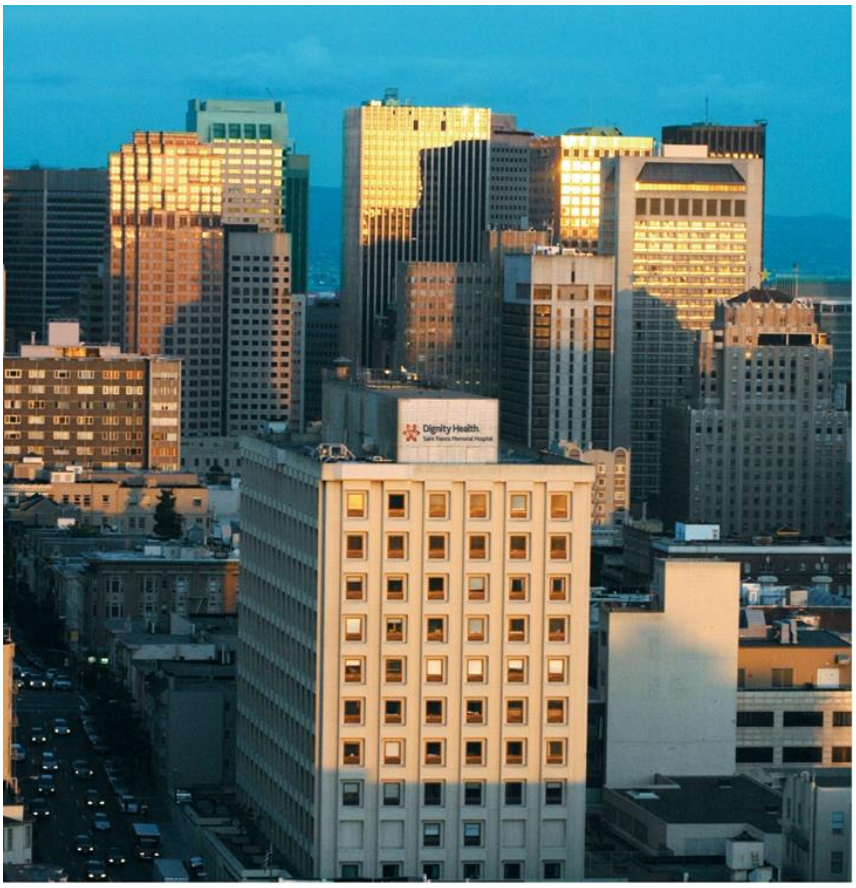
Saint Francis Memorial Hospital

2022 Community Health Needs Assessment

Adopted June 2022



Dignity Health
Saint Francis Memorial Hospital

Table of Contents

Executive Summary

CHNA Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Saint Francis Memorial Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that non-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

Data collection included focus groups with the 3 equity coalitions, insurers, and funders. We reviewed data from those communities who shared their health needs as well as the 15 interviews with community leaders conducted as part of KP's CHNA, and also the health and disparities statistics for SF.
Focus groups were conducted with the following five groups:

- Asian Pacific Islander Health Parity Coalition (APIHPC)
- Rafiki African American Health Equity Coalition
- Chicano / Latino / Indigena Health Equity Coalition (CLI)
- Funders (including Blue Shield of California Foundation, California HealthCare Foundation, Hirsch Philanthropy Partners (including Metta Fund, Northern California Grantmakers, Zellerbach Family Foundation)
- Insurers (including Anthem, Blue Shield, Canopy Health, Kaiser Permanente, San Francisco Health Plan)

Key informant interviews were conducted as part of the Kaiser CHNA, with people from the following 15 organizations:

- Bayview YMCA
- Compass Family Services
- GLIDE Foundation
- Huckleberry Youth Programs
- Kaiser Permanente – Greater San Francisco
- La Casa de las Madres
- Lavender Youth Recreation Center (LYRIC)

- Mission Economic Development Agency
- NEMS (North East Medical Services)
- On Lok/30 St. Senior Center
- RAMS (Richmond Area Multi-Services)
- San Francisco AIDS Foundation
- San Francisco Department of Public Health
- San Francisco Human Rights Commission
- San Francisco Unified School District

The CHNA work was conducted by Harder and Co. with leadership and guidance from the San Francisco Health Improvement Partnership.

Community Definition

Saint Francis Memorial Hospital serves the City and County of San Francisco. San Francisco, at roughly 47 square miles, is the most densely populated large city in California. Between 2011 and 2018, San Francisco grew by almost eight percent to 888,817 persons outpacing population growth in California (6 percent).

The population is aging and the ethnic shifts continue with an increase in the Asian and Pacific Islander population, increase in multiethnic populations and a decrease in the Black/African American population. San Francisco has a relatively small proportion of households with children (19 percent) compared to the state overall (34 percent).

Despite areas of affluence, there remain significant pockets of poverty (as evidenced in the Community Needs Index which follows) particularly in the African American and Hispanic/Latino communities.

	San Francisco
Total Population	873,965
Race	
White - Non-Hispanic	40.2%
Black/African American - Non-Hispanic	5.6%
Hispanic or Latino	15.2%
Asian/Pacific Islander	36.0%
All Others	3.0%
Total Hispanic & Race	100.0%
% Below Poverty	10.0%
Unemployment	2.2%*
No High School Diploma	11.4%
Medicaid/Pubic Insurance (% of households)	30%+
Uninsured (% of households)	5.2%

Source: Census Bureau, 2020 Census
*Employment Development Department, May 2022
+ American Community Survey, 2015-2019

Process and Methods

The 2022 Community Health Needs Assessment was conducted with a comprehensive quantitative and qualitative data review. Quantitative data was pulled from a variety of local, state and national sources and were then benchmarked against each other from a local, state and national average to surface health needs.

Focus groups with Joint Health Equity Coalitions, insurers, and funders were held in the summer and fall of 2021. Additionally, Kaiser Permanente shared the transcripts for their 15 key informant interviews to add more qualitative data. The focus groups and interviews were scored for the amount of times a health needs was surfaced.

The findings were then brought to the sub-committee of the San Francisco Health Improvement Partnership to review and suggest additional data sources that might provide context for the results of the qualitative and quantitative studies.

On April 4, 2022 the San Francisco Health Improvement Partnership met virtually to conduct a process to select the priority health needs. That process is detailed in a subsequent section.

List of Prioritized Significant Health Needs

Economic Opportunity

Economic opportunity refers to the financial and socioeconomic conditions which allow for an individual and community to effectively afford the tangible and intangible materials and resources necessary to thrive. Additionally, economic opportunity includes (but is not limited to) exposure to environmental/climate-related factors and/or hazards, freedom from violence and trauma, and the ability to obtain nutrient-dense, culturally relevant food items, and affordable housing.

