2004 Community Health Assessment

Building a Healthier San Francisco

December 2004

Table of Contents

LIST OF TABLES

LIST OF TABLES

LIST OF FIGURES

LIST OF FIGURES

LIST OF MAPS

Executive Summary

"Alone we can do so little; together we can do so much."

--Helen Keller

The 2004 Community Health Assessment was developed by Building a Healthier San Francisco (BHSF), a collaboration of San Francisco hospitals, clinics, City departments, philanthropic foundations, and community organizations, to collectively meet the community benefit planning and reporting requirements of SB 697. Although law mandates this assessment, it is far more than just a matter of compliance. BHSF shares a common vision to improve the health of San Francisco residents. It is committed to producing a document that can be used for effective health program planning and analysis.

In 2002, City officials and health leaders met to review the 2001 Needs Assessment and identified the overwhelming disparity in the health of African Americans compared with San Francisco's general population. As a result, these groups jointly created the African American Health Disparity Project. This initiative works to improve the health status of African Americans in our community by: addressing issues within the health care system that contribute to disparities; fostering changes to warrant an increase in the trust of the health care system by African Americans; implementing city-wide efforts to address major health issues affecting African Americans; and advocating for public policy changes.

The 2004 Needs Assessment again focuses on health improvement by analyzing existing data and providing additional information that will enhance the health of San Francisco residents. It examines health conditions by neighborhoods using data by ZIP codes and draws data from focus groups conducted to show how hospitals, clinics, and health care providers can best meet the diverse needs of San Franciscans. Twelve focus groups of 10 to 12 participants each[1] included: African Americans, Asian Americans (Non-Chinese), Chinese Americans (Cantonese Speaking), Disabled, Homeless, Latino (Spanish Speaking), Lesbian-Gay-Bisexual-Transgendered (LGBT), Lower Income, Middle Income, Middle Aged, Newcomers, and Whites.

[1] Focus group opinions may not be representative of San Franciscans generally.

Summary of Key Findings

1. **Focus group participants indicated health care facilities usually provide quality health care.** Most focus group participants rate the quality of health care available in San Francisco as "good" to "excellent" and are generally very satisfied with the care they receive.

2. **Residents from various economic backgrounds appear to have equal access to many inpatient hospital procedures.** Residents in low-income neighborhoods appear to have access to inpatient procedures, such as hip/joint replacement, pacemaker insertion, coronary artery bypass, and coronary angioplasty, equal or similar to those in higher-income neighborhoods.

3. **Many hospitalizations could be avoided through increased use of preventive services, including primary care, particularly in lower-income neighborhoods.** For example, the Tenderloin and Bayview-Hunters Point neighborhoods consistently have higher rates of hospitalizations for asthma, diabetes, COPD (Chronic Obstructive Pulmonary Disease), and congestive heart failure than wealthier neighborhoods. These conditions may be effectively controlled or managed in an outpatient setting without hospitalization and can potentially maintain the patient in better health. It is unclear whether the lack of preventive care is due to insufficient services or residents' behavior. The focus groups concluded factors related to the timely use of services included inadequate transportation and poor customer service (such as lack of bilingual staff, long waits for appointments, long waits to be seen by providers, and lack of extended hours).

4. **Preventive care and targeted interventions work.** From 1999 to 2001, skin infections resulting from injected heroin use were the number one cause of admission to San Francisco General Hospital among the homeless. However, by 2002-2003, these infections dropped to the 16th cause of admissions, largely due to the development of a new outpatient wound treatment clinic, the Integrated Soft Tissue Infection Service (ISIS) team.

5. **Behavior impacts life expectancy.** Community-based education and primary health care can prevent premature death. All 15 leading causes of premature death have at least one behavioral aspect (such as diet, physical activity, smoking, and/or substance abuse) associated with them.

6. **Barriers, both real and perceived, impact health decisions.** Focus group participants believed the lack of health insurance coverage and inability to pay were significant barriers to receiving health care. As one member of the African American focus group said, "A great deal of it [disparity] is not black and white, it is green." A member of the Chinese focus group reflected on the state of San Francisco health care as "If you have insurance, no problem; if no insurance, big problem."

7. **Community health is more than traditional health care.** Many contributors to premature death are not traditionally addressed by the health care sector, such as poisoning and drug overdoses, homicide, suicide, and traffic accidents. Typically, the health care sector is the recipient of the results of these contributors, rather than a participant in their prevention.

8. **While the overall health of San Franciscans improved, wide disparities among racial and ethnic groups remain, with African Americans suffering more adverse health effects than any other group.** African Americans have a life expectancy that is 10 years shorter for men and 5 years shorter for women compared with White men and women. African Americans also have higher age-adjusted mortality from ischemic heart disease, stroke, and cancer; and higher rates of low birth weight, low or no prenatal care, and teenage births.

Areas of further study: The 2004 Needs Assessment does not address a number of important health care issues because they were either recognized late in the assessment, or insufficient data was available to draw reasonable conclusions. These issues, such as access to primary and specialty care physicians, uneven geographic distribution of care, and use of emergency services by “frequent flyers”, will be studied for inclusion in the 2006 Needs Assessment. The following pages discuss the Key Findings of the 2004 Needs Assessment in further detail.

Introduction

Building a Healthier San Francisco (BHSF) is a collaboration of San Francisco hospitals, clinics, City departments, philanthropic foundations, and community organizations. BHSF was established in 1994 to meet the requirements of Senate Bill 697, a state law requiring private, non-profit hospitals to conduct a community health needs assessment every three years and "assume a social obligation to provide community benefits in the public interest."[2] Hospitals utilize this assessment as a tool for developing their community benefit plans, which are submitted annually to the California Office of Statewide Health Planning and Development (OSHPD).

Although law mandates the assessment, it is much more than a matter of compliance. The members of BHSF share a common vision to improve the health of San Francisco residents, and are committed to producing a document that can be used for effective health program planning and analysis.

In the 2001 assessment, a forum was held with 29 neighborhood and community organizations. The proceedings elicited two consistent responses:

1. Citywide data highlighted pressing health issues, but did not create a picture of local issues; and

2. Neighborhood information was more useful for local efforts and planning, given the City's population concentrations of ethnicity, language, age, etc.

In preparation for this 2004 report, BHSF considered responses to the 2001 forum and assessed numerous reports produced by government agencies and private organizations. An effort was made to avoid duplicating information, such as data found in reports from the school district; the Department of Children, Youth, and Families; and the Department on Aging. Attention focused on the Department of Public Health's publication, the *Overview of Health,* a citywide view of the health and well being of City residents. BHSF contacted SFDPH to discuss a different approach to the 2004 Assessment. Both organizations agreed the most effective approach was to produce two complementary documents, a BHSF Assessment highlighting the neighborhood data and the SFDPH O*verview of Health* highlighting citywide data.

With financial assistance from the Hospital Council, The San Francisco Foundation, McKesson Foundation, The United Way, Franklin Benevolent Corporation and Blue Cross, BHSF collected and analyzed data from the US Census, OSHPD, SFDPH, and the San Francisco Police Department. BHSF also conducted 12 focus groups to collect qualitative insights on health care.

The 2004 Community Health Assessment, and the raw data from which this report draws, are available online at the web site of the Northern California Council for the Community, www.ncccsf.org.

[2] SEE oshpd.cahwnet.gov/hid/HID/hospital/hcbp/faqs_hospital_CBP.htm.

What the Assessment Does, What It Contains: This Assessment attempts to create a picture of the people in San Francisco neighborhoods, and to answer the questions:

1. Who lives there?
2. What health conditions exist?
3. What are the priorities?
4. How does this neighborhood compare with other San Francisco neighborhoods, the City at large, California, and the nation as a whole?

The 2004 Assessment is organized into two major sections, ZIP code data and focus groups.

ZIP Codes: There are many ways to define San Francisco neighborhoods. However, the most efficient plan for managing the Census, OSHPD, and SFDPH data was to consolidate data into 21 ZIP codes.

Focus Groups: The focus groups represented were African Americans, Asian Americans (Non-Chinese), Chinese Americans (Cantonese Speaking), Disabled, Homeless, Latino (Spanish Speaking), Lesbian/Gay/Bisexual/Transgender (LGBT), Lower Income, Middle Income, Middle Aged, Newcomers, and Whites.

Conclusions should not be based solely upon the focus group comments due to inherent limitations, namely:

1. Individual focus groups do not comprise a representative sample of San Francisco's population;
2. Sample sizes were small, usually ranging from 10-12 participants;
3. There were no distinctions made as to whether respondents used public or private health services; and
4. Responses are not associated with a specific ZIP code or neighborhood.

The focus groups bring a directional, rather than statistical, analysis to what San Franciscans think about their health care, how they access medical information and services, language barriers, issues specific to homelessness, and health disparities.

Also included are updated citywide health indicators up to 2004, and a more in-depth look at the health disparities discovered.

Though the Assessment improves our understanding of neighborhood health conditions, more work can be done compiling information on mental health, effects of easy vs. difficult transportation, location and capabilities of health providers, and a complete inventory of health services.

BHSF hopes that the Assessment will provide insight into the health and well being of San Francisco residents, as well as determining the best focus of future efforts.

Methodology

There are two major components to the 2004 Community Needs Assessment: ZIP code and focus group data. The San Francisco ZIP codes were consolidated to 21 areas in order to approximate actual neighborhoods.

In addition, 12 focus groups were conducted to seek opinions and behavioral data on a qualitative level. The intent was to collect in-depth information on subjects that cannot be deduced from quantitative data. The groups were African Americans, Asian Americans (Non-Chinese), Chinese Americans (Cantonese Speaking), Disabled, Homeless, Latino (Spanish Speaking), Lesbian/Gay/Bisexual/Transgender (LGBT), Lower Income, Middle Income, Middle Aged, Newcomers, and Whites.

Quantitative Data: BHSF research analyst John Rogers attempted to collect data from many sources, including community clinics, health and dental insurance companies, individual hospitals, MediCal, MediCare, and a state health survey. Many sources were limited by federal patient confidentiality laws and would not release patient data, or would not assign staff to process the data for BHSF. The available ZIP code data is comprised of the following sources:

- Census 2000 was the source for data concerning race, ethnicity, age, education, income, poverty, disabilities, linguistic isolation, and housing characteristics.
- California Office of Statewide Health Planning and Development (OSHPD), which provided data concerning Ambulatory Care Sensitive Conditions, Referral Sensitive Procedures, and Leading Causes of Hospitalizations.
- San Francisco Department of Public Health (SFDPH) Vital Records provided information about births and years of life lost (YLLs); and
- San Francisco Police Department provided crime information by Police Districts.

Highlights and summaries of the ZIP code data are presented with the individual profiles for the 21 ZIP codes. The crime statistics were not available by ZIP code and are therefore presented by predetermined Police Districts. However, this report does show the ZIP codes in each District service area.

Qualitative Data: Corey, Canapery & Galanis Research of San Francisco conducted the focus groups. Standard focus group technique was employed. Respondents were pre-screened in order to recruit a cross-section of San Francisco residents within each of the 12 segments. In total, 127 participants were selected.

Using the focus group approach permitted the development of directional, rather than statistical, analyses of respondents' opinions on health care providers, community issues, disparities, and barriers.

The focus group information is presented in a summary with specific community issues by segments, with three tables representing 1) respondents' rating of the quality of

health care; 2) their ability to see a doctor or nurse, 3) respondents' rating of health care providers; and 4) a summary of the participants and their overall observations.

Conclusions should not be based solely upon the focus group comments due to inherent limitations, namely:

1. Individual focus groups do not comprise a representative sample of San Francisco's population;
2. Sample sizes were small, usually ranging from 10-12 participants;
3. There were no distinctions made as to whether respondents used public or private health services; and
4. Responses are not associated with a specific ZIP code or neighborhood.

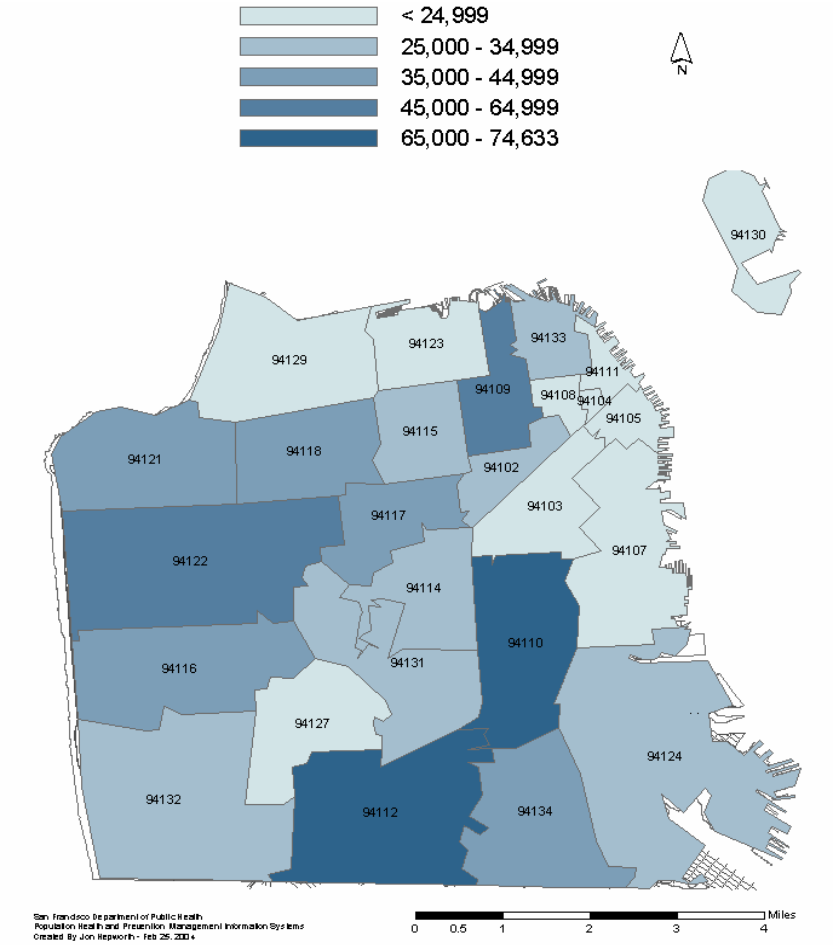
Key ZIP Code and Census Health Findings

Census 2000 - San Francisco Population

Residential ZIP codes within San Francisco range from slightly over 1,000 residents to approximately 73,000 residents.

The population by ZIP code MAP 1.0 shows. In order to have populations statistically significant for health and social data, ZIP codes under 13,000 residents were consolidated with neighboring ZIP codes with larger areas and roughly similar socio-demographic characteristics. The new 94103 ZIP code area for South of Market contains the 94104 ZIP code, which is a lower-income part of the financial district. The new 94107 ZIP code area for Potrero Hill contains the 94105 ZIP code (a slightly more affluent part of the financial district), the 94111 ZIP code (Embarcadero), and 94130 (Treasure Island). Finally, the new 94118 ZIP code area for the Inner Richmond contains 94129 (Presidio).

MAP 1.0
Population Distribution by ZIP Code, San Francisco 2000



ZIP Code Areas With Their Neighborhood Names

TABLE 1.0 below shows the area names for the analysis of ZIP codes. This report uses shortened versions of these area names in the tables and text. Although the main neighborhoods within ZIP codes can be roughly identified, in many places ZIP code boundaries do not exactly correspond with neighborhoods. Therefore, the identification of ZIP code areas with neighborhoods is approximate and works better for some neighborhoods than for others.

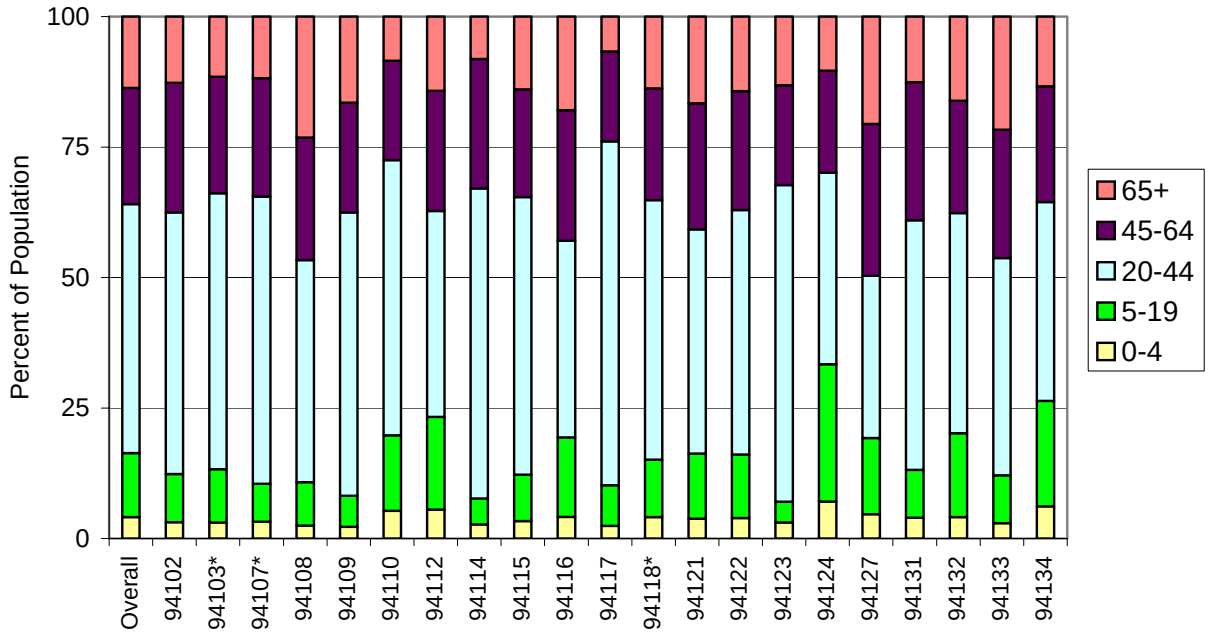
TABLE 1.0
ZIP Code and Neighborhoods, San Francisco

ZIP Code Area	Neighborhood Names
94102	Tenderloin, Hayes Valley, North of Market
94103 (includes 94104)	South of Market (includes part of Financial District)
94107 (includes 94105, 94111, 94130)	Potrero Hill (includes part of Financial District, Embarcadero, and Treasure Island)
94108	Chinatown
94109	Nob Hill, Russian Hill, and Polk
94110	Mission and Bernal Heights
94112	Excelsior, Ocean View, and Ingleside
94114	Castro, Noe Valley, and Corona Heights
94115	Western Addition, Japantown, and Pacific Heights
94116	Forest Hill and Parkside
94117	Haight
94118 (includes 94129)	Inner Richmond (includes the Presidio)
94121	Outer Richmond and Sea Cliff
94122	Sunset
94123	Marina and Cow Hollow
94124	Bayview-Hunters Point
94127	West Portal, St. Francis Wood, Miraloma Park, and Seaside
94131	Twin Peaks, Diamond Heights, and Glen Park
94132	Lake Merced, Merced Manor, and Lake Shore
94133	North Beach, Telegraph Hill, and Chinatown
94134	Visitacion Valley and Portola

Demographic Characteristics of ZIP Code Areas

Age: As shown in FIGURE 1.0, San Francisco has a low proportion of children and youth, with 16.4% of residents being under the age of 20. Specific ZIP code areas ranged from a low of 7.1% in 94123 (Marina) to a high of 33.4% in 94124 (Bayview Hunters Point). Two other areas had less than 10% youth, 94114 (Castro-Noe Valley) and 94109 (Nob Hill), while three other areas had more than 20%: 94134 (Visitacion Valley), 94112 (Excelsior), and 94132 (Lake Merced).

FIGURE 1.0
Age of Population by ZIP Code Areas, San Francisco 2000



Citywide, 13.7% of the population is 65 or older, with specific areas ranging from 6.7% in 94117 (Haight) to 23.2% in 94108 (Chinatown). Two other areas, 94114 (Castro-Noe Valley) and 94110 (Mission), also had an elderly population less than 10%, while two other areas were over 20%: 94133 (North Beach) and 94127 (West Portal).

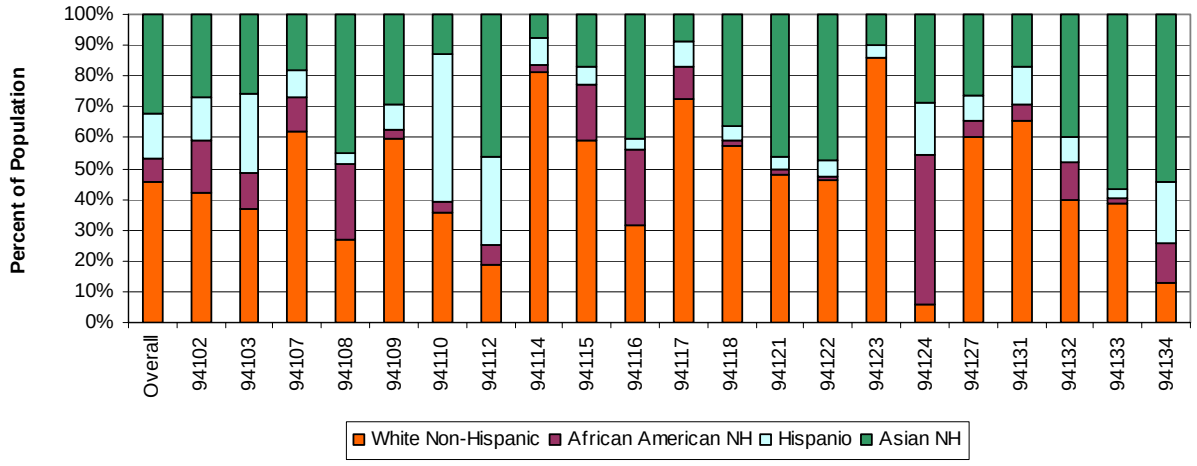
Ethnicity/Race: FIGURE 2.0 illustrates that Whites comprise 43.6% of the City's population, but are 84% of residents in 94123 (Marina) and 78% in 94114 (Castro-Noe Valley). Whites are only 5% of the population in 94124 (Bayview-Hunters Point), 12% in 94134 (Visitacion Valley), and 18% in 94112 (Excelsior).

Asian/Pacific Islanders are 30.7% of the City's population, but slightly over half the population in 94108 (Chinatown), 94133 (North Beach), 94134 (Visitacion Valley) and 94116 (Forest Hill). They are only 7% of the population in 94114 (Castro-Noe Valley), 8% in 94117 (Haight), and 9.5% in 94123 (Marina).

Latinos are 14.1% of the City's population, but account for 46% of the population in 94110 (Mission), 28% in 94112 (Excelsior), and 25% in 94103 (South of Market). They are less than 7% of the population in eight areas, with the lowest being 94123 (Marina), where they account for only 4% of the population.

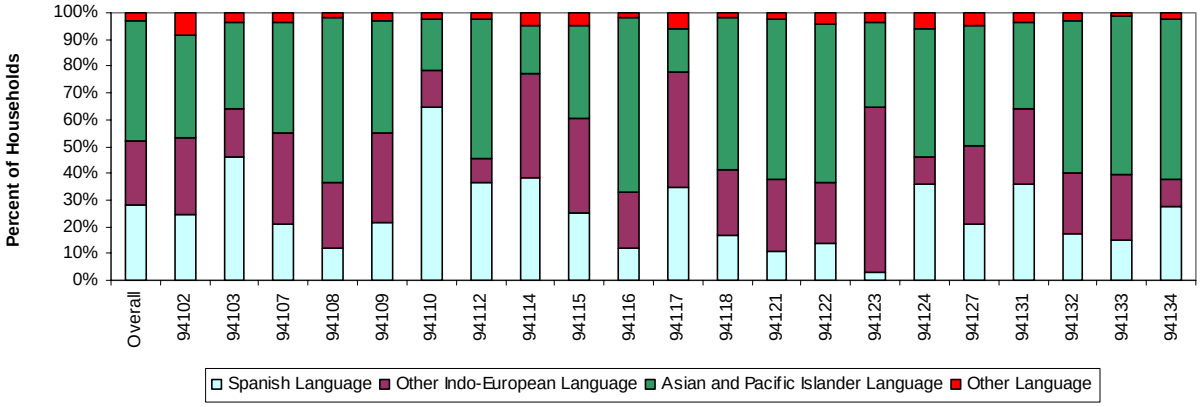
African Americans are 7.6% of the City's population, but account for 47% of the population in 94124 (Bayview-Hunters Point) and over 15% of residents in two other areas, 94115 (Western Addition) and 94102 (Tenderloin). Six areas have African American populations of less than 2%, with the lowest being 94123 (Marina) at 0.5 %.

