

2022 Community Health Needs Assessment



Kaiser Permanente San Francisco Medical Center

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Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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Kaiser Permanente San Francisco Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente San Francisco Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and not-for-profit health plans.

Every three years Kaiser Permanente San Francisco Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente San Francisco Medical Center has identified the following significant health needs, in priority order:

1. Housing
2. Mental & behavioral health
3. Access to care
4. Income & employment
5. Structural racism
6. Healthy Eating Active Living opportunities

To address those needs, Kaiser Permanente San Francisco Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

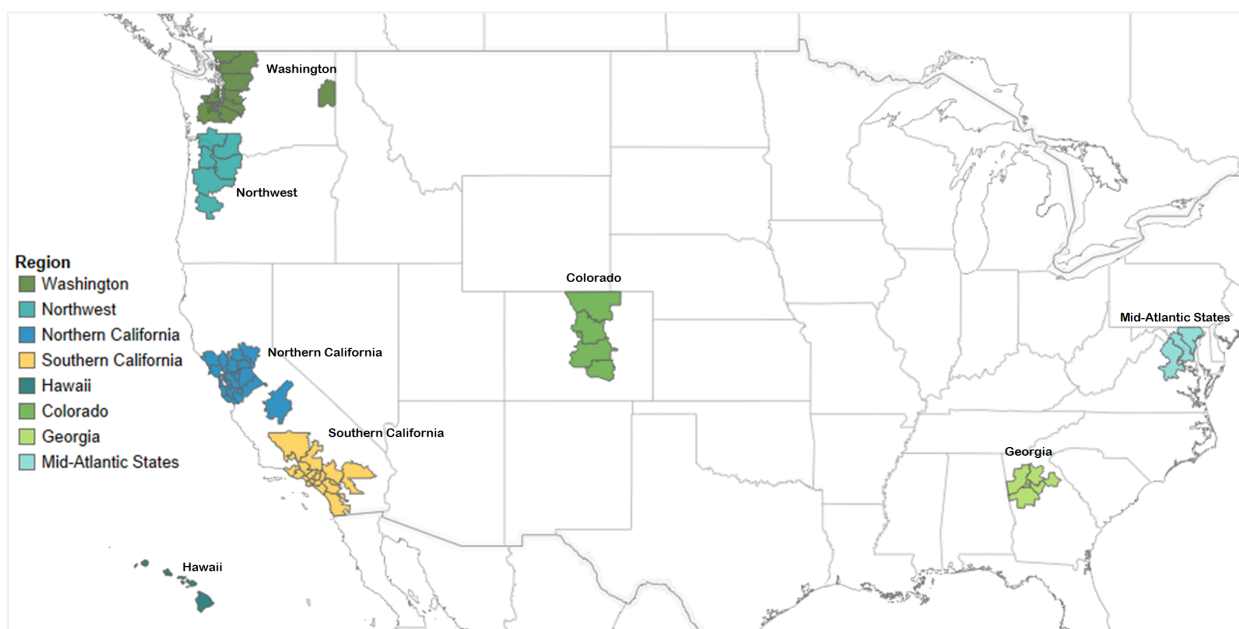
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

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 health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

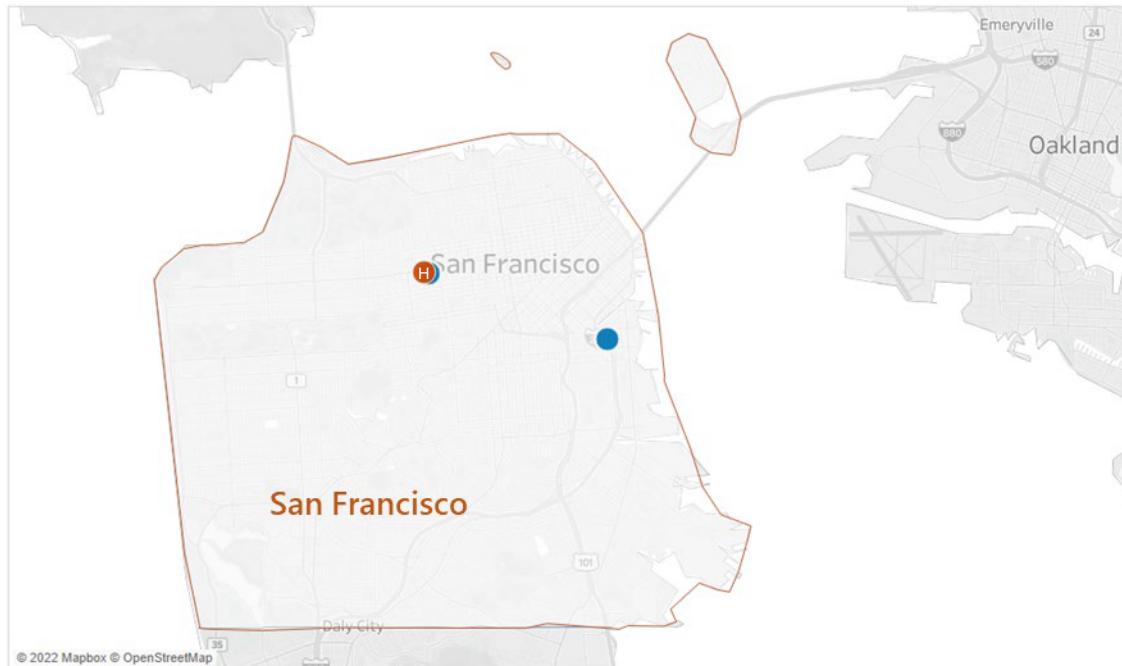
The Kaiser Permanente San Francisco Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente San Francisco Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

San Francisco service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



San Francisco service area demographic profile

Total population:	881,791
American Indian/Alaska Native	0.2%
Asian	35.5%
Black	4.9%
Hispanic	15.3%
Multiracial	3.8%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.3%
White	39.6%
Under age 18	13.3%
Age 65 and over	15.3%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

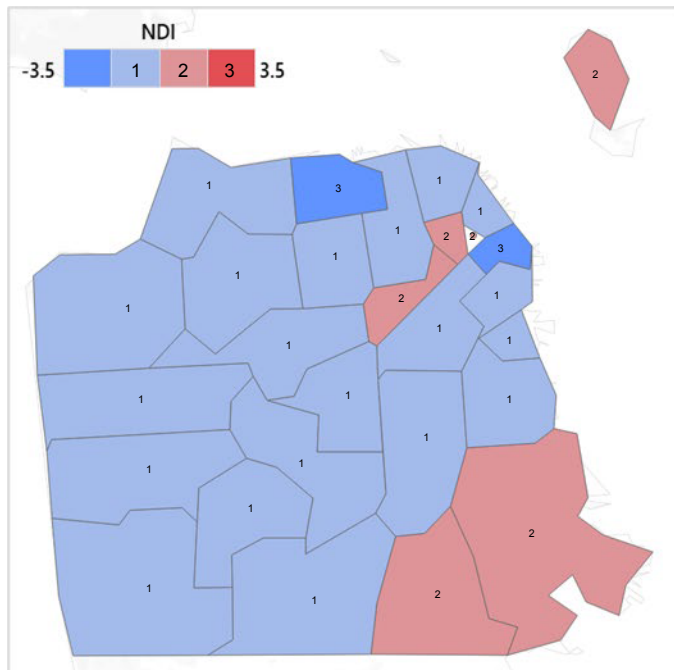
Neighborhood disparities in the San Francisco service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

