sf.gov/data--preliminary-unintentional-drug-overdose-deaths)

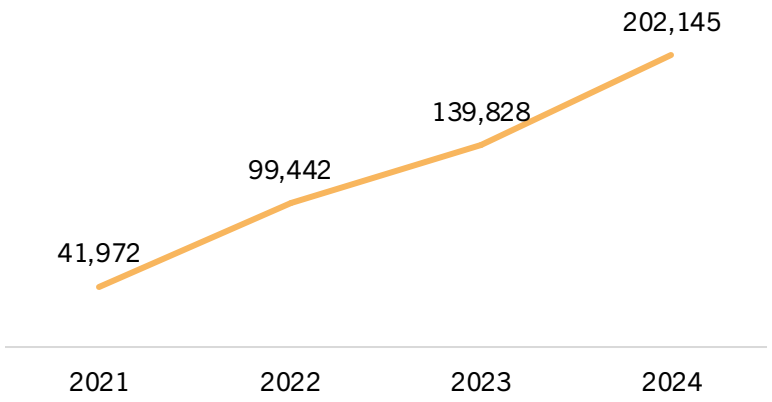
The Black/African American community has been most disproportionately affected by the overdose crisis compared to other racial or ethnic groups and the overall San Francisco population.

Unintentional overdose death rate by race or ethnicity



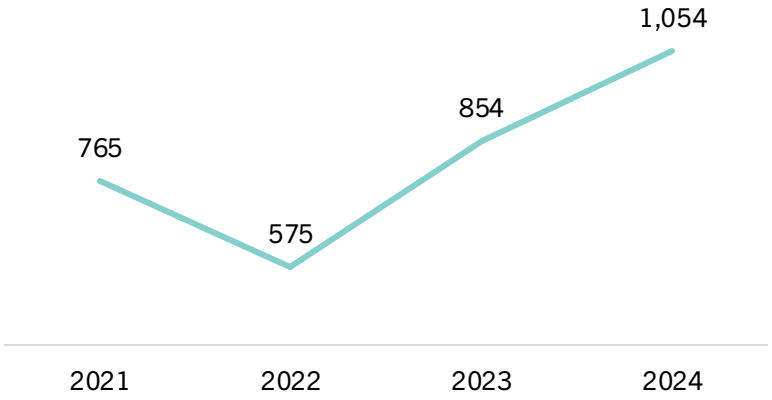
There has been an increase in naloxone (a lifesaving medication that reverses the effects of an opioid overdose) distribution over time, as well as a slight increase in residential treatment admissions.

Naloxone distribution



Source: San Francisco Department of Public Health, Office of Overdose Prevention (https://www.sf.gov/data--substance-use-services#naloxone-distribution)

Substance use disorder residential treatment admissions



Source: San Francisco Department of Public Health, Behavioral Health Services Quality Management program (https://www.sf.gov/data--substance-use-services#substance-use-disorder-residential-treatment-admissions)

"There is a lack of both clinical and peer support for young people's behavioral health, along with insufficient investment in these services. Additionally [during the pandemic], many young people experienced significant isolation, particularly those who dropped out of high school or struggled with the disorganized transition to online learning. With limited engagement in school or the workforce, many young people are disconnected from opportunities that support economic security, such as stable jobs or access to essential resources like food and housing. This isolation further exacerbates behavioral health challenges and likely increases substance use. These issues are deeply interconnected, making it difficult to address one without considering the others."

Current Work on Behavioral Health

Recent initiatives that SFHIP organizations have taken to improve behavioral health include integrating behavioral health into community-based care and strengthening crisis response to support long-term mental wellbeing. A full list is included in the appendix, "2022 CHNA Health Need-Related Hospital Initiatives."

- **Access to Behavioral Health Services:** Providing evaluation, treatment, and counseling, often at low or no cost, to children, adolescents, and trauma survivors.
- **Integrating Behavioral Health into Community and Primary Care:** Grants to expand substance use disorder treatment, culturally and linguistically appropriate support groups, and school-based mental health programs.
- **Crisis Response and Policy Changes:** Expanded behavioral health service hours and policy shifts to shore up crisis intervention and long-term care.
- **Community Partnerships for Mental Health Equity:** Collaborations to provide psychoeducational support for non-English speaking parents and advocate for child and adolescent mental health.
- **Workforce Development in Behavioral Health:** Create paid learning opportunities in mental and behavioral health to train the next generation of providers, with a focus on equity and access.

“When we think about that immigrant parent who is working three jobs…and really needs to prioritize putting food on the table, making rent, and all of the other bills so that they don’t go delinquent, they have to choose between do I go to work, or do I use my time to join this exercise group?”

Economic Security

Economic security is essential for accessing basic resources like food, healthcare, education, transportation, and housing. In San Francisco, the high cost of living makes it difficult for many residents to afford necessities which further exacerbates financial hardships and impacts housing, food, education and mobility.

Economic security refers to the financial opportunities and socioeconomic conditions that allow individuals to access essential resources for a stable and thriving life. It is deeply intertwined with social determinants of health, shaping access to food, healthcare, education, transportation, and housing. Economic security and access to care are closely linked, as financial constraints, food insecurity, and limited mobility create barriers that disproportionately affect historically under-resourced populations, including low-income families with young children, immigrant communities, BIPOC, and LGBTQ+ communities. When individuals lack economic stability, their ability to prioritize health diminishes, forcing them to make difficult trade-offs between basic needs such as food, housing, and medical care.

Affordable housing is a critical component of economic security. Having affordable housing allows individuals and families to maintain safe and stable living conditions, which directly impacts how they show up and engage in their daily lives. Beyond affordability, housing quality, availability, and sustainability all contribute to economic stability. However, rising rents, overcrowding, and financial trade-offs between housing and other essentials worsen economic hardship. Housing insecurity is compounded by food insecurity, as the areas people live in dictate the types of food available to them. Some neighborhoods in San Francisco lack grocery stores, limiting access to nutritious food options. Families facing economic insecurity often work multiple jobs just to cover basic necessities, leaving little time to focus on their health. In many cases, survival takes priority over preventive healthcare, as individuals delay doctor's appointments or forgo medical treatment due to financial constraints.

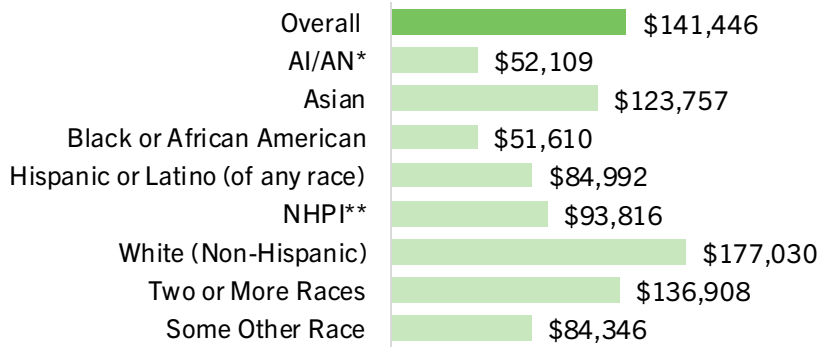
The stress of economic instability affects people of all ages, but children growing up in poverty experience heightened levels of stress from an early age, which is linked to long-term behavioral health challenges. Economic insecurity places vulnerable communities in difficult situations where they are forced to choose between financial stability and their well-being. In San Francisco, growing income inequality and the high cost of living continue to strain residents, making it increasingly difficult to afford essentials such as housing, healthcare, and food. While the COVID-19 pandemic prompted efforts to address systemic inequities, many of these initiatives have since faded, leaving communities without sustained support. As economic disparities widen, racial and socioeconomic inequities persist, deepening the divide in health outcomes, financial stability, and overall well-being.

Economic Security

"The piece around low-income folks, who just can't afford to do their regular routines, who aren't able to get to the doctor, the dentist, and it might be, yes, healthcare is free, but you got to be able to take off work, you got to be able to get the transportation to and from. There are all these other factors that come in that you need to deal with as well."

The median household income in San Francisco is $141,446 per year. Black/African American and American Indian/Alaska Native San Franciscans, however, earn only about one-third of that.