FIGURE 2.0
Ethnicity by ZIP Code, San Francisco 2000



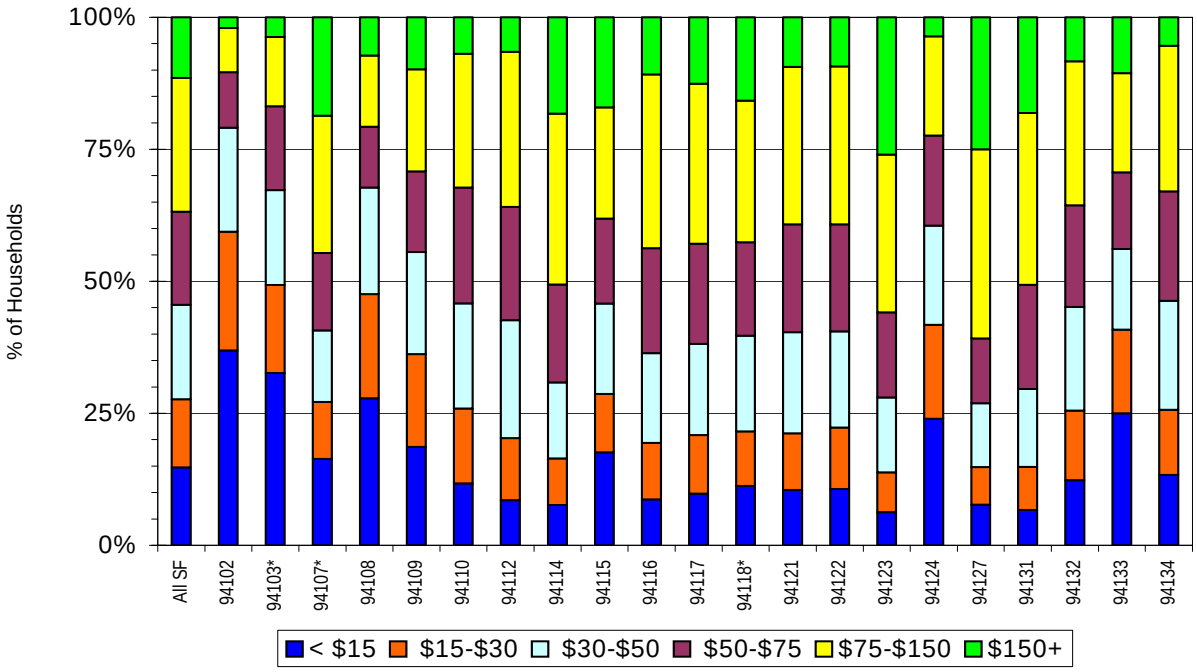
Linguistic Isolation: More than one quarter of San Francisco households (28.6%) are *linguistically isolated*, a US Census Bureau term meaning the household lacks any fluent, adult speaker of English. Linguistically isolated households may have diminished access to health care, and therefore, poorer health outcomes. Even in the area with the lowest proportion of linguistic isolation (17% in 94123 - Marina), one of six households remains linguistically isolated. In 94134 (Visitacion Valley) and 94112 (Excelsior), nearly half of all households qualify, and five other areas have linguistic isolation in more than one third of all households. Of the seven areas with a third or more of households linguistically isolated, Asian/Pacific Islanders constitute more than half of these households.

FIGURE 3.0
Household Linguistic Isolation by Language and Zip Code Areas, San Francisco 2000



Median Income: Although San Francisco has a high median income, 45% of households have incomes below $50,000, including almost 15% making less than $15,000. (These statistics are for 1999, before the "dot.com" bust.) Areas with the worst income distributions (i.e., largest percentage of low income households combined with the smallest percentage of high income households) are 94102 (Tenderloin), 94103 (South of Market), 94108 (Chinatown), and 94124 (Bayview-Hunters Point). The best income distributions are in 94123 (Marina), 94127 (West Portal), 94131 (Twin Peaks), and 94114 (Castro-Noe Valley).

FIGURE 4.0
Household Income Distribution by Zipcode Area, San Francisco 2000



Poverty Level: Poverty, defined as income below federal poverty level (FPL), and near-poverty (100% to 200% of FPL), are sometimes combined and referred to as low income. Over 40% of San Francisco's population is low income in four areas: 94102 (Tenderloin), 94124 (Bayview-Hunters Point), 94103 (South of Market), and 94108 (Chinatown). Over 30% of residents are low income in two other areas, 94110 (Mission) and 94133 (North Beach). Only 94123 (Marina) has fewer than 10% of residents who are low income.

MAP 2.0
Low Income Population by ZIP Code, San Francisco 2000

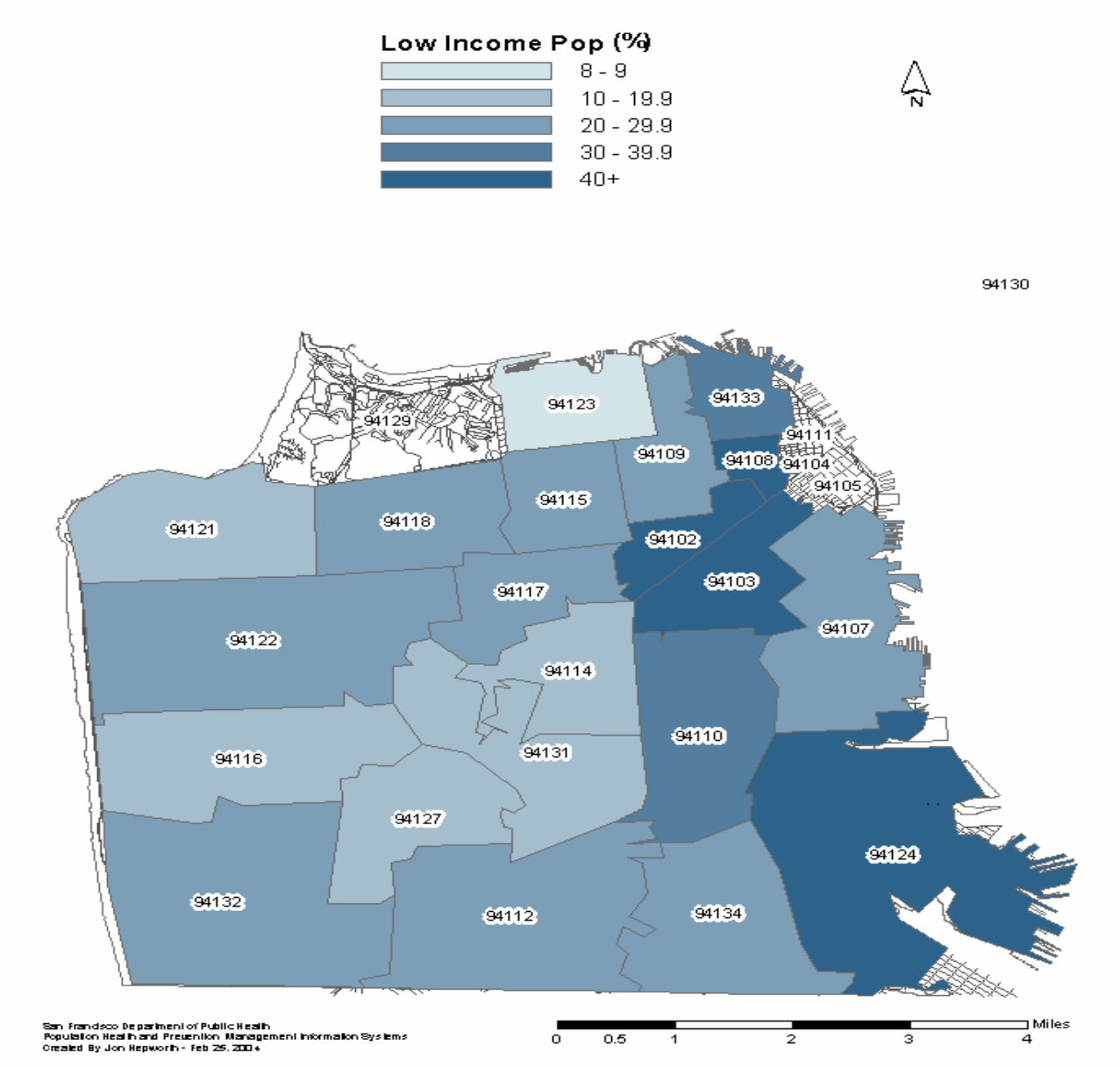


TABLE 2.0
Summary of Socioeconomic Characteristics for Low-Income Neighborhoods

Neighborhood	Socio-demographics
Bayview-Hunters Point	High poverty rates for those under 18 and those 18 to 64 years; low educational attainment; high male and female unemployment; high male and female labor force nonparticipation.
Tenderloin	High poverty rates for those under 18 years and those 18 to 64 years; high near poverty rate among the elderly; low percentage of college and advanced degree recipients; high male and female unemployment; high male labor force nonparticipation.
South of Market	High poverty rates for those 18 to 64 years and those 65 years of age and over; high near poverty rate for children and youth; low percentage of college and advanced degree recipients; high male and female unemployment; high male and female labor force nonparticipation.
Visitacion Valley	Low educational attainment; high female unemployment; high male labor force nonparticipation.
Excelsior	Low percentage of college and advanced degree recipients; high male unemployment and labor force nonparticipation.
Mission	High poverty rate for those over 64 years of age; high near poverty rate for those 18 to 64; high male unemployment.
Chinatown	High poverty rate for those over 64 years of age; high near poverty rates for those under 18 and those 18 to 64; low educational attainment; high male unemployment rate; high male and female labor force nonparticipation.
North Beach	High poverty rate for those over 64 years; high near poverty rates for those under 18 and those 18 to 64; high female labor force nonparticipation.
Potrero Hill	High poverty rate for children and youth; high near poverty rate for the elderly; high educational attainment.
Western Addition	High near poverty rate for the elderly.
Haight	High near poverty rate for the elderly.

Premature Mortality: Expected Years of Life Lost (YLLs)

SFDPH analyzes mortality based on expected Years of Life Lost" (YLLs). This measure subtracts the person's age at death from the life expectancy for someone that age in a standard population. The younger the age at death, the greater the number of YLLs. Since many younger deaths could be prevented or postponed, this measure of premature mortality particularly emphasizes prevention.

TABLE 3.0 below shows the 20 specific, leading causes of premature mortality for San Francisco in 2000-2001. The leading cause is ischemic heart disease, followed by AIDS, lung cancer, stroke, and poisoning. AIDS and poisoning rank high because of the number of deaths involved, plus so many of these deaths occur in relatively young people. Most poisoning is due to unintentional drug overdose. Of the list of 20 leading causes, men contribute more YLLs to the total than women for all but the 16th cause, breast cancer.

TABLE 3.0
Leading Causes of Premature Mortality
Ranked by Expected Years of Life Lost
San Francisco 2000-2001

	YLLs			Deaths		
	All	Male	Female	All	Male	Female
Ischemic Heart Disease	30632	19072	11560	2572	1310	1262
HIV/AIDS	15337	13969	1368	392	358	34
Lung/Trachea/Bronh.Cancer	12485	7771	4714	739	435	305
Cerebrovascular Disease	12204	6342	5862	1123	473	650
Poisonings*	8863	7175	1688	215	172	43
Hypertensive Heart Disease	7534	4617	2917	542	259	283
Self-inflected Injury	7461	5891	1570	199	148	51
COPD	7157	4483	2674	537	292	246
Violence	5968	4697	1271	112	87	25
Lower Respiratory Infection	5907	3343	2565	586	277	309
Cirrhosis of Liver	5248	3970	1278	182	131	50
Traffic Accidents	4634	3037	1597	111	70	41
Colon/Rectum Cancer	4618	2698	1920	298	146	152
Alcohol Use Disorder	4615	3904	711	140	115	24
Diabetes Mellitus	4284	2214	2070	268	115	153
Breast Cancer	4111	30	4082	201	1	200
Liver Cancer	3763	2967	796	162	116	46
Inflammatory Heart Disease	3665	2435	1230	174	109	65
Lymphoma/Multiple Myeloma	3069	1805	1265	179	98	81
Pancreatic Cancer	2811	1417	1394	184	83	100

* Includes drug overdoses.

Cardiovascular diseases – ischemic heart disease, cerebrovascular disease (stroke), and hypertensive heart disease – comprise three of the six leading causes of YLLs. The leading causes of premature mortality, including cardiovascular diseases, are widely distributed across ZIP codes:

- **Ischemic heart disease** is the leading cause of premature mortality citywide, as well as in 18 of 21 areas. In the remaining three areas, it is second to HIV.
- **Cerebrovascular disease** is among the top five causes in 19 areas, including seven in which it is the second leading cause: 94108 (Chinatown), 94112 (Excelsior), 94118 (Inner Richmond), 94121 (Outer Richmond), 94122 (Sunset), 94127 (West Portal), and 94132 (Lake Merced). It is the fourth leading cause overall.
- **Hypertensive heart disease** is in the top ten in 18 areas, including eight areas where it is among the top five. It is the fourth leading cause of premature mortality in 94116 (Forest Hill), 94121 (Outer Richmond), and 94123 (Marina). It is the sixth leading cause citywide.
- **Lung cancer**, the third leading cause citywide, is among the five leading causes in 19 areas, and is in the top ten in all areas. It is the second leading cause in 94116 (Forest Hill), 94123 (Marina), 94133 (North Beach), 94134 (Visitacion Valley), and among those with unknown residences (homeless/unknown). Most cases are due to smoking.

Some of the highest ranking causes of premature mortality are less evenly distributed, yet more concentrated in several areas of the city:

- **HIV/AIDS** is the second leading cause of YLLs in San Francisco. It is the number one cause in three areas (94102 Tenderloin, 94114 Castro-Noe Valley, and 94117 Haight) and it is the second leading cause in six other areas.
- **Poisoning,** the fifth leading cause citywide, is in the top ten causes in 14 areas, including three where it is in the top five: 94102 (Tenderloin), 94103 (South of Market), and 94109 (Nob Hill). Drug poisoning is the leading cause of unintentional injury mortality in the City; most cases are inadvertent overdose by abused drugs.
- **Cirrhosis of the liver** is the 11th leading cause in San Francisco, but is in the top ten causes in 10 areas, including two areas where it is among the top five: 94102 (Tenderloin), and among the homeless/unknown. Cirrhosis is frequently due to alcohol abuse.
- **Alcohol use psychiatric disorders** are the 14th leading cause citywide. They are among the top five causes in two areas, 94102 (Tenderloin) and 94103 (South of Market), and among the top ten in two other areas, 94108 (Chinatown) and among the homeless/unknown residents.
- **Suicide (self-inflicted injury)** is the seventh leading cause in San Francisco, and among the top ten in 14 of the 21 areas, including seven areas where it is among the top five. It is the third leading cause in 94114 (Castro-Noe Valley), and the fourth leading cause in 94115 (Western Addition), 94118 (Inner Richmond), and 94122 (Sunset).
- **Violence** is the ninth leading cause of premature mortality in San Francisco. It is among the ten leading causes in seven areas, including four in which it is among the top five: 94107 (Potrero Hill), 94112 (Excelsior), 94124 (Bayview Hunters

Point), 94134 (Visitacion Valley), and among the homeless/unknown. In 94124 (Bayview Hunters Point), violence is the leading cause of premature mortality.

- **Traffic accidents** are the 12th leading cause overall, but among the ten leading causes in nine areas. In two of these areas, it is among the top five: 94116 (Forest Hill) and 94121 (Outer Richmond). Most of the deaths in this category are pedestrians.

Many leading causes of death are preventable. In San Francisco, the 15 leading causes of premature mortality have at least one behavioral aspect associated with them.

Behavioral Aspects of the Leading Causes of Premature Mortality

- **Tobacco use** can cause: heart disease, lung cancer, cerebrovascular disease, chronic obstructive pulmonary disease, lower respiratory infections, and colo-rectal cancer.
- **Alcohol use** can cause: poisonings, self-inflicted injury, violence, cirrhosis of the liver, traffic accidents, colorectal cancer, and alcoholism.
- **Drug use** can cause or lead to: HIV, cerebrovascular disease, poisonings, self-inflicted injury, violence, traffic accidents, and alcoholism.
- **Poor diet** can cause: heart disease, cerebrovascular disease, hypertension, lower respiratory infections, colorectal cancer, and diabetes.
- **Physical inactivity** can cause: heart disease, cerebrovascular disease, hypertension, colo-rectal cancer, and diabetes.
- **Stress** can cause: heart disease, poisonings, hypertension, self-inflicted injury, violence, lower respiratory infections, traffic accidents, alcoholism, and diabetes.

TABLE 4.0
Causes of Death Ranked by Expected Years of Life Lost (YLLs) for San Francisco and Its ZIP Code Areas, 2000-2001

Cause of Death	SF YLLs	SF Deaths	SF Rank	94102 Tenderloin	94103 SoMa	94107 Potrero Hill	94108 Chinatown	94109 Nob Hill	94110 Mission	94112 Excelsior	94114 Castro/Noe	94115 Western	94116 Forest Hill	94117 Haight	94118 In Richmond	94121 Out	94122 Sunset	94123 Marina	94124 Bayview	94127 West Portal	94131 Twin Peaks	94132 Lake Merced	94133 North Beach	94134 Vis. Valley	Unknown
Ischemic Heart Disease	30,632	2,572	1	2** 2,192	1 1,453	1 763	1 666	1 2,785	1 2,087	1 3,057	2 793	1 1,436	1 1,892	2 927	1 1,254	1 1,702	1 1,949	1 453	2 1,297	1 663	1 792	1 1,064	1 1,351	1 1,505	1 139
HIV/AIDS	15,337	392	2	1 2,236	2 1,374	2 670	4 219	2 1,857	2 1,256	19 324	1 2,124	2 791	7 530	1 1,076	13 184		17 194		9 367	16 87	2 768	20 121		4 601	7 87
Lung, Tracheal, Bronchial Cancer	12,485	739	3	8 569	7 386	3 347	3 341	3 1,143	3 926	4 1,002	4 389	6 530	2 984	4 380	4 427	4 489	3 693	2 415	5 580	9 164	3 483	3 275	2 660	2 1,071	2 134
Cerebrovascular Disease	12,204	1,123	4	13 289	5 509	5 281	2 350	6 703	4 836	2 1,243	5 313	3 755	3 920	3 421	3 465	2 654	2 804	3 243	3 821	2 385	4 332	2 444	3 634	3 707	19 25
Other Cancers	10,026	506	5	9 513	10 304	9 249	8 150	7 660	7 791	3 1,029	7 263	5 557	4 764	8 295	2 496	3 514	5 612	5 221	4 700	3 357	5 267	4 274	4 451	8 412	
Poisonings*	8,863	215	6	3 1,525	3 640	6 262	13 78	4 1,033	8 659	17 335	6 310	8 365		7 331	15 176	11 262	10 281		10 363	8 196				6 460	8 82
Hypertensive Heart Disease	7,534	542	7	7 579	8 354	15 150	5 189	5 766	10 551	11 515	11 159	9 352	5 578	14 168	8 238	5 462	8 343	4 243	6 509	7 221		6 230	8 212	10 381	
Self-inflicted Injury	7,461	199	8	6 642	12 286	12 196		10 512	13 496		3 545	4 593	17 284	5 358	5 326	8 348	4 681	12 120	14 263		6 253	18 132	5 431	7 432	
COPD	7,157	537	9	10 50``1	6 505	10 219	9 148	8 651	9 564	5 890	9 216	11 344	10 428	6 356	19 139	12 252	7 391	18 88	13 268	10 156	8 214	7 213	9 203	14 263	
Other Cardiovascular Disease	6,519	531	10	15 226	10 304	4 322	13 78	11 473	18 397	7 722	13 154	7 366	13 347	11 195	11 215	6 383	14 244	8 141	8 414	4 297	14 160	15 158	6 301	9 395	11 73
Violence	5,968	112	11	16 224	15 213	6 262	17 48		6 811	6 854		10 348		12 188		16 180			1 1,403					5 533	5 107
Lower Respir. Infection	5,907	586	12	14 285	16 177	16 136	7 185	9 563	15 473	9 584		12 342	8 525	13 173	6 325	10 278	9 339	7 164		14 98	7 247	10 171	7 269		
Cirrhosis of Liver	5,248	182	13	5 647	9 348	13 155	16 52	13 280	5 825		8 236	15	20 239	20 138	15 176			11 129	12 274	12 133		8 197	14 164		3 129
Road Traffic Accidents	4,634	111	14		13 240	8 259	12 79		11 515	10 554	16 107		6 545	18 145	12 192	7 367	13 245	20 73	19 218			13 161		11 378	
Colo-Rectal Cancer	4,618	298	15	19 185		14 151	15 57	14 257		8 689	12 155	17 228	15 322		20 134	9 284	6 422			5 284	15 150		17 141	12 287	
Alcohol Use Disease	4,615	140	16	4 745	4 583		6 186		19 393			18 198			18 152					20 73					6 98
Other Digestive Diagnosis	4,430	294	17	12 317	19 158			12 462	14 484	20 322		16 235	16 299	16 151	7 243		11 250	9 138		10 156	12 187			15 216	14 51

Cause of Death	SF YLLs	SF Deaths	SF Rank	94102 Tenderloin	94103 SoMa	94107 Potrero Hill	94108 Chinatown	94109 Nob Hill	94110 Mission	94112 Excelsior	94114 Castro/Noe	94115 Western	94116 Forest Hill	94117 Haight	94118 In Richmond	94121 Out	94122 Sunset	94123 Marina	94124 Bayview	94127 West Portal	94131 Twin Peaks	94132 Lake Merced	94133 North Beach	94134 Vis. Valley	Unknown
Diabetes Mellitus	4,284	268	18	11 370		11 202	10 121	20 177	20 387	16 363		14 296	11 414		17 166			13 101	11 326			17 151	19 119	13 276	
Breast Cancer	4,111	201	19	18 192			18 46			15 371		13 313	12 409	10 237	9 231	14 226	16 195			6 247	10 196	11 168	13 172	18 199	20 12
Liver Cancer	3,763	162	20	17 211		19 118		15 248	16 463	13 400	15 133		9 456			15 199	19 185	16 97			11 189		12 182		
Inflam. Heart Disease	3,665	174	21			16 127		13 217	11 503					19 140		17 174			17 239	14 98	19 113	5 237	16 146	17 201	4 117
Lymphoma/Multiple Myeloma	3,069	179	22					18 197		14 395		19 137		9 254		19 154		13 101		19 75	13 184	19 125		16 202	
Pancreatic Cancer	2,811	184	23								18 93				10 220	18 171	18 193	17 90		13 125		14 160	20 111		
Alzheimer's/Dementias	2,697	429	24							12 470			18 271			13 231	15 223			18 81					
Endocrine disease	2,232	96	25															19 86	15 254		16 147		18 121		
Stomach Cancer	2,076	124	26					19 186								20 153					17 145		9 203		

***Includes drug overdoses. **Top number refers to rank within ZIP code/Bottom number refers to Years of Life Lost within ZIP code.**

Hospitalizations

San Francisco resident hospital patient discharge data (PDD) from OSHPD for 1999-2001, the latest years available, was analyzed by ZIP code in two ways:
(1) Rates of hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs), which are useful indicators of access to ambulatory care services, and
(2) Frequency of hospitalization by major diagnostic category.

Ambulatory Care Sensitive Conditions (ACSCs)

The analysis of hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs) by geographic area is an indicator of access to ambulatory care services. ACSCs are "diagnoses for which timely and effective outpatient care can help to reduce the risks of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition."[3] This measure does not identify what barriers are responsible for the differences, nor does it identify whether the barriers are in the health care system or in the preferences and practices of individuals or communities.

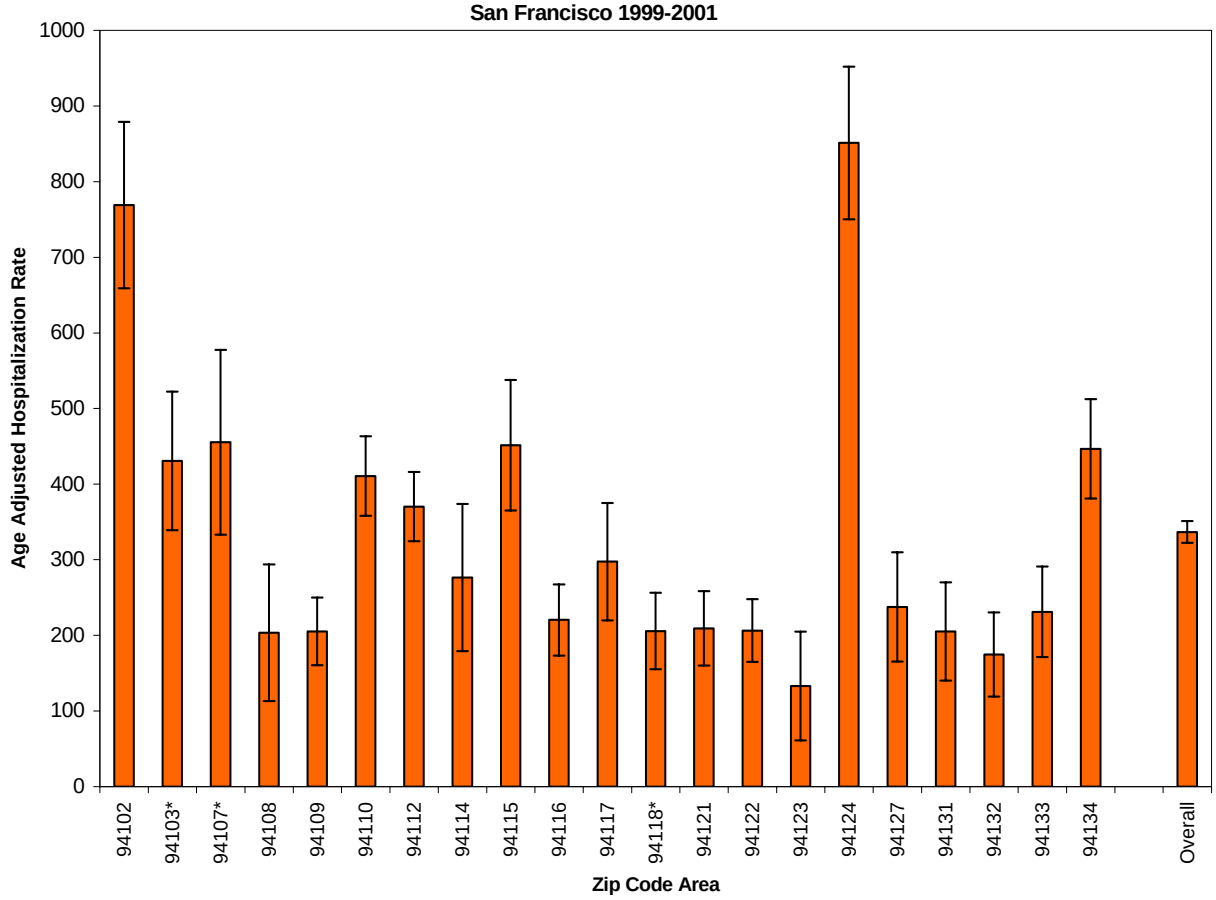
Hospitalizations for nine ACSC conditions were analyzed. The following set of figures show summary data by area for four ACSC conditions: adult and pediatric asthma, adult diabetes, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF).