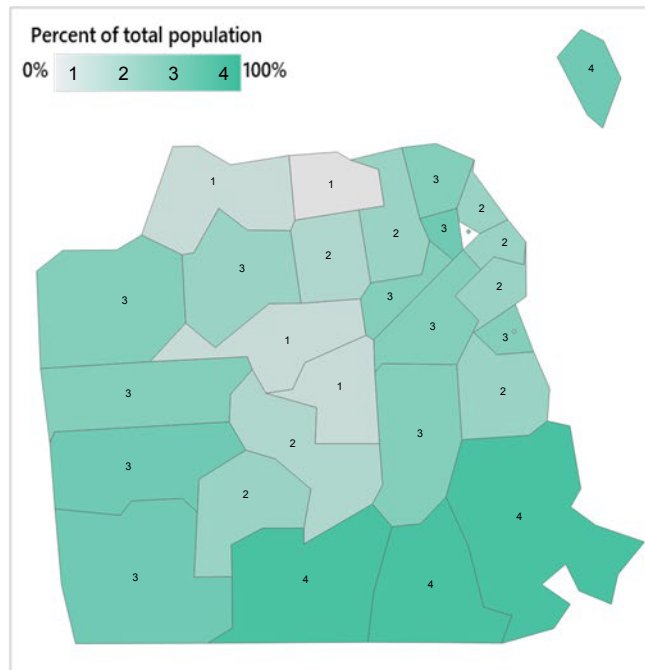
The map on the left shows the NDI for ZIP codes in the San Francisco service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

SAN FRANCISCO SERVICE AREA

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals

Hospitals in the San Francisco Health Improvement Partnership (SFHIP): Chinese Hospital, Dignity Health, St. Mary's Medical Center, Dignity Health, Saint Francis Memorial Hospital, Sutter Health, California Pacific Medical Center, University of California, San Francisco

Other Organizations

Partners in SFHIP: African American Community Health Equity Council, Asian Pacific Islander Health Parity Coalition, Chicano/Latino/Indigena Health Equity Coalition, Instituto Familiar de la Raza, Rafiki Coalition, RAMS, Inc., San Francisco Community Clinic Consortium, San Francisco Human Services Network, San Francisco Unified School District, San Francisco Public Health Department

Kaiser Permanente San Francisco Medical Center shared data with the San Francisco Health Improvement Partnership (SFHIP) and presented early findings and incorporated feedback from the SFHIP CHNA subcommittee.

Consultants who were involved in completing the CHNA

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. The firm is supporting in the following Kaiser Permanente service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, and West Los Angeles.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Fresno Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente San Francisco Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente San Francisco Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente San Francisco Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the San Francisco service area

Before beginning the prioritization process, Kaiser Permanente San Francisco Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of the pandemic on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other primary data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente San Francisco Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the top six significant health needs.

Description of prioritized significant health needs in the San Francisco service area.

1. Housing: Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx renters, in particular, are more likely to live in cost-burdened households and face housing instability. In the San Francisco service area, only 38 percent of the population own a home (compared to 55 percent statewide) and median rental costs are approximately \$1,986 (compared to \$1,689 statewide). Additionally, San Francisco has a higher proportion of people experiencing homelessness that are transitional age youth or chronically unhoused compared to its peer cities, despite offering more permanent supportive housing units. Interviewed community leaders shared that homes tend to be overcrowded, with multiple tenants living in single rooms. Further, not all populations experience this housing crisis equally, with families residing in Chinatown, Tenderloin, Bayview-Hunters Point, and Outer Mission – along with Vietnamese, Cambodian, and Latinx communities – disproportionately experiencing this shortage. Interviewed

community leaders also identified strategies to address housing such as implementing warm handoffs between social service providers and prioritizing affordable housing.

2. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the San Francisco service area, there is a higher rate of deaths of despair – those due to suicide, drug overdose and alcoholism – compared to the state average (41.4 compared to 34.3 per 100,000). Additionally, there are disparities related to mental/behavioral health such as Asian Americans being three times less likely than their white counterparts to seek treatment for mental health. Interviewed community leaders shared that the health provider workforce could better reflect the diverse populations of San Francisco, which remains a key barrier to accessing culturally and linguistically appropriate care. For example, community leaders spoke about the importance for Black communities to have mental health providers that look like them and understand intergenerational trauma. Leaders also identified strategies to address mental and behavioral health such as building trust with communities through enhanced collaboration and coordination among local organizations.

3. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the San Francisco service area, a first glance at indicators measuring access to care (e.g., overall percent uninsured residents, infant deaths, and number of primary care physicians per 100,000) shows that the service area compares favorably to state averages. However, a number of disparities, such as shorter life expectancy for Native Americans, more preventable hospitalizations for Black and Latinx populations, and disproportionate burden of COVID-19 related deaths by almost all communities of color drive the need for this health need. Interviewed community leaders shared that availability of culturally appropriate and responsive care, particularly in light of the COVID-19 pandemic, remains critical. They also identified strategies to address access to care such as hiring diverse staff members and medical providers who are embedded into the communities they serve.

4. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the San Francisco service area, income or wealth inequality as measured by the Gini index is higher than state and national averages. Additionally, there are racial disparities related to income and employment such as Black and Latinx residents earning about a third of the income of white residents, per capita. Interviewed community leaders shared that the COVID-19 pandemic has exacerbated these disparities due to families losing jobs and being unable to afford basic needs. They also identified strategies to support income and employment such as workforce training and creating career pathways, wraparound services for job seekers, and system-level changes to address structural racism.

5. Structural racism: Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices. Black, Indigenous, and People of Color experience greater exposure to environmental injustices, reflected in stark differences in health outcomes and life expectancy. In the San Francisco service area, Black residents are most adversely impacted by race-related health disparities – for example, they are less likely to earn a living wage and their life expectancy is lower than residents of other races. Additionally, ZIP codes with the highest proportion of residents of color in the county also have the highest rates of socioeconomic disadvantage. Interviewed community leaders spoke to the deeply embedded, pervasive nature of structural racism and its impact on the built environment, wealth and economic opportunity, and education in communities of color. They also identified strategies to address structural racism such as investing in leadership opportunities in communities of color.

6. Healthy Eating Active Living opportunities: The physical environment of a community affects residents’ ability to exercise, eat a healthy diet, and maintain a healthy body weight. Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases. Across many key indicators related to healthy eating and active living (e.g. exercise opportunities, walkability, adult obesity and physical inactivity) the San Francisco service area performs better than the state and county. However, not all residents benefit from the HEAL opportunities in the service area. Just over half of Pacific Islanders in San Francisco have access to fresh fruits and vegetables in their neighborhood compared to nearly all white residents, and adults that identify as Black live in higher proximity to hazardous sites. Interviewed community leaders shared that certain neighborhoods, such as Treasure Island, the Tenderloin and Bayview Hunters Point have less access to healthy food options and safe green spaces. They also identified strategies to address the disparities in HEAL opportunities such as partnerships with food banks, programs that encourage physical activity, and addressing the social determinants that affect access to healthy eating and active living opportunities.

Health need profiles

Detailed descriptions of the significant health needs in the San Francisco service area follow.

Health need profile: Housing

Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the national eviction moratorium, has made many renters' situations even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California has some of the highest real estate costs in the country, and housing in the San Francisco service area has become increasingly unaffordable, especially for communities of color and households with low incomes.

- There is a marked shortage of affordable housing, with only 38 percent of the population owning a home (compared to 55 percent statewide) and a median rental cost of \$1,986 (compared to \$1,689 statewide).
- This results in 16 percent of families experiencing severe housing cost burden (housing costs greater than 50 percent of income). On average, the percentage of income spent on mortgages in the San Francisco service area is 47 percent, significantly higher than the national average of 17 percent and the state average of 31 percent. This burden leaves less money for healthy food, health care, and enrichment activities for children. Communities of color are more likely to experience severe housing burden than white communities (as shown in the severe housing cost burden map below).

The lack of affordable housing contributes to the increase in the number individuals experiencing homelessness in the City and County of San Francisco. The 2019 point-in-time street and shelter count in San Francisco was 14 percent higher than the 2017 count (SFgov.org). San Francisco has a higher percentage of individuals experiencing homelessness that are transitional age youth or chronically homeless. This is the case despite the city offering more permanent supportive housing units than peer cities (SFgov.org). Individuals experiencing low housing quality, defined as a lack of available kitchen, plumbing, or heat, are disproportionately residents who identify as Black, Native American, and Latinx (11-19 percent), compared to 8 percent of white residents (RaceCounts.org).