Median Household Income

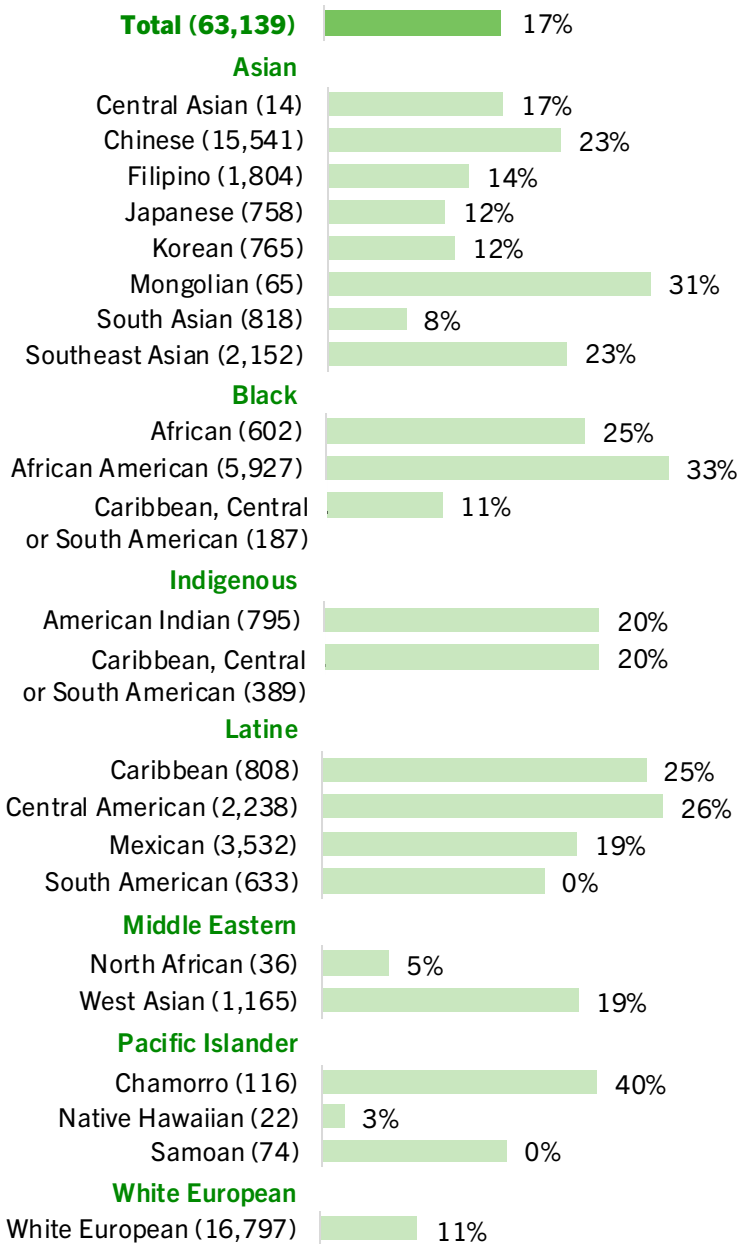


** American Indian and Alaska Native*
***Native Hawaiian and Other Pacific Island*

Source: American Community Survey, ACS 5-Year Estimates, 2019-2023

17% or 63,139 households in San Francisco are extremely low income, defined as earning less than 30% of the area median income, with Black and Indigenous households experiencing markedly higher financial precarity than other racial/ethnic groups. Extremely low income varies markedly by disaggregated racial/ethnic categories, uncovering need that is often masked by combining groups with small populations.

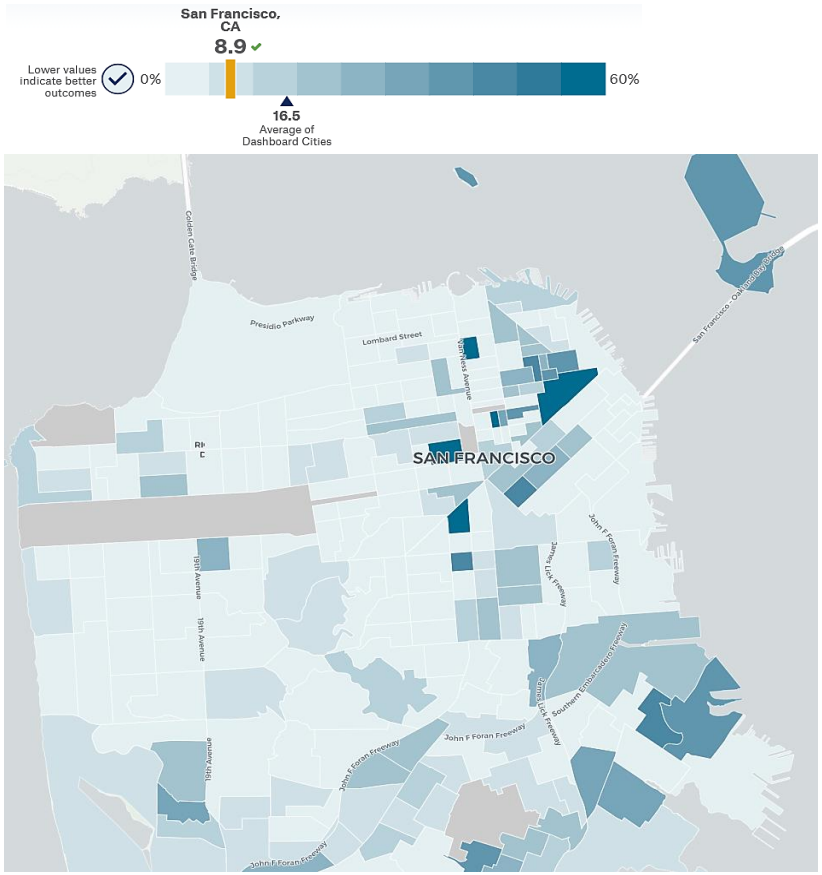
Extremely Low Income



Source: San Francisco Mayor's Office of Housing and Community Development, Community Development Request for Proposals 2025-2023.

The proportion of children in poverty varied by neighborhood, with higher rates in Eastern part of the city, especially Bayview, Crocker Amazon, Hunters Point, Ingleside Terrace and Heights, SOMA, the Tenderloin, and Treasure Island.

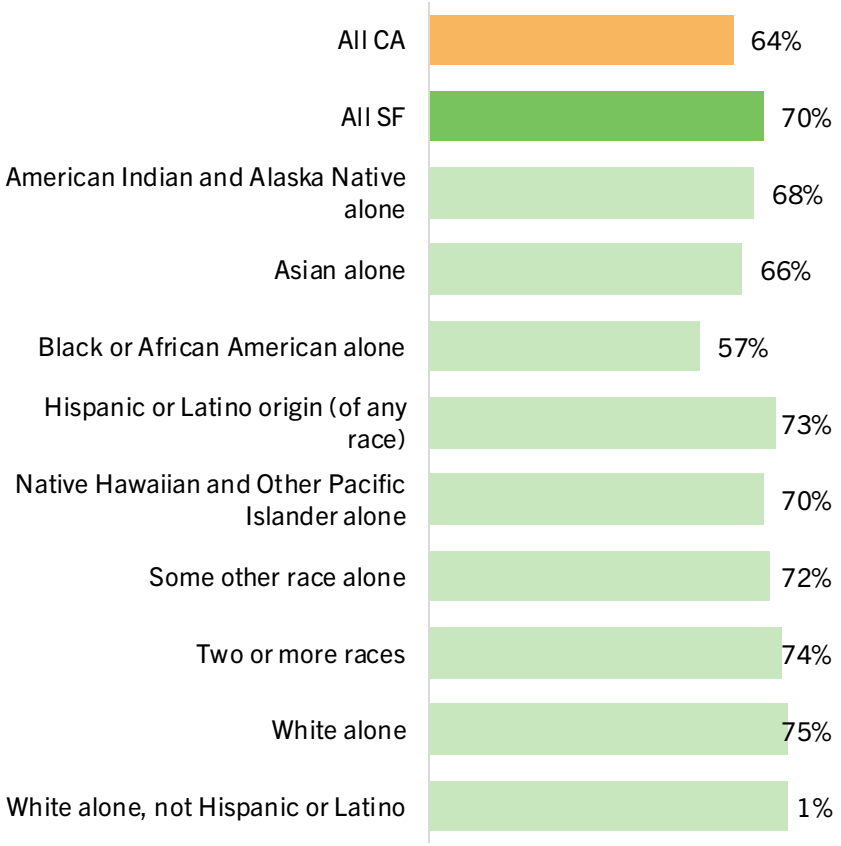
Percentage of children living in households ≤100% of the federal poverty level



Numeric information for this map is included in the appendix.