- For all four conditions, Bayview-Hunters Point (94124) had the highest or one of the highest rates.
- The Tenderloin (94102) had among the highest rates for the two respiratory conditions (asthma and COPD) and elevated rates for the other two conditions.
- South-of-Market (94103) had among the highest rates for COPD, and elevated rates for the other three conditions.
- The Mission (94110) had elevated rates compared to most other areas for all four conditions.
- Other areas with elevated rates for:
    - Asthma hospitalizations: 94107 (Potrero Hill), 94112 (Excelsior), 94115 (Western Addition), 94134 (Visitacion Valley).
    - Diabetes hospitalizations: 94115 (Western Addition), 94134 (Visitacion Valley).
    - COPD hospitalizations: 94107 (Tenderloin), 94109 (Nob Hill).
    - Congestive heart failure hospitalizations: 94115 (Western Addition).`111

[3] J. Billings, et al., "Impact of Socioeconomic Status on Hospital Use in New York City," *Health Affairs*, 1993, 12(1): 162-173. The quote appears on page 163.

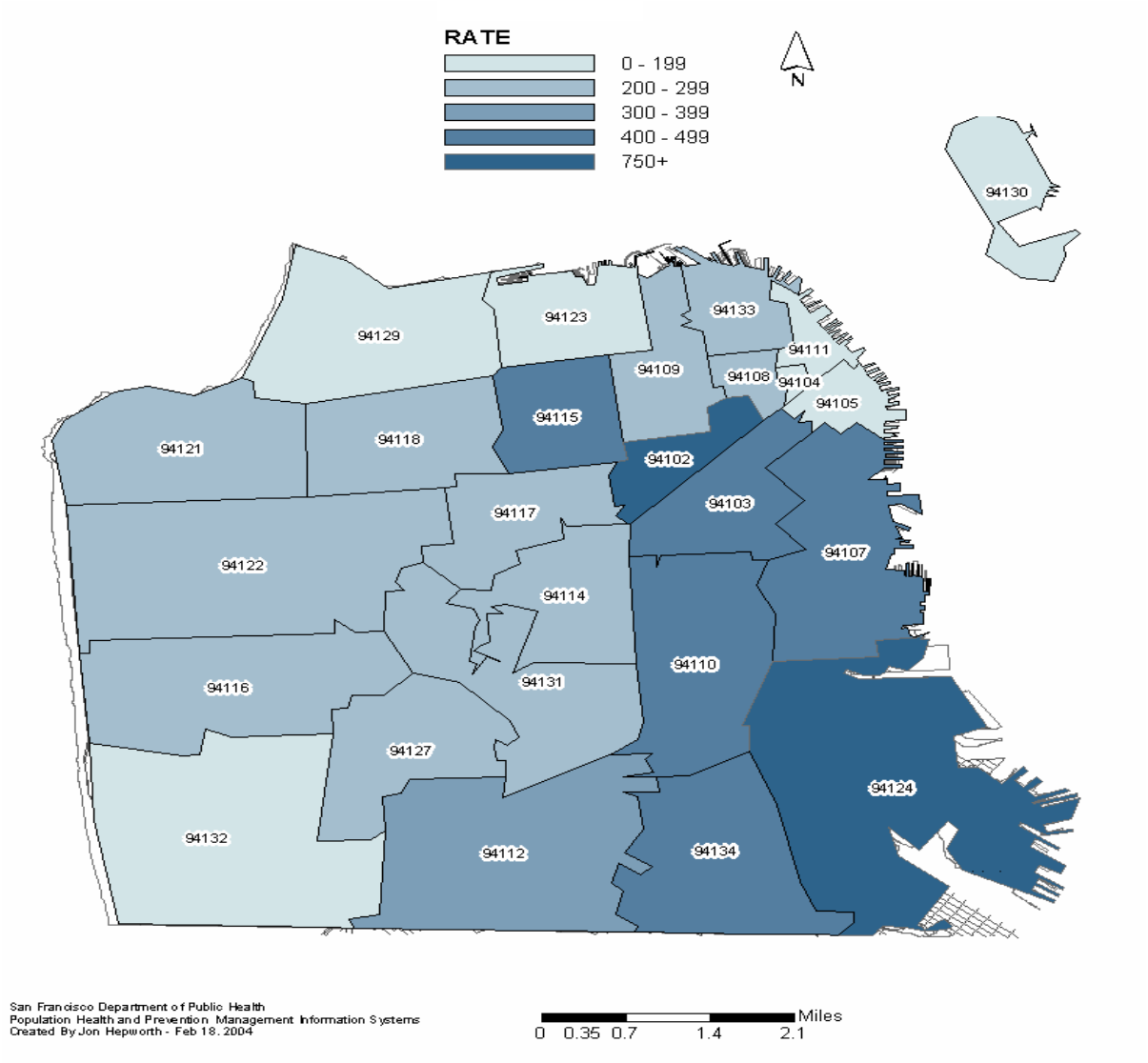
Asthma: MAP 3.0 & FIGURE 5.0 below show that the 94124 (Bayview-Hunters Point) and 94102 (Tenderloin) ZIP codes have markedly higher rates of ACSC hospitalizations for adult and pediatric asthma than other ZIP codes. There is a second tier, made up of 94103 (South of Market), 94107 (Potrero), 94110 (Mission), 94112 (Excelsior), 94115 (Western Addition), and 94134 (Visitacion Valley), that has elevated rates as well. There are no areas with significantly lower rates.

Figure 5.0
Care Sensitive Condition: Adult and Pediatric Asthma Hospitalization Rates, San Francisco 1999-2001



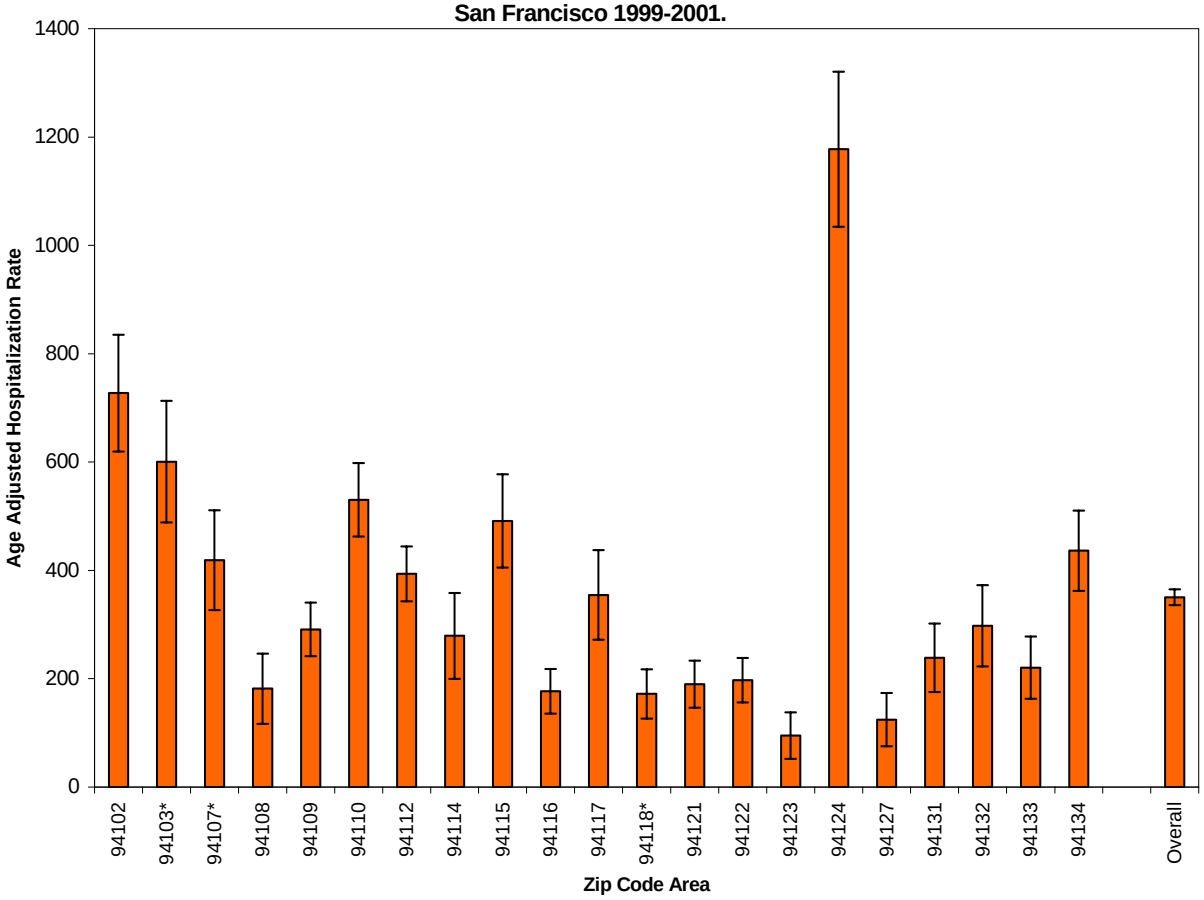
NOTE: The whiskers that extend above and below the height of the bar indicate the 95% confidence intervals for each rate. Where one set of whiskers overlap with another, the rates cannot be considered significantly different, since chance cannot be ruled out as a likely explanation for the differences.

MAP 3.0
Ambulatory Care Sensitive Condition: Adult & Pediatric Asthma Hospitalization Rates, San Francisco 1999-2001
(Age-Adjusted Rate Per 100,000 People)
Date Source: BHSF



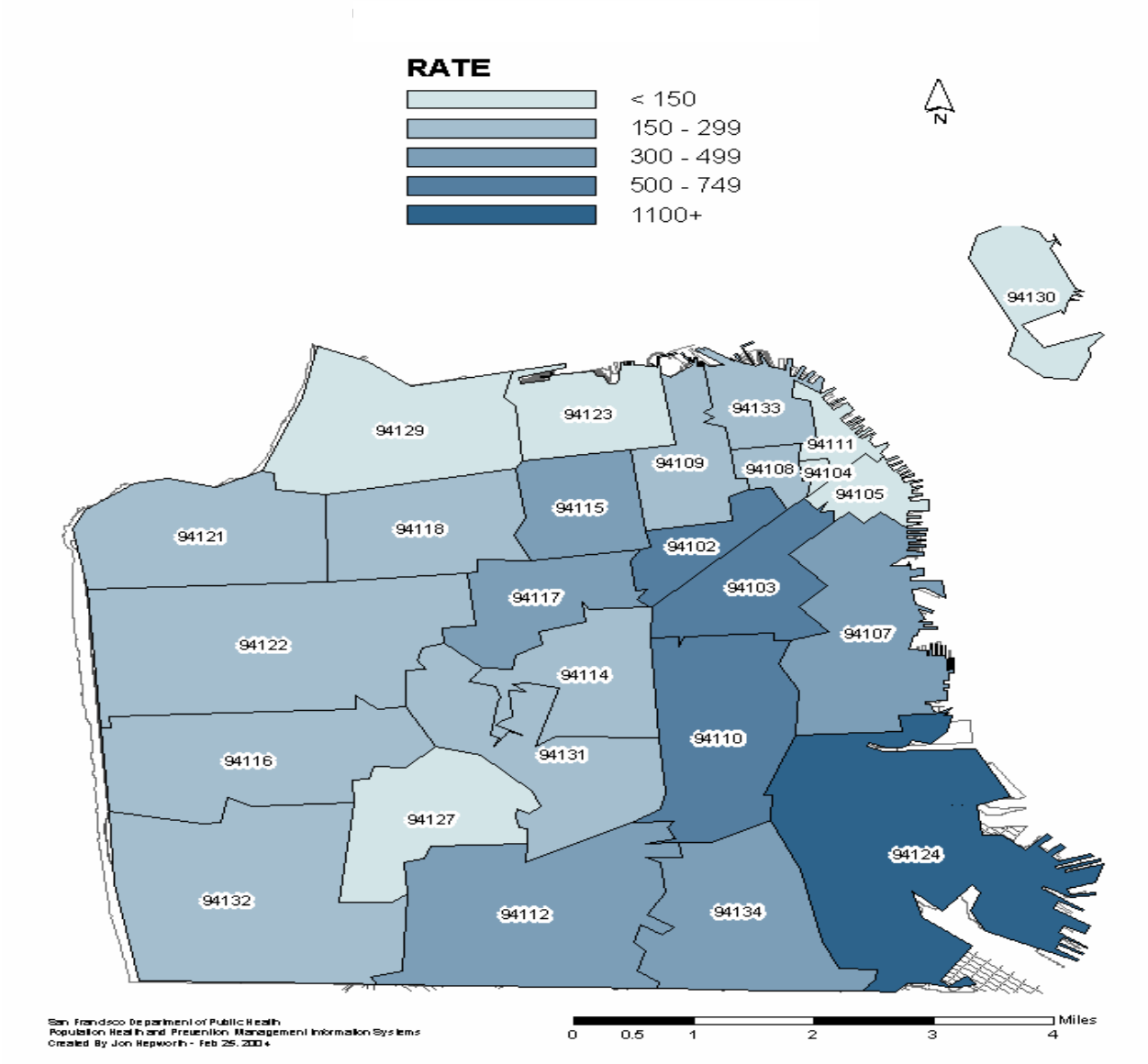
Diabetes: MAP 4.0 & FIGURE 6.0 show the combined age-adjusted hospitalization rate for uncontrolled diabetes, diabetes with short-term complications, and diabetes with long-term complications among residents 18 years of age and over. The 94124 (Bayview-Hunters Point) area has the highest rate, while 94102 (Tenderloin), 94103 (South of Market), 94110 (Mission), 94115 (Western Addition), and 94134 (Visitacion Valley) have elevated rates. Both 94123 (Marina) and 94127 (West Portal) have the lowest rates.

Figure 6.0
Ambulatory Care Sensitive Conditions: Adult Diabetes Hospitalization Rates, San Francisco 1999-2001.



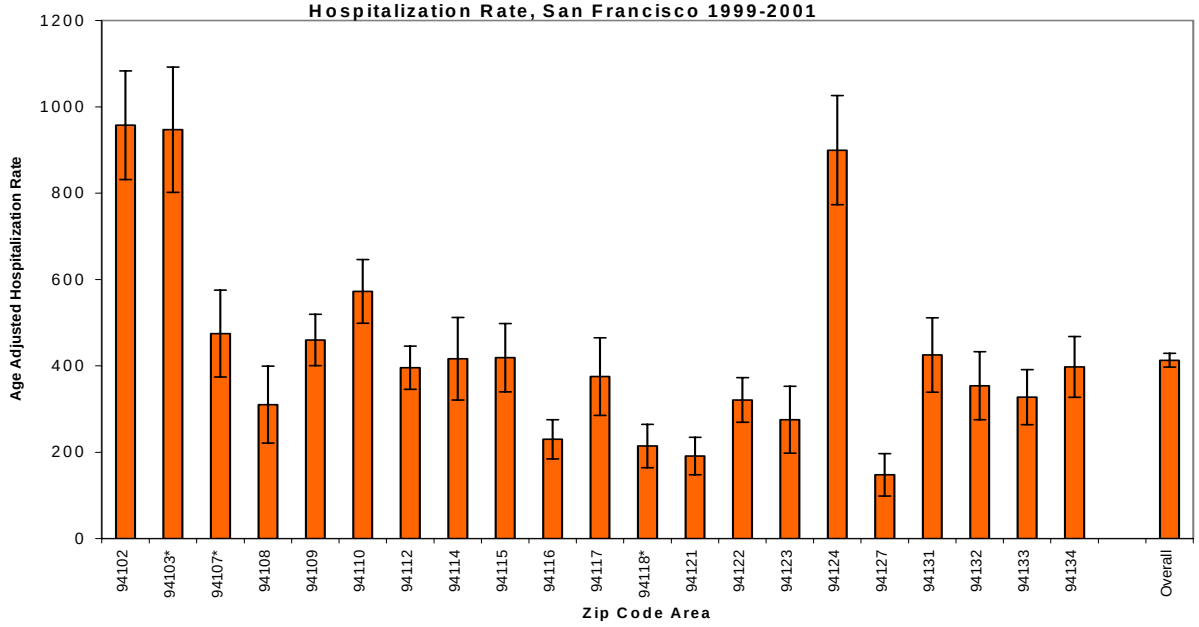
NOTE: The whiskers that extend above and below the height of the bar indicate the 95 % confidence intervals for each rate. Where one set of whiskers overlap with another, the rates cannot be considered significantly different, since chance cannot be ruled out as a likely explanation for the differences.

MAP 4.0
Ambulatory Care Sensitive Conditions: Adult Diabetes Hospitalization Rates, San Francisco 1999-2001
(Age-Adjusted Rate Per 100,000 People)
Data Source: BHSF



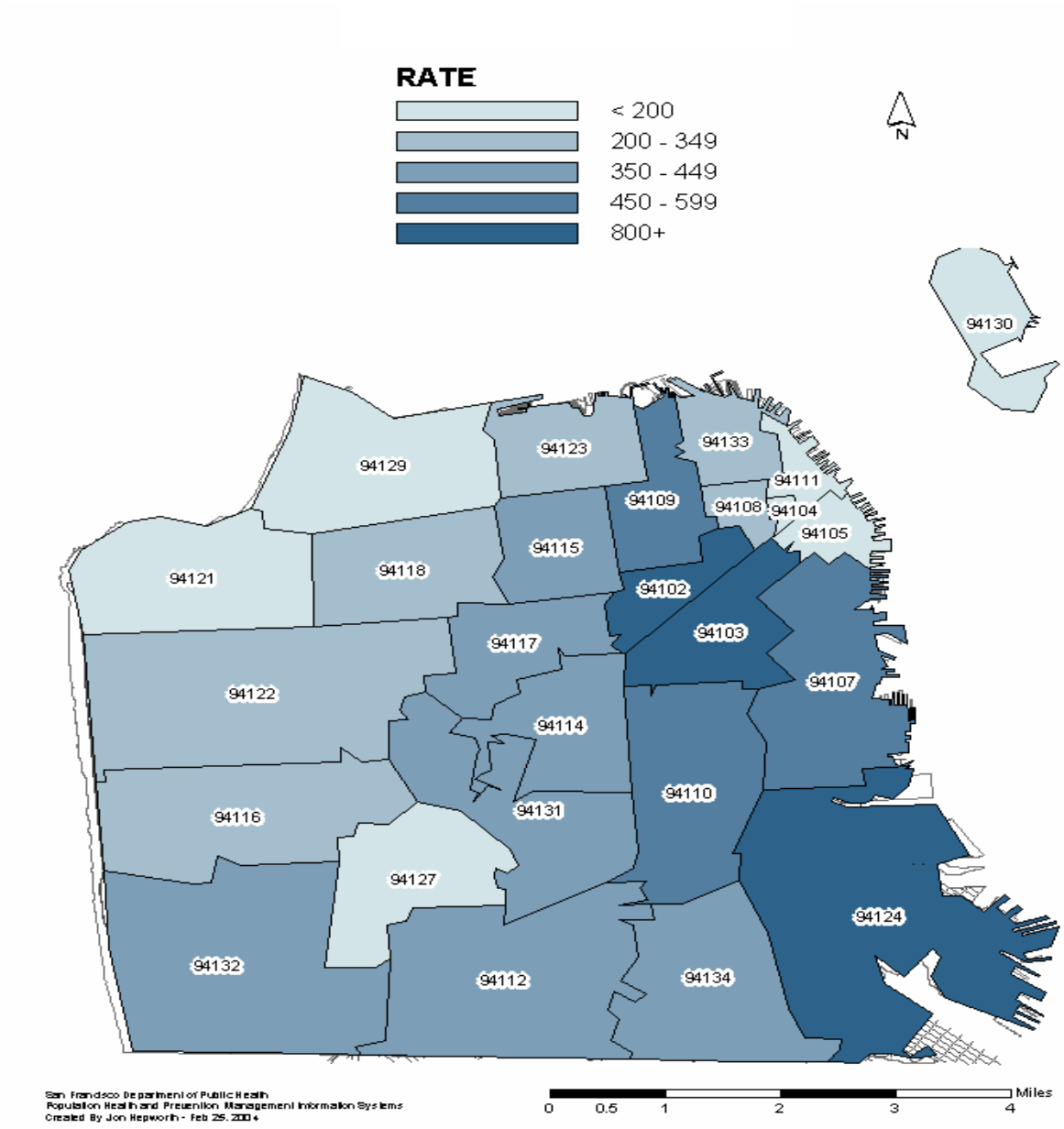
Chronic Obstructive Pulmonary Disease (COPD): FIGURE 7.0 & MAP 5.0 below show the age-adjusted hospitalization rate for COPD. The Tenderloin (94102), South of Market (94103), and Bayview-Hunters Point (94124) have the highest rates. All other areas dissolve into the pack in the next layer, save for the Mission (94110). Confidence intervals overlap with the overall rate and each other, but many are significantly higher than the areas with the lowest rates: 94116 (Forest Hill), 94118 (Inner Richmond), 94121 (Outer Richmond), and especially 94127 (West Portal).

Figure 7.0
Ambulatory Care Sensitive Conditions: Adult Chronic Obstructive Pulmonary Disease Hospitalization Rate, San Francisco 1999-2001



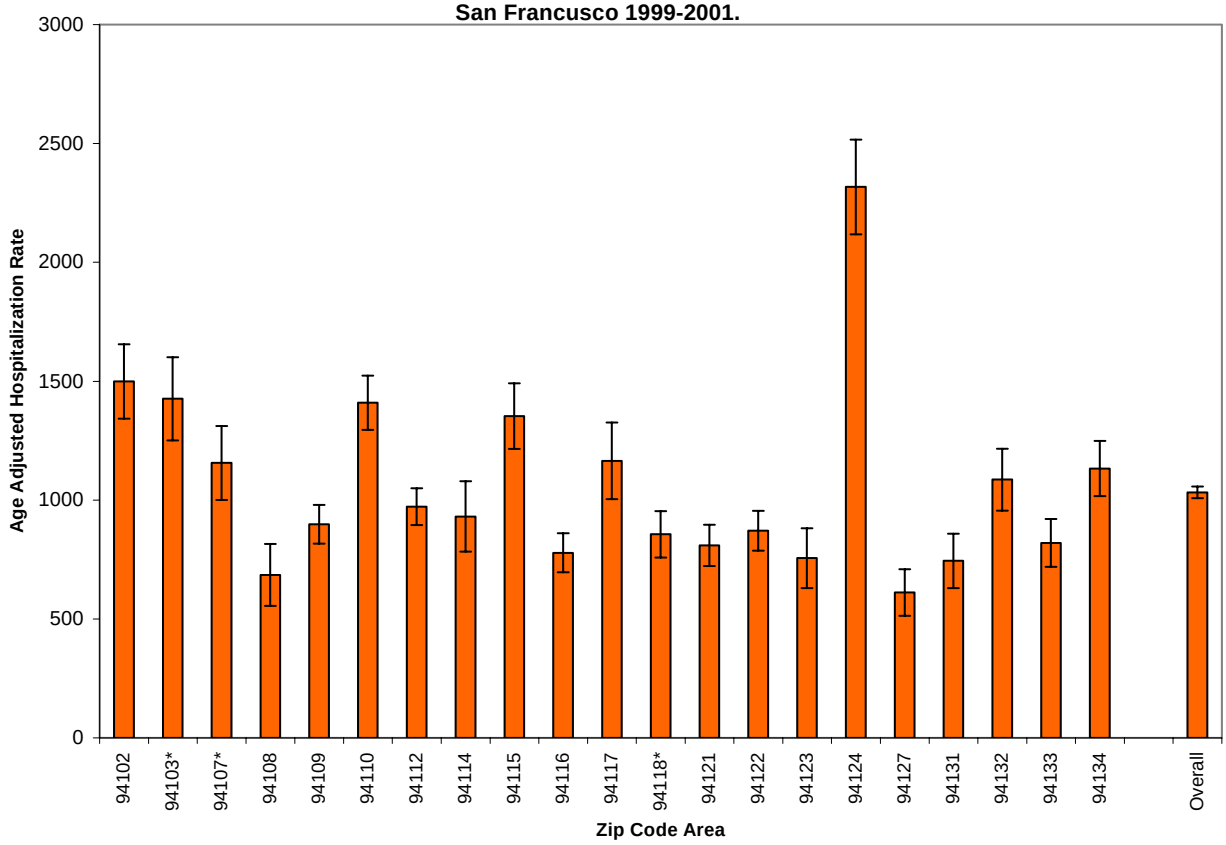
NOTE: The whiskers that extend above and below the height of the bar indicate the 95 % confidence intervals for each rate. Where one set of whiskers overlap with another, the rates cannot be considered significantly different, since chance cannot be ruled out as a likely explanation for the differences.