Interviewed community leaders and focus group participants spoke of specific neighborhoods, such as Chinatown, the Tenderloin, Bayview Hunters Point, and Outer Mission, where homes tended to be multi-generational with multiple tenants in single rooms (see overcrowded housing map on the next page). Focus group participants discussed overcrowded housing amongst Vietnamese, Cambodian, and Latinx families, as well as noting these populations tend to be essential workers that could not work from home. This led to more COVID outbreaks and other health disparities, emphasizing how housing is a pathway through which structural racism impacts on health.

Interviewed community leaders report that, in addition to the general exodus from the San Francisco area due to the high cost of living, the social service and health care workforce has been impacted by providers moving to more affordable communities, leaving gaps in the quality of health care and social services in the city.

Interviewed community leaders expressed a need for collaborative and systems-level approaches to address the issue of housing in the San Francisco service area. More specifically, they discussed a need for partnership and warm handoffs between service providers; developing workforce pathways and social capital towards sustainable housing; advocating for affordable housing policies; and prioritizing specific communities such as people of color, LGBTQ+ youth, and seniors.

Interviewed community leaders described the current rapid rehousing strategies (i.e., setting people up with housing away from the city where it is more affordable) as ineffective because of the disconnection from social networks and lack of well-paying jobs in those places. Many rehoused folks want to return to San Francisco which disincentivizes them from building community or settling down in their new homes.

Housing continues to be [a need], I mean, not just the actual physical place of housing, but of a home where you know that you'll be safe from inclement weather or from the outdoors or a place for your stuff. It's the stress of not being housed. You talk about mental health and trauma, not even the physical health outcomes, but the emotional, mental, traumatic kind of outcomes from just having to sleep on the streets.

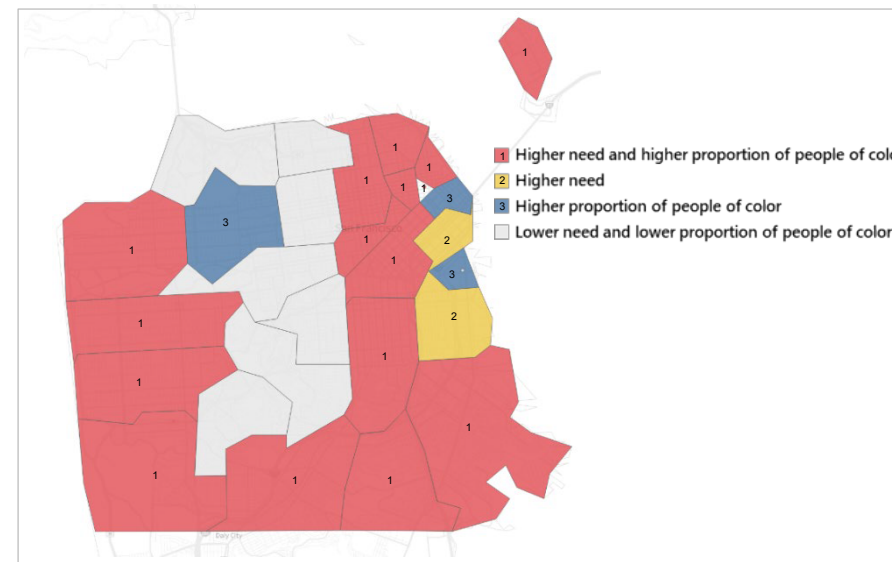
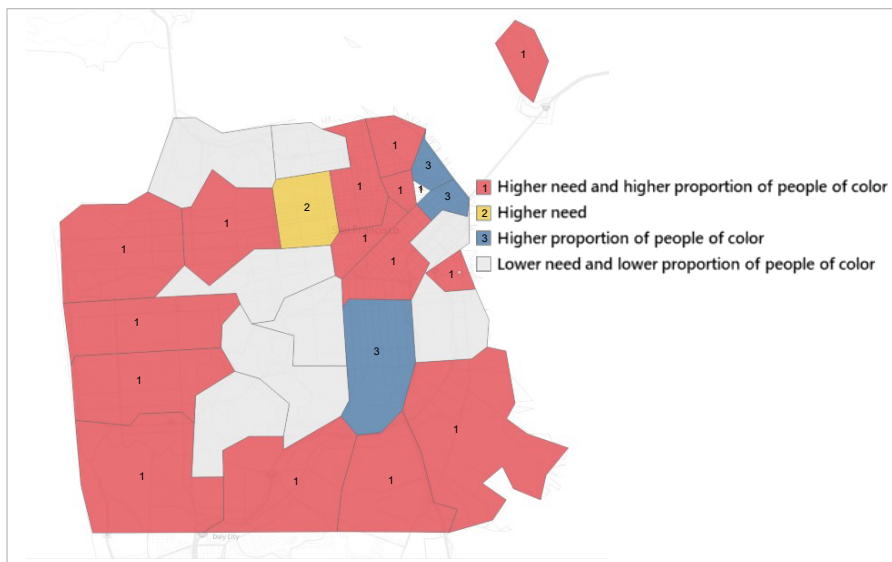
– Nonprofit leader

SEVERE HOUSING COST BURDEN, SAN FRANCISCO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with the population of people of color greater than 50% and housing cost burden that exceeds the national benchmark.

OVERCROWDED HOUSING, SAN FRANCISCO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with the population of people of color greater than 50% and overcrowded housing rates that exceed the national benchmark.



Source: [Kaiser Permanente Community Health Data Platform](#)

Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Mental & behavioral health KAISER PERMANENTE®

Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indians/Alaska Natives, and the unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

The San Francisco service area outperforms the state on some standard indicators of mental and behavioral health but is lagging on other measures.

- The San Francisco service area has a higher rate of mental health providers per 100,000 population (899.7 compared to 352.3).
- Residents reported experiencing fewer poor mental health days per month among adults (3.4 compared to 3.7).
- However, the rate of deaths of despair per 100,000 is higher in the San Francisco service area compared to state averages (41.4 compared to 34.3).

Interviewed community leaders and focus group participants described many challenges in the San Francisco service area. They noted the stigma related to talking about and seeking care for mental health issues, particularly in the Asian immigrant population. Additionally, the increased isolation and racism towards Asian and Pacific Islander residents during the pandemic increased the need for mental health supports for this population. Studies show that Asian-American residents are three times less likely than their white counterparts to seek treatment for mental health, and recent data from the California Health Interview Survey highlights this issue in San Francisco where 31 percent of Asian adults received help for mental/emotional or alcohol/drug issues (see graph on the following page) (RaceCounts.org).

Many interviewed community leaders and focus group participants spoke to the limited number of mental health providers who are from the communities they serve or who can speak the various languages of these communities, which can lead to many diverse populations in the San Francisco service area feeling misunderstood by providers. They spoke specifically about the importance for Black communities to have mental health providers that look like them and understand the intergenerational trauma and mistrust of the health care industry they experience, stemming from a long history of structural racism. Interviewed community leaders and focus group participants noted that it can be challenging to connect individuals experiencing homelessness to mental health services.

One of the biggest demands that we struggle to meet is we have a lot of Spanish-speaking families that obviously need Spanish-speaking therapists. We also have so many Black families that really need Black therapists, and they're not there. And when you think about it, that's so important to be able to at least offer that.