A higher proportion of San Francisco residents over age 16 are in the labor force than in California overall. The rates vary by race/ethnicity, however, with lower rates among Black/African Americans and Asians.

Labor Force Participation Rate (Population 16 years and over)



Source: American Community Survey, ACS 5-Year Estimates Subject, Table S2301, 2022.

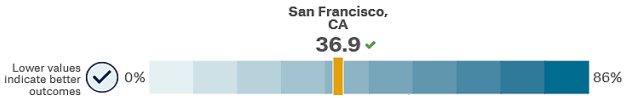
Housing and Homelessness

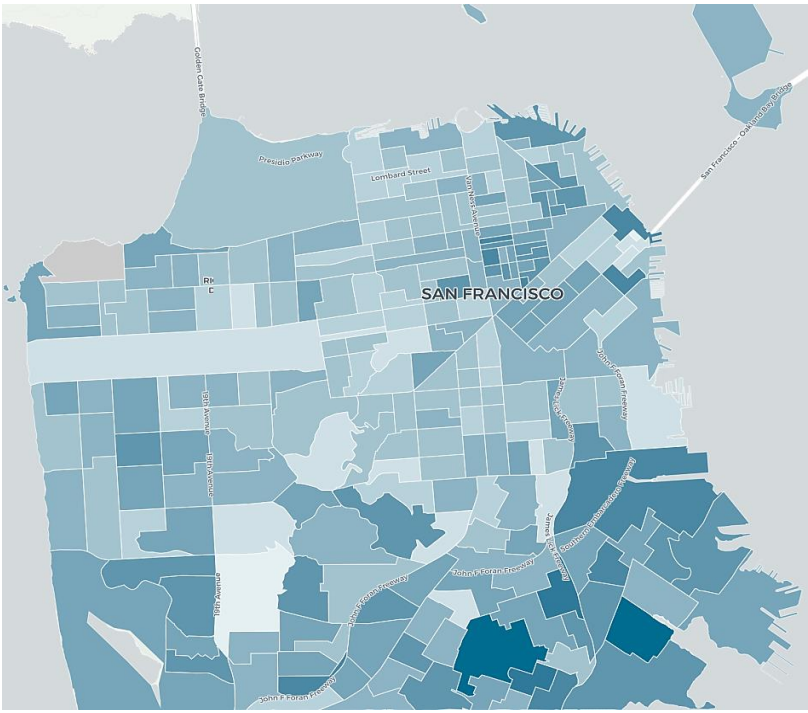
A measure of the true health of a city is the living conditions of the most vulnerable residents. In San Francisco, as in many major cities, an acute housing shortage and high cost of living have contributed to more people becoming homeless. San Francisco's residential development struggles are more severe, however. The city has the second-most expensive construction costs in the world, [8] and the housing approval process takes nearly a year longer than in any other part of California [9], contributing to chronic underproduction of housing. [10] At the same time, past planning and zoning decisions create deep inequities in where housing is built, with a few neighborhoods bearing the burden of nearly all the City's housing density and affordability efforts.

"About 30% of our clients are Black African-American families. That in itself is a huge discrepancy. It's a huge inequity. When we take a look at what our Black families come in for services, we see overwhelmingly the need for housing."

More than one-third of San Francisco households spend at least 30% of their income on rent, with more impacted households in the southeastern part of the city.

Rent Burden



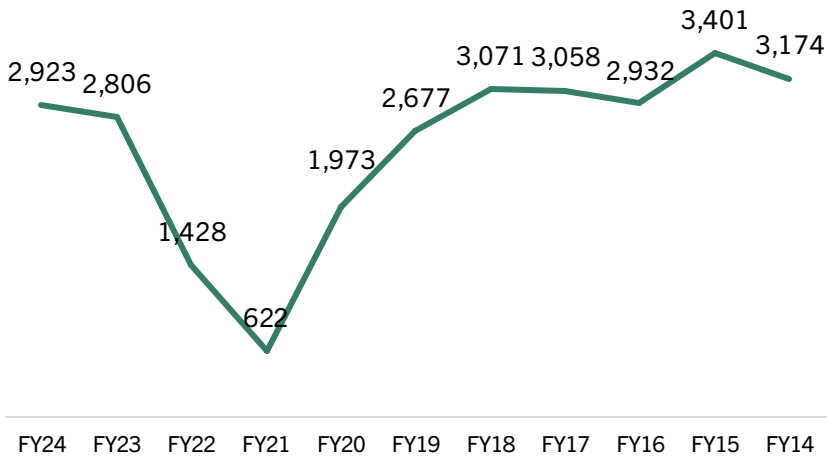


Source: City Health Dashboard. American Community Survey, US Census Bureau. 2022, 5 year estimate.

Numeric information for this map is included in the appendix.

The number of evictions has increased over the past few years as COVID-era eviction bans ended, representing a return to pre-pandemic levels.

Eviction Filings



Source Mayor's Office of Housing and Community Development (https://www.sfexaminer.com/news/housing/sf-eviction-filings-return-to-pre-pandemic-levels-data-shows/article_2908737a-5f54-11ef-8169-7b737810d183.html)

Medication

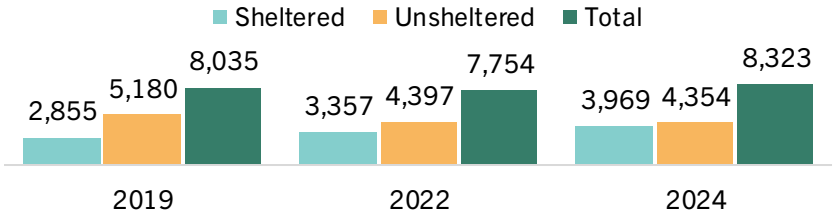
Many people experiencing homelessness have had their medications taken or thrown away during sweeps, an especially harmful practice, as they often have poor health, suffer disproportionately from chronic illnesses, and rely on these medications to survive.

44% of people experiencing homelessness **have had their medication taken / thrown away in sweep**

Source: Latino Task Force (2022) Mission District Street Needs Assessment + El Proyecto Dignidad (https://f6cfa4e2-8fad-4c5a-a5e2-b201f3d9d21b.filesusr.com/ugd/bbc25b_99f10a84713449bd9e24e1ec89bb1c0c.pdf)

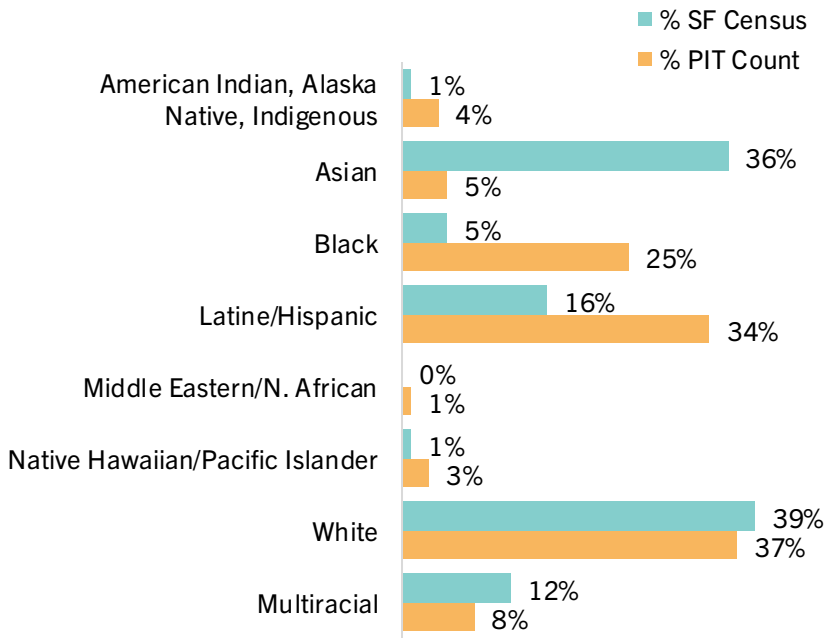
Homelessness

The number of unhoused people in San Francisco has increased in the past few years. People who identify as Black/African American and Latine/Hispanic are overrepresented among people experiencing homelessness.