MAP 5.0
Ambulatory Care Sensitive Condition: Adult Chronic Obstructive Pulmonary Disease Hospitalization Rates, San Francisco 1999-2001
(Age-Adjusted Rate Per 100,000 People)
Data Source: BHSF



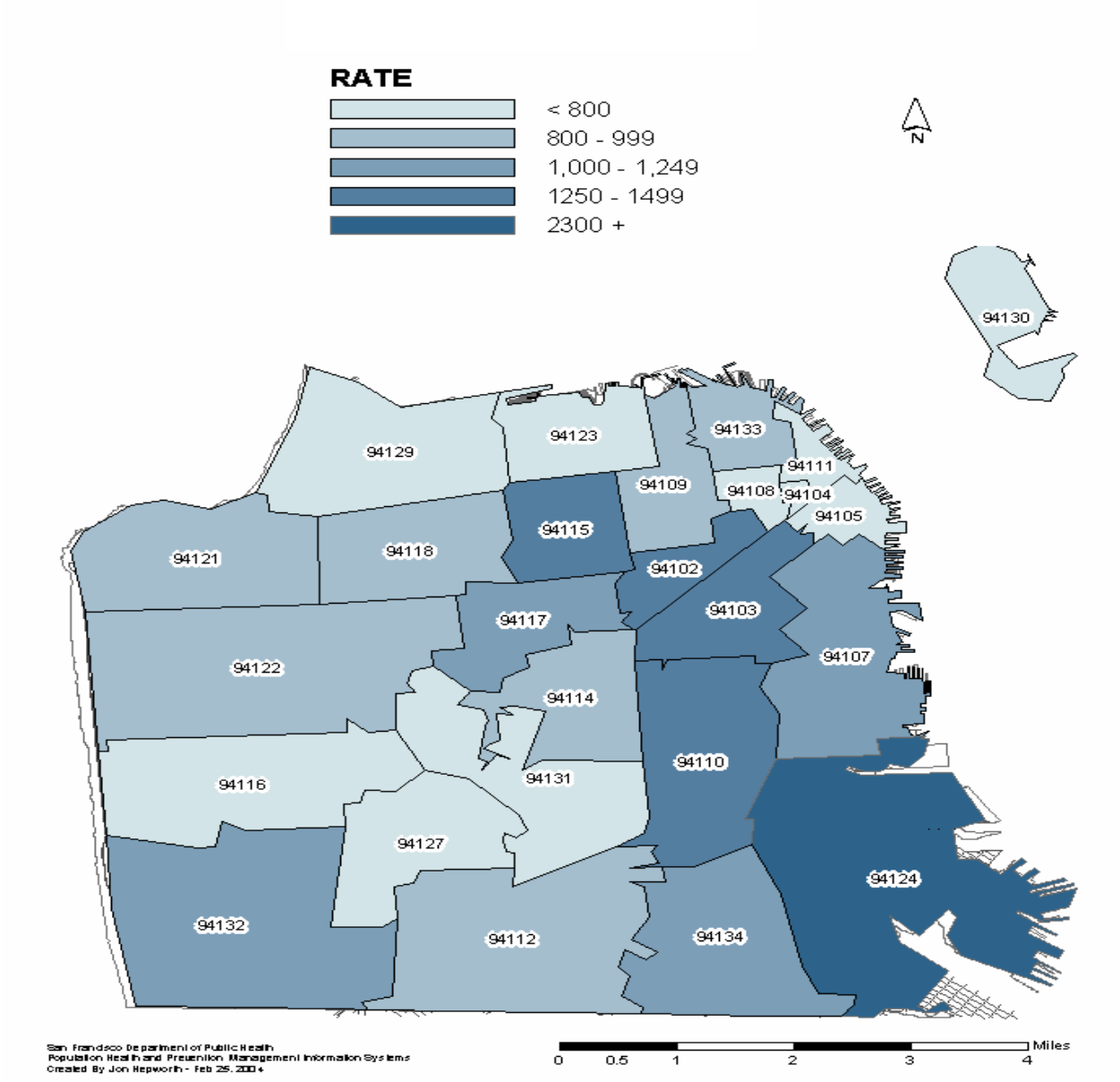
Congestive Heart Failure: As seen in FIGURE 8.0 & MAP 6.0 below, the adult congestive heart failure hospitalization rate pattern is similar to that for diabetes hospitalizations, with more areas having elevated rates. The 94124 (Bayview-Hunters Point) ZIP code has the highest rate, while 94102 (Tenderloin), 94103 (South of Market), 94110 (Mission), 94115 (Western Addition), 94117, 94132, and 94134 (Visitacion Valley) all have elevated rates.

Figure 8.0
Ambulatory Care Sensitive Conditions: Adult Congestive Heart Failure Hospitalization Rate, San Francusco 1999-2001.



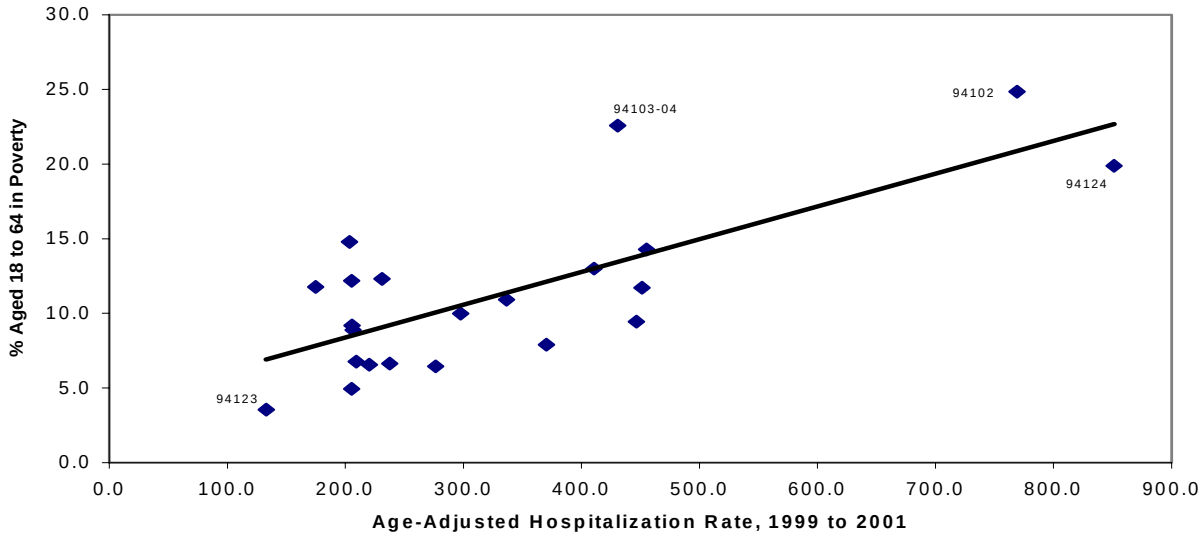
NOTE: The whiskers that extend above and below the height of the bar indicate the 95% confidence intervals for each rate. Where one set of whiskers overlap with another, the rates cannot be considered significantly different, since chance cannot be ruled out as a likely explanation for the differences.

MAP 6.0
Ambulatory Care Sensitive Conditions: Adult Congestive Heart Failure Hospitalization Rates, San Francisco 1999-2001
(Age-Adjusted Rate Per 100,000 People)
Data Source: BHSF



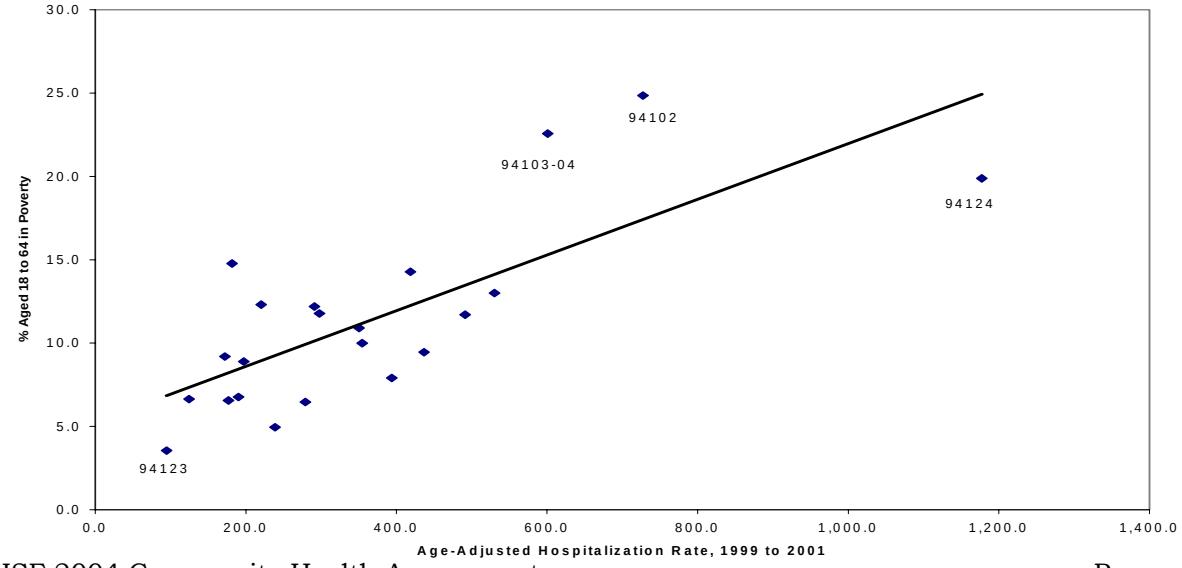
Poverty-Hospitalization Correlation: FIGURE 9.0 & 10.0 demonstrate the relationship between poverty and hospitalization rates for both asthma and diabetes. While the higher rates of hospitalization for ACSCs in lower income neighborhoods are indicative of lack of access to ambulatory care, the measure does not identify which barriers to access are responsible for the differences, including whether the barriers may be in the health care system or in residents' individual or group behavior.

Figure 9.0
Poverty in San Francisco Residential Zip Codes and Age-Adjusted Hospitalization Rates for Ambulatory Care Sensitive Conditions: Adult and Pediatric Asthma



The plots exhibit a linear tendency, despite some scatter around the trend line. The higher the poverty rate for an area, the higher the age-adjusted rate of hospitalization for asthma or diabetes. A similar relationship exists for other ACSCs.

Figure 10.0
Poverty in San Francisco Residential Zip Codes and Age-Adjusted Hospitalization Rates for Ambulatory Care Sensitive Conditions: Adult Diabetes.

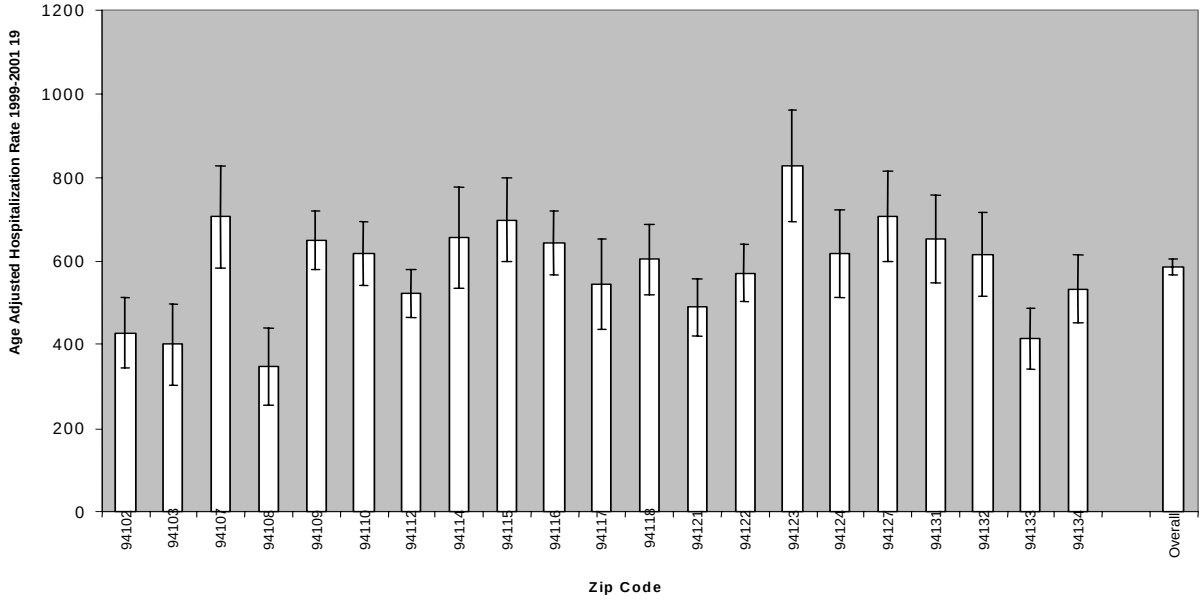


Referral Sensitive Procedures (RSPs): A related approach to measuring health care access considers "high-cost/high-technology surgical procedures for which impediments to access or referral to specialty care may reduce the chances of having the surgery."[4] Examining hospitalization rates for these procedures—termed *Referral Sensitive Procedures* (RSPs) or *Referral Sensitive Surgeries*—can provide information on the efficacy of referral networks and whether all areas have equal access. These procedures include hip joint replacement, pacemaker insertion, coronary artery bypass graft surgery, and percutaneiopus transluminal coronary angioplasty.

The interpretation of these rates needs to be more guarded than for ACSCs, since RSPs more narrowly focus on access to specific procedures. Moreover, factors other than access to care can influence these rates. The figure below contains age-adjusted hospitalization rates for hip or joint replacement for those 18 years and older. Rates are lowest in the 94102 (Tenderloin), 94103 (South of Market), 94108 (Chinatown), and 94133 (North Beach) areas; all are significantly below the overall City rate. Only the rate for the Marina (94123) lies significantly above the overall rate.

Unlike the ACSC analysis, the results of analyzing hospitalization rates for RSPs do not reveal comparable gaps. Bayview-Hunters Point does not have a significantly low rate. This may indicate adequate access in this neighborhood; however, if the area has a higher prevalence of diseases and disorders requiring this procedure, this could mask any possible discrepancies in access.

Figure 11.0
Referral Sensitive Procedures: Hip/Joint Replacement By ZIP Code, San Francisco 1999-2001



NOTE: The whiskers that extend above and below the height of the bar indicate the 95 % confidence intervals for each rate. Where one set of whiskers overlap with another, the rates cannot be considered significantly different, since chance cannot be ruled out as a likely explanation for the differences.

[4] J. Billings, et al., "Impact of Socioeconomic Status on Hospital Use in New York City," *Health Affairs*, 1993, 12(1): 162-173. The quote appears on page 163.

Leading Causes of Hospitalizations for San Francisco

Another way of looking at hospitalizations is to find the leading causes. Pooled OSHPD patient discharge data for 1999 to 2001 was analyzed, limited to general acute care, using only those records with a valid residential ZIP code for San Francisco (or those designated as homeless), seen at a San Francisco medical center, and those records with valid values for variables needed in the analysis. Primary diagnosis codes for each hospitalization were categorized using the federal Agency for Healthcare Research and Quality's Clinical Classification Software released in 2003.[5]

The table on the next page summarizes the results of ranking the leading causes of hospitalization for every residential ZIP and for the homeless.[6] Each cell in the main part of the table contains the rank of the diagnosis category shown in its column among hospitalization causes for the area shown in that row. Note that ranks should not be confused with rates and should not be directly compared across areas. Every area has its leading causes ranked. A lower rank for a cause in area B compared to area A may reflect more hospitalizations from *other causes* in area B, and it is very possible for a cause ranking lower in such an area to actually have a higher hospitalization rate than in an area with fewer hospitalizations in general.[7] While these rankings can provide information about leading causes of hospitalizations by area, only limited conclusions about the reasons for a specific area's pattern can be made based on this information.

For some disease categories that vary widely across ZIP codes, their appearance among leading causes of hospitalizations in an area, in and of itself, can be informative. For example, the areas where the number of skin and subcutaneous tissue infections hospitalizations per capita is relatively large include the Tenderloin (94102), South of Market (94103), Haight (94117), Bayview-Hunters Point (94124), and among the homeless. Another set of diagnoses with wide variation is back problems, with higher rankings in the more affluent Castro-Noe Valley (94114), Marina (94123), and Twin Peaks (94131) neighborhoods. The last three rows of the table indicate whether the diagnosis category is associated with important health behaviors of smoking, alcohol and drug use, and diet and physical exercise.

---

[5] Some of the category names have been simplified in the results here. CCS category number 101 for coronary atherosclerosis includes other heart disease. The full name for CCS category number 205 is spondolysis, intervertebral disc disorders, and other back problems, which was shortened to back problems. CCS category number 127 for chronic obstructive pulmonary disease includes bronchiectasis. The full name for CCS category number 238 is complications of surgical procedures and other medical care, which was shortened to complications of surgical procedures. CCS category number 99 for hypertension with complications includes secondary hypertension.

[6] In the access to healthcare section, the homeless were not analyzed since there is not an accurate count of their numbers and age distribution. Since ranking the leading causes does not require calculating a rate or age-adjusting the results, the homeless were included in this analysis.

[7] Many factors could account for the differences in ranking for the leading causes of hospitalization. Some ZIP code areas such as Chinatown have small populations and the rankings may be less meaningful. Divergences in rankings could indicate differences in access to healthcare, differences in the incidence and prevalence of diseases and conditions, and differences in patient characteristics.

TABLE 5.0
Leading Causes of Hospitalization by ZIP Code, 1999 to 2001

ZIP Code	Area Name	Liveborn	Pneumonia	Skin and subcutaneous tissue infections	Coronary atherosclerosis	Trauma to perineum and vulva (childbirth)	Congestive heart failure (nonhypertensive)	Acute cerebrovascular disease	Acute myocardial infarction	Fetal distress and abnormal forces of labor	Other complications of birth
Overall	San Francisco	1	2	3	4	5	6	7	8	9	10
94102	Tenderloin	1	2	3	6	16	5	15	10	----	----
94103*	South of Market	1	2	3	5	8	4	10	11	18	12
94107*	Potrero Hill	1	2	6	4	5	3	10	7	9	8
94108	Chinatown	1	2	15	9	8	5	3	4	7	17
94109	Nob Hill	1	2	8	3	7	4	5	6	12	----
94110	Mission	1	3	7	4	2	6	10	9	8	18
94112	Excelsior	1	2	11	4	3	5	6	7	8	9
94114	Castro/Noe Valley	1	2	11	3	4	8	13	7	10	9
94115	Western Addition	1	2	10	3	5	4	6	9	8	11
94116	Forest Hill	1	2	15	3	4	6	7	5	9	14
94117	Haight	1	2	5	4	3	6	11	8	7	9
94118*	Inner Richmond	1	3	14	4	2	5	9	8	6	7
94121	Outer Richmond	1	3	15	2	6	7	4	5	9	10
94122	Sunset	1	2	13	4	3	5	6	7	8	10
94123	Marina	1	3	13	6	2	8	11	14	4	5
94124	Bayview	1	2	4	10	5	3	11	14	12	6
94127	West Portal	1	3	15	2	4	7	6	8	14	11
94131	Twin Peaks	1	3	14	4	2	5	8	6	10	9
94132	Lake Merced	1	2	13	3	6	4	5	7	10	12
94133	North Beach	1	2	19	5	7	3	4	6	9	15
94134	Visitacion Valley	1	2	11	4	3	5	7	9	8	6
Homeless		----	2	1	----	----	7	----	----	----	----
Tobacco-Related			+		+		+	+	+		
Alcohol- or Drug-Related			+	+	^		+	+^	^		
Diet- or Exercise-Related					+		+	+	+		

Key: --- Diagnosis category is not in the twenty leading causes for the ZIP code.
+ A known association exists.
^ Protective effects of light to moderate alcohol consumption.

TABLE 5.0
Leading Causes of Hospitalization by ZIP Code, 1999 to 2001 (continued)

ZIP Code	Area Name	Cardiac dysrhythmias	Nonspecific chest pain	Complications of device, implant, or graft	Back problems	Fluid and electrolyte disorders	Gastrointestinal hemorrhage	Chronic obstructive pulmonary disease	Complications of surgical procedures	Urinary tract infections	Biliary tract disease
Overall	San Francisco	11	12	13	14	15	16	17	18	19	20
94102	Tenderloin	18	9	14	---	11	13	7	20	----	----
94103*	South of Market	13	9	15	---	17	14	7	----	19	----
94107*	Potrero Hill	14	13	12	16	15	----	4	11	----	----
94108	Chinatown	13	----	12	11	10	6	14	----	----	16
94109	Nob Hill	9	14	13	11	10	17	15	18	----	----
94110	Mission	15	11	----	---	13	----	20	----	----	12
94112	Excelsior	12	10	17	---	16	13	19	----	15	14
94114	Castro/Noe Valley	12	19	16	6	----	----	20	15	----	----
94115	Western Addition	13	7	12	14	----	17	----	15	19	----
94116	Forest Hill	8	10	11	13	16	19	----	18	12	----
94117	Haight	16	10	12	13	----	20	----	15	18	----
94118*	Inner Richmond	10	11	18	12	13	19	----	----	20	----
94121	Outer Richmond	8	11	17	14	12	13	----	----	18	16
94122	Sunset	9	11	12	17	15	14	20	18	----	----
94123	Marina	9	17	12	7	20	18	----	19	----	----
94124	Bayview	----	9	17	---	20	----	13	18	19	----
94127	West Portal	5	10	13	12	----	20	----	17	18	----
94131	Twin Peaks	11	15	20	7	16	----	13	17	----	19
94132	Lake Merced	8	9	11	14	20	18	19	17	----	----
94133	North Beach	8	18	20	17	11	10	13	----	----	12
94134	Visitacion Valley	15	10	14	---	19	13	----	20	18	17
Homeless		----	16	----	---	----	14	6	----	----	----
Tobacco-Related		+						+			
Alcohol- or Drug-Related		+									
Diet- or Exercise-Related											+

Key: --- Diagnosis category is not in the twenty leading causes for the ZIP code.
+ A known association exists.
^ Protective effects of light to moderate alcohol consumption.

TABLE 5.0
Leading Causes of Hospitalization by ZIP Code, 1999 to 2001 (continued)

ZIP Code	Area Name	Asthma	Diabetes mellitus with complications	Osteoarthritis	HIV infection	Appendicitis	Secondary Malignancies	Fracture of neck of femur (hip)	Hypertension with complications	Other complications of pregnancy	Alcohol-related mental disorders
Overall	San Francisco	21	22	23	24	26	27	29	30	36	40
94102	Tenderloin	8	12	----	4	----	----	----	17	----	19
94103*	South of Market	20	16	----	6	----	----	----	----	----	----
94107*	Potrero Hill	20	17	----	19	----	----	----	----	----	----
94108	Chinatown	----	----	----	----	----	18	20	19	----	----
94109	Nob Hill	----	----	19	16	----	----	20	----	----	----
94110	Mission	19	17	----	----	14	----	----	----	18	----
94112	Excelsior	18	20	----	----	----	----	----	----	----	----
94114	Castro/Noe Valley	----	----	18	5	14	----	----	----	----	----
94115	Western Addition	20	18	16	----	----	----	----	----	----	----
94116	Forest Hill	----	----	17	----	----	----	----	----	----	----
94117	Haight	----	19	----	14	17	----	----	----	----	----
94118*	Inner Richmond	----	----	16	----	----	----	17	----	----	----
94121	Outer Richmond	----	----	----	----	----	----	20	----	----	----
94122	Sunset	----	----	16	----	----	19	----	----	----	----
94123	Marina	----	----	10	----	----	15	16	----	----	----
94124	Bayview	7	8	----	----	----	----	----	15	16	----
94127	West Portal	----	----	9	----	----	19	16	----	----	----
94131	Twin Peaks	----	----	12	----	----	18	----	----	----	----
94132	Lake Merced	----	----	15	----	----	----	16	----	----	----
94133	North Beach	----	----	----	----	----	16	14	----	----	----
94134	Visitacion Valley	12	16	----	----	----	----	----	----	----	----
Homeless		17	13	----	4	----	----	----	----	----	3
Tobacco-Related		+							+		
Alcohol- or Drug-Related					+				+		+
Diet- or Exercise-Related			+	+					+		

Key: --- Diagnosis category is not in the twenty leading causes for the ZIP code.
+ A known association exists.
^ Protective effects of light to moderate alcohol consumption.