– Nonprofit leader

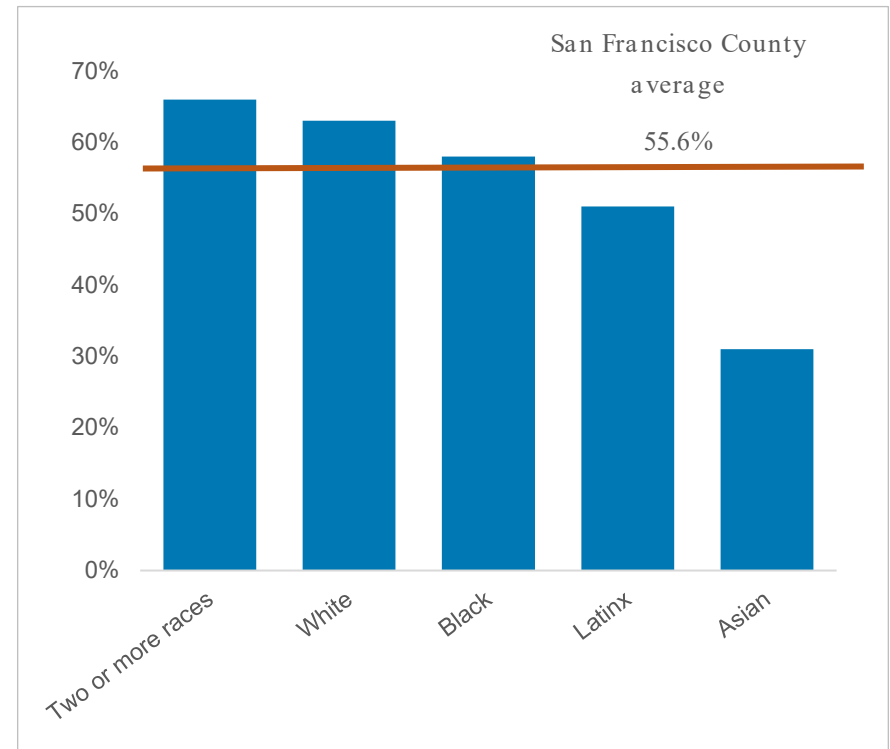
The COVID-19 pandemic has notably impacted mental health through increased isolation, stress, trauma, anxiety, and depression, especially for youth and seniors in the San Francisco service area. Some interviewed community leaders and focus group participants noted that telehealth has helped expand access to mental health services, but not for persons experiencing homelessness, those without access to stable internet, or older adults who struggle to easily navigate web-based applications. The COVID-19 pandemic also exacerbated the increase in staff turnover among mental health workers, which has led to limited resources, staff burnout, and long waitlists.

Interviewed community leaders and focus group participants highlighted the need for a more robust system of care and coordination among organizations serving the community to improve access to mental health care. They also discussed the need to build trust with communities in a trauma-informed way; engage the community in conversations around mental health to provide education and resources; train and hire mental health providers who are culturally and linguistically responsive to the communities they serve; and provide adequate wraparound services for people who are unhoused/homeless in the San Francisco service area.

[With] the work we've done over the last year with community partners and trying to identify ways to support communities of color, what's come up a lot is culturally affirming spaces where you feel seen, where you feel valued, where you don't have to be ashamed of who you are or what you're eating, or what's your preferred method of mental health practices. It really is about welcoming spaces. Where do I feel welcome to be my authentic self?"

– Civil rights leader

PERCENT OF ADULTS WHO GOT HELP FOR MENTAL/EMOTIONAL OR ALCOHOL/DRUG ISSUES, BY RACE/ETHNICITY, SAN FRANCISCO COUNTY, 2011-2019



Source: Race Counts

Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Compared to the state of California, the San Francisco service area reports better outcomes across access to care indicators such as pre-term births, infant deaths, percent of uninsured residents and primary care physicians per 100,000 population. However, disparities in access to care in the San Francisco service area do exist in access to health care:

- While only 4 percent of San Franciscans are uninsured overall, 5-7 percent of Black, Pacific Islander, Native American and Latinx residents are uninsured compared to 3 percent of white residents (RaceCounts.org).
- Native American populations have the shortest lifespans of all racial groups, averaging 5 and 10 years fewer than their white and Asian peers, respectively (RaceCounts.org).
- Latinx populations saw 101 more preventable hospitalizations per 1000,000 people than their white counterparts; for Black populations, this disparity was even starker, with 2,470 more preventable hospitalizations per 100,000 people, as shown in the graph on the following page (RaceCounts.org).
- Black, Latinx, Native Hawaiian or Other Pacific Islander and Asian populations are overrepresented in the percent of COVID-19 deaths compared to the population of San Francisco (SF.gov/data).

Interviewed community leaders and focus group participants highlighted the need for specialized care for communities of color, as well as unhoused, transgender/gender-nonconforming, youth, elderly, and non-English-speaking communities. Several community leaders spoke about the impact of the COVID-19 pandemic on community members' access to health care services. They described how health care shifted to be able to offer COVID-related services and outreach, such as testing and vaccinations. The pandemic prompted more virtual services which increased barriers in access to care for families who are unable to access telehealth services. Individuals also spoke about ways the COVID-19 pandemic exacerbated disparities in access to care already prevalent among communities and the importance of providing accurate information through trusted community voices.

Against the backdrop of the COVID-19 pandemic, community leaders raised fear as a barrier in accessing health services for multiple communities. Specifically, in light of the rise in anti-Asian sentiment in the United States, fear and concern for personal/community safety inhibited community members' willingness to leave their homes and engage in preventive health care services, like checkups. Additionally, community leaders mentioned how fear of being turned away from services kept individuals from seeking health services.

The ability to afford health care services, especially with San Francisco's high cost of living, arose as another major inhibitor in connecting community members with quality care. Community leaders described the movement of social service and health care providers out of the San Francisco service area due to the high cost of living. They also raised long wait times for health services as a concern for obtaining timely care. High turnover rates and the decrease in providers adversely impacted service delivery, timing, and quality of services and access to providers whom community members identify as able to respond to their health needs.

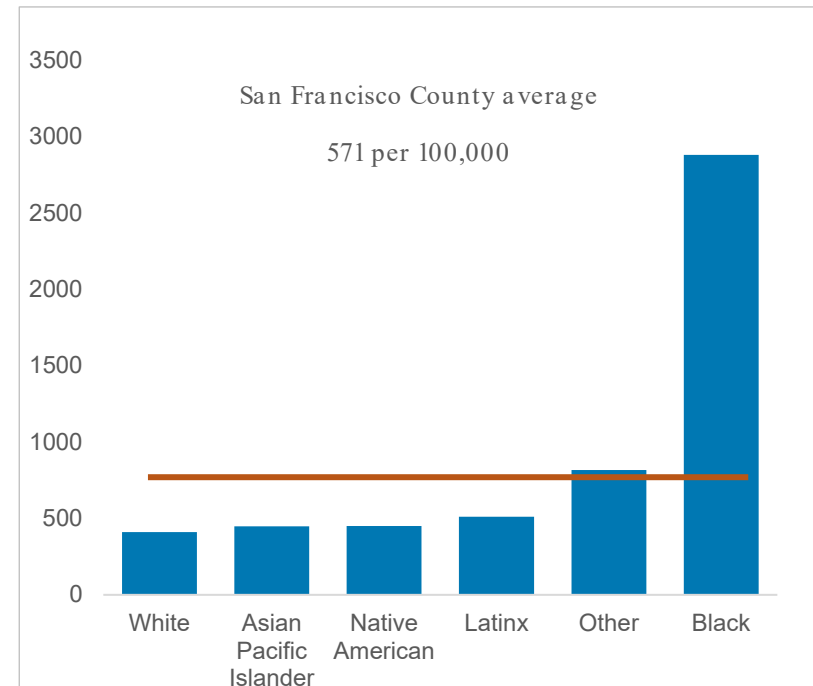
Community leaders elevated the importance of culturally relevant and community-specific services, emphasizing the need for translated written materials, interpreters, and alternative, culturally appropriate modalities of medicine, such as acupuncture. Community leaders raised the need for hiring and training diverse staff, particularly staff who speak the same languages and/or are embedded in the populations/communities served, as well as the importance of building trust-centered relationships with community members to foster health care access in communities.