Source: San Francisco 2024 Point in Time Report (https://www.sf.gov/data--point-time-count-dashboard)

Homelessness by Race/Ethnicity (multiple responses allowed)

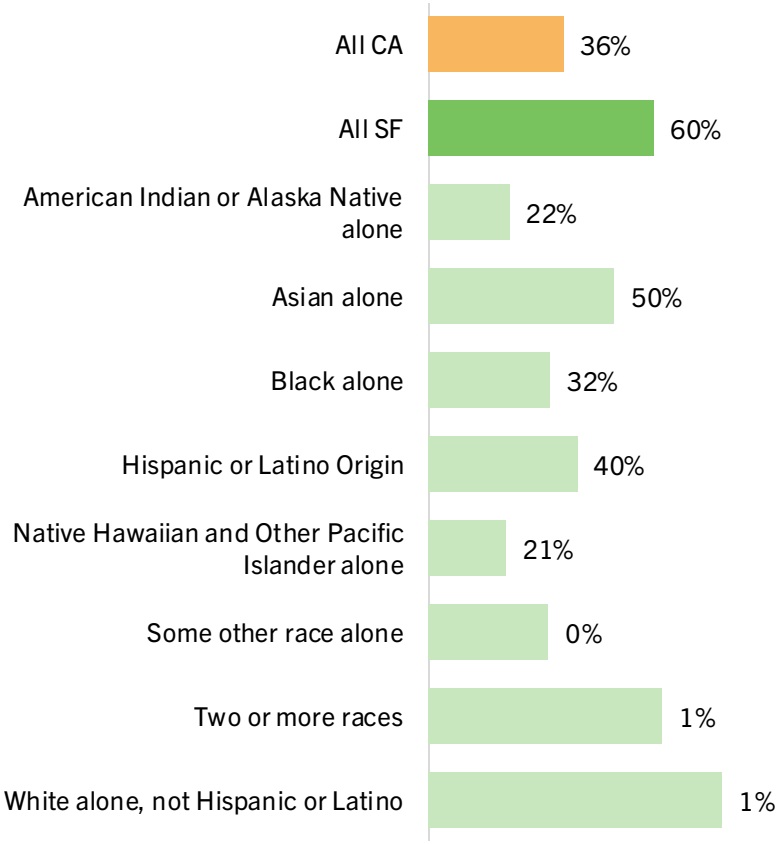


Source: San Francisco 2024 Point in Time Report (https://www.sf.gov/data--point-time-count-dashboard)

Education

A higher proportion of San Franciscans than Californians overall have a college degree, but the rates vary widely by race/ethnicity, with the lowest rates among American Indians/Alaska Natives and Native Hawaiians/Other Pacific Islanders.

Bachelor's degree or higher, population 25 years and over



Source: American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1501, 2022

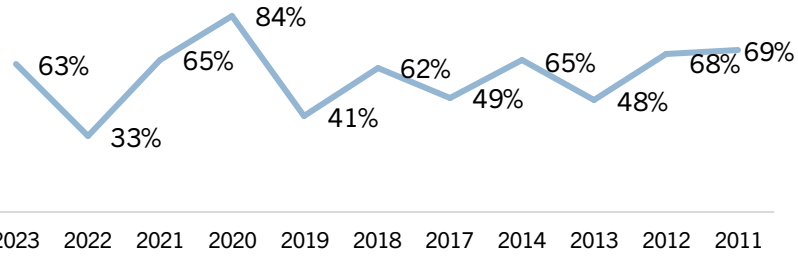
"We find that a lot of our families and communities have parents who have maybe a housing situation. Or are still struggling with understanding services and linkage, and a lot relates to education and educational disparities. That's something that has a health kind of tone; the education inequities within the communities, and understanding the support and resources that need to be committed in supporting those communities."

Food

Among adults whose income is less than 200% of the Federal Poverty Level, more than one-third could not consistently afford enough food, a proportion that has not improved over time.

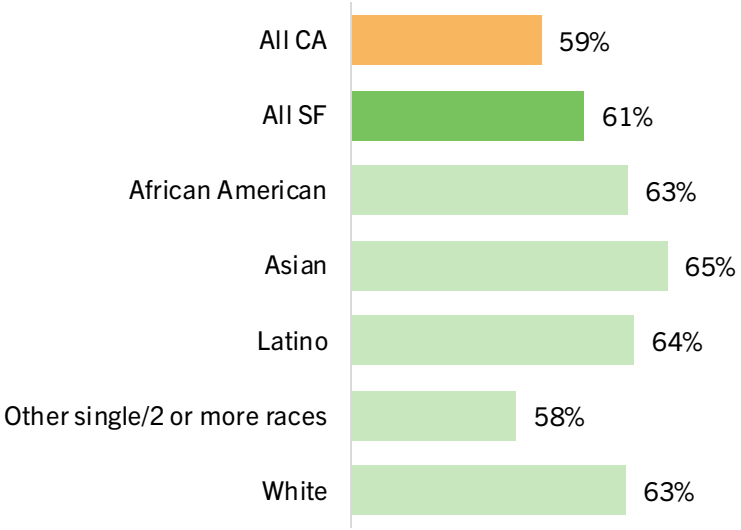
This need was higher for people from a different or more than one race/ethnicity.

Food Security (ability to afford enough food, adults whose income is less than 200% of the Federal Poverty Level)



Source: California Health Interview Survey, 2011-2023.

Able to afford enough food (food secure), adults whose income is less than 200% of the Federal Poverty Level



Source: California Health Interview Survey, 2020-2023.

"Clinics are screening people for food insecurity, which is obviously a health disparity. Then those with hypertension, and sometimes additional health metrics like diabetes, are provided with vouchers for fruits and veggies or a food pharmacy box for between three and six months. It's obviously not going to solve the food insecurity problem, given the cuts that we saw in CalFresh or at the federal level in SNAP a year ago, but that's an innovative thing they're trying to do."

Current Work on Economic Security

Recent initiatives that SFHIP organizations have taken to improve economic security include providing essential resources, supporting workforce development, and advocating for policies that ensure long-term housing, employment, and food security for underserved communities. A full list is included in the appendix, “2022 CHNA Health Need-Related Hospital Initiatives.”

- **Grants for Housing and Employment Support:** Financial assistance to organizations offering safe, affordable housing, living-wage jobs, and educational opportunities.
- **Career Pathways and Workforce Development**: Healthcare career entry and advancement opportunities and investment in small, local businesses owned by or employing under-resourced populations.
- **Economic Stability and Support Services**: Funding from government and private foundations to support housing stability, workforce development, and substance use treatment referrals.
- **Research and Policy Advocacy for Food and Housing Security**: Advocate for policies and interventions that improve food affordability and housing access for vulnerable populations.

CONCLUSION

“What we’ve been saying here is that community-based organizations, faith-based organizations, folks doing work on the ground with our community, our community themselves know the best ways to promote health and wellness. And I think there’s just such a need and opportunity to partner with community-based organizations, faith-based groups around creating new approaches.”

San Francisco residents emphasized that their greatest strength lies in community and connection. By centering lived and learned experiences, policies, programs, and services can be more effective, equitable, and responsive to community needs. Residents possess firsthand knowledge of the challenges they face, as well as the strengths and resources within their communities — insights that external decision-makers may overlook. Many under-resourced communities navigate structural inequalities that are not always fully recognized by those outside their lived reality. When their voices are valued in decision-making processes, trust and engagement grow, fostering greater participation and collective ownership of solutions. Elevating lived and learned experiences ensures that diverse voices are heard, leading to more inclusive, community-driven solutions.

Additionally, shifts in policy structures at the highest levels pose a threat to the community connectedness that supports the health of individuals, families, neighborhoods, and our city. As resources are reallocated, the growing demand for community services and healthcare professionals will become even harder to meet. In this changing landscape, community-based organizations, advocates, and residents will play an increasingly vital role in maintaining the strength and well-being of their communities.

APPENDIX

Detailed Methods

About the Community Health Needs Assessment (CHNA)

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower healthcare costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years. The IRS code for Charitable Hospital Organizations, Section 501(r)(3)(A), is where this requirement is enshrined in law. To meet these requirements, the CHNA must:

- Define the community it serves
- Assess the health needs of that community
- Take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health
- Be made widely available to the public

In addition to fulfilling these requirements, the CHNA in San Francisco is an opportunity for hospitals and community agencies to better understand the unique needs and stories of San Franciscans, and an opportunity to advance health and health equity.