Homeless: The leading causes of hospitalization for the homeless are different than for San Francisco as a whole and for specific areas. As a result, these leading causes are shown separately in TABLE 6.0 below. The number of hospitalizations by the homeless is probably undercounted, since some may report temporary or incorrect addresses.

TABLE 6.0
Leading Causes of Hospitalization for Homeless at San Francisco General Medical Center, 1999-2001

Rank	Cause	Number of Hospitalizations	% of Total Homeless Hospitalizations	Unique to Homeless
1	Skin and subcutaneous tissue infections	2,302	25.4	
2	Pneumonia	726	8.0	
3	Alcohol-related mental disorders	421	4.6	
4	HIV infection	251	2.8	
5	Skull and face fractures	192	2.1	*
6	Chronic obstructive pulmonary disease	167	1.8	
7	Congestive heart failure (nonhypertensive)	149	1.6	
8	Intracranial injury	144	1.6	*
9	Pancreatic disorders (not diabetes)	139	1.5	*
10	Fracture of lower limb	136	1.5	
11	Crushing injury or internal injury	130	1.4	*
12	Other connective tissue disease	129	1.4	*
13	Diabetes mellitus with complications	128	1.4	
14	Gastrointestinal hemorrhage	124	1.4	
15	Liver disease, alcohol-related	118	1.3	*
16	Nonspecific chest pain	115	1.3	
17	Asthma	106	1.2	
18	Poisoning by other medications and drugs	105	1.2	
19	Open wounds of head, neck, and trunk	105	1.2	*
20	Infective arthritis and osteomyelitis	100	1.1	*
	Total of Top Twenty Hospitalizations	5,787	63.9	
	Total of All Homeless Hospitalizations	9,063		

The unique to homeless column indicates that the diagnosis category neither appears in the top 20 leading cause of hospitalization in San Francisco, nor in the top 20 for the Medi-Cal and uninsured populations.

A strikingly high number of leading causes of hospitalization for the homeless involve injuries, including skin infections. These twenty leading causes make up about 64% of all hospitalizations for the homeless, compared to figures of about 50% for Medi-Cal as primary payer or the uninsured.

The leading causes of hospitalization when Medi-Cal is the primary payer resemble the leading causes for San Francisco as a whole, with some exceptions. Hospitalizations for

HIV infection rank higher, along with asthma and several maternal and neonatal diagnosis categories. The leading causes for the uninsured contain some diagnosis categories that appear in the homeless and some that appear in the Medi-Cal lists. Asthma, alcohol-related mental disorders, and diabetes mellitus with complications all rank fairly high. Other skin disorders and appendicitis—both of which make the top ten—are unique to this group.

For the data included (1999–2001), skin and subcutaneous tissue infections, most related to injected heroin use, comprised the number one cause of admission for homeless individuals. By FY 2002-03, however, it had dropped to number 16, due in large part to the development of the new Integrated Soft Tissue Infection Service (ISIS) team at San Francisco General Hospital in 2001. ISIS more appropriately treats these patients on an outpatient basis and includes wrap-around services to address substance abuse and homelessness, as well as the underlying medical condition.

Analyzing leading causes of hospitalization does not allow us to judge access to health care. To compare differences authoritatively and assess access to care would require a study that took into account patient socio-demographic characteristics, case mix, and co-morbidities. Because of the masking of values for demographic variables in the OSHPD public use dataset, such an analysis is not feasible.

Section Summary

Some neighborhoods in San Francisco suffer from both lower socioeconomic status and diminished access to healthcare. Most notable among these are Bayview-Hunters Point (94124), the Tenderloin (94102), and South of Market (94103). Other areas, such as the Mission (94110), Visitacion Valley (94134), the Excelsior (94112), Potrero Hill (94107), Western Addition (94115), and the Haight (94117), stand in an intermediate position along the spectrum of social deprivation.

Although Chinatown (94108) and North Beach (94133) do not exhibit impaired access to health care -- with the exception of some specific procedure -- these neighborhoods have high poverty rates among the elderly, high near poverty rates among the young and adults under 65, and low educational attainment. Access to health care may be compromised for certain segments of the population in these neighborhoods, which the analyses of ambulatory care sensitive conditions (ACSCs) were unable to detect.

Moreover, areas having favorable characteristics may not have consistently good health within them, as the data to detect variation within ZIP codes was not available. The measures here provide some indication of relative needs, but many issues might operate within neighborhoods or groups (below the level of ZIP codes areas as defined here), or across their boundaries.

Finally, the analysis of leading causes of hospitalization suggests that there is some variation among neighborhoods in their patterns of health care use, but many commonalities as well, particularly for chronic diseases and pneumonia.

TABLE 7.0
San Francisco ZIP Code Summary Data

	Citywide	Tenderloin 94102	SOMA 94103	Potrero Hill 94107	Chinatown 94108	Nob Hill 94019	Mission 94110	Excelsior 94112	Castro/ Noe Valley 94114
Demographics									
Population	776733	28911	23390	24214	13716	56322	74633	73104	30574
-Male (Percent)	50.8	60.7	60.4	55.3	48.7	51.9	52.4	49.2	59.8
-Female (Percent)	49.2	39.3	39.6	44.7	51.3	48.1	47.6	50.8	40.2
Ethnicity (Percent)									
-White	43.6	39.6	34.9	59.3	34.4	57.4	34.3	18.0	78.1
-African American	7.6	16.0	11.3	10.8	1.3	3.0	3.8	6.1	2.2
-Latino/Hispanic	14.1	13.5	24.7	8.4	4.2	7.9	46.1	27.8	8.7
-Asian/Pacific Islander	30.2	25.9	24.5	17.6	57.7	27.9	12.4	45.0	7.3
-Native American	0.3	0.7	0.8	0.4	0.1	0.3	0.4	0.2	0.4
-Other or Multiple Ethnicity	3.3	4.8	3.8	3.6	2.4	3.5	3.0	3.0	3.4
Households	329,700	15,879	9,935	13,110	7,674	33,572	26,088	20,133	16,627
-Families	145,186	3,868	2,971	4,157	2,698	8,382	12.367	14,881	4,089
-Percent 0-4 yr	4.1	3.2	3.1	3.2	2.5	2.3	5.3	5.6	2.7
-Percent 0-19 yr	16.4	12.4	13.4	10.5	10.8	8.2	19.8	23.4	7.7
-Percent 65 plus yrs.	13.7	12.7	11.5	11.8	23.2	16.5	8.5	14.3	8.1
Percent Unmarried Partners									
Male-Male	2.0	1.9	2.7	2.2	1.1	1.4	2.3	1.3	9.3
Female-Female	0.7	0.3	0.9	0.8	0.2	0.2	1.8	0.8	2.1
Male-Female	4.8	3.8	4.5	6.2	3.4	4.9	6.8	3.7	5.2
Socio-Economic									
Median household Income	55,221	22,351	30,788	63,926	31,542	43,444	53,795	57,629	75,727
Percent < $ 20,000	19.0	45.2	39.6	20.6	35.4	24.5	16.1	12.1	10.0
Percent > $ 60,000	46.9	15.7	25.8	52.6	27.6	37.9	44.5	48.0	61.4
Percent less than high school education	18.8	26.1	28.0	11.5	36.9	15.4	26.7	29.5	4.6
Linguistically isolated	28.6	20.0	27.3	21.1	20.1	21.5	37.6	47.0	19.2
Linguistically isolated by language									
-Spanish	28.0	24.8	45.9	20.9	11.9	21.5	64.4	36.6	38.6
-Asian and Pacific Islander	45.0	38.1	32.1	41.1	62.0	42.0	19.5	52.5	18.1
-Other Indo European	23.8	28.6	18.5	34.5	24.7	33.3	13.8	8.8	38.7
-Other	3.2	8.5	3.6	3.6	1.5	3.2	2.3	2.1	4.6
Health and Hospitalization									
Disabilities: -above/below City Average Percent sensory disability									
-5-15 yr	0.7	+	--	++	+	++	--	--	++
-16-64 yr	1.7	++	++	+	+	+	+	--	--
-64 plus	14.9	+	+	+	+	+	+	--	--
Percent physical disability									
-5-15 yr	0.8	+	--	+	--	--	+	--	--
-16-64 yr	4.6	++	++	--	--	+	+	+	--
-64 plus	28.5	+	+	--	+	+	+	--	--
Percent mental disability									
-5-15 yr	3.3	+	+	+	--	--	--	--	+
-16-64 yr	3.7	++	++	+	+	+	--	--	--
-64 plus	15.1	+	+	+	+	+	+	--	--
Percent self care disability									
-5-15 yr	0.9	--	--	--	--	+	--	--	++
-16-64 yr	1.6	++	+	+	--	+	+	+	--
-64 plus	12.4	+	+	--	+	+	+	--	--

	Citywide	Tenderloin 94102	SOMA 94103	Potrero Hill 94107	Chinatown 94108	Nob Hill 94019	Mission 94110	Excelsior 94112	Castro/ Noe Valley 94114
Leading causes of hospitalizations (City rank)									
1	**Liveborn**	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn
2	**Pneumonia**	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Trauma to perineum & vulva	Pneumonia	Pneumonia
3	Skin & subcutaneous tissue infections	Skin & subcutaneous tissue infections (3)	Skin & subcutaneous tissue infections (3)	Congestive heart failure (6)	Acute cerebrovascular disease (7)	Coronary atherosclerosis (4)	Pneumonia (2)	Trauma to perineum & vulva (5)	Coronary atherosclerosis (4)
4	Coronary atherosclerosis	HIV Infections (not top 20)	Congestive heart failure (6)	Coronary atherosclerosis (4)	Acute myocardial infarction (8)	Congestive heart failure (6)	Coronary atherosclerosis (4)	Coronary atherosclerosis (4)	Trauma to perineum & vulva (5)
5	Trauma to perineum & vulva	Congestive heart failure (6)	Coronary atherosclerosis (4)	HIV Infections (not top 20)	Congestive heart failure (6)	Acute cerebrovascular disease (7)	Other birth complications (10)	Congestive heart failure (6)	HIV Infections (not top 20)
Ambulatory Hospitalizations									
Adult and pediatric asthma									
-age adjusted/100,000	336.7	769.0	430.8	455.3	203.5	205.3	410.7	370.3	276.6
-rank	n/a	2	6	3	19	17	7	8	10
-above or below average	n/a	++	+	+	--	--	+	+	--
Adult uncontrolled diabetes, short and long term complications									
-age adjusted/100,000	350.4	727.3	600.8	418.7	181.7	291.1	530.3	393.8	279.1
-rank	n/a	2	3	7	17	11	4	8	12
-above or below average	n/a	++	+	+	--	--	+	+	--
Adult chronic obstructive pulmonary disease									
-age adjusted/100,000	412.9	831.5	802.0	374.2	221.0	400.4	499.10	345.9	321.1
-rank	n/a	1	2	5	16	6	4	11	9
-above or below average	n/a	++	+	--	--	--	+	--	--
Adult congestive heart failure									
-age adjusted/100,000	1032.4	1499.1	1426.0	1156.0	685.3	898.3	1409.3	972.9	931.0
-rank	n/a	2	3	7	20	12	4	10	11
-above or below average	n/a	+	+	+	--	--	+	--	--
Adult and pediatric bacterial pneumonia									
-age adjusted/100,000	910.89	1484.1	1354.1	825.4	605.8	637.8	979.7	852.1	715.1
-rank	n/a	1	3	7	14	9	4	10	11
-above or below average	n/a	+	+	--	--	--	+	--	--
Adult and pediatric urinary tract infections									
-age adjusted/100,000	295.3	352.0	427.0	264.5	135.5	312.0	334.9	660.1	164.3
-rank	n/a	5	2	12	21	9	7	4	20
-above or below average	n/a	+	+	--	--	+	+	+	--

	Citywide	Tenderloin 94102	SOMA 94103	Potrero Hill 94107	Chinatown 94108	Nob Hill 94019	Mission 94110	Excelsior 94112	Castro/ Noe Valley 94114
Other									
Lack complete plumbing -above/below City average	2.1	++	++	+	++	--	--	--	--
Lacking phone service -above/below City average	1.7	++	++	+	+	--	--	--	--

SOURCES: Office of Statewide Health Planning and Development Pooled Discharge Data, 1999-2001
San Francisco Police Department, 2002; US Census Report, 2000

	Western Addition 94115	Forest Hill 94116	Haight 94117	Inner Richmond 94118	Outer Richmond 94121	Sunset 94122	Marina 94123	Bayview 94124	West Portal 94127	Twin Peaks 94131	Lake Merced 94132	North Beach 94133	Visitacion Valley 94134
Demographics													
Population	33115	42958	38738	41167	42473	55492	22903	33170	20624	27897	26291	26827	40134
-Male (Percent)	48.2	48.1	53.7	47.2	47.6	48.5	46.7	47.8	49.1	52.4	46.9	49.6	48.8
-Female (Percent)	51.8	51.9	46.3	52.8	52.4	51.5	53.3	52.2	50.9	47.6	53.1	50.4	51.2
Ethnicity (Percent)													
-White	56.9	39.7	68.9	55.2	46.3	44.3	88.3	5.4	57.8	62.9	38.1	38.0	12.4
-African American	17.7	1.1	10.5	1.9	1.5	1.4	0.5	47.2	5.1	4.7	11.8	1.3	12.4
-Latino/Hispanic	5.6	4.8	7.4	4.7	4.4	5.0	3.9	16.7	8.2	11.7	7.8	3.3	19.3
-Asian/Pacific Islander	16.1	51.1	8.6	34.9	44.3	45.7	9.6	27.6	25.2	16.5	38.1	55.2	52.9
-Native American	0.2	0.2	0.4	0.2	0.2	0.1	0.1	0.3	0.2	0.3	0.2	0.1	0.1
-Other or Multiple Ethnicity	3.6	3.1	4.2	3.2	3.4	3.5	2.2	2.9	3.6	4.0	4.1	2.0	2.8
Households	17,502	15,103	18,112	18,071	17,314	21,598	14,161	9,296	7,637	13,843	9,845	13,593	10,757
Families	5,675	10,282	4,658	8,436	9,603	11,827	3,901	7,113	5,003	5,592	5,790	5,353	8,540
Percent 0-4 yr	3.4	4.2	2.5	4.1	3.8	4.0	3.1	7.1	4.7	4.0	4.1	3.0	6.2
Percent 0-19 yr	12.3	19.4	10.3	15.1	16.3	16.2	7.1	33.4	19.3	13.2	20.3	12.2	26.4
Percent 65 plus yrs.	14.0	17.9	6.7	13.8	16.6	14.3	13.1	10.4	20.6	12.6	16.2	21.7	13.4
Percent Unmarried Partners													
-Male-Male	1.7				0.5	0.7	0.5	0.9	2.8	5.1	0.7	0.5	0.8
-Female-Female	0.4				0.4	0.6	0.2	0.5	0.9	1.7	0.3	0.2	0.6
-Male-Female	5.0				4.8	4.7	5.1	4.0	2.7	5.0	3.4	3.9	2.9
Socio-Economic													
Median household Income	54,879	66,627	63,983	62,140	61,776	60,733	84,710	37,146	95,313	76,044	55,000	40,990	54,342
Percent < $ 20,000	21.2	12.3	13.5	14.0	13.7	14.2	8.5	30.1	9.7	8.9	15.8	31.1	17.1
Percent > $ 60,000	47.6	56.3	53.1	51.6	51.5	50.8	65.6	32.6	69.0	62.5	46.9	37.6	44.8

	Western Addition 94115	Forest Hill 94116	Haight 94117	Inner Richmond 94118	Outer Richmond 94121	Sunset 94122	Marina 94123	Bayview 94124	West Portal 94127	Twin Peaks 94131	Lake Merced 94132	North Beach 94133	Visitacion Valley 94134
Percent self care disability													
-5-15 yr	--	--	--	--	--	++	+	+	--	--	--	+++	+
-16-64 yr	+	--	--	--	--	--	--	+	+	--	--	--	+
-64 plus	+	--	+	--	--	--	--	+	+	--	--	+	--
Leading causes of hospitalizations (City rank)	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn	Liveborn
1	Pneumonia	Pneumonia	Pneumonia	Trauma to perineum & vulva (5)	Coronary atherosclerosis (4)	Pneumonia	Trauma to perineum & vulva (5)	Pneumonia	Coronary atherosclerosis (4)	Trauma to perineum & vulva (5)	Pneumonia	Pneumonia	Trauma to perineum & vulva (5)
2	Coronary atherosclerosis (4)	Coronary atherosclerosis (4)	Trauma to perineum & vulva (5)	Pneumonia (2)	Pneumonia (2)	Trauma to perineum & vulva (5)	Pneumonia (2)	Congestive heart failure (6)	Pneumonia (2)	Pneumonia (2)	Coronary atherosclerosis (4)	Congestive heart failure (6)	Pneumonia (2)
3	Congestive heart failure (6)	Trauma to perineum & vulva (5)	Coronary atherosclerosis (4)	Coronary atherosclerosis (4)	Acute cerebrovascular disease (7)	Coronary atherosclerosis (4)	Fetal distress and abnormal forces of labor (9)	Skin & subcutaneous tissue infections (3)	Trauma to perineum & vulva(5)	Coronary atherosclerosis (4)	Congestive heart failure (6)	Acute cerebrovascular disease (7)	Coronary atherosclerosis (4)
4	Trauma to perineum & vulva (5)	Acute myocardial infarction (8)	Skin & subcutaneous tissue infections (3)	Congestive heart failure (6)	Acute myocardial infarction (8)	Congestive heart failure (6)	Other birth complications (10)	Trauma to perineum & vulva (5)	Cardiac dysrhythmias (11)	Congestive heart failure (6)	Acute cerebrovascular disease (7)	Coronary atherosclerosis (4)	Congestive heart failure (6)
5													
Ambulatory hospitalizations													
-age adjusted/100,000	451.4	220.4	297.6	205.7	209.2	206.4	133.0	851.2	237.7	205.3	174.8	231.1	446.7
-rank	4	13	9	16	14	15	21	1	11	17	20	12	5
-above or below average	+	--	--	--	--	--	--	++	--	--	--	--	+
Adult and pediatric asthma													
-age adjusted/100,000	491.3	176.9	354.6	172.1	190.2	197.2	94.9	1177.5	124.6	238.9	297.8	220.3	436.6
-rank	5	18	9	19	16	15	21	1	20	13	10	14	6
-above or below average	+	--	+	--	--	--	--	+++	--	--	--	--	+
Adult uncontrolled diabetes, short and long term complications													
-age adjusted/100,000	339.4	230.1	375.3	214.4	191.0	321.2	275.2	899.5	147.8	425.2	353.9	327.7	397.5
-rank	8	18	12	19	20	15	17	3	21	7	13	14	10
-above or below average	--	--	--	--	--	--	--	++	--	+	--	--	--
Adult chronic obstructive pulmonary disease													
-age adjusted/100,000	1352.7	778.4	1164.9	856.1	809.1	8714	755.9	2316.7	611.2	744.0	1086.0	820.2	1132.5
-rank	5	17	6	14	16	13	18	1	21	19	9	15	8
-above or below average	+	--	+	--	--	--	--	++	--	--	+	--	+
Adult congestive heart failure													
-age adjusted/100,000	917.5	702.0	1061.0	625.8	629.1	699.5	684.6	1615.0	501.1	708.6	810.0	784.3	950.3
-rank	6	16	5	20	19	13	18	2	21	15	12	13	8
-above or below average	+	--	+	--	--	--	--	+	--	--	--	--	+
Adult and pediatric bacterial pneumonia													
-age adjusted/100,000	339.8	267.6	402.2	241.5	272.0	247.0	189.3	568.1	233.1	192.7	238.3	203.4	317.1
-rank	6	11	3	14	10	13	19	1	16	18	15	17	8
-above or below average	+	--	+	--	--	--	--	+	--	--	--	--	+
Adult and pediatric urinary tract infections													

	Western Addition 94115	Forest Hill 94116	Haight 94117	Inner Richmond 94118	Outer Richmond 94121	Sunset 94122	Marina 94122	Bayview 94124	West Portal 94127	Twin Peaks 94131	Lake Merced 94132	North Beach 94133	Visitacion Valley 94134
Other													
Lack complete plumbing													
-above/below City avg.	--	--	--	--	--	--	--	--	--	--	--	++	--
Lacking phone service													
-above/below City avg.	--	--	--	--	--	--	--	++	--	--	--	++	--

TABLE 8.0
San Francisco Crime Statistics
by Police District, 2002

Crime	Citywide	**Central District** North Beach Tenderloin SOMA Potrero Hill Chinatown Nob Hill	**Southern District** SOMA Potrero Hill	**Bay View District** Bay View Potrero Hill **Visitacion Valley**	**Mission District** SOMA Mission Castro/Noe Valley	**Northern District** Marina Tenderloin Nob Hill	**Park District** Haight Castro/ Noe Valley Western Addition **Twin Peaks**	**Richmond District** Inner Richmond Outer Richmond Western Addition	**Ingleside District** Mission Excelsior West Portal Twin Peaks Visitacion Valley	**Taraval District** Forrest Hill Sunset Lake Merced Excelsior Western Addition	**Tenderloin District** Tenderloin Chinatown Nob Hill
Homicide -percent of City incidence	58	8.6	6.9	32.8	8.6	6.9	3.4	0	20.7	3.4	8.6
Rape -percent of City incidence	227	4.4	11.9	7.9	15.0	11.0	4.8	4.0	11.9	6.6	6.2
Robbery -percent of City incidence	3,269	8.6	12.9	10.9	14.5	14.3	4.9	3.7	12.3	5.7	8.7
Aggravated Assault -percent of City incidence	2,417	6.0	14.6	14.0	16.2	10.8	4.3	4.4	10.8	5.2	10.6

Citywide and Individual ZIP Code Profiles

Citywide

Demographics

Population	776,733
Male	50.8 %
Female	49.2 %
Ethnicity	
White	43.6 %
African American	7.6 %
Latino/Hispanic	14.1 %
Asian American/ Pacific Islander	30.7 %
Native American	0.3 %
Other or Multiple Ethnicity	3.3 %
Households	329,700
Families	145,186
% Population by Age	
Percent 0-4 yr	4.1 %
Percent 5-19 yr	12.3 %
Percent 65 plus yr	13.7 %
Unmarried partners (Percent)	
Male-male	2.0 %
Female-female	0.7 %
Male-female	4.8 %

Socio-Economic

Median household Income	55,221
% Below Poverty	15.0 %
Percent < $ 20,000	19.0 %
Percent > $ 60,000	46.9 %
Percent less than high school education	18.8 %
Linguistically isolated	28.60 %
By Language	
Spanish	28 %
Asian/Pacific Islander	45.0 %
Other Indo European	23.8 %
Other	3.2 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	0.7 %
16-64 yr	1.7 %
64 plus	14.9 %
Percent physical disability	
5-15 yr	0.8 %
16-64 yr	4.6 %
64 plus	28.5 %
Percent mental disability	
5-15 yr	3.3 %
16-64 yr	3.7 %
64 plus	15.1 %
Percent self care disability	
5-15 yr	0.9 %
16-64 yr	1.6 %
64 plus	12.4 %

Leading causes of hospitalizations (City rank)

1. Live born
2. Pneumonia
3. Skin & subcutaneous tissue infections
4. Coronary Atherosclerosis
5. Trauma to Perineum & vulva (Childbirth)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted / 100,000	336.7
Rank	n/a
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted / 100,000	350.4
Rank	n/a
Adult chronic obstructive pulmonary disease	
Age adjusted / 100,000	412.9
Rank	n/a
Adult congestive heart failure	
Age adjusted / 100,000	1032.4
Rank	n/a
Adult and pediatric bacterial pneumonia	
Age adjusted / 100,000	910.8
Rank	n/a
Adult and pediatric urinary tract infections	
Age adjusted / 100,000	295.3
Rank	n/a

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	2.1 %
Lack of phone service	1.7 %

TABLE 9.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, San Francisco 2000-2001

Citywide				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	30632	11.9	1310	1262
2. HIV	15337	39.1	358	34
3. Lung, Trachea, Bronchial Cancer	12485	16.9	435	305
4. Cerebrovascular Disease	12204	10.9	473	650
5. Other Cancers	10026	19.8	288	218
6. Poisonings	8863	41.2	172	43
7. Hypertension-Heart Disease	7534	13.9	259	283
8. Self Inflicted Injuries	7461	37.5	148	51
9. COPD	7157	13.3	292	246
10. Other Cardiovascular Disease	6519	12.3	242	289