Access to Welcoming Healthcare

Access to Welcoming Healthcare refers to the right to accessible and affordable, culturally grounded, relevant, and competent acute and preventative healthcare. Welcoming care is delivered in local neighborhoods, by healthcare professionals who are from the communities they are serving, are grounded in anti-racism and interpersonal bias, have knowledge of the community's historic relationship with (and harm done by) the healthcare system, and are equitably compensated for their work.

Behavioral Health & Substance Use

Behavioral Health and Substance Use refers to access, stigma, availability, and affordability of behavioral and mental health professionals and services. Substance use refers to substance access, use, and availability of support for substance misuse. Behavioral Health also refers to the freedom from external and environmental trauma. Community violence decreases the real and perceived safety of a neighborhood disrupting social networks by inhibiting social interactions, causing chronic stress among residents who are worried about their safety, and acting as a disincentive to engage in social interactions.

Report Adoption, Availability, and Comments

This CHNA report was adopted by the Saint Francis Memorial Hospital Board of Trustees on June 2, 2022. The report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at 450 Stanyan Street. Written comments on this report can be submitted to the 450 Stanyan Street or by e-mail to Alexander.Mitra@commonspirit.org

Community Definition

San Francisco is the cultural and commercial center of the Bay Area and is the only consolidated city and county jurisdiction in California. At roughly 47 square miles, it is the smallest county in the state, but is the most densely populated large city in California (with a population density of 18,595 residents per square mile) and the second most densely populated major city in the US, after New York City.

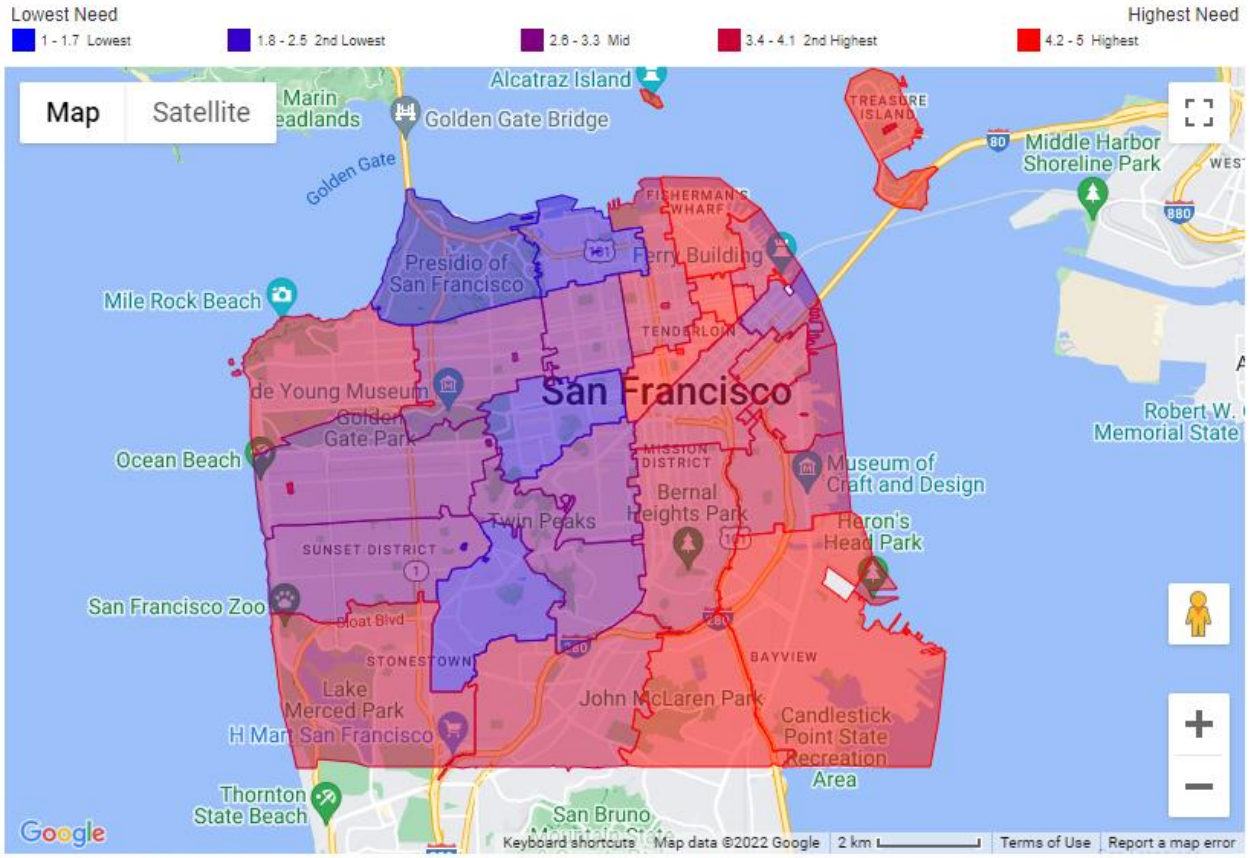
San Francisco has a 2020 population of 873,965. It has grown by 8.5% since 2010. Of note, the City and County of San Francisco experienced a change in population in 2020 due to the COVID pandemic. Despite an average household income of $160,396, there remain significant pockets of poverty (as evidenced in the Community Needs Index which follows) particularly in the African American and Hispanic/Latino communities.

	San Francisco
Total Population	873,965
Race	
White - Non-Hispanic	40.2%
Black/African American - Non-Hispanic	5.6%
Hispanic or Latino	15.2%
Asian/Pacific Islander	36.0%
All Others	3.0%
Total Hispanic & Race	100.0%
% Below Poverty	10.0%
Unemployment	2.2%*
No High School Diploma	11.4%
Medicaid/Pubic Insurance (% of households)	30%+
Uninsured (% of households)	5.2%

Source: Census Bureau, 2020 Census.
*Employment Development Department, May 2022
+ American Community Survey, 2015-2019

Community Needs Index

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, educate, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Mean(zipcode): 3.4 / Mean(person): 3.4 CNI Score Median: 3.4 CNI Score Mode: 2.6,3.4,4.2

List of San Francisco zip codes and Community Health Needs score for each Zip Code

Zip Code	CNI Score	Population	City	County	State
94102	4.4	37485	San Francisco	San Francisco	California
94103	4	35895	San Francisco	San Francisco	California
94104	4.2	434	San Francisco	San Francisco	California
94105	2.6	11802	San Francisco	San Francisco	California
94107	3.4	34441	San Francisco	San Francisco	California
94108	4.6	13717	San Francisco	San Francisco	California
94109	3.6	58196	San Francisco	San Francisco	California
94110	3.4	74270	San Francisco	San Francisco	California
94111	3.8	5337	San Francisco	San Francisco	California
94112	3.6	85036	San Francisco	San Francisco	California
94114	2.6	32501	San Francisco	San Francisco	California
94115	3.2	34756	San Francisco	San Francisco	California
94116	2.8	45656	San Francisco	San Francisco	California
94117	2.4	40715	San Francisco	San Francisco	California
94118	3.2	40156	San Francisco	San Francisco	California
94121	3.6	43420	San Francisco	San Francisco	California
94122	3	58819	San Francisco	San Francisco	California
94123	2.4	26194	San Francisco	San Francisco	California
94124	4.6	40035	San Francisco	San Francisco	California
94127	2	19612	San Francisco	San Francisco	California
94128	4.4	69	San Francisco	San Mateo	California
94129	2.4	4279	San Francisco	San Francisco	California
94130	4.2	3400	San Francisco	San Francisco	California
94131	2.6	28622	San Francisco	San Francisco	California
94132	3.4	31045	San Francisco	San Francisco	California
94133	4.2	28086	San Francisco	San Francisco	California
94134	4.2	44657	San Francisco	San Francisco	California
94143	2.6	394	San Francisco	San Francisco	California
94158	3.4	9434	San Francisco	San Francisco	California