CHNA Leadership

The San Francisco CHNA is conducted as part of the **San Francisco Health Improvement Partnership** (SFHIP), a collaborative body whose mission is to improve community health and wellness in San Francisco through collective impact. SFHIP is comprised of mission-driven anchor institutions committed to leveraging their economic power to improve community health and wellbeing; health equity coalitions grounded in the lived experience and resilience of communities experiencing health inequities; funders dedicated to improving community health; and educational, faith-based, and service provider networks and institutions making a difference in the everyday lives of residents.

- African American Health Equity Coalition
- APA Family Support Services
- Asian & Pacific Islander Health Parity Coalition
- Chicano/Latino/Indígena Health Equity Coalition
- Chinese Community Health Resource Center
- Kaiser Permanente
- Rafiki Coalition for Health and Wellness
- San Francisco AIDS Foundation-Latine Health Program
- San Francisco Campus for Jewish Living
- San Francisco Community Clinic Consortium
- San Francisco Department of Public Health
- San Francisco Unified School District
- Sutter Health California Pacific Medical Center
- University of California, San Francisco
- UCSF Health Saint Francis Memorial Hospital
- UCSF Health Saint Mary's Medical Center

SFHIP, with support through the Hospital Council, brought on a consultant, **Harder+Company Community Research**, to lead this work. Harder+Company Community Research (Harder+Company) is a nationally recognized leader in high-quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts: including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to the CHNA processes.

2022 CHNA Health Need-Related Hospital Initiatives

SFHIP members are committed to developing strategies aimed at making long-term, sustainable change; to deepen the strong relationships we have with other organizations that are working to improve community health. Since the last CHNA in 2022, the SFHIP hospitals have worked on the following initiatives to address the 2022 CHNA-identified health needs of access to care, behavioral health, and economic security.

Access to Care

CPMC

- CPMC has sought to increase culturally and linguistically appropriate healthcare services for uninsured or underinsured patients who reside in neighborhoods with the highest health disparities by providing grants and partnerships with neighborhood clinics such as Mission Bernal Women's Clinic, Mission Neighborhood Health Center, and South of Market Bayview Child Health Center.
- CPMC partners with Operation Access and San Francisco Endoscopy Center to provide access to diagnostic screenings, specialty procedures, and surgical care at no cost for uninsured Bay Area patients who have limited financial resources. CPMC physicians volunteer their time to provide these free surgical services, while the hospital donates the use of its operating rooms.
- CPMC provides a range of grants and financial assistance to expand the city's healthcare and social service safety net by partnering with community-based organizations across San Francisco.
- CPMC offers HealthFirst, which is a center for prevention and education located at CPMC's Mission Bernal Campus and serves uninsured and underinsured patients in chronic disease management by integrating community health workers (CHWs) into the multidisciplinary healthcare team.
- CPMC and Lions Eye Foundation partner together to provide highly specialized eye care procedures free of charge to people without insurance or financial resources.
- A key part of CPMC's Medi-Cal program is the Medi-Cal Managed Care partnership with North East Medical Services (NEMS) community clinics and San Francisco Health Plan (SFHP), a licensed community health plan that provides affordable healthcare coverage to over 145,000 low- and moderate-income San Francisco residents. Working together with NEMS, CPMC provides inpatient services, hospital-based specialty and ancillary services, and emergency care. CPMC also provides access to quality healthcare services for patients who select Hill Physicians or Brown & Toland as their medical group through San Francisco Health Plan.
- Efforts are being made locally and statewide to integrate medical care and social services through CalAIM to ensure that individuals utilizing Med-Cal receive whole person care approaches to improve quality outcomes and reduce health disparities.

UCSF Health Saint Francis Hospital and Saint Mary's Hospital

- St. Mary's and Saint Francis provided over $227 million in unreimbursed care for low-income patients. This includes specialty care, surgeries, in-patient adult and pediatric behavioral health and community clinic services.
- St. Mary's hosts the Sr. Mary Philippa Health Clinic, which provides primary care for 1,000 low-income patients with access to a variety of specialty care
- Created streamlined screening and referral for the social work team to support a patient's access to CalAIM services
- Conducted needs assessment of staff at the hospital, which surfaced gaps of care navigation, access to shelter and housing, access to substance use services and clarity of role for partners and off-hours connection access to culturally competent staff to meet with patients and families

- Saint Francis/St. Mary's partnered with Curry Senior Center to provide a planning grant and technical assistance to explore the need for a Medical Respite for homeless seniors
- Saint Francis and St. Mary's partnered with the SF Community Health Center to support their street medicine program and have them connect with patients in the hospital for post-discharge follow up
- Serious Illness Pilot for Asian Seniors with Self-Help for the Elderly and All-American Medical group to increase Advance Care Plan adoption in the Asian community and support the Asian seniors with care navigation, documentation readiness, and SDOH navigation.
- Joined the monthly CalAIM Path County Collaborative to learn about the needs and opportunities of the managed care plans and non-profit partners, while sharing the needs and pain points of Saint Francis and St. Mary's.
- Provided guidance, connection and targeted funding for partner organizations to stand up services to contract with Managed Care Plans for CalAIM services (SFCityVitals, Code Tenderloin, Self-Help For the Elderly, Curry Senior Center, GLIDE)

UCSF

- UCSF's Health Equity Council: Health Equity Patient, Family & Community Voice Task Force to diversify the patient voice to improve the healthcare experience, process and systems to achieve health equity
- National Center of Excellence in Women's Health: Black Women's Health & Livelihood Initiative, an initiative places UCSF in a national movement to address the current realities of healthcare inequities for Black women.
- Latinx Center of Excellence: Aspiring Physicians Program (APP) in partnership with SFSU, a program to increase the number of Latinx physicians, as well as physicians from other under-represented minority (URM) communities
- Black Health Initiative: Healthy Street, a Community Engagement Model designed to increase UCSF's impact within under- served Black/African American communities. This pop-up redefines what a street/community-based care experience can look like.
- Umoja Health/SFCAN: Uniting 30 CBOs to combat COVID-19 in Black communities in the Bay Area

Behavioral Health

CPMC

- CPMC's Kalmanovitz Child Development Center provides diagnosis, evaluation, treatment and counseling for children and adolescents with learning disabilities and developmental or behavioral problems based on a child's unique needs. These services are provided at reduced or no cost. The Kalmanovitz Center works closely with local schools and community organizations, such as De Marillac Academy, a tuition free school serving low-income students.
- CPMC provides a range of grants and financial assistance to support and expand mental health for at-risk communities. These include programs that focus on increasing substance use disorder treatment services for individuals with co-occurring behavioral health challenges and integrating services into existing primary care and expanding access to support groups that are linguistically and culturally appropriate.

UCSF Health Saint Francis Hospital and Saint Mary's Hospital

- Saint Francis and St. Mary's provide Adult and adolescent in-patient behavioral health beds to medi-cal and charity care patients
- Saint Francis and St. Mary's hosted Substance Use Navigators at the hospital to spend extra time with patients to connect and discuss treatment options for them.

- Expanded prescription of Medically Assisted Treatment in the Emergency Department
- St. Mary's hosts the Counseling Enriched Education Program, which is a specialized school located within the McAuley Adolescent Psychiatric Unit. Public school students are taught by public school teachers, with mental health professionals on-site to provide group and individual therapy for at-risk students.
- Saint Francis hosts Rally Family Services, the only Supervised Visitation Program in the Bay Area for at-risk families. The program supports over 100 families across San Francisco, Marin and San Mateo.
- Saint Francis and St. Mary's have partnered with Code Tenderloin to expand navigation services to the nights and weekends. This has increased access for patients to substance use treatment, shelter, and stabilization beds.

UCSF

- UCSF's Health Equity Action Time (HEAT), is a dedicated multidisciplinary forum for child and adolescent providers, community organizations, policy leaders, health system partners, and advocates to come together and drive meaningful change, united by a shared commitment to promote health equity. Participants of HEAT gather to learn, connect and advocate for child and adolescent mental and behavioral health and wellbeing.
- Health and Human Rights Initiative - Fuerte, a school-based group prevention program targeting newcomer immigrant youth at risk of behavioral health concerns
- Trauma Recovery Center - Provide access to wraparound care that include: individual and group psychotherapy, case management (help with needs such as shelter/ housing, financial benefits, food and clothing, legal advocacy and linkage to medical care), and trauma-informed psychiatry.
- Somo Escenciales: Collaboration with Accion Latina, Latino Task Force and Mission Food Hub to address mental health concerns through parent psychoeducational meetings for Spanish speaking parents.
- Community Health Advanced by Next Generation Efforts in San Francisco (CHANGE SF), a program that provides paid work-based learning opportunities for youth and young adults in the fields of mental and behavioral health and psychiatry.