Tenderloin - 94102

Demographics

Population	28,991
Male	60.7 %
Female	39.3 %
Ethnicity	
White	39.6 %
African American	16.0 %
Latino/Hispanic	13.5 %
Asian American/ Pacific Islander	25.4 %
Native American	0.7 %
Other or Multiple Ethnicity	4.8 %
Households	15,879
Families	3,868
% Population by Age	
Percent 0-4 yr	3.2 %
Percent 5-19 yr	9.2 %
Percent 65 plus yr	12.7 %
Unmarried partners (Percent)	
Male-Male	1.9 %
Female-Female	0.3 %
Male-Female	3.8 %

Socio-Economic

Median household Income	22,351
% Below Poverty	24.5 %
Percent < $ 20,000	45.2 %
Percent > $ 60,000	15.7 %
Percent less than high school education	26.1 %
Linguistically isolated	20.0 %
By Language	
Spanish	24.8 %
Asian/Pacific Islander	38.1 %
Other Indo European	28.6 %
Other	8.5 %

Health & Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	1.1 %
16-64 yr	5.5 %
64 plus	17.1 %
Percent physical disability	
5-15 yr	1.2 %
16-64 yr	11.2 %
64 plus	37.8 %
Percent mental disability	
5-15 yr	4.1 %
16-64 yr	10.6 %
64 plus	18.2 %
Percent self care disability	
5-15 yr	0.0 %
16-64 yr	4.4 %
64 plus	17.4 %

Leading causes of hospitalizations (City Rank)

1 Live born
2 Pneumonia
3 Skin & subcutaneous tissue infections (3)
4 HIV infections (not top 20)
5 Congestive heart failure (6)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	769.0
Rank	2
Rate Ratio	5.8 %
Adult uncontrolled diabetes (short & long term complications)	
Age adjusted/100,000	727.3
Rank	2
Rate Ratio	7.7 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	957.2
Rank	1
Rate Ratio	6.5 %
Adult congestive heart failure	
Age adjusted/100,000	1499.1
Rank	2
Rate Ratio	2.5 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	1630.2
Rank	1
Rate Ratio	3.3 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	352.0
Rank	5
Rate Ratio	2.6 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	9.8 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	11.1 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 10.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Tenderloin (94102) 2000-2001

Tenderloin – 94102				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. HIV	2236	40.7	52	3
2. Ischemic Heart Disease	2192	17.8	79	44
3. Poisonings	1525	39.1	32	7
4. Alcohol Use	745	33.2	17	5
5. Cirrhosis of Liver	647	30.3	17	4
6. Self inflicted injuries	642	42.8	13	2
7. Hypertension-Heart Disease	579	23.9	18	6
8. Lung, Trachea, Bronchial Cancer	569	21.6	18	8
9. Other Cancers	513	22.1	19	4
10. COPD	501	17.6	21	7

SOMA - 94103

Demographics

Population	23,390
Male %	60.4 %
Female %	39.6 %
Ethnicity %	
White	34.9 %
African American	11.3 %
Latino/Hispanic	24.7 %
Asian American/ Pacific Islander	24.5 %
Native American	0.8 %
Other or Multiple Ethnicity	3.8 %
Households	9,835
% Population by Age Families	2,971
Percent 0-4 yr	3.1 %
Percent 5-19 yr	10.3 %
Percent 65 plus yr	11.5
Unmarried Partners %	
Male-Male	2.7 %
Female-Female	0.9 %
Male-Female	4.5 %

Socio-Economic

Median household Income	n/a
% Population below Poverty	22.7 %
Percent < $ 20,000	39.6 %
Percent > $ 60,000	25.8 %
Percent less than high school education	28.0 %
Linguistically isolated %	27.3 %
By language %	
Spanish	45.9 %
Asian and Pacific Islander	32.1 %
Other Indo European	18.5 %
Other	3.6 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.4 %
16-64 yr	3.7 %
64 plus	21.5 %
Percent physical disability	
5-15 yr	0.0 %
16-64 yr	10.6 %
64 plus	38.1 5
Percent mental disability	
5-15 yr	5.5 %
16-64 yr	10.6 %
64 plus	19.4 %
Percent self care disability	
5-15 yr	.4 %
16-64 yr	2.8 %
64 plus	14.4 %

Leading causes of hospitalizations (City rank)

1 Live born
2 Pneumonia
3 Skin & subcutaneous tissue infections (3)
4 Congestive heart failure (6)
5 Coronary atherosclerosis (4)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	430.8
Rank	6
Rate Ratio	3.2 %
Adult uncontrolled diabetes (short & long term complications)	
Age adjusted/100,000	600.8
Rank	3
Rate Ratio	6.3 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	947
Rank	2
Rate Ratio	6.4 %
Adult congestive heart failure	
Age adjusted/100,000	1,426.0
Rank	3
Rate Ratio	2.3 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	1515.3
Rank	3
Rate Ratio	3.0 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	427.0
Rank	2
Rate Ratio	3.2 %

Other

% of Occupied Housing Units in each zip code	
Lack complete plumbing	9.5 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	7.3 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 11.0
Total Years of Life Lost (YLL), Average YLL and Death by Gender, SOMA (94103) 2000-2001

SOMA - 94103				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1453	19.4	49	25
2. HIV	1374	39.3	32	3
3. Poisonings	640	42.7	13	2
4. Alcohol Use	583	34.8	17	0
5. Cerebrovascular Disease	509	17.5	16	13
6. COPD	505	19.8	17	8
7. Lung, Trachea, Bronchial Cancer	386	22.3	13	4
8. Hypertension-Heart Disease	354	16.1	11	11
9. Cirrhosis of Liver	348	33.6	10	0
10. Other Cardiovascular Disease	304	26.3	7	5

Potrero Hill - 94107

Demographics

Population	24,214
Male %	55.3 %
Female %	44.7 %
Ethnicity %	
White	59.3 %
African American	10.8 %
Latino/Hispanic	8.4 %
Asian American/ Pacific Islander	17.6 %
Native American	0.4 %
Other or Multiple Ethnicity	3.6 %
Households	13,110
% of Population by Age	
Families	4,157
Percent 0-4 yr	3.2 %
Percent 5-19 yr	7.3 %
Percent 65 plus yr	11.8 %
Unmarried Partners %	
Male-Male	2.2 %
Female-Female	0.8 %
Male-Female	6.2 %

Socio-Economic

Median household Income	n/a
% of Population below Poverty	15.0 %
Percent < $ 20,000	20.6 %
Percent > $ 60,000	52.6 %
Percent less than high school education	11.5 %
Linguistically isolated %	21.2 %
By language %	
Spanish	20.9 %
Asian & Pacific Islander	41.1 %
Other Indo European	34.5 %
Other	3.6 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	2.2 %
16-64 yr	1.4 %
64 plus	17.8 %
Percent physical disability	
5-15 yr	2.6 %
16-64 yr	4.4 %
64 plus	35.2 %
Percent mental disability	
5-15 yr	6.3 %
16-64 yr	4.3 %
64 plus	19.8 %
Percent self care disability	
5-15 yr	n/a
16-64 yr	2.2 %
64 plus	14.9 %

Leading causes of hospitalizations (City rank)

1 Live born
2 Pneumonia
3 Congestive heart failure (6)
4 Coronary atherosclerosis (4)
5 HIV infections (not top 20)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	455.3
Rank	3
Rate Ratio	3.4 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	418.7
Rank	7
Rate Ratio	4.4 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	474.9
Rank	5
Rate Ratio	3.2 %
Adult congestive heart failure	
Age adjusted/100,000	1,156.0
Rank	7
Rate Ratio	1.9 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	957.2
Rank	7
Rate Ratio	1.9 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	264.5
Rank	12
Rate Ratio	2.0 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	3.5 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	2.0 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 12.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Potrero Hill (94107) 2000-2001

POTRERO HILL - 94107				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	763	13.6	34	22
2. HIV	670	39.4	15	2
3. Lung, Trachea, Bronchial Cancer	347	16.5	13	8
4. Other Cardiovascular Disease	322	21.5	9	6
5. Cerebrovascular Disease	281	12.2	10	13
6. Violence	262	52.3	4	1
7. Poisonings	262	43.6	4	2
8. Road Traffic Accidents	259	37.0	4	3
9. Other Cancers	249	16.6	8	7
10. COPD	219	12.9	10	7

Chinatown - 94108

Demographics

Population	13,716
Male %	48.7 %
Female %	51.3 %
Ethnicity %	
White	34.4 %
African American	1.3 %
Latino/Hispanic	4.2 %
Asian American/ Pacific Islander	57.7 %
Native American	0.1 %
Other or Multiple Ethnicity	2.4 %
Households	7,674
Families	2,698
% of Population by Age	
Percent 0-4 yr	2.5 %
Percent 5-19 yr	8.3 %
Percent 65 plus yr	23.2 %
Unmarried Partners %	
Male-Male	1.1 %
Female-Female	0.2 %
Male-Female	3.4 %

Socio-Economic

Median household Income	31,542
% Below Poverty	16.1 %
Percent < $ 20,000	35.4 %
Percent > $ 60,000	27.6 %
Percent less than high school education	36.9 %
Linguistically isolated %	20.1 %
By language %	
Spanish	11.9 %
Asian & Pacific Islander	62.0 %
Other Indo European	24.7 %
Other	1.5 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	1.2 %
16-64 yr	1.9 %
64 plus	16.1 %
Percent physical disability	
5-15 yr	0.0 %
16-64 yr	4.5 %
64 plus	31.9 %
Percent mental disability	
5-15 yr	0.0 %
16-64 yr	4.1 %
64 plus	21.5 %
Percent self care disability	
5-15 yr	0.0 %
16-64 yr	1.1 %
64 plus	12.4 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Acute cerebrovascular disease (7)
4 Acute myocardial infarction (8)
5 Congestive heart failure (6)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	203.5
Rank	19
Rate Ratio	1.5 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	181.7
Rank	17
Rate Ratio	1.9 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	310.2
Rank	16
Rate Ratio	2.1 %
Adult congestive heart failure	
Age adjusted/100,000	685.3
Rank	20
Rate Ratio	1.1 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	726.1
Rank	14
Rate Ratio	1.4 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	135.5
Rank	21
Rate Ratio	1.0 %

Other

% of Occupied Housing Units in each zip code	
Lack complete plumbing	7.3 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	2.1 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio = Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 13.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Chinatown (94108) 2000-2001

CHINATOWN - 94108				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	666	10.9	33	28
2. Cerebrovascular Disease	350	12.5	15	13
3. Lung, Trachea, Bronchial Cancer	341	16.2	14	7
4. HIV	219	36.4	6	0
5. Hypertension-Heart Disease	189	14.5	7	6
6. Alcohol Use	186	31.0	4	2
7. Lower Respiratory Infections	185	8.8	12	9
8. Other Cancers	150	18.8	3	5
9. COPD	148	13.4	5	6
10. Diabetes Mellitus	121	13.4	3	6

Nob Hill - 94109

Demographics

Population	56,322
Male %	51.9 %
Female %	48.1 %
Ethnicity %	
White	57.4 %
African American	3.0 %
Latino/Hispanic	7.9 %
Asian American/ Pacific Islander	27.9 %
Native American	0.3 %
Other or Multiple Ethnicity	3.5 %
Households	33,572
Families	8,382
% of Population by Age	
Percent 0-4 yr	2.3 %
Percent 5-19 yr	5.9 %
Percent 65 plus yr	16.5 %
Unmarried Partners %	
Male-Male	1.4 %
Female-Female	0.2 %
Male-Female	4.9 %

Socio-Economic

Median household Income	43,444
% Below Poverty	12.3 %
Percent < $ 20,000	24.5 %
Percent > $ 60,000	37.9 %
Percent less than high school education	15.4 %
Linguistically isolated %	21.5 %
By language %	
Spanish	21.5 %
Asian & Pacific Islander	42.0 %
Other Indo European	33.3 %
Other	3.2 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	1.6 %
16-64 yr	1.7 %
64 plus	16.7 %
Percent physical disability	
5-15 yr	0.0 %
16-64 yr	4.6 %
64 plus	30.5 %
Percent mental disability	
5-15 yr	2.7 %
16-64 yr	4.1 %
64 plus	17.2 %
Percent self care disability	
5-15 yr	1.4 %
16-64 yr	1.3 %
64 plus	12.9 %

Leading causes of hospitalizations (City rank)

1 Live born
2 Pneumonia
3 Acute cerebrovascular disease (7)
4 Acute myocardial infarction (8)
5 Congestive heart failure (6)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	203.5
Rank	19
Rate Ratio	1.5 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	181.7
Rank	17
Rate Ratio	3.1 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	459.9
Rank	16
Rate Ratio	3.1 %
Adult congestive heart failure	
Age adjusted/100,000	898.3
Rank	20
Rate Ratio	1.5 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	920.2
Rank	14
Rate Ratio	1.8 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	312.0
Rank	21
Rate Ratio	2.3 %

Other

% of Occupied Housing Units in each zip code	
Lack complete plumbing	2.0 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	1.9 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 14.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Nob Hill (94109) 2000-2001

NOB HILL – 94109				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	2785	11.6	127	113
2. HIV	1857	38.7	46	2
3. Lung, Trachea, Bronchial Cancer	1143	15.4	48	26
4. Poisonings	1033	41.3	21	4
5. Hypertension-Heart Disease	766	17.8	24	19
6. Cerebrovascular Disease	703	8.9	36	43
7. Other Cancers	660	17.8	21	16
8. COPD	651	11.8	26	29
9. Lower Respiratory Infections	563	10.6	27	26
10. Self inflicted injuries	512	34.1	12	3

Note:

Mission - 94110

Demographics

Population	74,633
Male %	52.4 %
Female %	47.6 %
Ethnicity %	
White	34.3 %
African American	3.8 %
Latino/Hispanic	46.1 %
Asian American/ Pacific Islander	12.4 %
Native American	0.4 %
Other or Multiple Ethnicity	3.0 %
Households	26,088
Families	12,367
% of Population by Age	
Percent 0-4 yr	5.3 %
Percent 5-19 yr	14.5 %
Percent 65 plus yr	8.5 %
Unmarried Partners %	
Male-Male	2.3 %
Female-Female	1.8 %
Male-Female	6.8 %

Socio-Economic

Median household Income	53,795
% Below Poverty	14.1 %
Percent < $ 20,000	16.1 %
Percent > $ 60,000	44.5 %
Percent less than high school education	26.7 %
Linguistically isolated %	37.6 %
By language %	
Spanish	64.4 %
Asian & Pacific Islander	19.5 %
Other Indo European	13.8 %
Other	2.3 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.4 %
16-64 yr	1.9 %
64 plus	17.6 %
Percent physical disability	
5-15 yr	1.2 %
16-64 yr	5.2 %
64 plus	31.1 %
Percent mental disability	
5-15 yr	2.8 %
16-64 yr	3.5 %
64 plus	15.9 %
Percent self care disability	
5-15 yr	.7 %
16-64 yr	1.9 %
64 plus	15.2 %

Leading causes of hospitalizations (City rank)
1 Liveborn
2 Trauma to perineum & vulva
3 Pneumonia (2)
4 Coronary atherosclerosis (4)
5 Other birth complications (10)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	410.7
Rank	7
Rate Ratio	3.1 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	530.3
Rank	4
Rate Ratio	5.6 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	572.7
Rank	4
Rate Ratio	3.9 %
Adult congestive heart failure	
Age adjusted/100,000	1,409.3
Rank	4
Rate Ratio	2.3 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	1064.1
Rank	4
Rate Ratio	2.1 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	334.9
Rank	7
Rate Ratio	2.5 %

Other

% of Occupied Housing Units in each zip code	
Lack complete plumbing	1.2 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	1.1 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 15.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Mission District (94110) 2000-2001

MISSION - 94110				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	2087	13.4	87	69
2. HIV	1256	40.5	29	2
3. Lung, Trachea, Bronchial Cancer	926	23.7	18	21
4. Cerebrovascular Disease	836	13.2	25	38
5. Cirrhosis of Liver	825	33.0	18	7
6. Violence	811	54.1	11	4
7. Other Cancers	791	24.0	20	13
8. Poisonings	659	43.9	12	3
9. COPD	564	12.8	22	22
10. Hypertension-Heart Disease	551	16.2	17	17

Note:

Excelsior - 94112

Demographics

Population	73,104
Male %	49.2 %
Female %	50.8 %
Ethnicity %	
White	18.0 %
African American	6.1 %
Latino/Hispanic	27.8 %
Asian American/ Pacific Islander	45.0 %
Native American	0.2 %
Other or Multiple Ethnicity	3.0 %
Households	20,133
Families	14,881
% Population by Age	
Percent 0-4 yr	5.6 %
Percent 5-19 yr	17.8 %
Percent 65 plus yr	14.3 %
Unmarried Partners %	
Male-Male	1.3 %
Female-Female	0.8 %
Male-Female	3.7 %

Socio-Economic

Median household Income	57,629
% Below Poverty	8.1 %
Percent < $ 20,000	12.1 %
Percent > $ 60,000	48.0 %
Percent less than high school education	29.5 %
Linguistically isolated %	47.0 %
By language %	
Spanish	36.6 %
Asian & Pacific Islander	52.5 %
Other Indo European	8.8 %
Other	2.1 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.6 %
16-64 yr	1.6 %
64 plus	14.4 %
Percent physical disability	
5-15 yr	.7 %
16-64 yr	4.9 %
64 plus	25.2 %
Percent mental disability	
5-15 yr	3.1 %
16-64 yr	3.2 %
64 plus	14.2 %
Percent self care disability	
5-15 yr	.6 %
16-64 yr	1.6 %
64 plus	10.9 %

Leading causes of hospitalizations (City rank)
1 Liveborn
2 Pneumonia
3 Trauma to perineum & vulva (5)
4 Coronary atherosclerosis (4)
5 Congestive heart failure (6)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	370.3
Rank	8
Rate Ratio	2.8 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	393.8
Rank	8
Rate Ratio	4.1 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	345.9
Rank	11
Rate Ratio	2.7 %
Adult congestive heart failure	
Age adjusted/100,000	972.9
Rank	10
Rate Ratio	1.6 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	918.6
Rank	10
Rate Ratio	1.8 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	360.1
Rank	4
Rate Ratio	2.7 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.5 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.4 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TOTAL 16.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Excelsior (94112) 2000-2001

EXCELSIOR - 94112				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	3057	11.3	125	145
2. Cerebrovascular Disease	1243	10.2	50	72
3. Other Cancers	1029	20.6	28	22
4. Lung, Trachea, Bronchial Cancer	1002	15.8	38	25
5. COPD	890	14.1	38	25
6. Violence	854	61.0	10	4
7. Other Cardiovascular Disease	722	11.6	29	33
8. Cancer Colon/Rectum	689	15.6	25	19
9. Lower Respiratory Infections	584	9.7	27	33
10. Road Traffic Accidents	554	55.4	6	4

Castro/Noe Valley - 94114

Demographics

Population	30,574
Male %	59.8 %
Female %	40.2 %
Ethnicity %	
White	78.1 %
African American	2.2 %
Latino/Hispanic	8.7 %
Asian American/ Pacific Islander	7.3 %
Native American	0.4 %
Other or Multiple Ethnicity	3.4 %
Households	16,627
Families	4,089
% Population by Age	
Percent 0-4 yr	2.7 %
Percent 5-19 yr	5.0 %
Percent 65 plus yr	8.1 %
Unmarried Partners %	
Male-Male	9.3 %
Female-Female	2.1 %
Male-Female	5.2 %

Socio-Economic

Median household Income	75,727
% Below Poverty	6.5 %
Percent < $ 20,000	10.0 %
Percent > $ 60,000	61.4 %
Percent less than high school education	4.6 %
Linguistically isolated %	19.2 %
By language %	
Spanish	38.6 %
Asian & Pacific Islander	18.1 %
Other Indo European	38.7 %
Other	4.6 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	1.8 %
16-64 yr	1.3 %
64 plus	11.9 %
Percent physical disability	
5-15 yr	.5 %
16-64 yr	4.2 %
64 plus	20.1 %
Percent mental disability	
5-15 yr	3.8 %
16-64 yr	3.3 %
64 plus	8.1 %
Percent self care disability	
5-15 yr	2.2 %
16-64 yr	1.2 %
64 plus	7.3 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Coronary atherosclerosis (4)
4 Trauma to perineum & vulva (5)
5 HIV infections (not top 20)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	276.9
Rank	10
Rate Ratio	2.1 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	279.1
Rank	12
Rate Ratio	2.9 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	416.7
Rank	9
Rate Ratio	2.8 %
Adult congestive heart failure	
Age adjusted/100,000	931.0
Rank	11
Rate Ratio	1.5 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	838.8
Rank	11
Rate Ratio	1.7 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	164.3
Rank	20
Rate Ratio	1.2 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.3 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.5 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 17.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Castro/Noe Valley (94114) 2000-2001

CASTRO/NOE VALLEY 94114				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. HIV	2124	40.1	53	0
2. Ischemic Heart Disease	793	13.6	29	29
3. Self inflicted injuries	545	34.0	16	0
4. Lung, Trachea, Bronchial Cancer	389	15.5	15	10
5. Cerebrovascular Disease	313	10.8	16	13
6. Poisonings	310	51.7	6	0
7. Other Cancers	263	24.9	8	3
8. Cirrhosis of Liver	236	26.3	8	1
9. Hepititis B and C	216	30.9	7	0
10. COPD	216	12.7	5	12

Note:

Western Addition - 94115

Demographics

Population	33,115
Male %	48.2 %
Female %	51.8 %
Ethnicity %	
White	56.9 %
African American	17.7 %
Latino/Hispanic	5.6 %
Asian American/ Pacific Islander	16.1 %
Native American	0.2 %
Other or Multiple Ethnicity	3.6 %
Households	17,502
Families	5,675
% of Population by Age	
Percent 0-4 yr	3.4 %
Percent 5-19 yr	8.9 %
Percent 65 plus yr	14.0
Unmarried Partners %	
Male-Male	1.7 %
Female-Female	0.4 %
Male-Female	5.0 %

Socio-Economic

Median household Income	54,879
% Below Poverty	13.2 %
Percent < $ 20,000	21.2 %
Percent > $ 60,000	47.6 %
Percent less than high school education	10.2 %
Linguistically isolated %	19.0 %
By language %	
Spanish	24.9 %
Asian & Pacific Islander	34.9 %
Other Indo European	35.7 %
Other	4.5 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	0.0 %
16-64 yr	1.5 %
64 plus	15.1 %
Percent physical disability	
5-15 yr	.3 %
16-64 yr	5.3 %
64 plus	35.9 %
Percent mental disability	
5-15 yr	2 %
16-64 yr	3.8 %
64 plus	20.7 %
Percent self care disability	
5-15 yr	.6 %
16-64 yr	1.9 %
64 plus	16.9 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Coronary atherosclerosis (4)
4 Congestive heart failure (6)
5 Trauma to perineum & vulva (5)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	451.4
Rank	4
Rate Ratio	3.4 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	491.3
Rank	5
Rate Ratio	5.2 5
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	418.8
Rank	8
Rate Ratio	2.8 %
Adult congestive heart failure	
Age adjusted/100,000	1,352.7
Rank	5
Rate Ratio	2.2 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	1025.4
Rank	6
Rate Ratio	2.0 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	339.8
Rank	6
Rate Ratio	2.5 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.6 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	1.0 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 18.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Western Addition (94115) 2000-2001

WESTERN ADDITION 94115				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1436	10.7	64	70
2. HIV	791	41.6	16	3
3. Cerebrovascular Disease	755	11.1	27	41
4. Self inflicted injuries	593	45.6	10	3
5. Other Cancers	557	20.4	14	13
6. Lung, Trachea, Bronchial Cancer	530	15.4	19	15
7. Other Cardiovascular Disease	366	13.5	8	19
8. Poisonings	365	40.5	6	3
9. Hypertension-Heart Disease	352	12.6	10	18
10. Violence	348	49.7	6	1

Forest Hill - 94116

Demographics

Population	42,958
Male %	48.1 %
Female %	51.9 %
Ethnicity %	
White	39.7 %
African American	1.1 %
Latino/Hispanic	4.8 %
Asian American/ Pacific Islander	51.1 %
Native American	0.2 %
Other or Multiple Ethnicity	3.1 %
Households	15,103
Families	10,282
% of Population by Age	
Percent 0-4 yr	4.2 %
Percent 5-19 yr	15.2 %
Percent 65 plus yr	17.9 %
Unmarried Partners %	
Male-Male	0.8 %
Female-Female	0.5 %
Male-Female	3.3 %