Assessment, Process and Methods

This year, as in year's past, Saint Francis Memorial Hospital collaborated with the San Francisco Health Improvement Partnership to conduct the Community Health Needs Assessment. Due to the strain on resources from COVID, the San Francisco Department of Health was no longer able to be the backbone support, so the Dignity Health, UCSF and CPMC brought on Harder and Co. as a consultant to provide the backbone support for the 2022 Community Health Needs Assessment. The CHNA was directed by a multi-sector team of hospitals, community non-profits, and the Department of Public Health.

Primary Data and Community Input

The data sources for the community health needs assessment includes data from public health departments and community agencies; surveys, focus groups; interviews; review of other assessments; and input from the hospital's community. The data sets include data from the 2020 Census, Center for Disease Control, Center for Medicare & Medicaid Services, Behavioral Risk Factor Surveillance System, HRSA Area Resource File, HUD Policy Development and Research, USDA Food Environment Atlas, National Center for Chronic Disease Prevention and Health Promotion, FEMA National Risk Index, American Community Survey and NCI State Cancer Profiles.

The 2022 Community Health Needs Assessment also included five focus groups (listed below). Participants of the Health Equity/Parity Coalitions were compensated for their time. As part of our partnership with Kaiser Permanente, we shared the transcripts from the focus groups and Kaiser shared the transcripts from their 15 key informant interviews. We coordinated interviewees to ensure we did not reach out to the same group twice. To analyze the focus groups and key informant interviews, key health needs were tabulated from the interviews and aggregated to pull out key health needs and illustrative quotes.

Focus groups were conducted with the following five groups in the summer and fall of 2021.

- Asian Pacific Islander Health Parity Coalition (APIHPC)
- Rafiki African American Health Equity Coalition
- Chicano / Latino / Indigena Health Equity Coalition (CLI)
- Funders (including Blue Shield of California Foundation, California HealthCare Foundation, Hirsch Philanthropy Partners, Metta Fund, Northern California Grantmakers, Zellerbach Family Foundation)
- Insurers (including Anthem, Blue Shield, Canopy Health, Kaiser Permanente, San Francisco Health Plan)

Key informant interviews were conducted as part of the Kaiser CHNA, with people from the following 15 organizations:

- Bayview YMCA
- Compass Family Services
- GLIDE Foundation
- Huckleberry Youth Programs
- Kaiser Permanente – Greater San Francisco

- La Casa de las Madres
- Lavender Youth Recreation Center (LYRIC)
- Mission Economic Development Agency
- NEMS (North East Medical Services)
- On Lok/30 St. Senior Center
- RAMS (Richmond Area Multi-Services)
- San Francisco AIDS Foundation
- San Francisco Department of Public Health
- San Francisco Human Rights Commission
- San Francisco Unified School District

Secondary Data

To supplement the national and state data, we also collected reports since the prior 2019 Community Health Needs Assessment to provide additional information on county. The reports covered issue areas like the Open Air Drug Dealing, Substance Use Trends in San Francisco, COVID Command Center Food Security Gap Analysis, SF/Bay Area LGBTQ Needs Assessment, Reallocation of SFPD Funding, and the SF Suicide Prevention COVID Report.

For the data analysis we used the San Francisco Health Dashboard from Kaiser Permanente[1], and an analysis of the focus group meetings and key informant interviews. The data analysis from the San Francisco Health Dashboard took a look at key data indicators and evaluated it against State and National Averages. Variation from the state and national level were catalogued proportionately.

Saint Francis Memorial Hospital invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public. No written comments have been received.

Data Limitations and Information Gaps

Due to the extended nature of COVID it was difficult to get data from 2021 and 2022. As such we have less hard data on how the recovery from the COVID pandemic is progressing. Additionally, 2019 is the latest nationally comparable data we had available for the San Francisco Health Dashboard. This certainly presents some problems with health needs identification as that data was pulled before COVID. The focus group and key informant interviews were all the more important, as well as more targeted reports from the City and County of San Francisco.

[1] https://public.tableau.com/app/profile/kp.chna.data.platform/viz/CommunityHealthNeedsDashboard/Starthere

Prioritized Description of Significant Community Health Needs

Health Need Identification
To identify the most significant health needs in San Francisco the SFHIP met via zoom on April 4th, 2022 to identify the health needs. Participants broke out into small groups to discuss the health needs, determine their small group recommendation, and share out to the larger group. The group then engaged in a consensus building process to determine the three priority health needs.

From this needs identification process three health needs surfaced:

- Behavioral Health & Substance Use
- Economic Opportunity
- Access to Welcoming Healthcare

The health needs and supporting data are detailed below.

Economic Opportunity

Description

Economic opportunity refers to the financial and socioeconomic conditions which allow for an individual and community to effectively afford the tangible and intangible materials and resources necessary to thrive. These materials and resources intertwine with various social determinants of health located in a community, and they take into account the systemic conditions which perpetuate unequal access economic outcomes among historically and/or systematically under-resourced populations such as undocumented, LGBTQIA+, and BIPOC communities. In San Francisco BIPOC communities are disproportionately detained, searched and arrested by the police in San Francisco (San Francisco Police Department, 2021). As criminal history has a strong negative effect on an individual's economic opportunity, this creates a significant barrier to economic opportunity. Additionally, economic opportunity includes (but is not limited to) exposure to environmental/climate-related factors and/or hazards, freedom from violence and trauma, and the ability to obtain nutrient-dense, culturally relevant food items, and affordable housing.