Community leaders recognized that there are many resources in San Francisco, including health care providers, community-based organizations, schools, government organizations and other entities committed to serving the community. However, there is need for greater collaboration to effectively increase access to care for all San Franciscans.

When you say access to health, I think about not just whether or not there are services available, but whether or not those services feel accessible to the folks who need them ... is the service connecting to people the way that people want, and can hear and can receive? ... Are the services there? I'm like, yeah, they're there, but are people going to them?

– Community leader

PREVENTABLE HOSPITALIZATIONS PER 100,000 PEOPLE, BY RACE/ETHNICITY, SAN FRANCISCO SERVICE AREA, 2017-2019



Source: Race Counts

Health need profile: Income & Employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy and have access to quality health care.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with low-income are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

On several measures of economic prosperity, the San Francisco service area performs favorably relative to state and national benchmarks. However, racism and unjust market forces dramatically impact economic prospects, and in turn, health, among some geographies and populations.

- Wealth inequality in the San Francisco service area is 25% higher than the state, indicating a wide income gap among households.
- In the southeast corner of the city, Bayview Hunters Point, the percentage of children living in poverty is high (31 percent) relative to 9 percent for the San Francisco service area and 18 percent for the state). The 2020 unemployment rate in this neighborhood is 18 percent.
- The poverty rate is 20 percent or higher in the South of Market, Civic Center, Tenderloin, Bayview Hunters Point and Treasure Island neighborhoods. Black and Latinx residents make up a higher percentage of the population in these areas compared to the City and County of San Francisco in general.
- In the San Francisco service area, Black and Latinx resident per capita income is \$38,785 and \$37,504, respectively, while white residents earn \$99,408 per capita (RaceCounts.org).
- Residents 65 and older are more likely to experience poverty than younger residents (sf.gov/scorecards).

Interviewed community leaders and focus group participants consistently identified that residents from under-resourced communities, such as Bayview Hunters Point, are predominantly people of color. Interviewed community leaders spoke of higher economic needs for youth from Black, Indigenous and communities of color. They also identified higher needs for individuals who recently immigrated to the U.S. with limited education, regardless of documentation status.

Many businesses and services were closed to the public due to the COVID-19 pandemic, which negatively impacted employment and wages. Interviewed community leaders and focus group participants spoke of many families losing their jobs or working multiple jobs and still unable to pay rent or medical bills, or afford groceries, diapers, and other basic needs. They also recognized that the same communities of color that have been historically impacted by racism were further disadvantaged in economic and health outcomes during the COVID-19 pandemic. In particular, focus group participants noted how anti-Black racism has impacted disparities in jobs, education, housing, income, and other social determinants that ultimately result in poorer health outcomes for Black communities.

Interviewed community leaders and focus group participants offered several ideas to improve the economic situation for families through authentic community partnerships. They advocated for stipends and internships for students, especially students of color, to create pathways to quality local health care careers; wraparound services for job seekers; access to healthy and culturally responsive food; and capacity-building supports that lead to self-sufficiency for individuals and communities. Interviewed community leaders expressed the need for system-level changes that address structural racism and its impact with a need for tailored strategies for specific populations in communities of color, like youth, immigrants, and undocumented residents.

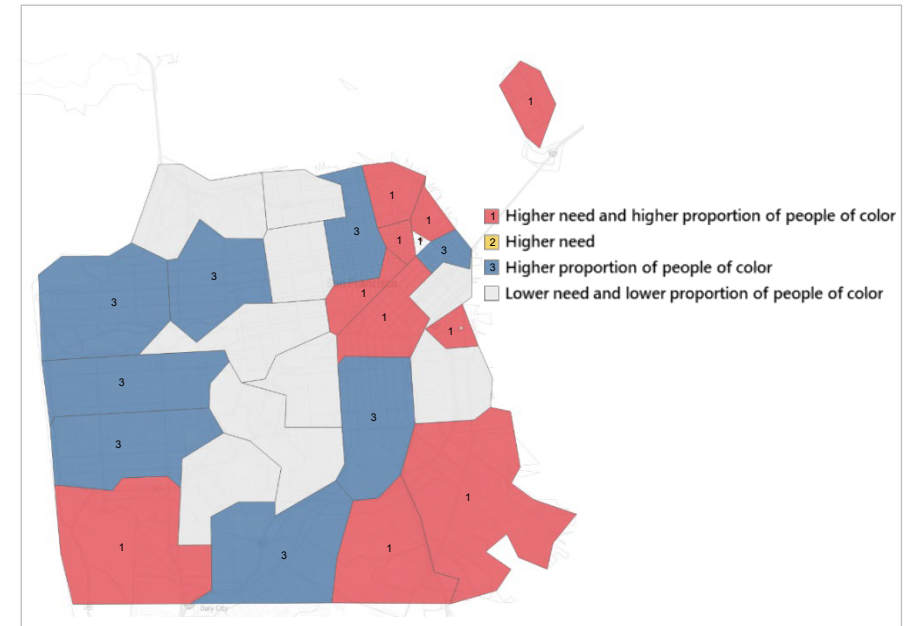
Interviewed community leaders also shared that there are many assets in the San Francisco service area such as supportive community members, state and federal policies around funding for housing, and many local community-based service organizations. These organizations provide food, transportation, and basic needs support, especially during the pandemic.

What about working on the systems change? ... I think we can kind of address the immediate needs through services, but we need to fix things through system change... There's like three families, four families living in a two-or three-bedroom apartment and people living in the bathrooms and in the tubs in the bathroom. What's the systemic change that is needed to change that because that's actually kind of inhumane.

– Nonprofit leader

INCOME BELOW POVERTY, SAN FRANCISCO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with the population of people of color greater than 50% and poverty rates higher than the state benchmark.



Source: [Kaiser Permanente Community Health Data Platform](#)

Particularly eighth grade going into ninth and then high school students, [giving these students] options to choose a career with gainful employment and connection to meaningful work ... from age 14 and up. There should be possibilities and access to work that they can do. And the same with their families and their caregivers, being able to have a steady baseline income... [this is] how to mobilize families out of poverty.

– Education sector leader

Health need profile: Structural racism

Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, Indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

More than ever before, community members persist in the work of addressing structural racism in light of the uprisings of 2020 that occurred after the murder of George Floyd. Structural racism remains a daunting threat to the flourishing of communities, particularly communities of color. As a result of historic and present-day policies and practices, race-related health disparities and inequities continue to impact the San Francisco service area:

- Bayview Hunters Point and Portola neighborhoods have some of the highest neighborhood deprivation index (NDI) scores, a score which indicates socioeconomic disadvantage, in the San Francisco service area. These neighborhoods have the largest proportion of residents of color (94 percent and 92 percent respectively) in San Francisco County.
 - In the Bayview Hunters Point neighborhood, 28 percent of residents are Black, but account for only 5 percent of San Francisco County’s total population (see maps on the next page).
- Although San Francisco County has a higher-than-average performance across health indicators, there are greater-than-average racial disparities (RaceCounts.org). For example, 91 percent of white San Francisco County residents report feeling safe in their neighborhood, while only 79 percent of Black residents and 53 percent of Pacific Islander residents report feeling this way (RaceCounts.org).
- Black residents of San Francisco County are most impacted by racial disparities in the county overall. Black residents are 20 percent less likely to earn a living wage than white residents and Black residents’ life expectancy is nearly 15 years less than Asian residents who experience the best rate. (RaceCounts.org).

The COVID-19 pandemic exacerbated wounds of structural racism already felt by communities of color. Interviewed community leaders and focus group participants discussed the disproportionate impact of pandemic restrictions and deaths felt by Black and Latinx communities, and the Asian American community experienced bias-motivated violence linked to the pandemic.

But especially now with the pandemic, anti-Asian hate, it is definitely a big burden on people's minds, not feeling safe, thinking if they should move back or move far away somewhere else and not in an urban environment where they feel more threats or where they hear about more harm to people that they know, or at a local store that they go to.