Economic Opportunity

CPMC

- Provides a range of grants and financial assistance to organizations that provide access to safe, affordable, and stable housing, living-wage jobs, nutritious food, educational opportunities, and other resources that provide the conditions necessary for health and well-being. These programs include initiatives that help people experiencing homelessness or housing instability have access to comprehensive support services, resources, access to interim or permanent/stable housing, or preventing re-entry into homelessness. It also includes programs that help unemployed or underemployed people obtain employment.
- Provides a range of grants and financial assistance to organizations that provide access to safe, affordable, and stable housing, living-wage jobs, nutritious food, educational opportunities, and other resources that provide the conditions necessary for health and wellbeing. These programs include initiatives that help people experiencing homelessness or housing instability have access to comprehensive support services, resources, access to interim or permanent/stable housing, or preventing re-entry into homelessness. It also includes programs that help unemployed or underemployed people obtain employment.

UCSF Health Saint Francis Hospital and Saint Mary's Hospital

- Saint Francis and St. Mary's joined Mayor Breed in launching the Flexible Housing Subsidy Pool to expand permanent supporting housing by over 500 units in the midst of COVID. The hospitals participated in a pilot program to get medically vulnerable patients into housing quickly. The pilot illustrated the many gaps that are needed to get individuals into stable housing.
- St. Mary's hosts a Medical Residency Program to train the next generation of physicians.
- Saint Francis and St. Mary's piloted social workers for just homeless patients to get them into housing and other support services.
- Saint Francis and St. Mary's are supporting our partner organizations to diversify their funding streams by provide guidance and support around CalAIM contracting. The new services allow the long-term funding of services and create entry level jobs start work in the health field.

UCSF

- UCSF's Anchor Institution Mission (AIM) – aims to 1) increase UCSF's capacity to train, hire, and promote people from under-resourced populations; 2) increase spending from small, local businesses that are owned by or employ under-resourced populations to 25% and 3) pilot a $5 million community investment strategy
- The Benioff Homelessness and Housing Initiative (BHHI) provides accurate, timely policy-oriented research about homelessness for local, state, and national policymakers and practitioners.
- Crankstart funded UCSF Career Pathways initiative will offer career advancement opportunities to individuals from historically underinvested communities in the San Francisco Bay Area, including unemployed and underemployed people, as well as transitional-aged youth between 18 and 24. The program will also be open to UCSF employees seeking career advancement.
- Center for Vulnerable Populations' Food Policy, Health, and Hunger Research Program, is committed to creating communities where healthy food is affordable and easily accessible for everyone. Our research focuses on community-based interventions and policies impacting the food environment and food affordability
- The UCSF Climate Resilience Core is focusing on community engagement, best practices and principles for incorporating environmental and climate justice into UC campuses' climate action planning efforts.

SFHIP Focus Group Discussion Guide

Introduction

Hi everyone, thank you for talking with us today. I'm from Harder+Company Community Research. We are helping the hospitals and community groups in San Francisco learn how to help people in our community be as healthy as they can be. It is called a community health needs assessment and is something that the hospitals do every 3 years.

When we talk about health today, we are using a general definition of health that includes physical, mental, and social wellbeing that affect how you live and how healthy you and your family are. This includes things like access to and use of medical and behavioral health services, your financial situation, how safe you feel in your community, and housing.

We will talk for about an hour today. Before we start, I want to share some guidelines we like to use when we have these kinds of group discussions:

- There are no right or wrong answers. You are the experts about your community.
- Everyone's opinion counts. It is fine to have a different opinion than someone else.
- We want everyone to share and have an equal chance to talk, so please try not to interrupt anyone.
- Please ask questions if you are not sure what we mean by something.
- Because we only have an hour and a lot to talk about, I may need to move us to the next topic sort of abruptly to get to all the questions.
- Everything we talk about today is confidential. That means that, when we write a report for the hospitals and community groups doing the CHNA that says what the community's health needs are, we will not tell anyone your name.
- We'd also like to record our conversation and have the recording transcribed (or written out) to make sure we get everything you say right. Is that okay? [get consent for recording]
- Finally, in appreciation for your time, you will all get a $50 gift card to a place you get to choose from a list of a bunch of different options. We will email you more details about this following our conversation.

Do you have any questions before we start? [If agreed on, turn on recording. If not, continue to take notes.]

Discussion Questions

1) To start, could everyone please share your first name; and the community, neighborhood, or organization that you are from?
2) We want to learn about what helps you, your families, and your communities be strong and healthy. What are your **communities' strengths**; for example, what is your community good at doing to keep each other healthy?
3) On the other hand, what do you think are the biggest **health needs** in your community; for example, what gets in the way of your families and communities living healthy lives?
4) Are there certain groups of **people or communities** that experience the health needs we've been talking about more than others? If so, in what ways?
5) What do you think are one or two of the biggest **challenges to fixing** each of these needs?
6) What would you like to see healthcare organizations (like health departments, hospitals-based community services groups, insurance companies, or foundations) do to **help with these needs**?
7) Is there anything else you would like to share that we did not ask or anything you would like to expand on?

Kaiser Permanente Key Informant Interview Guide

Thank you for agreeing to do this interview today. My name is [NAME] with Harder + Company Community Research. Kaiser Permanente has partnered with Harder+Company to conduct the Community Health Needs Assessment, or CHNA, in San Francisco. For your background, we do not play any role in Kaiser Permanente's grant-making.

The CHNA, which is conducted every three years, includes consideration of health outcomes and social and environmental health factors, along with community perspectives, in order to identify key health-related issues and assets specific to each community Kaiser Permanente serves. This information informs how Kaiser Permanente develops strategies to address selected community health needs. You are an important contributor to this assessment because of your knowledge of the community you serve or represent. We greatly value your input.

By participating in this interview, you agree that Kaiser Permanente (KP) will use the information you provide - including de-identified statements or quotes - in the community health needs assessment. Information will be compiled and reported in a way that is not attributable to you. Additionally, Kaiser is one of many hospital systems in the San Francisco area, most of which are also currently engaging in Community Health Needs Assessments. We are coordinating with other hospital systems, including San Francisco Health Improvement Partners (also known as SF HIP) to share our data in an effort to reduce data burden on our community experts, like yourself. We would like to share the transcript of this interview with them to include in their CHNA report. The information you provide will not be reported, by us or by the other hospital systems, in a way that would identify you. Do you have any questions before we get started?

We expect this interview to last approximately an hour. To improve the accuracy of our notes and any quotes that might be used for reporting purposes, we would like to record the interview. Do we have your permission to record the interview? [If yes, start the recording]

Key Informant Background Information

Could you please pronounce your name and share your preferred pronoun? Now, I would like to ask a few questions about you.

1) Tell me about [**Organization**] in just a few sentences, **what does it do, and how does it serve the community**?
2) How would you describe the **geographic areas and populations** you serve or represent?

Health Needs

Next, I would like to ask a few questions about health needs and potential strategies to address them in your community. This will be followed by questions about inequities that have an impact on these health needs.

3) What are the **healthiest assets or characteristics** of this community (e.g., a strong transportation system, an active arts and culture sector, safe and accessible spaces for physical activity, community resilience)? What strengths in the community amplify or support these healthy characteristics?
4) What are the **biggest health issues and/or conditions** your community struggles with? We are not looking for a comprehensive list, but more like the top 3. Please briefly describe the issues
    a. What do you think creates these issues (e.g., economic factors, societal/social factors, environmental factors)?)
    b. How have you seen community needs change over the past couple years?
    c. How has COVID pandemic recovery, including expiration of certain benefits, influenced the magnitude of these needs?
5) What are one or two of the **biggest challenges** to addressing each of these needs?
6) In our initial review of quantitative data and other sources we are seeing **Sexual Health, Housing, Climate and Environment, Housing and Community Safety** coming up as health needs in **San Francisco**. What are your perspectives on this?

Equity

Now I have a few questions to ask you about inequities in your community that have an impact on the important health needs you mentioned. This could be racial inequity as well as inequities related to gender, age, geography, language access and other factors.