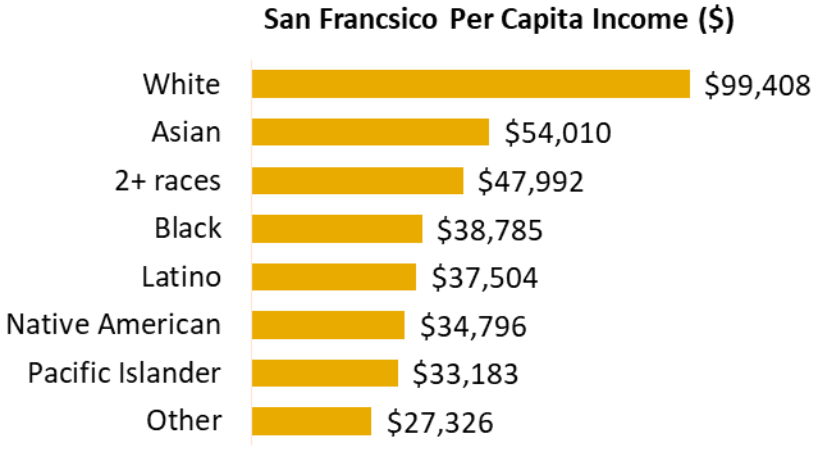
Affordable housing refers to housing that effectively enables its tenants to experience a reasonable level of safety and shelter and considers the cost, quality, and availability of this housing. It also refers to how

issues with maintaining safe & affordable housing relate to spikes in rent, living in households with many people/extended family and making decisions among essentials to maintain rent.

Data

Economic Opportunity rose to the top of the data and focus group analysis. It was the most cited health need across the focus groups, and most data review. While the San Francisco Health Needs index shows that income and employment is a low need, the data review does not factor in both racial disparities in earnings and the severe cost of living in San Francisco. Cost of living is reflected in the housing and indicator as well as national statistics showing that San Francisco is one of the most expensive metros to live. This expresses itself in many ways including low-home ownership rates, low-rates of families, and record levels of homelessness.

Economic opportunity is not equally distributed. Structural racism has led to unequal distribution of opportunity which presents itself in unequal income (see below), wealth distribution, education attainment, and health outcomes. Additionally, San Francisco Police Department data shows an unequal per capita racial distribution of all police data like arrests, searches, and use of force. Studies have shown that a criminal history has ripple effort that lead to lesser earning potential (Shawn Bushway, 2022).

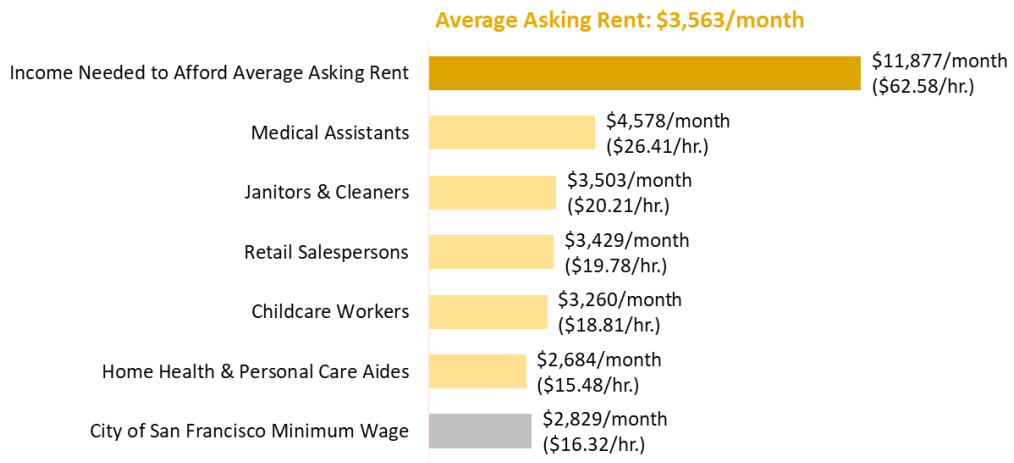


Source: AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES, TABLES B19301B-I (2015-2019) https://www.racecounts.org

[2]

[2] Race Counts County Data from American Community Survey, https://www.racecounts.org/county/san-francisco/

It is impossible to discuss the homeless challenge in San Francisco without discuss the cost of housing. The decades of underproduction of housing, and the placement of new units in communities of color, has created a situation where the costs of housing has outpaced the pay scale for low-income induvial. Coupled with the unequal per-capita income, this leads to a filtering effect that has led to a decrease in BIPOC populations of San Francisco. The below slide clearly demonstrates the difficulty of holding lower- and middle income individuals in San Francisco; principally due to outsized housing costs.



Source: Source California Housing Partnership

[3]

[3]

Behavioral Health & Substance Use

Description

Refers to access, stigma, availability, and affordability of behavioral and mental health professionals and services. Additionally, it refers to substance access, use, and availability of support for substance misuse. Behavioral Health also refers to the freedom from external and environmental trauma. Community violence decreases the real and perceived safety of a neighborhood disrupting social networks by inhibiting social interactions, causing chronic stress among residents who are worried about their safety, and acting as a disincentive to engage in social interactions. May also include references to a lack of acknowledgement of community assets to support mental health such as cultural traditions, language, community events, and trusted spaces (e.g., faith-based institutions, schools, etc.) and how they are not recognized as supportive behavioral and mental health services.

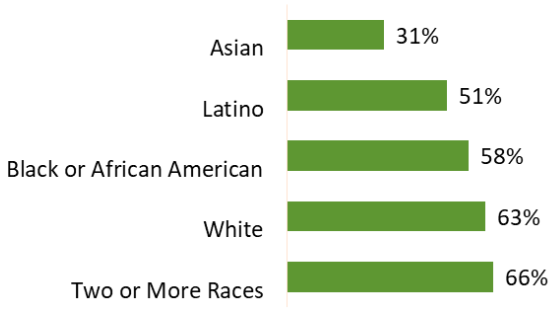
"Mental health has been one of those things where you really feel helpless. But I think the mental health piece, especially when folks are having a particularly hard day or some kind of psychotic break, they can't even engage in services."