– Community healthcare provider

Interviewed community leaders and focus group participants explicitly and consistently called out the deeply embedded ways that structural racism spills into other health needs such as access to care, mental health, and community safety. They emphasized the need for culturally relevant, affirming, and welcoming services and spaces, including in-language communications for Latinx and Asian communities.

Community leaders also described the ways structural racism gave rise to a lingering sense of “othering” health care and other institutional settings. For instance, one interviewee described medical professionals’ differing belief in the pain experienced by Black women versus white women. Other leaders highlighted the need to communicate a sense of care and dignity back to communities – particularly Black, Indigenous, and communities of color. They expressed a deep need for providers to be embedded in the communities they serve and for greater trust between communities and health care providers. And they mentioned the declining number of families and providers of color residing in the San Francisco service area, resulting in negative impacts on service delivery and the quality of health services experienced by communities of color.

Across primary and secondary data sources, structural racism emerged as a visible, visceral health need in the San Francisco service area. Interviewed community leaders emphasized the need to invest in and follow the leadership of community leaders of color to dismantle structural racism.

The same groups with problems with access to care also [have] housing problems, mental health disparities, and chronic disease disparities ... our COVID heat map looks like our chronic disease heat map, and our asthma heat map looks like our food desert heat map, which all looked like our redlining map from 1932. They are all playing out, I would say, on the foundation of structural racism, and they are just kind of built on top of it ... And that those structural disparities have a wide impact circle, that we sometimes forget just how many people are impacted by that marginalization.

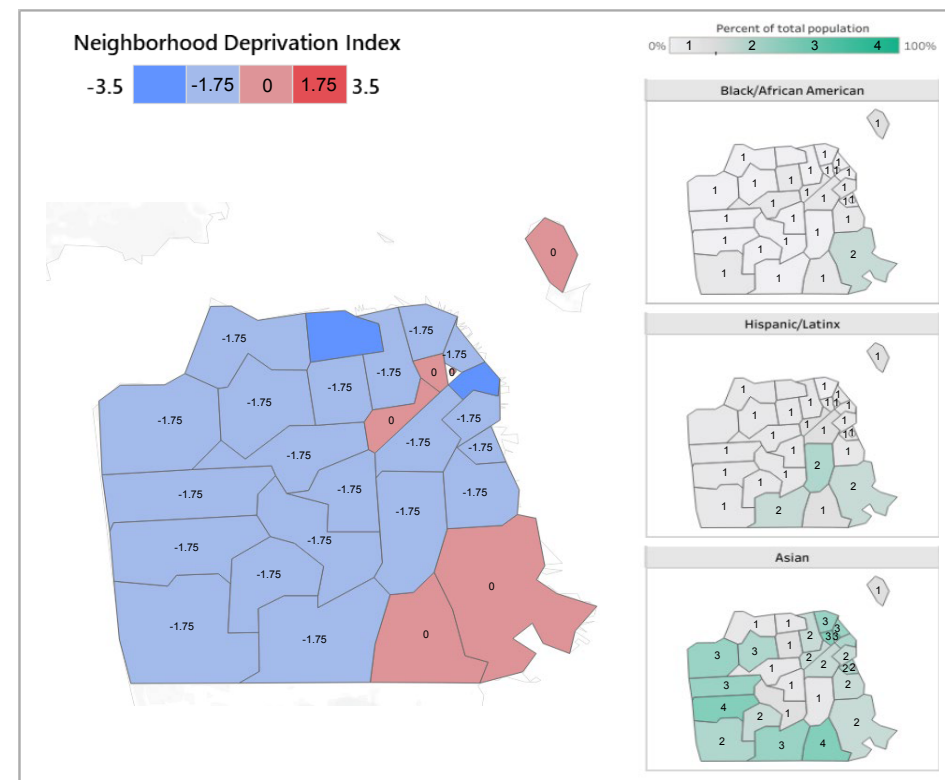
– Public health leader

I think to me, we know whether you're a Pacific Islander or Asian or African-American or Latino, you have to be completely unapologetic about putting race on the table. This is about Latinos. This is about Pacific Islanders. It's about African-Americans, this is about Asians... I think that maybe since last summer people have been less polite in a good way about race, by putting it front and center...

– Community organizational leader

NEIGHBORHOOD DEPRIVATION INDEX, SAN FRANCISCO SERVICE AREA, 2019

Areas shaded red (1.75 – 3.5) are ZIP codes with the highest Neighborhood Deprivation Index. Areas shaded green (4) are ZIP codes with the highest percent of Black/African American, Hispanic/Latinx, and Asian populations.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Healthy Eating Active Living opportunities

The physical environment of a community affects residents' ability to exercise, eat a healthy diet, and maintain a healthy body weight.

Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases.

About 2 in 5 adults and 1 in 5 children and adolescents in the United States are obese, and many others are overweight. Increasing opportunities for exercise and access to healthy foods in neighborhoods, schools, and workplaces can help children and adults eat healthy meals and reach recommended daily physical activity levels.

However, many Americans live in food deserts, without access to affordable, healthy food. Communities of color and people living in low-income neighborhoods also have less access to parks and green spaces — and lower life expectancy — than those living in more affluent, predominantly white areas.

Compared to state and national rates, the San Francisco service area is rated higher in exercise opportunities (100 percent) and walkability and lower in rates of adult obesity (15 percent) and physical inactivity (15 percent). However, racial disparity data indicates not all residents benefit from Healthy Eating and Physical Activity (HEAL) opportunities in the community:

- A lower percentage of adults that identify as Pacific Islander in San Francisco (58 percent) are able to access fresh fruits and vegetables in their neighborhood than white residents (93 percent) (RaceCounts.org).
- Adults that identify as Black live in higher proximity to hazardous sites, indicating systemic barriers to a healthy environment in San Francisco (RaceCounts.org).

Interviewed community leaders and focus group participants discussed the lack of coordination around supporting lifestyle and environmental changes for marginalized and low-income families, understanding that HEAL is often deprioritized for families in crisis. Although most families can access food if they are able to get to food banks or WIC, a food assistance program for women and children, there are parts of the San Francisco service area, such as Treasure Island, where families do not live in proximity to healthy food options. Additionally, although certain parts of the San Francisco service area have access to safe green space, some neighborhoods, like the Tenderloin, have sidewalks that do not feel safe or accessible due to homeless camps, drug activity, and other crime that families try to avoid by staying indoors. Focus group participants described the challenges of finding safe green spaces in India Basin, an area in the Bayview Hunters Point neighborhood, because of concerns about unsanitary conditions and carcinogenic soil.

Interviewed community leaders and focus group participants identified students, older adults, and low-income populations living in food/green space deserts as having the highest need for HEAL support. Community resources for HEAL opportunities in San Francisco include nutrition education, cooking classes, community gardens, funds that cover gym memberships, and enrichment activities like dance or martial arts for children. One organization described how they are intentionally providing healthy food options that are culturally responsive by surveying families to ask about the types of foods they typically like to cook and then offering those preferred foods.

We have a significant number of families that live in a community called Treasure Island, which is literally an island that's connected by a bridge to San Francisco. And the promise when families were first housed up there was that there was going to be a supermarket but then that never really materialized. So, it's a food desert.