7) Are there **certain people or geographic areas that have been affected by the issues we've been talking about more than others**? If so, in what ways? Is this relevant to all the needs we've been talking about or a specific one? Which specific groups of the population, if any, should Kaiser Permanente focus on to reduce disparities and inequities related to race or other factors?
8) What are **effective strategies to reduce health disparities and address structural inequities in your community**? [Probes: Is there existing work underway that is promising? Who are the individuals or organizations that are important in connecting the subgroups most affected by disparities to community resources that support the health need(s)? Are there any equity initiatives or strategies you know of that seem to be making a positive impact?]

Community Resources And Potential Investments

Finally, I would like to ask about the resources available to address important health needs in the community. This will be followed by a question about potential future investments.

9) What **key community resources, assets, or partnerships can you think of that can help address the significant health needs we talked about today**?
10) Are there any **significant gaps in community resources**, assets, or partnerships to addressing the significant health needs we talked about today? Who is not yet involved in this effort but needs to be to help address the significant health needs we talked about?
11) How would you like to see **healthcare organizations invest in community health programs or strategies to address these needs**? What would those investments be?

Closing

12) Are there any other thoughts or comments you would like to share that we have not discussed?
13) Are there any other documents, reports or secondary data that you think we should review to better understand the health needs in San Francisco?

Numeric Information for Maps

Map of Population across San Francisco Neighborhoods (page 18)

Census Tract	Population
101.01	2,004
101.02	1,795
102.01	2,608
102.02	1,761
103	3,791
104.01	2,393
104.02	2,012
105	3,177
106	3,293
107.01	3,280
107.02	1,380
108	4,334
109.01	2,069
109.02	2,568
110.01	2,327
110.02	1,755
111.01	2,470
111.02	2,205
112	2,678
113	2,518
117	1,947
118	1,635
119.01	2,084
119.02	2,732
120.01	1,738
120.02	2,035
121	3,250
122.02	3,017
122.03	1,895
122.04	2,389
123.01	1,766
123.02	2,586
124.03	2,696
124.04	2,587
124.05	3,878
124.06	1,358
125.02	4,689
125.03	4,497
125.04	651
126.01	2,045
126.02	2,956
127	3,973
128.01	2,547
128.02	2,035
129.01	2,887
129.02	2,735
130.01	1,770
130.02	2,785
131.01	3,935
131.02	2,725
132	3,721
133	4,160
134.01	1,456
134.02	2,302
135	2,544
151	2,840
152.01	1,532
152.02	2,334
153	2,427
154.01	3,035
154.02	2,747
155	3,936
156	2,927
157.01	4,958
157.02	3,109
158.01	3,220
158.02	3,163
159	4,876
160	2,725
161.01	2,444
161.02	2,798
162	3,198
163	3,794
164	3,481
165	5,393
166.01	3,027
166.02	1,986
167	5,092
168.01	4,013
168.02	3,754
169	2,890
170	4,016
171.01	4,125
171.02	3,550
176.02	3,251
176.03	4,527
176.04	3,720
177	2,360
178.01	3,335
178.03	2,318
178.04	3,911
179.03	2,829
180	3,636
201.01	4,221
201.02	3,627
202.01	1,847
202.02	3,929
203	3,372
204.01	3,409
204.02	4,083
205	2,895
206.01	3,073
206.02	2,369
207.01	3,032
207.02	2,046
208.01	3,732
208.02	2,274
209	3,644
210	3,739
211	4,054
212	3,052
213	2,948
214	3,522
215	5,341
216	4,417
217	4,459
218	3,999
226	4,210
227.02	2,017
227.04	3,982
228.01	4,755
228.02	2,236
228.03	4,098
229.01	4,197
229.02	2,019
229.03	2,675
230.01	5,576
230.03	4,025
231.02	3,411
231.03	4,512
232	4,214
233	3,934
234	3,811
251	3,342
252	5,610
253	4,218
254.01	3,706
254.02	3,163
254.03	4,686
255.01	4,073
255.02	3,451
256	5,290
257.01	5,047
257.02	4,601
258	1,776
259	4,134
260.01	6,010
260.02	3,731
260.03	4,873
260.04	3,924
261	6,601
262.01	3,928
262.02	3,664
263.01	4,955
263.02	4,707
263.03	4,425
264.01	3,470
264.02	4,654
264.03	3,453
264.04	2,404
301.01	4,588
301.02	4,808
302.01	4,120
302.02	4,017
303.01	6,509
303.02	3,492
304	5,120
305	3,778
306	2,356
307	6,600
308	5,769
309	6,425
310	4,336
311	6,276
312.01	5,906
312.02	2,919
313.01	3,847
313.02	4,727
314.01	2,700
314.02	4,671
326.01	4,511
326.02	4,105
327	6,729
328.01	3,946
328.02	4,185
329.01	5,071
329.02	3,797
330.01	3,858
330.02	3,940
331	3,866
332.01	3,535
332.03	3,339
332.04	3,327
351.01	3,848
351.02	3,828
352.01	5,136
352.02	4,559
353	6,922
354	7,154
401	4,277
402	4,903
426.01	3,999
426.02	3,060
427	5,365
428	2,419
451	4,664
452.01	3,113
452.02	3,304
476	5,208
477.01	4,742
477.02	3,441
478.01	4,227
478.02	3,897
479.02	3,327
479.03	3,608
479.04	3,175
601	3,808
604	1,818
605.02	3,087
607.01	8,415
607.02	2,359
607.03	5,936
610	4,558
611.01	1,814
611.02	2,017
612	4,163
614.01	2,900
614.02	2,354
615.01	1,807
615.02	2,195
615.03	3,612
615.04	2,133
615.05	1,162
615.06	4,918
615.07	1,550
615.08	2,018
9802	179
9803	49
9805.01	155
9806	1,290
9809	322

Map of % Uninsured by Neighborhood (page 27)

Census Tract	ZIP Code	%
012301	94102	2%
012302	94102	4%
012403	94102	0%
012404	94102	9%
012405	94102	4%
012502	94102	15%
012503	94102	9%
012504	94102	21%
016000	94102	4%
016200	94102	4%
016802	94102	3%
017602	94103	14%
017603	94103	4%
017604	94103	4%
017700	94103	6%
017803	94103	2%
017804	94103	3%
020101	94103	4%
020102	94103	10%
020201	94103	4%
020202	94103	2%
011700	94104	8%
061501	94105	1%
061503	94105	7%
061504	94105	0%
061505	94105	0%
061506	94105	4%
061507	94105	0%
017801	94107	1%
018000	94107	4%
022600	94107	1%
022702	94107	2%
022704	94107	2%
060702	94107	1%
060703	94107	1%
061401	94107	5%
061402	94107	1%
061502	94107	4%
061508	94107	5%
011200	94108	3%
011300	94108	1%
011800	94108	4%
011902	94108	5%
061102	94108	9%

Census Tract	ZIP Code	%
010201	94109	2%
010202	94109	0%
010901	94109	1%
010902	94109	3%
011001	94109	8%
011002	94109	9%
011101	94109	3%
011901	94109	3%
012001	94109	1%
012002	94109	16%
012100	94109	2%
012202	94109	13%
012203	94109	9%
012204	94109	9%
012406	94109	12%
013101	94109	3%
013102	94109	2%
015100	94109	1%
015201	94109	8%
020701	94110	3%
020702	94110	1%
020801	94110	3%
020802	94110	7%
020900	94110	5%
021000	94110	4%
022801	94110	4%
022802	94110	3%
022803	94110	7%
022901	94110	15%
022902	94110	5%
022903	94110	2%
025100	94110	10%
025200	94110	2%
025300	94110	5%
025401	94110	3%
025402	94110	5%
025403	94110	7%
010500	94111	5%
061101	94111	10%
025501	94112	5%
025502	94112	2%
026001	94112	9%
026002	94112	6%
026003	94112	9%

Census Tract	ZIP Code	%
026004	94112	2%
026100	94112	12%
026201	94112	7%
026202	94112	6%
026301	94112	9%
026302	94112	7%
026303	94112	2%
031000	94112	2%
031201	94112	6%
031202	94112	8%
031401	94112	8%
031402	94112	4%
016900	94114	2%
017000	94114	0%
020300	94114	4%
020401	94114	6%
020500	94114	1%
020601	94114	1%
020602	94114	8%
021100	94114	2%
021200	94114	4%
021300	94114	5%
021400	94114	0%
013200	94115	0%
013401	94115	2%
013402	94115	0%
013500	94115	5%
015202	94115	1%
015300	94115	3%
015500	94115	3%
015702	94115	1%
015801	94115	6%
015802	94115	4%
015900	94115	4%
016101	94115	8%
016102	94115	11%
030302	94116	2%
030400	94116	1%
032801	94116	4%
032901	94116	2%
033001	94116	6%
033002	94116	2%
035300	94116	1%
035400	94116	6%