Socio-Economic

Median household Income	66,627
% Below Poverty	6.2 %
Percent < $ 20,000	12.3 %
Percent > $ 60,000	56.3 %
Percent less than high school education	17.8 %
Linguistically isolated %	38.8 %
By language %	
Spanish	12.0 %
Asian & Pacific Islander	64.9 %
Other Indo European	21.2 %
Other	2.0 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.5 %
16-64 yr	.9 %
64 plus	16.2 %
Percent physical disability	
5-15 yr	.3 %
16-64 yr	2.6 %
64 plus	27.1 %
Percent mental disability	
5-15 yr	2.1 %
16-64 yr	2.3 %
64 plus	13.8 %
Percent self care disability	
5-15 yr	.5 %
16-64 yr	1.0 %
64 plus	10.9 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Coronary atherosclerosis (4)
4 Trauma to perineum & vulva (5)
5 Acute myocardial infarction (8)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	220.4
Rank	13 %
Rate Ratio	1.7 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	176.9
Rank	18
Rate Ratio	1.8 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	230.1
Rank	18
Rate Ratio	1.6 %
Adult congestive heart failure	
Age adjusted/100,000	778.4
Rank	17
Rate Ratio	1.3 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	702.0
Rank	16
Rate Ratio	1.4 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	267.6
Rank	11
Rate Ratio	2.0 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.6 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.1 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 19.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Forest Hill (94116) 2000-2001

FOREST HILL - 94116				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1892	9.7	95	101
2. Lung, Trachea, Bronchial Cancer	984	15.6	36	27
3. Cerebrovascular Disease	920	9.8	37	57
4. Other Cancers	764	17.0	24	21
5. Hypertension-Heart Disease	578	12.0	19	29
6. Road Traffic Accidents	545	49.5	7	4
7. HIV	530	37.9	10	4
8. Lower Respiratory Infections	525	9.1	27	31
9. Cancer Liver	456	24.0	16	3
10. COPD	428	10.2	20	22

Haight - 94117

Demographics

Population	38,738
Male %	53.7 %
Female %	46.3 %
Ethnicity %	
White	68.9 %
African American	10.5 %
Latino/Hispanic	7.4 %
Asian American /Pacific Islander	8.6 %
Native American	0.4 %
Other or Multiple Ethnicity	4.2 %
Households	18,112
Families	4,658
% of Population by Age	
Percent 0-4 yr	2.5 %
Percent 5-19 yr	7.8 %
Percent 65 plus yr	6.7 %
Unmarried Partners %	
Male-Male	3.8 %
Female-Female	0.8 %
Male-Female	7.3 %

Socio-Economic

Median household Income	63,983
% Below Poverty	10.5 %
Percent < $ 20,000	13.5 %
Percent > $ 60,000	53.1 %
Percent less than high school education	6.1 %
Linguistically isolated %	18.9 %
By language %	
Spanish	34.8 %
Asian & Pacific Islander	16.4 %
Other Indo European	42.9 %
Other	5.9 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	0.0%
16-64 yr	1.5 %
64 plus	15.3 %
Percent physical disability	
5-15 yr	0.0 %
16-64 yr	3.2 %
64 plus	35.3 %
Percent mental disability	
5-15 yr	8.6 %
16-64 yr	3.7 %
64 plus	17.7 %
Percent self care disability	
5-15 yr	.3 %
16-64 yr	.8 %
64 plus	20.5 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Trauma to perineum & vulva (5)
4 Coronary atherosclerosis (4)
5 Skin & subcutaneous tissue infections (3)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	297.6
Rank	9
Rate Ratio	2.2 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	354.6
Rank	9
Rate Ratio	3.7 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	375.3
Rank	12
Rate Ratio	2.5 %
Adult congestive heart failure	
Age adjusted/100,000	1,164.9
Rank	6
Rate Ratio	1.9 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	1,061.0
Rank	5
Rate Ratio	2.1 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	402.2
Rank	3
Rate Ratio	3.0 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.3 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.5 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 20.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Haight (94117) 2000-2001

HAIGHT - 94117				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. HIV	1076	35.9	27	3
2. Ischemic Heart Disease	927	11.4	39	42
3. Cerebrovascular Disease	421	11.7	14	22
4. Lung, Trachea, Bronchial Cancer	380	15.8	13	11
5. Self inflicted injuries	358	44.7	6	2
6. COPD	356	18.7	12	7
7. Poisonings	331	47.2	4	3
8. Other Cancers	295	29.5	6	4
9. Lymphoma, Multiple Myeloma	254	27.6	7	2
10. Breast Cancer	237	29.6	1	7

Inner Richmond - 94118

Demographics

Population	41,167
Male %	47.2 %
Female %	52.8 %
Ethnicity %	
White	55.2 %
African American	1.9 %
Latino/Hispanic	4.7 %
Asian American/ Pacific Islander	34.9 %
Native American	0.2 %
Other or Multiple Ethnicity	3.2 %
Households	18,071
Families	8,436
% Population by Age	
Percent 0-4 yr	4.1 %
Percent 5-19 yr	11.0 %
Percent 65 plus yr	13.8 %
Unmarried Partners %	
Male-Male	0.6 %
Female-Female	0.3 %
Male-Female	4.7 %

Socio-Economic

Median household Income	n/a
% Below Poverty	8.7 %
Percent < $ 20,000	14.0
Percent > $ 60,000	51.6 %
Percent less than high school education	12.0 %
Linguistically isolated %	28.2 %
By language %	
Spanish	16.6 %
Asian & Pacific Islander	56.9 %
Other Indo European	24.7 %
Other	1.8 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	1.0 %
16-64 yr	1.1 %
64 plus	12.4 %
Percent physical disability	
5-15 yr	0.0 %
16-64 yr	3.6 %
64 plus	22.4 %
Percent mental disability	
5-15 yr	1.4 %
16-64 yr	2.9 %
64 plus	12 %
Percent self care disability	
5-15 yr	.7 %
16-64 yr	.8 %
64 plus	10.7 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Trauma to perineum & vulva (5)
3 Pneumonia (2)
4 Coronary atherosclerosis (4)
5 Congestive heart failure (6)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	205.7
Rank	16
Rate Ratio	1.5 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	172.1
Rank	19
Rate Ratio	1.8 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	214.4
Rank	19
Rate Ratio	1.5 %
Adult congestive heart failure	
Age adjusted/100,000	856.1
Rank	14
Rate Ratio	1.4 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	625.8
Rank	20
Rate Ratio	1.2 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	241.5
Rank	14
Rate Ratio	1.8 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.6 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.4 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 21.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Inner Richmond (94118) 2000-2001

INNER RICHMOND 94118				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1254	9.8	56	72
2. Other Cancers	496	17.1	14	15
3. Cerebrovascular Disease	465	8.6	20	34
4. Lung, Trachea, Bronchial Cancer	427	13.4	19	13
5. Self inflicted injuries	326	36.2	5	4
6. Lower Respiratory Infections	325	8.3	17	22
7. Other Digestive Diseases	243	9.7	9	16
8. Hypertension-Heart Disease	238	10.3	8	15
9. Breast Cancer	231	19.3	0	12
10. Cancer Pancreas	220	12.9	7	10

Outer Richmond - 94121

Demographics

Population	42,473
Male %	47.6 %
Female %	52.4 %
Ethnicity %	
White	46.3 %
African American	1.5 %
Latino/Hispanic	4.4 %
Asian American/ Pacific Islander	44.3 %
Native American	0.2 %
Other or Multiple Ethnicity	3.4 %
Households	17,314
Families	9,603
% of Population by Age	
Percent 0-4 yr	3.8 %
Percent 5-19 yr	12.5 %
Percent 65 plus yr	16.6 %
Unmarried Partners %	
Male-Male	0.5 %
Female-Female	0.4 %
Male-Female	4.8 %

Socio-Economic

Median household Income	61,776
% Below Poverty	7.0 %
Percent < $ 20,000	13.7 %
Percent > $ 60,000	51.4 %
Percent less than high school education	16.3 %
Linguistically isolated %	37.0 %
By language %	
Spanish	10.8 %
Asian & Pacific Islander	59.6 %
Other Indo European	27.2 %
Other	2.4 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.5 %
16-64 yr	1.3 %
64 plus	12.8 %
Percent physical disability	
5-15 yr	.2 %
16-64 yr	3.7 %
64 plus	25.8 %
Percent mental disability	
5-15 yr	3.4 %
16-64 yr	2.6 %
64 plus	12.8 %
Percent self care disability	
5-15 yr	.5 %
16-64 yr	1.3 %
64 plus	10.7 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Coronary atherosclerosis (4)
3 Pneumonia (2)
4 Acute cerebrovascular disease (7)
5 Acute myocardial infarction (8)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	209.2
Rank	14
Rate Ratio	1.6 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	190.2
Rank	16
Rate Ratio	2.0 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	191.0
Rank	20
Rate Ratio	1.3 %
Adult congestive heart failure	
Age adjusted/100,000	809.1
Rank	16
Rate Ratio	1.3 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	629.1
Rank	19
Rate Ratio	1.3 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	272.0
Rank	10
Rate Ratio	2.0 %

Other

% of Occupied Housing in each zip code	
Lack complete plumbing	0.5 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.6 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 22.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Outer Richmond (94121) 2000-2001

OUTER RICHMOND - 94121				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1702	10.1	78	90
2. Cerebrovascular Disease	654	9.9	32	34
3. Other Cancers	514	19.8	17	9
4. Lung, Trachea, Bronchial Cancer	489	16.3	19	11
5. Hypertension-Heart Disease	462	11.8	20	19
6. Other Cardiovascular Disease	383	9.3	18	23
7. Road Traffic Accidents	367	36.7	6	4
8. Self inflicted injuries	348	31.7	7	4
9. Cancer Colon/Rectum	284	12.9	11	11
10. Lower Respiratory Infections	278	10.3	13	14

Sunset - 94122

Demographics

Population	55,492
Male %	48.5 %
Female %	51.5 %
Ethnicity %	
White	44.3 %
African American	1.4 %
Latino/Hispanic	5.0 %
Asian American/ Pacific Islander	45.7 %
Native American	0.1 %
Other or Multiple Ethnicity	3.5 %
Households	21,548
Families	11,827
% of Population by Age	
Percent 0-4 yr	4.0 %
Percent 5-19 yr	12.2 %
Percent 65 plus yr	14.3 %
Unmarried Partners %	
Male-Male	0.7 %
Female-Female	0.6 %
Male-Female	4.7 %

Socio-Economic

Median household Income	60,733
% Below Poverty	8.9 %
Percent < $ 20,000	14.2 %
Percent > $ 60,000	50.8 %
Percent less than high school education	15.3 %
Linguistically isolated %	36.7 %
By language %	
Spanish	13.5 %
Asian & Pacific Islander	59.2 %
Other Indo European	23.2 %
Other	4.1 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.9 %
16-64 yr	1.1 %
64 plus	14.5 %
Percent physical disability	
5-15 yr	.3 %
16-64 yr	3.2 %
64 plus	25.3 %
Percent mental disability	
5-15 yr	2.6 %
16-64 yr	2.9 %
64 plus	14.6 %

Percent self care disability

5-15 yr	1.9
16-64 yr	1.4
64 plus	11.5

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Trauma to perineum & vulva (5)
4 Coronary atherosclerosis (4)
5 Congestive heart failure (6)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	206.4
Rank	15
Rate Ratio	1.6 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	197.2
Rank	15
Rate Ratio	2.1 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	321.2
Rank	15
Rate Ratio	2.2 %
Adult congestive heart failure	
Age adjusted/100,000	871.4
Rank	13
Rate Ratio	1.4 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	699.5
Rank	13
Rate Ratio	1.4 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	247.0
Rank	13
Rate Ratio	1.8 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.6 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.6 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 23.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Sunset (94122) 2000-2001

SUNSET - 94122				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1949	10.5	91	94
2. Cerebrovascular Disease	804	10.4	28	49
3. Lung, Trachea, Bronchial Cancer	693	15.4	24	21
4. Self inflicted injuries	681	37.8	15	3
5. Other Cancers	612	17.0	19	17
6. Cancer Colon/Rectum	422	16.9	11	14
7. COPD	391	11.2	19	16
8. Hypertension-Heart Disease	343	11.8	17	12
9. Lower Respiratory Infections	339	8.1	17	25
10. Poisonings	281	40.1	5	2

Marina - 94123

Demographics

Population	22,903
Male %	46.7 %
Female %	53.3 %
Ethnicity %	
White	83.8 %
African American	0.5 %
Latino/Hispanic	3.9 %
Asian American/ Pacific Islander	9.6 %
Native American	0.1 %
Other or Multiple Ethnicity	2.2 %
Households	14,161
Families	3,901
% of Population by Age	
Percent 0-4 yr	3.1 %
Percent 5-19 yr	4.0 %
Percent 65 plus yr	13.1 %
Unmarried Partners %	
Male-Male	0.5 %
Female-Female	0.2 %
Male-Female	5.1 %

Socio-Economic

Median household Income	84,710
% Below Poverty	3.6 %
Percent < $ 20,000	8.5 %
Percent > $ 60,000	65.6 %
Percent less than high school education	3.7 %
Linguistically isolated %	16.9 %
By language %	
Spanish	23.3 %
Asian and Pacific Islander	25.1 %
Other Indo European	48.6 %
Other	2.9 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	1.8 %
16-64 yr	.8 %
64 plus	13.6 %
Percent physical disability	
5-15 yr	1.0 %
16-64 yr	2.3 %
64 plus	23.4 %
Percent mental disability	
5-15 yr	1.2 %
16-64 yr	1.4 %
64 plus	7.4 %
Percent self care disability	
5-15 yr	1.0 %
16-64 yr	.8%
64 plus	8.4 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Trauma to perineum & vulva (5)
3 Pneumonia (2)
4 Fetal distress and abnormal forces of l abor (9)
5 Other birth complications (10)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	133.0
Rank	21
Rate Ratio	1.0 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	94.9
Rank	21
Rate Ratio	1.0 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	275.2
Rank	17
Rate Ratio	1.9 %
Adult congestive heart failure	
Age adjusted/100,000	755.9
Rank	18
Rate Ratio	1.2 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	684.6
Rank	18
Rate Ratio	1.4 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	189.3
Rank	19
Rate Ratio	1.4 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.5 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.5 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 24.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Marina (94123) 2000-2001

MARINA - 94123				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	453	10.3	22	22
2. Lung, Trachea, Bronchial Cancer	415	16.0	11	15
3. Cerebrovascular Disease	243	7.6	13	19
4. Hypertension-Heart Disease	243	9.7	12	13
5. Other Cancers	221	13.0	9	8
6. Low Birth Weight	165	82.5	1	1
7. Lower Respiratory Infections	164	8.2	8	12
8. Other Cardiovascular Disease	141	8.8	8	8
9. Other Digestive Diseases	138	12.6	4	7
10. Prostate Cancer	136	13.6	10	0

Bayview - 94124

Demographics

Population	33,170
Male %	47.8 %
Female %	52.2 %
Ethnicity %	
White	5.4 %
African American	47.2 %
Latino/Hispanic	16.7 %
Asian American/ Pacific Islander	27.6 %
Native American	0.3 %
Other or Multiple Ethnicity	2.9 %
Households	9,296
Families	7,113
% Population by Age	
Percent 0-4 yr	7.1 %
Percent 5-19 yr	26.3 %
Percent 65 plus yr	10.4 %
Unmarried Partners %	
Male-Male	0.9 %
Female-Female	0.5 %
Male-Female	4.0 %

Socio-Economic

Median household Income	37,146
% Below Poverty	21.7 %
Percent < $ 20,000	30.1 %
Percent > $ 60,000	32.6 %
Percent less than high school education	36.5 %
Linguistically isolated %	27.6 %
By language %	
Spanish	36.2 %
Asian and Pacific Islander	48.0 %
Other Indo European	9.7 %
Other	6.1 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.9 %
16-64 yr	2.5 %
64 plus	14.9 %
Percent physical disability	
5-15 yr	2.2 %
16-64 yr	7.9 %
64 plus	35.1 %
Percent mental disability	
5-15 yr	5.2 %
16-64 yr	5.0 %
64 plus	15.8 %
Percent self care disability	
5-15 yr	1.6 %
16-64 yr	2.6 %
64 plus	15.5 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Congestive heart failure (6)
4 Skin and subcutaneous tissue infections (3)
5 Trauma to perineum & vulva (5)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	851.2
Rank	1
Rate Ratio	6.4 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	1,177.5
Rank	1
Rate Ratio	12.4 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	899.5
Rank	3
Rate Ratio	6.1 %
Adult congestive heart failure	
Age adjusted/100,000	2,316.7
Rank	1
Rate Ratio	3.8 %
Adult and pediatric bacterial pneumonia	
Age adjusted / 100,000	1,615.0
Rank	2
Rate Ratio	3.2 %
Adult and pediatric urinary tract infections	
Age adjusted / 100,000	568.1
Rank	1
Rate Ratio	4.2 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	1.0 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	2.7 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 25.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Bayview (94124) 2000-2001

BAYVIEW - 94124				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Violence	1403	54.0	22	4
2. Ischemic Heart Disease	1297	13.8	39	55
3. Cerebrovascular Disease	821	16.1	24	27
4. Other Cancers	700	25.0	15	13
5. Lung, Trachea, Bronchial Cancer	580	19.3	17	13
6. Hypertension-Heart Disease	509	18.9	17	10
7. Low Birth Weight	495	82.5	4	2
8. Other Cardiovascular Disease	414	18.0	10	13
9. HIV	367	33.4	7	4
10. Poisonings	363	40.3	4	5

West Portal - 94127

Demographics

Population	20,624
Male %	49.1 %
Female %	50.9 %
Ethnicity %	
White	57.8 %
African American	5.1 %
Latino/Hispanic	8.2 %
Asian American/ Pacific Islander	25.2 %
Native American	0.2 %
Other or Multiple Ethnicity	3.6 %
Households	7,637
Families	5,003
% of Population by Age	
Percent 0-4 yr	4.7 %
Percent 5-19 yr	14.6 %
Percent 65 plus yr	20.6 %
Unmarried Partners %	
Male-Male	2.8 %
Female-Female	0.9 %
Male-Female	2.7 %

Socio-Economic

Median household Income	95,313
% Below Poverty	6.1 %
Percent < $ 20,000	9.7 %
Percent > $ 60,000	69.0 %
Percent less than high school education	8.6 %
Linguistically isolated %	29.9 %
By language %	
Spanish	21.2 %
Asian & Pacific Islander	45.2 %
Other Indo European	29.1 %
Other	4.5 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	0.0 %
16-64 yr	1.2 %
64 plus	10.4 %
Percent physical disability	
5-15 yr	.4 %
16-64 yr	4.0 %
64 plus	32.6 %
Percent mental disability	
5-15 yr	3.5 %
16-64 yr	1.9 %
64 plus	15 %
Percent self care disability	
5-15 yr	.3 %
16-64 yr	1.6 %
64 plus	14.2 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Coronary atherosclerosis (4)
3 Pneumonia (2)
4 Trauma to perineum & vulva (5)
5 Cardiac dysrhythmias (11)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	237.7
Rank	11
Rate Ratio	1.8 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	124.6
Rank	20
Rate Ratio	1.3 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	147.8
Rank	21
Rate Ratio	1.0 %
Adult congestive heart failure	
Age adjusted/100,000	611.2
Rank	21
Rate Ratio	1.0 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	501.1
Rank	21
Rate Ratio	1.0 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	233.1
Rank	16
Rate Ratio	1.7 %

Other

% Occupied Housing units in each zip code	
Lack complete plumbing	0.2 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.2 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 27.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, West Portal (94127) 2000-2001

WEST PORTAL - 94127				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	663	9.4	35	35
2. Cerebrovascular Disease	385	9.2	15	27
3. Other Cancers	357	18.8	10	9
4. Other Cardiovascular Disease	297	10.6	14	14
5. Cancer Colon/Rectum	284	17.6	7	9
6. Breast Cancer	247	16.4	0	15
7. Hypertension-Heart Disease	221	13.6	8	8
8. Poisonings	196	32.6	4	2
9. Lung, Trachea, Bronchial Cancer	164	18.2	5	4
10. Other Digestive Diseases	156	17.4	3	6

Note:

Twin Peaks - 94131

Demographics

Population	27,897
Male %	52.4 %
Female %	47.6 %
Ethnicity %	
White	62.9 %
African American	4.7 %
Latino/Hispanic	11.7 %
Asian American/ Pacific Islander	16.5 %
Native American	0.3 %
Other or Multiple Ethnicity	4.0 %
Households	13,843
Families	5,592
% of Population by Age	
Percent 0-4 yr	4.0 %
Percent 5-19 yr	9.2 %
Percent 65 plus yr	12.6 %
Unmarried Partners %	
Male-Male	5.1 %
Female-Female	1.7 %
Male-Female	5.0 %

Socio-Economic

Median household Income	76,044
% Below Poverty	5.1 %
Percent < $ 20,000	8.9 %
Percent > $ 60,000	62.5 %
Percent less than high school education	7.4 %
Linguistically isolated %	25.3 %
By language %	
Spanish	36.1 %
Asian and Pacific Islander	32.6 %
Other Indo European	27.8 %
Other	3.5 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.5 %
16-64 yr	1.6 %
64 plus	12.5 %
Percent physical disability	
5-15 yr	1.0 %
16-64 yr	4.2 %
64 plus	26.4 %
Percent mental disability	
5-15 yr	3.3 %
16-64 yr	2.3 %
64 plus	12.4 %
Percent self care disability	
5-15 yr	.8%
16-64 yr	1.0 %
64 plus	9.5 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Trauma to perineum & vulva (5)
3 Pneumonia (2)
4 Cornoary atherosclerosis (4)
5 Congestive heart failure (6)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	205.3
Rank	17
Rate Ratio	1.5 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	238.9
Rank	13
Rate Ratio	2.5 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	425.2
Rank	7
Rate Ratio	2.9 %
Adult congestive heart failure	
Age adjusted/100,000	744.0
Rank	19
Rate Ratio	1.2 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	708.6
Rank	15
Rate Ratio	1.4 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	192.7
Rank	18
Rate Ratio	1.4 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.4 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.1 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 27.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Twin Peaks (94131) 2000-2001

TWIN PEAKS - 94131				
2000 and 2001	Total Years of Expected Life Lost	Avg. Years of Life Lost per Death	Male Deaths	Female Deaths
1. Ischemic Heart Disease	792	12.4	41	23
2. HIV	768	36.6	20	1
3. Lung, Trachea, Bronchial Cancer	483	16.7	14	15
4. Cerebrovascular Disease	332	10.4	12	20
5. Other Cancers	267	19.1	7	7
6. Self inflicted injuries	253	50.5	5	0
7. Lower Respiratory Infections	247	13.0	11	8
8. COPD	214	13.4	5	11
9. Other Unintentional Injury	211	26.3	6	2
10. Breast Cancer	196	32.7	0	6

Lake Merced - 94132

Demographics

Population	26,291
Male %	46.9 %
Female %	53.1 %
Ethnicity %	
White	38.1 %
African American	11.8 %
Latino/Hispanic	7.8 %
Asian American/ Pacific Islander	38.1 %
Native American	0.2 %
Other or Multiple Ethnicity	4.1 %
Households	9,845
Families	5,790
% of Population by Age	
Percent 0-4 yr	4.1 %
Percent 5-19 yr	16.2 %
Percent 65 plus yr	16.2 %
Unmarried Partners %	
Male-Male	0.7 %
Female-Female	0.3 %
Male-Female	3.4 %

Socio-Economic

Median household Income	55,000
% Below Poverty	10.2 %
Percent < $ 20,000	15.8 %
Percent > $ 60,000	46.9 %
Percent less than high school education	10.7 %
Linguistically isolated %	35.5 %
By language %	
Spanish	17.3 %
Asian & Pacific Islander	56.7 %
Other Indo European	22.7 %
Other	3.2 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.5 %
16-64 yr	1.5 %
64 plus	13.1 %
Percent physical disability	
5-15 yr	.7 %
16-64 yr	3.2 %
64 plus	30.9 %
Percent mental disability	
5-15 yr	2.8 %
16-64 yr	2.5 %
64 plus	12.5 %
Percent self care disability	
5-15 yr	.4 %
16-64 yr	.9 %
64 plus	11.4 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Coronary atherosclerosis (4)
4 Congestive heart failure (6)
5 Acute cereborvascular disease (7)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	174.8
Rank	20
Rate Ratio	1.3 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	297.8
Rank	10
Rate Ratio	3.1 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	353.9
Rank	13
Rate Ratio	2.4 %
Adult congestive heart failure	
Age adjusted/100,000	1,086.0
Rank	9
Rate Ratio	1.8 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	810.0
Rank	12
Rate Ratio	1.6 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	238.3
Rank	15
Rate Ratio	1.8 %

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.9 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	0.5 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 28.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Lake Merced (94132) 2000-2001

LAKE MERCED - 94132				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1064	10.0	52	54
2. Cerebrovascular Disease	444	10.6	17	25
3. Lung, Trachea, Bronchial Cancer	275	14.4	9	10
4. Other Cancers	274	14.4	9	10
5. Inflammatory Heart Disease	237	16.8	10	4
6. Hypertension-Heart Disease	230	12.1	9	10
7. COPD	213	11.8	9	9
8. Cirrhosis of Liver	197	27.9	6	1
9. Other Unintentional Injuries	185	36.9	2	3
10. Lower Respiratory Infections	171	9.5	11	7