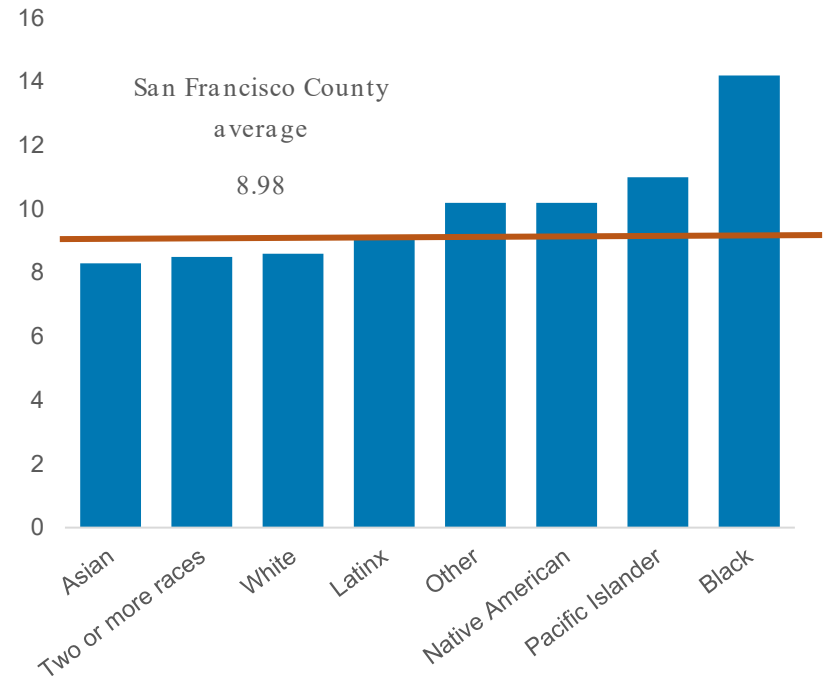
Housing leader

Interviewed community leaders described increases in diabetes, high blood pressure, and psychosomatic pain, likely as a result of people staying indoors and being less active because of the COVID-19 pandemic.

Interviewed community leaders and focus group participants expressed the need for strategies such as supporting culturally responsive education about healthy eating and active living; partnering with food banks to provide healthy and culturally responsive food options; bringing food to communities that do not have access (food deserts); and funding programs that encourage physical activity for adults and children. They also consistently emphasized the impact of structural racism and systemic inequities on HEAL outcomes and the importance of addressing the social determinants that affect families' and communities' access to healthy eating and active living opportunities.

Interviewed community leaders shared that there are many resources and assets in the San Francisco service area around HEAL opportunities including food pantries providing access to healthy foods, community-based organizations providing cooking and nutrition classes, and community gardens placed around the city.

PROXIMITY TO HAZARDS BASED ON HAZARD SCORE, BY RACE/ETHNICITY, SAN FRANCISCO SERVICE AREA, 2014-2018



Source: American Community Survey 5-year estimates

I know a lot of initiatives have occurred in neighborhoods, like using vouchers for corner stores that have brought in more produce. There are always the food pantries that the food bank supports, and usually those are flushed with produce options. But for me, there's also a nuance between healthy eating as it relates to your health, maybe you know you shouldn't be eating too much sugar, whatever it might be, and what's readily available.

– Nonprofit leader

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The San Francisco service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Examples of key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente San Francisco Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente San Francisco Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente San Francisco Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care
2. Behavioral Health (Mental Health and Substance Abuse)
3. Healthy Eating/Active Living
4. Housing and Homelessness

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente San Francisco Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente San Francisco Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 12 grants totaling \$3,061,628 in service of 2019 IS health needs in the San Francisco service area.

One example of a key accomplishment in response to our 2019 IS includes a \$140,000, 20-month grant to Access Institute for Psychological Services to address behavioral health. The program is expected to reach 225 students at John Muir Elementary School, a school in San Francisco with a mostly low-income student body. The goal of the grant is to improve social/emotional health for students, increase staff resilience, and provide access to mental health services.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated \$455,000 in the San Francisco service area to deploy grassroots strategies to increase uptake of COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. With its \$75,000 grant, GLIDE Foundation held 28 pop-up clinics in the Tenderloin neighborhood, which provided 2,628 vaccinations to individuals experiencing homelessness and individuals with little or no income.

Kaiser Permanente San Francisco Medical Center 2019 IS priority health needs and strategies

Access to Care

Care and coverage: Kaiser Permanente San Francisco Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	11,580	15,031	\$13,576,769	\$6,836,883
Charitable Health Coverage	841	34	N/A	\$288
Medical Financial Assistance	5,167	3,339	\$7,249,236	\$5,213,675
Total care & coverage	17,588	18,404	\$20,826,005	\$12,050,846

Other access to care strategies: During 2020-2021, 35 grants were awarded to community organizations, for a total investment of \$1,977,146 to address access to care in the San Francisco service area.

Examples and outcomes of most impactful other strategies

COVID Vaccine Equity

Mission Language Vocational School/Latino Task Force was awarded \$85,000 to increase vaccination rates among the communities hardest hit by the pandemic and address inequitable access barriers that prevent timely vaccination. This program is expected to reach 20,000 individuals by media campaign, in-person contacts, and referrals.

Health Access for Transgender/Gender Non-Conforming Youth

Lavender Youth Recreation and Information Center (LYRIC) was awarded \$25,000 to improve referrals and ensure successful connections to needed health care and social services for transgender/gender non-conforming (TGNC), low-income youth of color in San Francisco. This program is expected to reach 100 youth through the use of care navigators (peer navigators) providing one-on-one and group support, warm hand-offs, and co-location of services.

Safety Net

San Francisco Community Health Center (formerly Asian and Pacific Islander Wellness Center) was awarded \$25,000 to respond to emerging needs related to the COVID-19 pandemic. This program is expected to reach 400 community ambassadors and community members by building community capacity, providing much-needed resources and safe space, linking community to health care, and supporting vaccine confidence among vulnerable persons at high-risk for COVID-19 infection in the Tenderloin.

Behavioral Health (Mental Health and Substance Abuse)

During 2020-2021, 27 grants were awarded to community organizations, for a total investment of \$994,652 to address behavioral health in the San Francisco service area.

Examples and outcomes of most impactful strategies

Alliance Health Traineeship Program

The Regents of the University of California, San Francisco was awarded \$40,000 to train a cohort of diverse graduate-level, professional mental health practicum students to address the needs of clients with multiple problems. The program is expected to serve 85 clients through clinical trainees from underrepresented groups such as racial/ethnic groups underrepresented in mental health workforce and LGBTQI+ communities.

Trauma-Informed Systems Training

Safe & Sound was awarded \$25,000 to engage skilled practitioners to prevent racial trauma, stress, and adverse childhood experiences (ACEs). This program is expected to serve 900 individuals, including building the capacity of 80 trainees at family-serving organizations to integrate trauma-informed practices into their work.

Thriving Schools

Access Institute was awarded \$140,000 over 20 months to support organizations to adopt and scale Thriving Schools initiatives, tools, and resources. This program is expected to reach 225 students by expanding the implementation of the Planning for the Next Normal at School Playbook and RISE tools at John Muir Elementary.

Healthy Eating/Active Living

During 2020-2021, 18 grants were awarded to community organizations, for a total investment of \$388,447 to address healthy eating and active living in the San Francisco service area.

Examples and outcomes of most impactful strategies

CalFresh Application Assistance with Schools

San Francisco-Marin Food Bank was awarded \$150,000 to provide greater access to CalFresh and other federal food programs in partnership with schools. This program is expected reach 2,000 participants from Black, Latinx, and Asian families with school-aged children.

Thriving Schools

Girls on the Run Bay Area was awarded \$25,000 to introduce the Thriving Schools Back to School Playbook with school administrators, teachers and stakeholders and implement activities from the playbook related to social-emotional skill building and physical activity and physical education. This program/partnership is expected reach 150 low-income girls of color aged 8-13 to become healthier and more confident in childhood, adolescence and ultimately into adulthood.

Food Access Program

Heart of the City Farmers Market was awarded 25,000 to support increased purchasing power and nutrition distribution in the low-income Tenderloin and Mid-Market neighborhoods. This program is expected to serve 10,000 CalFresh households by helping customers utilize food assistance programs to purchase produce from local farmers.

Housing and Homelessness

During 2020-2021, 17 grants were awarded to community organizations, for a total investment of \$1,111,093 to address economic security (housing and homelessness) in the San Francisco service area.