- Community Support Organization

Data

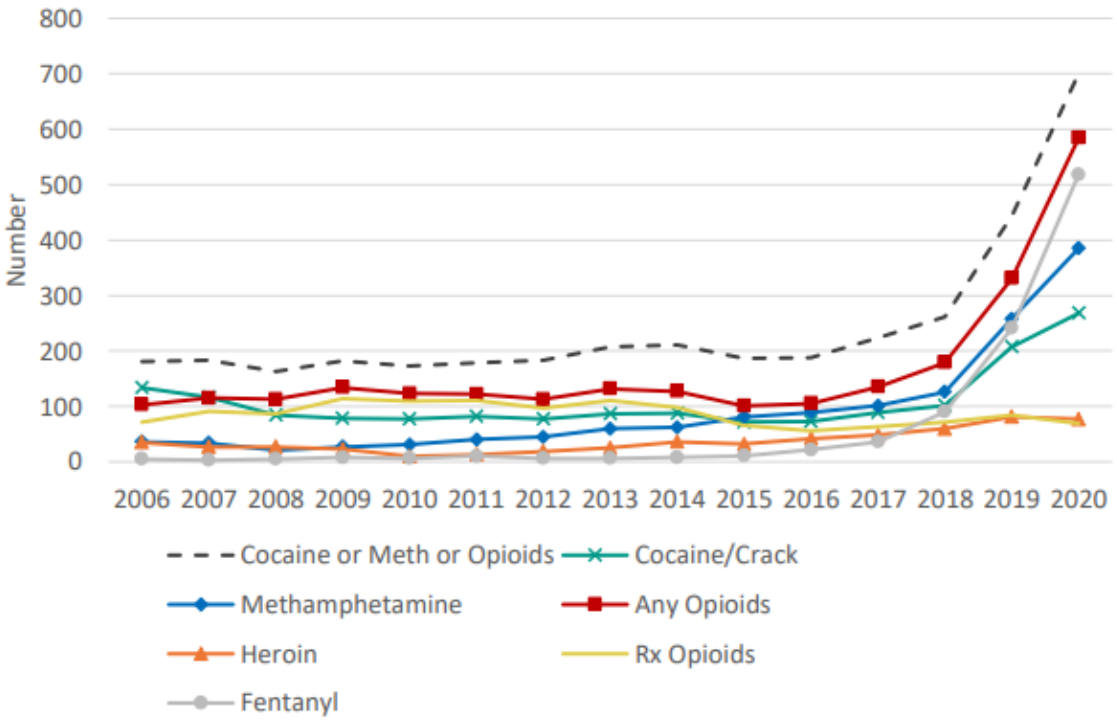
Behavioral health and substance use rose to the top of focus group and data analysis. After economic opportunity, behavioral health and substance use was the most cited health needs from the focus groups. Focus group members cited the difficulty accessing behavioral health services and the lack of behavioral health clinicians with the background to connect with Black, Hispanic and Asian communities. One byproduct of COVID was the long-term distanced learning for children in San Francisco. While data is hard to come by, patient interactions from St. Mary's Counseling Enriched Education Program, paint a picture of students who have severely regressed in their mental health status due to the extended distanced learning. While the San Francisco Health Dashboard shows behavioral health needs as low, greater attention to both focus group input and community reports show a significant behavioral health need. County reports on mental health reform (Mental Health SF), behavioral health bed optimization and state reports on the Laterman-Petris-Short Act support the focus groups' assertion that behavioral health is a significant health need.

Adults Who Got Help for Mental/Emotional or Alcohol/Drug Issues (%)
(source: California Health Interview Survey 2011-2019)



The number of substance use overdose deaths has skyrocketed since 2019 (Phillip O. Coffin, PhD, MS, & Nimah Haq, 2020). Numbers remained high in 2021, 645 total deaths, even with new interventions at the street level to combat the overdose crisis. In December of 2021 Mayor London Breed declared a state of emergency over the substance use overdose death in the Tenderloin. In San Francisco, people experiencing chronic homelessness are more likely than non-chronically homeless to self-report drug and alcohol use (63% vs. 32%), psychiatric or emotional conditions (53% vs. 32%), and drugs or alcohol as the primary cause of homelessness (24% vs. 15%). In San Francisco the vast majority of drug overdose deaths are male (82%). The Black/African American overdose deaths (24%) is outsized compared to their proportion of the San Francisco population (5.6%). (Ayesha Appa, Luke N. Rodda, & Caroline Cawley, 2021).

Figure 1: Number of Opioid, Cocaine, and Methamphetamine Overdose Deaths by Non-Mutually Exclusive Substance Category in CCSF, 2006–2020



Substance-related overdose deaths were identified using textual cause of death fields, determined by the San Francisco Office of the Chief Medical Examiner. Homicides and suicides were excluded.

Sources: Overdose mortality obtained from the California Electronic Death Registration System (CA-EDRS) via the Vital Records Business Intelligence System (VRBIS).

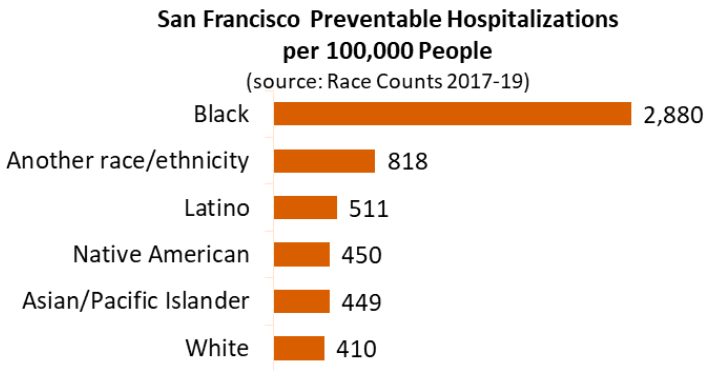
[4]

[4] Substance Use Trends in San Francisco through 2020, Page 5, https://www.csuhsf.org/substance-use-trends-san-francisco

Access to Welcoming Healthcare

Description

[5]Refers to the right to accessible and affordable, culturally grounded, relevant, and competent acute and preventative healthcare. Welcoming care is delivered in local neighborhoods, by healthcare professionals who are from the communities they are serving, are grounded in anti-racism and interpersonal bias, have knowledge of the community's historic relationship with (and harm done by) the healthcare system, and are equitably compensated for their work. There is a special focus on care that is welcoming to communities who have been ─ and continue to be (as exemplified by COVID rates and response) ─ marginalized and harmed by care, including Black, Indigenous, and People of Color (BIPOC) communities, and gender and sexual orientation diverse communities. May also include barriers such as language, transportation, insurance / cost, childcare, long wait times.



Data

Many people in San Francisco don't get the health care services they need. While we have decreased the number of uninsured patients, complex health care systems and payment models continue to make it difficult for patients to receive the quality care they need. Emergency wait times has risen as citywide diversion rates have climbed since March of 2020 (Management, 2021).

"That's one of our bigger challenges, how we get the services to the communities and not have them always have to come to us."

- San Francisco insurer

Focus group participants also brought up the importance of cultural competency in the health care industry. With past harms done by the health care industry, there is suspicion of the work done by practitioners. Additionally, the complexity of the health care system leads to many opportunities for patient dissatisfaction like: unexpected billing, long intake delays for referrals to programs, and uncertainty around health care coverage. Additionally, patients nationwide are delaying medical treatment due to costs (Saad, n.d.).

[5] Race Counts County Data from OSHPD 2017 - 2019, https://www.racecounts.org/county/san-francisco/

Resources Potentially Available to Address Needs

Mental Health & Substance Use

Since 2019 there have been an influx of dollars for mental health and homeless services in San Francisco. Proposition C created a $350 million/year tax on business to support mental health and homelessness, to Project Home Key, a $2.75 billion investment in buying hotels to convert them into homeless supportive housing. These dollars have allowed historic investment into services that we are just seeing the new results of. The new resources will enhance the homelessness system, create new mental health resources, and deploy street medicine teams. Additionally Proposition C has allowed the City to expand its street medicine teams to get clients on the street the support they need. It also is funding a new Drug Sober Center in SOMA called SOMA RISE. Hospital staff have already met with staff to learn about the initiative and will be touring the facility once it opens in fall 2022.