Census Tract	ZIP Code	%
016300	94117	5%
016400	94117	6%
016500	94117	4%
016601	94117	3%
016602	94117	0%
016700	94117	1%
016801	94117	2%
017101	94117	1%
017102	94117	1%
980300	94117	0%
013300	94118	1%
015401	94118	5%
015402	94118	1%
015600	94118	0%
015701	94118	6%
040100	94118	3%
040200	94118	4%
045100	94118	2%
045201	94118	0%
045202	94118	5%
042601	94121	8%
042602	94121	2%
042700	94121	4%
042800	94121	1%
047600	94121	6%
047701	94121	3%
047702	94121	4%
047801	94121	3%
047802	94121	5%
047902	94121	4%
047903	94121	1%
047904	94121	4%
980200	94121	*
030101	94122	2%
030201	94122	2%
030202	94122	1%
030301	94122	4%
032601	94122	3%
032602	94122	4%
032700	94122	5%
032802	94122	5%
032902	94122	2%
035101	94122	2%
035102	94122	1%

Census Tract	ZIP Code	%
035201	94122	5%
035202	94122	5%
012601	94123	0%
012602	94123	2%
012700	94123	5%
012801	94123	1%
012802	94123	0%
012901	94123	1%
012902	94123	1%
013001	94123	2%
013002	94123	0%
023001	94124	9%
023003	94124	8%
023102	94124	4%
023103	94124	12%
023200	94124	2%
023300	94124	8%
023400	94124	2%
061200	94124	2%
980600	94124	7%
030600	94127	2%
030700	94127	2%
030800	94127	2%
030900	94127	2%
060100	94129	2%
017903	94130	14%
020402	94131	1%
021500	94131	3%
021600	94131	2%
021700	94131	3%
021800	94131	2%
030102	94131	3%
030500	94131	5%
031100	94131	3%
031301	94132	2%
031302	94132	5%
033100	94132	3%
033201	94132	4%
033203	94132	4%
033204	94132	5%
060400	94132	1%
010101	94133	10%
010102	94133	0%
010300	94133	2%

Census Tract	ZIP Code	%
010401	94133	1%
010402	94133	6%
010600	94133	5%
010701	94133	7%
010702	94133	14%
010800	94133	7%
025600	94134	10%
025701	94134	7%
025702	94134	3%
025800	94134	3%
025900	94134	6%
026401	94134	3%
026402	94134	6%
026403	94134	1%
026404	94134	7%
060502	94134	4%
061000	94134	2%
060701	94158	3%
011102	94164	6%
980900	94188	14%

Map of % Children in Poverty (page 42)

Census Tract	ZIP Code	%
012301	94102	0%
012302	94102	37%
012403	94102	0%
012404	94102	0%
012405	94102	17%
012502	94102	0%
012503	94102	21%
012504	94102	0%
016200	94102	0%
016802	94102	22%
017602	94103	13%
017603	94103	22%
017604	94103	0%
017700	94103	6%
017803	94103	45%
017804	94103	26%
020101	94103	0%
020102	94103	0%
020201	94103	0%
020202	94103	60%
011700	94104	59%
061501	94105	0%
061503	94105	0%
061504	94105	0%
061505	94105	0%
061506	94105	0%
061507	94105	0%
017801	94107	21%
018000	94107	0%
022600	94107	0%
022702	94107	16%
022704	94107	3%
060702	94107	0%
060703	94107	0%
061401	94107	4%
061402	94107	0%
061502	94107	0%
061508	94107	0%
011200	94108	29%
011300	94108	44%
011800	94108	42%
011902	94108	15%
061102	94108	26%
010201	94109	0%
010202	94109	0%
010901	94109	0%
010902	94109	56%
011001	94109	0%
011002	94109	0%
011101	94109	0%
011901	94109	18%
012001	94109	0%
012002	94109	*
012100	94109	0%
012202	94109	0%
012203	94109	56%
012204	94109	32%
012406	94109	0%
013101	94109	0%
013102	94109	20%
015100	94109	0%
015201	94109	0%
020701	94110	0%
020702	94110	45%
020801	94110	8%
020802	94110	11%
020900	94110	20%
021000	94110	14%
022801	94110	20%
022802	94110	0%
022803	94110	23%
022901	94110	12%
022902	94110	0%
022903	94110	3%
025100	94110	25%
025200	94110	2%
025300	94110	4%
025401	94110	0%
025402	94110	5%
025403	94110	12%
010500	94111	0%
061101	94111	40%
025501	94112	20%
025502	94112	19%
026001	94112	14%
026002	94112	9%
026003	94112	10%
026004	94112	7%
026100	94112	6%
026201	94112	26%
026202	94112	7%
026301	94112	13%
026302	94112	5%
026303	94112	0%
031000	94112	3%
031201	94112	10%
031202	94112	5%
031401	94112	9%
031402	94112	4%
016900	94114	3%
017000	94114	0%
020300	94114	0%
020401	94114	0%
020500	94114	5%
020601	94114	0%
020602	94114	0%
021100	94114	6%
021200	94114	0%
021300	94114	0%
021400	94114	0%
013200	94115	0%
013401	94115	0%
013402	94115	0%
013500	94115	0%
015202	94115	0%
015300	94115	13%
015500	94115	23%
015702	94115	2%
015801	94115	7%
015802	94115	0%
015900	94115	12%
016101	94115	0%
016102	94115	55%
030302	94116	0%
030400	94116	0%
032801	94116	5%
032901	94116	0%
033001	94116	0%
033002	94116	3%
035300	94116	0%
035400	94116	0%
016300	94117	0%
016400	94117	0%
016500	94117	0%
016601	94117	0%
016602	94117	0%
016700	94117	0%
016801	94117	12%
017101	94117	2%
017102	94117	2%
980300	94117	*
013300	94118	1%
015401	94118	5%
015402	94118	0%
015600	94118	9%
015701	94118	7%
040100	94118	6%
040200	94118	2%
045100	94118	0%
045201	94118	0%
045202	94118	3%
042601	94121	5%
042602	94121	3%
042700	94121	14%
042800	94121	1%
047600	94121	2%
047701	94121	11%
047702	94121	21%
047801	94121	5%
047802	94121	1%
047902	94121	5%
047903	94121	7%
047904	94121	13%
980200	94121	*
030101	94122	0%
030201	94122	25%
030202	94122	0%
030301	94122	0%
032601	94122	0%
032602	94122	3%
032700	94122	0%
032802	94122	0%
032902	94122	5%
035101	94122	3%
035102	94122	0%
035201	94122	11%
035202	94122	2%
012601	94123	0%
012602	94123	6%
012700	94123	4%
012801	94123	0%
012802	94123	0%
012901	94123	0%
012902	94123	0%
013001	94123	0%
013002	94123	8%
023001	94124	3%
023003	94124	0%
023102	94124	46%
023103	94124	42%
023200	94124	4%
023300	94124	33%
023400	94124	32%
061200	94124	0%
980600	94124	0%
030600	94127	0%
030700	94127	0%
030800	94127	9%
030900	94127	1%
060100	94129	0%
017903	94130	39%
020402	94131	0%
021500	94131	0%
021600	94131	0%
021700	94131	14%
021800	94131	0%
030102	94131	8%
030500	94131	9%
031100	94131	0%
031301	94132	12%
031302	94132	9%
033100	94132	2%
033201	94132	20%
033203	94132	16%
033204	94132	30%
060400	94132	8%
010101	94133	16%
010102	94133	8%
010300	94133	19%
010401	94133	5%
010402	94133	0%
010600	94133	9%
010701	94133	18%
010702	94133	19%
010800	94133	0%
025600	94134	2%
025701	94134	8%
025702	94134	4%
025800	94134	12%
025900	94134	7%
026401	94134	21%
026402	94134	23%
026403	94134	12%
026404	94134	29%
060502	94134	41%
061000	94134	8%
060701	94158	5%
980900	94188	22%

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