Examples and outcomes of most impactful strategies

Homelessness Prevention

Hamilton Families was awarded \$25,000 to address individual, community and system indicators of housing instability and homelessness. This program/partnership is expected to reach 2,500 individuals and families by working to prevent homelessness for at-risk families in San Francisco.

Compass Family Services was awarded \$25,000 to support families in San Francisco at risk of becoming homeless to remain housed and to quickly rehouse homeless families. This program is expected to serve 90 families (or 155 individuals) by providing housing search support and homelessness prevention assistance.

Bay Area Housing Preservation and Production

Enterprise Community Partners was awarded \$95,000 to lead cross-sector partnerships and implement solutions that accelerate the preservation and production of affordable homes and tenant protections across the Bay Area. The program is expected to serve 7,000 low-income, people of color who are disparately impacted by the region's affordability crisis.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

Source	Dates
1. Advancement Project California; RACE COUNTS	2017 - 2019
2. San Francisco COVID Command Center Gap Analysis	2020
3. Mission Neighborhood Health Center HRSA Needs Assessment	2021
4. San Francisco City Performance Scorecards (e.g. Homeless Population Point in time Counts)	2019
5. City and County of San Francisco Covid-19 Data and Reports	2022

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Kaiser Permanente Greater San Francisco	1	low-income, medically underserved	Leader	08/30/21
2	Key informant interview	San Francisco Public Health Department	1	Public health	Leader	09/17/21
3	Key informant interview	San Francisco Human Rights Commission	1	Low-income, communities of color	Leader	08/19/21
4	Key informant interview	SF AIDS Foundation	1	Medically underserved, individuals living with or at risk of HIV	Leader	08/26/21
5	Key informant interview	GLIDE	1	Low-income, communities of color, individuals experiencing homelessness	Leader	08/31/21
6	Key informant interview	Bayview Hunters Point YMCA	1	Low-income, communities of color, youth	Leader	08/03/21
7	Key informant interview	San Francisco Unified School District	1	Youth, education	Leader	08/27/21
8	Key informant interview	On Lok	1	Older adults	Leader	8/23/2021
9	Key informant interview	Richmond Area Multi-Services (RAMS)	1	Medically underserved, communities of color	Leader	08/06/21
10	Key informant interview	Compass Family Services	1	Low-income, experiencing homelessness	Leader	08/16/21
11	Key informant interview	Huckleberry Youth Programs	1	Youth	Leader	07/30/21

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
12	Key informant interview	Lavender Youth Recreation Center (LYRIC)	1	LGBTQ+, Youth	Leader	08/13/21
13	Key informant interview	Mission Economic Development Agency	1	Low-income, communities of color	Leader	08/02/21
14	Key informant interview	North East Medical Services (NEMS)	3	Low-income, medically underserved, communities of color	Leaders	09/17/21
15	Key informant interview	La Casa de las Madres	1	Domestic violence	Leader	08/13/21
16	Focus group	Asian Pacific Islander Health Parity Coalition (APIHPC)	11	Communities of color	Community Leaders/Members	10/18/21
17	Focus group	Rafiki African American Health Equity Coalition	7	Communities of color	Community Leaders/Members	10/6/21
18	Focus group	Chicano / Latino / Indigena Health Equity Coalition (CLI)	9	Communities of color	Community Leaders/Members	9/16/21
19	Focus group	Funders (including Blue Shield of California Foundation, California HealthCare Foundation, Hirsch Philanthropy Partners, Metta Fund, Northern California Grantmakers, Zellerbach Family Foundation)	6	health, philanthropy, low-income, medically underserved	Leaders/Members	12/8/21
20	Focus group	Insurers (including Anthem, Blue Shield, Canopy Health, Kaiser Permanente, San Francisco Health Plan)	5	health, health care, low-income, medically underserved	Leaders/Members	11/29/21

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Community coalitions	There are several community coalitions in San Francisco such as African American Community Health Equity Council, African American Faith-Based Coalition, Asian and Pacific Islander Health Parity Coalition, Latino Parity and Equity Coalition, Latino Taskforce, UMOJA Health, and more.
	Nonprofit social service organizations	Community-based nonprofit organizations provide a range of social services and work in collaboratives such as the Human Service Network, Family Resource Center Alliance, Coalition of Agencies Serving the Elderly, HIV/AIDS Provider Network, Mental Health Service Providers Association, SFHIP, etc.
	Community foundations	San Francisco has a number of foundations with a local health focus such as the San Francisco Foundation, Metta Fund, Walter & Elise Haas Foundation, Levi Strauss Foundation, Salesforce Foundation, etc.
Housing	Homeless Response System	The Department of Homeless and Supportive Housing partners with community-based organizations around the mission “to make homelessness rare, brief, and one-time.” This includes street outreach, Coordinated Entry through Access Points, temporary shelter, permanent solutions to homelessness and more.
	HopeSF	HopeSF works in four San Francisco communities to develop vibrant, mixed-income housing toward the goal of a racially and economically inclusive city.
	Coalition on Homelessness	The Coalition on Homelessness organizes homeless people and front-line service providers to create permanent solutions to homelessness, while working to protect the human rights of those forced to remain on the streets through workgroups, research and providing resources.

Identified need	Resource provider name	Summary description
Mental & behavioral health Access to care	San Francisco Community Clinic Consortium	Nonprofit neighborhood health centers in San Francisco provide primary and specialized care to over 112,000 low-income, uninsured, and medically underserved people per year. The health centers include BAART Community HealthCare, Curry Senior Center, HealthRight 360, Marin City Health & Wellness, Mission Neighborhood Health Center, Native American Health Center, North East Medical Services, Planned Parenthood, San Francisco Free Clinic, South of Market Health Center, St. Anthony Medical Clinic, and Street Outreach Services.
	Nonprofit community hospitals	Chinese Hospital, Dignity Health's St. Mary's and St. Francis, Sutter Health CPMC offer in-and out-patient services for low-income vulnerable populations including charity care, financial assistance programs and participation in Medi-Cal and Healthy San Francisco coverage programs. They also provide hospital health education, screening and early intervention programs, as well as community health programs and grants
	San Francisco Department of Public Health and San Francisco Health Plan	The San Francisco Department of Public Health includes offering such as the Zuckerberg San Francisco General Hospital and Trauma Center, Laguna Honda Hospital, public health clinics, behavioral health and other services contracted with community-based nonprofit organizations, population health and prevention activities, etc. San Francisco Health Plan administers MediCal and Healthy San Francisco.
Income & employment	Office of Economic and Workforce Development	OEWD aims to improve opportunities and quality of life for all San Franciscans through business and economic development, workforce development, creating vibrant neighborhoods, and working on joint development projects.
	Community and economic development agencies	Several community and economic development agencies across the city are focused on equitable economic development for the communities they serve. Examples include Tenderloin Neighborhood Development Corporation, Mission Economic Development Agency, Chinatown Community Development Center, San Francisco LGBT Center, and more.
	Jewish Vocational Service	JVS helps youth and adults build skills and access high-growth career path employment through work readiness training, on-the-job training, and placement support services.
Structural racism	San Francisco Office of Racial Equity	The San Francisco Office of Racial Equity directs a citywide Racial Equity Framework to advocate for policies to provide tangible and immediate gains for historically oppressed people, convenes partners for racial equity and highlights disparities and monitors progress toward collective liberation.
	Shape Up Coalition	Shape Up is a collaborative committed to advancing health equity in San Francisco by collaborating with community on systems changes that increase nutrition security and active living.

Identified need	Resource provider name	Summary description
Healthy Eating Active Living opportunities	San Francisco Recreation & Parks	The San Francisco Recreation and Parks Department seeks to provide enriching recreational activities, maintain beautiful parks and preserve the environment for the wellbeing of everyone in their diverse community. They administer over 220 parks, playgrounds and open spaces in San Francisco.
	Livable City	Livable City serves as San Francisco City's livability advocate, Open Streets provider and people's planner to create a San Francisco of great streets and complete neighborhoods.