Saint Francis and St. Mary's currently host a monthly meeting with the San Francisco Police Department, San Francisco Department of Public Health, and San Francisco Fire Department to coordinate care for patients under 5150 holds. We work together to explore the care system and learn how we can work in greater cooperation.

Access to Welcoming Healthcare

CalAIM (California Advancing and Innovating Medi-Cal) is a multiyear care delivery and payment reform initiative led by the California Department of Health Care Services (DHCS). CalAIM focuses on improving health equity and quality of care and well-being for California Medicaid (Medi-Cal) enrollees by enhancing population health; expanding access to coordinated, whole-person care; and addressing health-related social needs. With sustainable long-term funding for social determinants of health, $1.5 billion in California for 2022-2023, the initiative could be a significant driver of health across San Francisco and California.

Saint Francis and St. Mary's have jointly piloted linkage projects to connect patients post-discharge to community resources. The Serious Illness for Chinese Seniors and Street-Based Medicine Pilot for homeless patients are in the early implementation stages.

Economic Opportunity

While San Francisco is a well-resourced community objectively, the cost of living in San Francisco makes it very difficult for lower and middle income families to thrive. The largest portion pushing cost of living is the outsized cost of housing (BestPlaces.Net, 2022). Recent ballot measures and investments by City and State governments has led to an increase in homelessness and affordable housing dollars to provide housing for the most vulnerable in San Francisco. COVID programs like Project Homekey created one time increases in the amount of housing for persons experiencing homelessness (PEH). Additionally, recently passed housing legislation has put pressure on cities to make it easier to approve and build more housing, thereby decreasing the cost of housing. On the demand side of things, Dignity Health and other health care organizations continue to train the next health care leaders create access to well-paying health care positions.

Impact of Actions Taken since the Preceding CHNA

Since the last CHNA Saint Francis has conducted the following actions to address the health needs of San Francisco.

Saint Francis continued to support its work to serve the community and underserved populations amid multiple COVID surges that strained staff and resources. In addition to living its mission to provide high-quality, compassionate care, the hospital undertook an extensive vaccination effort, created meaningful connections with city departments and non-profit partners, and recruited medical professionals to provide vaccination education for communities of color in the Bay Area and across the country.

The major undertaking this fiscal year was the establishment and staffing of the COVID mass vaccination site at Moscone and community sites in the Tenderloin. Saint Francis and Dignity Health joined with Kaiser, SFDPH, and the COVID Command Center to staff the Mass Vaccination site at Moscone. Dignity Health staff recruited, staffed and managed the effort in partnership with Kaiser and COVID Command. The site vaccinated over 330,000 individuals and was a universally lauded clinic for its ease of use. At its peak the site ran seven days a week from 7:00 am – 8:00 pm.

Dignity Health also provided support for the Tenderloin community vaccination. As it became apparent that vaccines were in the pipeline, Saint Francis conducted a flu vaccine pilot with GLIDE in October and November of 2020. This served as a dry run for future community COVID vaccine clinics with DPH, GLIDE and Saint Francis. After establishing the mass vaccination clinics, Saint Francis was re-connected by DPH to GLIDE, SF Community Health Clinic and UCSF to support the SFCHC/GLIDE Vaccine clinics. The clinics lead to over 1,800 shots in the arm from April – June, after the many individuals had already received their vaccine from the mass vaccination efforts. The Tenderloin neighborhood has a vaccination rate of 83%, in part because of the diligent work from at the SFCHC/GLIDE Vaccine clinics.

Saint Francis has additionally conducted numerous pilot projects to enhance the care of patients at the hospital. These projects include:

- Emergency Department Social Workers focused on the homeless population
  This pilot program added social workers coverage to the Emergency Departments at both Saint Francis and St. Mary's. The social workers are responsible meeting with and connecting homeless patients with both hospital and community resources, and following up with patients after their hospital stay. During the program the social workers made connections with community partners, visited new community resources, and studied texts to improve their ability to connect with our unhoused neighbors.

- Flexible Housing Subsidy Pool Pilot for Medically Vulnerable Populations
  Saint Francis and St. Mary's with the Homeless Health Initiative piloted a hospital to housing project called the Flexible Housing Subsidy Pool. Currently, homeless services are prioritized by a processing tool called Coordinated Entry. The tool only allows for an assessment of an individual once every 6 months, and our clinical staff had concerns that the assessment doesn't adequately take into account medical frailty in assessing patients for homeless services. This pilot program allowed both Saint Francis and St. Mary's to make direct referrals to the scattered site housing (aka market rate housing) run by Brilliant Corners. The referrals would be patients of the hospital that are not be prioritized by the current Coordination Entry system. In the pilot, Care Coordination staff and the Emergency Department Social Workers made referrals to the City's Department of Housing and Homelessness, which then goes to a case management partner to get the patient document ready to apply for housing at Brilliant Corners. Once housed the patient would be housed in the unit as long as they honor their lease, and pay 30% of their income toward

rent. San Francisco's Department of Housing and Homelessness agreed to continue to pay for 70% of the patients rent in perpetuity and pay for case management to help a patient get a greater level of independence.

- Convening on Care for Patients Under 5150 Holds
  Saint Francis and St. Mary's host a monthly meeting with the leadership from the Emergency Department and representatives from the San Francisco Police Department's Crisis Intervention Team, San Francisco Fire Department's clinical leadership over the Street Crisis Response Team and EMS-6, and San Francisco Department of Public Health's Comprehensive Crisis Services and Behavioral Health Services. The meetings create better coordination between the participating parties, breaks down silos and creates trust by allowing each organization to share information, ask questions, dispel myths and learn from each other.

Community Grant Applications for the following Programs:

- Rapid Rehousing Initiative for low-income and LGBTQ students at San Francisco State
- Gardening and Cooking Class Program with Community Grows in the Western Addition
- Asian Health Collaborative work to providing meals, groceries and WeChat exercise videos and wellness checks to homebound seniors during COVID.

Appendices

Works Cited

Ayesha Appa, M., Luke N. Rodda, P., & Caroline Cawley, M. (2021). *Drug Overdose Deaths Before and After Shelter-in-Place Orders Diromg the COVID-19 Pandemic.* San Francisco: Jama Network. Retrieved from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2779782

BestPlaces.Net. (2022, June). *Cost of Living in San Francisco, California*. Retrieved from Bestplaces: https://www.bestplaces.net/cost_of_living/city/california/san_francisco

Caroline Cawley, M., Hemal K. Kanzaria, M., & Barry Zevin, M. (2022). *Mortality Among People Experiencing Homelessness in San Francisco During the COVID-19 Pandemic.* San Francisco: JAMA Netowrk.

(2019). *Gallup Poll: More Americans Delaying Medical Treatment Due to Cost.* Gallup. Retrieved from https://news.gallup.com/poll/269138/americans-delaying-medical-treatment-due-cost.aspx

Management, D. o. (2021). *San Francisco Emergency Medical Response: Ambulance Diversion.* Retrieved from http://sfemergencymedicalresponse.weebly.com/ambulance-diversion.html

Phillip O. Coffin, M. M., PhD, V. M., MS, K. L., & Nimah Haq, M. (2020). *Substance Use Trends in San Francisco Through 2020.* San Francisco: Center on Substance Use and Health, San Francisco Department of Public Health.

Saad, L. (n.d.). *More Americans Delaying Medical Treatment Due to Cost*. Retrieved from Gallup Poll 2019: https://news.gallup.com/poll/269138/americans-delaying-medical-treatment-due-cost.aspx

San Francisco Police Department. (2021). *Per Capita Analysis Q4 2020 - Q3 2021.* https://www.sanfranciscopolice.org/sites/default/files/2022-03/SFPDQADR4thQuarterAppendix20220307.pdf.

Shawn Bushway, I. C. (2022). *Barred from employment: More than half of unemployed men in their 30s had a criminal history of arrest.* Science Advances. Retrieved from https://www.science.org/doi/10.1126/sciadv.abj6992

Health Topic & Measure	Geography	Source	Measure Year	San Francisco	California Average	National Average
Demographics						
Median age	Tract	American Community Survey	2015-2019	39.3	37.4	39.0
Neighborhood Deprivation Need Rating	Tract	UCDA calculation with ACS data	2019	-0.8	0	-0.1
Population density	Tract	Esri Demographics	2020	32,163.5	8,485.7	5,533.2
Population age 65+	Tract	American Community Survey	2015-2019	134,981	682	698
% Population age 65+	Tract	American Community Survey		15%	14%	16%
Population under age 18	Tract	American Community Survey	2015-2019	117,546	1,122	1,009
% Population under age 18	Tract	American Community Survey		13%	23%	23%
Total population	Tract	Esri Demographics	2020	881,791	4,932	4,588
Total households	Tract	Esri Demographics		1,848.7	1,622.4	1,659.2
Premature death (YPLL)	County	NCHS Mortality Files	2016-2018	0	0	0.1
Life expectancy	Tract	NCHS US Small-area Life Expectancy Estimates Project	2010-2015	75.9	76.1	73.8
Race-ethnicity						
Black population (#)	Tract	Esri Demographics		42,846	271	572
% Black population	Tract	Esri Demographics	2020	5%	6%	13%
American Indian/Alaska native population (#)	Tract	Esri Demographics		1,612	20	34
% American Indian/Alaska native population	Tract	Esri Demographics	2020	0.2%	0.4%	0.7%
Asian population (#)	Tract	Esri Demographics		313,265	732	267
% Asian population	Tract	Esri Demographics	2020	36%	15%	6%
Hispanic population (#)	Tract	Esri Demographics		135,187	1,965	861
% Hispanic population	Tract	Esri Demographics	2020	15%	40%	19%
Multiracial population (#)	Tract	Esri Demographics		33,710	150	110
% Multiracial population	Tract	Esri Demographics	2020	4%	3%	2%
Non White population (#)	Tract	Esri Demographics		532,493	3,166	1,860
% Non White population	Tract	Esri Demographics		60%	64%	41%
Some other race population (#)	Tract	Esri Demographics		13.1	10.4	8.7
% Some other race population	Tract	Esri Demographics	2020	0.3%	0.2%	0.2%
Native Hawaiian/other Pacific Islander (#)	Tract	Esri Demographics		3,296	17	8
% Native Hawaiian/other Pacific Islander	Tract	Esri Demographics	2020	0.4%	0.4%	0.2%
White population (#)	Tract	Esri Demographics		1,782.1	1,766.4	2,727.7
% White population	Tract	Esri Demographics	2020	40%	36%	60%

Health Topic & Measure	Geography	Source	Measure Year	San Francisco	California Average	National Average
Access to care	**KP Need Rating**	**SF compared to state & national**		**Low**		
Low birth weight births	County	HRSA Area Resource File	2016-2018	7%	7%	8%
Pre term births	County	HRSA Area Resource File	2016-2018	8%	9%	11%
Dentists per 100,000 population	County	HRSA Area Resource File	2019	156.7	87.0	71.0
Infant deaths	County	HRSA Area Resource File	2020	2.8	4.0	4.2
Primary care physicians per 100,000 population	County	HRSA Area Resource File	2018	159.4	79.8	75.4
Uninsured children	Tract	American Community Survey	2015-2019	2%	3%	5%
Percent uninsured	Tract	American Community Survey	2015-2019	4%	8%	9%
Medicaid/public insurance enrollment	Tract	American Community Survey	2015-2019	30%	38%	35%
Cancer	**KP Need Rating**	**SF compared to state & national**		**Low**		
Breast cancer incidence	County	NCI State Cancer Profiles	2013-2017	124.3	120.9	119.9
Colorectal cancer incidence	County	NCI State Cancer Profiles	2013-2017	35.0	35.2	36.5
Cancer deaths	County	NCI United States Cancer Statistics	2013-2017	132.7	143.0	157.8
Lung cancer incidence	County	NCI State Cancer Profiles	2013-2017	44.9	41.3	54.8
Prostate cancer incidence	County	NCI State Cancer Profiles	2013-2017	81.8	92.8	100.3
Chronic disease & disability	**KP Need Rating**	**SF compared to state & national**		**Low**		
Asthma prevalence	County	Center for Medicare & Medicaid Services	2018	5%	5%	5%
Diabetes prevalence	County	Center for Medicare & Medicaid Services	2017	26%	28%	27%
Heart disease deaths	County	CDC, Interactive Atlas of Heart Disease and Stroke	2016-2018	109.5	143.6	164.2
Stroke deaths	County	CDC, Interactive Atlas of Heart Disease and Stroke	2016-2018	34.4	37.3	37.2
Heart disease prevalence	County	Center for Medicare & Medicaid Services	2018	10%	15%	14%
Poor physical health (days per month)	County	Behavioral Risk Factor Surveillance System	2020	3.0	3.6	3.7
Adults reporting poor or fair health	County	Behavioral Risk Factor Surveillance System	2020	12%	16%	17%
Population with any disability	Tract	American Community Survey	2015-2019	10%	11%	13%
Stroke prevalence	County	Center for Medicare & Medicaid Services	2017	3%	4%	4%
Climate & environment	**KP Need Rating**	**SF compared to state & national**		**High**		

Health Topic & Measure	Geography	Source	Measure Year	San Francisco	California Average	National Average
Tree canopy cover	Tract	US Geological Survey; National Land	2016	1.1	4.0	20.3
Coastal flooding risk	County	FEMA National Risk Index	2020	19.3	0.7	0.3
Drought risk	County	FEMA National Risk Index	2020	0	0.7	1.8
Heat wave risk	County	FEMA National Risk Index	2020	10.4	4.7	6.7
Air pollution: PM 2.5 concentration	County	Harvard University Project (UCDA)	2018	11.5	11.8	7.8
River flooding risk	County	FEMA National Risk Index	2020	0	2.1	4.4
Respiratory Hazard KP Need Rating	County	EPA National Air Toxics Assessment	2014	n/a	0.5	0.4
Road network density	County	EPA Smart Location Mapping	2013	30.5	18.0	14.1
Community safety	**KP Need Rating**	**SF compared to state & national**		**High**		
Violent crimes	County	FBI Uniform Crime Reports	2014-2018	760.5	418.1	376.8
Injury deaths	County	NCHS National Vital Statistics Syster	2020	55.9	50.3	69.9
Motor vehicle crash deaths	County	NCHS National Vital Statistics Syster	2015-2019	4.0	9.7	10.8
Pedestrian accident deaths	County	NCHS National Vital Statistics Syster	2015-2019	2.0	2.7	1.5
Education	**KP Need Rating**	**SF compared to state & national**		**Moderate**		
Preschool enrollment	Tract	American Community Survey	2015-2019	70%	51%	49%
On time high school graduation	County	Dept of Education ED Facts & state data sources	Varies	71%	84%	86%
Elementary school proficiency index	Tract	HUD Policy Development and Resea	2020	57.4	49.4	51.1
Adults with some college education	Tract	American Community Survey	2015-2019	14%	21%	21%
Adults with no high school diploma	Tract	American Community Survey	2015-2019	12%	18%	12%
Family & social support	**KP Need Rating**	**SF compared to state & national**		**Moderate**		
Children in single parent households	Tract	American Community Survey	2015-2019	25%	32%	34%
Limited English Proficiency	Tract	American Community Survey	2015-2019	12%	10%	5%
Percent over age 75 with a disability	Tract	American Community Survey	2015-2019	52%	51%	49%
Population 65 & older living alone	Tract	American Community Survey	2015-2019	1.4%	2%	2%
Food security	**KP Need Rating**	**SF compared to state & national**		**Low**		
SNAP enrollment	Tract	American Community Survey	2015-2019	5%	10%	12%
Convenience stores per 1,000 pop.	County	USDA Food Environment Atlas	2016	0.1	0.2	0.4
Food Environment KP Need Rating	County	USDA Food Environment Atlas	2020	8.2	8.3	7.8
Grocery stores per 1,000 pop.	County	USDA Food Environment Atlas	2020	0.4	0.2	0.2
Low access to grocery store	County	USDA Food Environment Atlas	2015	0.6%	12%	20%
Supercenters & club stores per 1,000 pop	County	USDA Food Environment Atlas	2016	0	48.1	29.1
Food insecure	County	Feeding America	2018	10%	11%	12%

Health Topic & Measure	Geography	Source	Measure Year	San Francisco	California Average	National Average
HEAL opportunities	**KP Need Rating**	**SF compared to state & national**		**Low**		
Obesity (Adult)	County	National Center for Chronic Disease	2018	15%	25%	28%
Exercise opportunities	County	Esri, Business Analyst	2020	100%	93%	84%
Physical inactivity (Adult)	County	National Center for Chronic Disease	2018	15%	18%	21%
Walkability index	Tract	EPA Smart Location Mapping	2012	16.3	11.2	9.0
Housing	**KP Need Rating**	**SF compared to state & national**		**High**		
Overcrowded housing	Tract	American Community Survey	2015-2019	7%	8%	3%
Moderate housing cost burden	Tract	American Community Survey		17%	21%	17%
Severe housing cost burden	Tract	American Community Survey	2015-2019	16%	19%	14%
Median rental cost	Tract	American Community Survey	2015-2019	$1,986	$1,689	$1,155
Home ownership rate	Tract	American Community Survey	2015-2019	38%	55%	64%
Housing affordability index	Tract	Esri Business Analyst	2020	53.9	88.1	154.5
Percent of income for mortgage	Tract	Esri Business Analyst	2020	47%	31%	17%
Income & employment	**KP Need Rating**	**SF compared to state & national**		**Low**		
High speed internet	Tract	American Community Survey	2015-2019	88%	86%	83%
Children living in poverty	Tract	American Community Survey	2015-2019	9%	17%	18%
Poverty rate	Tract	American Community Survey	2015-2019	11%	13%	13%
Unemployment rate	Tract	Esri Demographics	2020	15%	16%	13%
Income inequality Gini index	Tract	American Community Survey	2015-2019	0.5	0.4	0.4
Young people not in school or working	Tract	American Community Survey	2015-2019	1.1%	2%	3%
Job proximity	Tract	KP Need Rating (neighborhood)		58.2	47.7	47.0
Median household income	Tract	American Community Survey	2015-2019	$117,104	$82,053	$70,036
Free and reduced price lunch	Tract	National Center for Education Statisti	2017-2018	28%	44%	36%
Mental/behavioral health	**KP Need Rating**	**SF compared to state & national**		**Low**		
Deaths of despair	County	National Center for Health Statistics	2018	41.4	34.3	43.8
Suicide deaths	County	NCHS National Vital Statistics Syster	2020	9.6	10.5	13.5
Poor mental health (days per month)	County	Behavioral Risk Factor Surveillance S	2020	3.4	3.7	4.0
Mental health providers per 100,000 pop	County	CMS National Provider Identification	2019	899.7	352.3	247.0
Sexual health	**KP Need Rating**	**SF compared to state & national**		**4, Very High**		
Teen births	County	National Center for Health Statistics	2018	6.0	13.3	17.6
Chlamydia incidence	County	National Center for HIV/AIDS, Viral H	2018	1,073.2	585.2	535.0
HIV/AIDS deaths	County	HRSA Area Resource File	2016-2018	46.0	73.5	24.6
HIV/AIDS prevalence	County	National Center for HIV/AIDS, Viral H	2018	1,531.2	389.6	353.7

Health Topic & Measure	Geography	Source	Measure Year	San Francisco	California Average	National Average
Substance use	**KP Need Rating**	**SF compared to state & national**		**Moderate**		
Current smokers	County	Behavioral Risk Factor Surveillance S	2020	10%	11%	15%
Impaired driving deaths	County	NHTSA Fatality Analysis Reporting S	2014-2018	9%	29%	28%
Opioid overdose deaths	County	NCHS National Vital Statistics Syster	2015-2019	14.2	5.7	13.3
Excessive drinking	County	Behavioral Risk Factor Surveillance S	2020	23%	20%	19%
Transportation	**KP Need Rating**	**SF compared to state & national**		**Moderate**		
Workers driving alone to work	Tract	American Community Survey	2015-2019	33%	74%	76%
Workers driving alone with long commute	Tract	American Community Survey	2015-2019	13%	11%	8%
Workers commuting by transit, bike, or w	Tract	American Community Survey	2015-2019	50%	8%	8%