North Beach - 94133

Demographics

Population	26,827
Male %	49.6 %
Female %	50.4 %
Ethnicity %	
White	38.0 %
African American	1.3 %
Latino/Hispanic	3.3 %
Asian American/ Pacific Islander	55.2 %
Native American	0.1 %
Other or Multiple Ethnicity	2.0 %
Households	13,593
Families	5,353
% of Population by Age	
Percent 0-4 yr	3.0 %
Percent 5-19 yr	9.2 %
Percent 65 plus yr	21.7 %
Unmarried Partners %	
Male-Male	0.5 %
Female-Female	0.2 %
Male-Female	3.9 %

Socio-Economic

Median household Income	40,990
% Below Poverty	14.3 %
Percent < $ 20,000	31.1 %
Percent > $ 60,000	37.6 %
Percent less than high school education	34.2 %
Linguistically isolated %	21.5 %
By language %	
Spanish	15.2 %
Asian & Pacific Islander	59.3 %
Other Indo European	24.4 %
Other	1.1 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	1.3 %
16-64 yr	1.2 %
64 plus	16.1 %
Percent physical disability	
5-15 yr	2.2 %
16-64 yr	3.1 %
64 plus	25.4 %
Percent mental disability	
5-15 yr	2.3 %
16-64 yr	2.8 %
64 plus	17.8 %
Percent self care disability	
5-15 yr	3.4 %
16-64 yr	1.1 %
64 plus	14.6 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Pneumonia
3 Congestive heart failure (6)
4 Acute cerebrovascular disease (7)
5 Coronary atherosclerosis (4)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	231.1
Rank	12
Rate Ratio	1.7 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	220.3
Rank	14
Rate Ratio	2.3 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	327.7
Rank	14
Rate Ratio	2.2 %
Adult congestive heart failure	
Age adjusted/100,000	820.2
Rank	15
Rate Ratio	1.3 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	784.3
Rank	13
Rate Ratio	1.6 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	203.4
Rank	17
Rate Ratio	1.5 %

Other

% Occupied Housing Units in each zip code	
Lack complete plumbing	8.6 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	4.5 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 29.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, North Beach (94133) 2000-2001

NORTH BEACH - 94133				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1351	11.0	62	61
2. Lung, Trachea, Bronchial Cancer	660	14.6	31	14
3. Cerebrovascular Disease	634	9.6	23	43
4. Other Cancers	451	17.9	15	10
5. Self inflicted injuries	431	28.8	9	6
6. Other Cardiovascular Disease	301	13.0	14	9
7. Lower Respiratory Infections	269	8.1	17	16
8. Hyperte6nsion-Heart Disease	212	8.8	5	19
9. Cancer Stomach	203	17.0	5	7
10. COPD	203	11.3	6	12

Visitacion Valley - 94134

Demographics

Population	40,134
Male %	48.8 %
Female %	51.2 %
Ethnicity %	
White	12.4 %
African American	12.4 %
Latino/Hispanic	19.3 %
Asian American/ Pacific Islander	52.9 %
Native American	0.1 %
Other or Multiple Ethnicity	2.8 %
Households	10,757
Families	8,540
% of Population by Age	
Percent 0-4 yr	6.2 %
Percent 5-19 yr	20.2 %
Percent 65 plus yr	13.4 %
Unmarried Partners %	
Male-Male	0.8 %
Female-Female	0.6 %
Male-Female	2.9 %

Socio-Economic

Median household Income	54,342
% Below Poverty	11.1 %
Percent < $ 20,000	17.1 %
Percent > $ 60,000	44.8 %
Percent less than high school education	36.9 %
Linguistically isolated %	47.3 %
By language %	
Spanish	27.7 %
Asian & Pacific Islander	59.9 %
Other Indo European	9.9 %
Other	2.5 %

Health and Hospitalization

Disabilities (% of population in each age group)

Percent sensory disability	
5-15 yr	.4 %
16-64 yr	1.8 %
64 plus	15 %
Percent physical disability	
5-15 yr	1.1 %
16-64 yr	4.6 %
64 plus	26.4 %
Percent mental disability	
5-15 yr	4.2 %
16-64 yr	2.9 %
64 plus	15.1 %
Percent self care disability	
5-15 yr	1.2 %
16-64 yr	1.7 %
64 plus	9 %

Leading causes of hospitalizations (City rank)

1 Liveborn
2 Trauma to perineum & vulva (5)
3 Pneumonia (2)
4 Coronary atherosclerosis (4)
5 Congestive heart failure (6)

Ambulatory hospitalizations

Adult and pediatric asthma	
Age adjusted/100,000	446.7
Rank	5
Rate Ratio	3.4 %
Adult uncontrolled diabetes (short and long term complications)	
Age adjusted/100,000	436.6
Rank	6
Rate Ratio	4.6 %
Adult chronic obstructive pulmonary disease	
Age adjusted/100,000	397.5
Rank	10
Rate Ratio	2.7 %
Adult congestive heart failure	
Age adjusted/100,000	1,132.5
Rank	8
Rate Ratio	1.8 %
Adult and pediatric bacterial pneumonia	
Age adjusted/100,000	950.3
Rank	8
Rate Ratio	1.9 %
Adult and pediatric urinary tract infections	
Age adjusted/100,000	317.1
Rank	8
Rate Ratio	.3%

Other

% of Occupied Housing units in each zip code	
Lack complete plumbing	0.8 %
S.F. (Range)	2.1 % (0.2-9.8)
Lacking phone service	1.2 %
S.F. (Range)	1.7 % (0.1-11.1)

*Rate Ratio= Ratio of this area's rate to the lowest rate of any SF zip area for this condition.

TABLE 30.0
Total Years of Life Lost (YLL), Average YLL and Deaths by Gender, Visitacion Valley (94134) 2000-2001

VISITACION VALLEY 94134				
2000 and 2001	**Total Years of Expected Life Lost**	**Avg. Years of Life Lost per Death**	**Male Deaths**	**Female Deaths**
1. Ischemic Heart Disease	1505	13.5	53	58
2. Lung, Trachea, Bronchial Cancer	1071	18.7	35	22
3. Cerebrovascular Disease	707	12.8	25	30
4. HIV	601	40.1	12	3
5. Violence	533	59.3	8	1
6. Poisonings	460	41.8	6	5
7. Self inflicted injuries	432	43.2	7	3
8. Other Cancers	412	21.6	11	8
9. Other Cardiovascular Disease	395	18.7	10	11
10. Hypertension-Heart Disease	381	14.6	11	15

Focus Group Summary

Twelve focus groups, involving 127 San Francisco residents, took place in September, October, and November 2003. The groups and dates convened are:

Whites (9.16.03)
African Americans (9.16.03)
Lesbian/Gay/Bisexual/Transgender (LGBT) (9.17.03)
Lower Income (9.17.03), Middle Income (9.18.03)
Middle Aged (9.18.03), Newcomer (10.15.03)
Asian American (Non-Chinese) (10.15.03)
Disabled (10.16.03)
Homeless (10.17.03)
Chinese American (Cantonese Speaking) (10.24.03)
Latino (Spanish Speaking) (11.5.03)

The Whites focus group does not include persons of Latino/Hispanic descent, and the Newcomer group included adults newly arrived in the United States over the past 5-10 years.

These focus groups were formed to provide qualitative insight into the health and well being of San Francisco residents. This information supplements the quantitative analysis of the ZIP codes/neighborhoods with respect to various health and socio-economic indicators.

The focus groups introduced an extraordinarily wide range of viewpoints and perspectives. The following is an attempt to capture only those issues or themes that were common among the majority of the focus groups. As well, the issues or themes are limited to those comments that may be instructive to health planners and likely to improve health outcomes for San Francisco residents.

The reader is cautioned against drawing definitive conclusions based on focus group comments due to their inherent limitations. Individual focus groups do not comprise a representative sample of San Francisco's population. Moreover, the sample sizes of the groups were small, ranging from 10 to 12 participants. Also, there is no distinction whether respondents utilized public health care services or private care. And finally, responses cannot be associated with a specific ZIP code/neighborhood.

For the purpose of the following information, *access* is defined as *the timely use of personal health services to achieve the best possible outcomes*. It includes, but is not limited to, the timely availability of information and care, as well as the availability of either public or private insurance coverage.

Specific Segment/Community Issues

Whites: In addition to specific health conditions/diseases, comments concern preventive medicine, air quality, pregnancy, injuries, aging, and ways of maintaining good health.

Neighborhood health issues focused on changing and closing health care facilities.

African Americans: Medical issues focused on diabetes, obesity, stroke, heart disease, breast cancer, and sickle cell anemia. Additional issues brought up by panel members involve the need for more education on these diseases, insurance coverage, and rumors of African Americans being used for medical experimentation.

Neighborhood health issues brought up by respondents included location, distance from hospitals/clinics, closing facilities, and a scarcity of places to get prescriptions filled.

Many respondents felt African Americans, particularly those without health insurance, are discriminated against, although these perceptions are not necessarily from their own personal experiences.

Lesbian/Gay/Bisexual/Transgender: The use of drugs and unsafe sex practices were initially mentioned. Aging was also of particular concern to the LGBT community. The concept of facing old age, isolated and without children and/or the need to go into a nursing home, was something middle-aged and older participants began discussing.

Neighborhood health issues involved access, the food supply, and specific medical conditions. Lack of immediate care if a person does not go to one's primary physician is also viewed as a problem.

Lower Income: Medical issues focused on aging, AIDS, lead poisoning, asthma, and allergies. Neighborhood health issues brought up by respondents included sexually transmitted diseases, unwanted pregnancies, and problems of the elderly.

Middle Income: Medical issues focused on arthritis, multiple sclerosis, asthma, and sexually transmitted diseases. Additional issues brought up by panel members involved aging, diet, the affordability of health care, and preventive maintenance. Education was viewed as the key to improving health care. Neighborhood health issues included homelessness, unemployment, and people without health insurance.

Middle Aged: Aging, aches and pains, stress, losing control, terrorism, and health insurance were viewed as being of primary concern to San Francisco residents between the ages of 41 and 64.

Suggestions to improve health care in their neighborhood included more facilities for treatment, better education, more drug and substance abuse programs, more shelters, and better health care access.

Neighborhood/community health issues brought up by middle aged respondents included asthma, breast cancer, HIV, drug addiction, and diabetes.

Newcomers: The time it takes to qualify for social services, and the inability of undocumented adults to receive social services, were both viewed as problems by newcomers to the US.

Additional issues concerned language, the fear of homelessness, stress, depression, lack of cultural understanding on the part of health care professionals, culture shock, and the inability to purchase good food due to limited means or location.

Neighborhood health issues included drug addiction, depression, schizophrenia, and alcoholism. To some extent they attributed these problems to a lack of treatment facilities as well as a lack of health insurance.

Asian Americans (Non-Chinese): In many situations, respondents did not know where to go for medical help. Language compounds the problem, especially when translators are not available. Additionally, in some Asian cultures, people do not feel comfortable talking about their health problems.

Health care was thought to be available regardless of citizenship. Being a citizen, however, appeared to help in terms of getting insurance.

Neighborhood health issues brought up by respondents included homelessness, alcoholism, and people with mental problems loose on the streets.

Disabled: Accessibility, functional impairments, and reading printed materials are major issues within the disabled community.

Things which appear simple, like opening doors, turning a door knob, getting up one step, serving oneself from a buffet table, sitting down or standing up for periods of time, reading a sign, crossing a street, and maneuvering a wheelchair are major problems for the disabled.

Community health issues brought up by respondents included whether or not a hospital is located close by, restrictions depending on what health plan one has, and parking when visiting the doctor.

Homeless: Stress and the difficulty of finding a place to rest were major problems facing respondents in this focus group.

Other concerns focused on storage, shower facilities, vigilance while on the streets, attitude/lack of respect, the stigma of being homeless, public health issues, lack of preventive programs, getting qualified for social programs, and a lack of access to classes, information, and health care.

Neighborhood health issues brought up by respondents included homelessness, drugs, lack of toilet facilities, tuberculosis, people with mental health problems walking the streets, and broken bottles on the sidewalk.

Chinese Americans: Cultural differences, language barriers, and stereotyping were viewed as health care issues facing the Chinese-American community. Additional issues involved different body weights, different reactions to drugs, daily life practices, and diet.

Most respondents have found hospitals, clinics, and insurance companies that provide interpretation services.

The Chinese Americans do not see a disparity in health care due to citizenship status alone.

Neighborhood health issues included spitting, cleanliness (lack of) in Chinatown, and people abusing the system.

Latino (Spanish speaking): Lack of information and not knowing how to navigate the system were viewed as major problems in accessing health care.

Other concerns included asking the wrong people, poor preventive treatment, diet, differences in climate, and health problems in the Bayview.

Those in need of interpretation services seek out doctors who speak Spanish, or rely on interpreters, social workers, and relatives to assist them.
Insurance coverage is viewed as being more important than citizenship.

Level Of Care For Different Social Or Racial Groups

Whites: Opinions were divided. Some felt no disparity exists, while others felt strongly that different social or racial groups receive different levels of health care.

Reasons for the perceived disparity included lack of health coverage, money, Whites have better coverage/are better off financially than minorities, lack of information on where to go for treatment, and educational level.

African Americans: Most of the African Americans who participated in the group felt different social or racial groups do receive different levels of health care in San Francisco. Some felt this disparity is not just limited to health care; rather, it exists in education, housing, etc.

Reasons for the disparity included a lack of funds, lack of insurance, lack of information, and discrimination.

Lesbian/Gay/Bisexual/Transgender: Most LGBT participants felt that a disparity in health care exists between those with health insurance and those without insurance, and between those with money and those without money. They felt it correlates to socioeconomic conditions.

Lower Income: Most of the lower income respondents felt one's health coverage or financial situation has a lot to do with the level of care available to them. Some, however, felt racial discrimination exists within the San Francisco health care system.

Middle Income: While middle income respondents felt levels of health care should be the same for all, they perceived an economic difference.

Middle Aged: Most group respondents felt there is a disparity in the level of care for different social or racial groups. One of the African Americans in this group felt that she gets a lower level of care because she is black.

Those with money and good insurance coverage were perceived as receiving better care than those without.

Newcomers: Some felt different social and racial groups receive different levels of care in San Francisco. They attributed this disparity to language problems, lack of health insurance, and discrimination.

Asian American (Non-Chinese): Some saw a disparity of care due to cultural and educational differences.

Disabled: While the disabled saw a great disparity in the level of care, they attributed it to socioeconomic status and health coverage more so than race. Reasons for the disparity included lack of funds and appearance.

Homeless: One of the homeless respondents cited a situation where he felt discriminated against because of his Latino background.

Chinese Americans: Most of the Chinese Americans who participated in this group felt the level of care depends on class/minority group and insurance coverage.

Latino (Spanish speaking): Many felt that disparity does exist with respect to health care in San Francisco. This may be due to discrimination, race, class status, appearance, education, and command of the English language. A number of respondents felt members of the Latino community must be pro-active in standing up for their rights if they wish to receive better treatment.

Perceived Disparity In Care Among Those With And Those Without Health Insurance Coverage

Whites: In general, most respondents felt lack of health coverage or money does create a disparity in care.

African Americans: Lack of funds and lack of insurance were given as reasons for disparity in health care.

Lesbian/Gay/Bisexual/Transgender: LGBT respondents, for the most part, definitely perceived a disparity in care between those with and without health insurance coverage.

Lower Income: Respondents felt there is a disparity of care, which boils down to having money or insurance coverage to handle the bill.

Middle Income: Respondents felt there is a disparity in health care among those with and without coverage. Some felt middle-class residents are denied care because the public health facilities, like San Francisco General Hospital, are overloaded with drunks and non-insured people who are unable to pay for their own care.

Middle Aged: Opinions were mixed. Some would be terrified without health insurance. One respondent, when he was without insurance, went to the Haight-Ashbury Clinic and found the care was good. Still another felt those with no insurance and those with very good health coverage receive the best care.

Newcomers: Those with money and good insurance coverage are perceived as having better care than those without.

Asian American (Non-Chinese): Some felt that charges for things like prescription drugs and dental work are higher for those with coverage. Others felt that those without

coverage pay more. Opinions split with respect to care. Some felt that if you know the system you can do well without health coverage, while others felt people without insurance are out of luck.

Disabled: A number of respondents felt there is a disparity in health care between those with health insurance and those without insurance.

Homeless: Homeless respondents saw a disparity in care among those with and without health insurance.

Chinese Americans: Some saw a disparity in care and felt that the person who does not have insurance will avoid going to the doctor as long as possible. On the other hand, respondents also felt that treatment at the emergency room is the same for those with and without coverage.

Latino (Spanish speaking): Spanish-speaking respondents felt that persons who have health insurance or money can get good health care, whereas those without are treated poorly. Some, however, felt that services are available to people at the bottom of the socioeconomic ladder, which are not available to working people in the middle.

Barriers To Accessing Health Care Providers

Lack of information on health care providers and the services they offer is viewed as a major barrier to access. Respondents felt that there is no central source they can turn to in order to get information on services available, cost considerations, handicapped accessibility, hours of operation, how to get there on public transportation, parking, and the availability of interpreters.

In addition, barriers to accessing health care providers included money, long waits, parking, language, cultural differences, needs of the disabled, and bureaucratic red tape.

Image – Health Care Providers

Respondents were asked to offer short words and phrases to describe the various health care providers in San Francisco. Examples of commonly used words and phrases are listed below.

Hospitals

Positives: lots of them, research, trauma centers, professional, trying under terrible conditions, accessible, can get to them on public transportation, competent, specialists, courteous, emergency rooms, the facilities themselves, and mentions of specific hospitals.

Negatives: understaffed, overloaded, congestion, billing errors, expensive, lack of translators, impersonal, overworked, doctor to patient ratio, exhausted, language barrier, filled with the great unwashed, bureaucratic, assume things, too many non-paying patients, attitude of non-English-speaking personnel, pushed through and shoved out, cramped quarters, communication problems.

Clinics

Positives: flexible, more personal, caring, empathetic, community-based, local, easy access, less expensive, professional, prompt, speak different languages, try to educate patients, helpful and make you feel comfortable.

Negatives: overcrowded, understaffed, under funded, don't know where they are, waiting time, not enough of them, hours of operation, short on technology, parking, dirty, need a referral, get you out if you do not have insurance and poor ventilation.

Emergency Rooms

Positives: professional, well-equipped, good in life-threatening situations, trauma centers, excellent staff, good doctors, always open, General is great, top notch and anyone can go to them.

Negatives: long waits, rushed, let you sit in pain before they give you a shot, they keep closing, expensive, the waiting room at General is scary, uncomfortable, front desk people are not accommodating and depressing.

San Francisco Department of Public Health

Positives: dedicated, good staff, the director, Mitch Katz is very good, call them and they are right on the problem, free if you cannot pay, flu shots, good information, tons of services, and educational seminars.

Negatives: do not publicize themselves, no outreach, silent, billing problems, not as accessible as they used to be, no follow-up, doing a poor job inspecting restaurants.

Community organizations such as schools, churches and non-profits that provide their facilities for health care services

Positives: caring, access to people in neighborhoods, low cost or no cost, serve people who are not so fortunate and the elderly, mobile van, HIV tests at Opera House, give out condoms, health fairs, educational, located in areas where others will not go, the best, nice people, hospice, come to our site, community health, help the homeless and immunizations.

Negatives: not open on weekends, hours of operation, not enough of them, under funded, funding is being cut, staff cuts, not enough outreach, need more support, red tape and need a listing of what is available.

Doctors' Offices

Positives: good staff, professional, friendly, magazines, nice nurses/receptionists, neat and clean, local, décor, well-equipped, comfortable, they keep their appointments, organized, tons of resources, on time, fast, free drug samples.

Negatives: waiting time, long time to get an appointment, smell of disinfectants, get palmed off on assistant, wait two hours to see doctor for two minutes, put you on one of those paper things and make you sit there, inattentive, have to sit with other sick people, no parking, difficult access for the disabled (heavy doors/cannot open door knob), clinical setting and people at front desk not knowledgeable.

Paramedics/Emergency Medical Technicians

Positives: highly trained professionals, fast, terrific, caring, compassionate, human, they are there for you, know what they are doing/know how to deal with people and lifesavers.

Negatives: have to pay, the cost of an ambulance, the noise/sirens, language barrier, have to waste their time taking care of drunks, underpaid, understaffed, under-recognized and not enough of them.

Health Insurance Companies

Positives: risk protection, sense of security, nothing positive about them, quick payment, Kaiser handles the paperwork, nationwide and you can select your own provider.

Negatives: high administrative costs, too expensive, paperwork, greedy, confusing, they need to simplify their voice systems; they change things without telling you, hard to know what your coverage is and thieves.

Personnel

For the most part, respondents felt that doctors, nurses and aides are professional, competent and dedicated. Comfort level, respect, and trust vary with the individual and the institution. Some felt it takes awhile to establish rapport, which is difficult unless you are able to see the same provider on a regular basis.

Concerns included getting to an appointment in a timely fashion and waiting a long time to see the health care provider at the medical facility (emergency rooms were singled out). Many felt that the health care facilities are underfunded, overloaded, and understaffed, and that staff members are overworked and some are underpaid. This results in stress and limited availability on the part of the health care professional.

The inability of doctors to spend sufficient time with patients was of particular concern to many of the focus group participants. Language barriers (on the part of the patient or the health care provider) were also of concern. In addition, some respondents have had bad experiences with specific individuals. To a lesser extent, some felt that discrimination does exist within the health care system.

Miscellaneous

Most respondents indicated that they have some type of health insurance coverage. The majority also have a regular doctor or health care provider.

In order to stay healthy, respondents said they exercise, watch their diets, don't smoke, pray, take vitamins, walk a lot, avoid stress, sleep well, go to the gym, and try to be happy.

In order to avoid stress respondents said they go to a movie, turn to another subject, meditate, read, punch the wall, have a drink, smoke weed, watch TV, go shopping, go for a walk, exercise, eat, and dance.

When respondents have questions about health they said they turn to their doctors, HMO, friends/relatives, their home medical book, or they search the web.

The Internet is considered reliable because one can check multiple sources.

Respondents were not aware of any single source they can refer to in order to get information on health care providers in San Francisco.

Barriers to healthy living included urban living, diet, pollution, lack of exercise, lack of preventive medicine, lack of health insurance, and economics.

When medical attention is needed, respondents said they go to their regular doctors or health care providers, emergency rooms, or clinics. Some wait to see if the condition will

resolve itself. The decision making process is contingent on the seriousness of the problem.

Alternative health methods include acupuncture, faith in God, Chinese herbs, Reike, heat and massage, acupressure, yoga, meditation, mind over matter, Tai Chi, chiropractor, and taking a hot spring bath.

TABLE 31.0
Focus Group Summary Data: Community Issues, Level of Care, Disparity and Focus Group Participants

	Community Issues	Level of Care	Disparity	Focus Group Participants
White	Preventive medicine, air quality, pregnancy, injuries, aging Neighborhood: health care facilities	Opinions divided Reason: lack of finances, coverage, information	Finances/ insurance coverage	Total: 10 Male: 5 Female: 5 Avg. Age: 50.3 Age Range: 21-34 yr: 3 35-49 yr: 2 50-64 yr: 2 65 yr plus: 3 Employed: 9 Unemployed/ Retired: 1
African American	Diabetes, obesity, strike, heart disease, breast cancer, sickle cell anemia; need access to information Discrimination: Access to care and fear of human subject experimentation Neighborhood: hospitals and clinics closing	Discrimination: Different social-racial groups receive different levels of care Reasons: finance and lack of information		Total: 10 Male: 5 Female: 5 Avg. Age: 54.6 Age Range: 21-34 yr 0: 35-49 yr: 5 50-64 yr: 3 65 yr plus: 4 Employed: 6 Unemployed/ Retired: 4

	Community Issues	Level of Care	Disparity	Focus Group Participants
LGBT	Drugs and unsafe sex practices. Aging Neighborhood: Access, food supplies.	Disparity exists. Reasons: finance/insurance	Finance/ insurance coverage	Total: 10 Male: 7 Female: 3 Avg. Age: 47.7 Age Range: 21-34 yr: 1 35-49 yr: 6 50-64 yr: 2 65 yr plus: 1 Employed: 7 Unemployed/ Retired: 3
Lower-Income	Aging, AIDS, lead poisoning, asthma and allergies Neighborhood: STD, unwanted pregnancies, elderly	Finance/insurance Reasons: Discrimination contributes	Finance/ insurance coverage	Total: 10 Male: 4 Female: 6 Avg. Age: 41.8 Age Range: 21-34 yr: 3 35-49 yr: 5 50-64 yr: 0 65 yr plus: 2 Employed: 4 Unemployed/ Retired: 6

	Community Issues	Level of Care	Disparity	Focus Group Participants
Middle Income	Arthritis, MS, asthma, and STD. Aging, diet, prevention Neighborhood: Unemployment, the uninsured	Economic difference exists	Finance/ insurance coverage	Total: 10 Male: 4 Female: 6 Avg. Age: 44.4 Age Range: 21-34 yr: 4 35-49 yr: 2 50-64 yr: 2 65 yr plus: 2 Employed: 9 Unemployed/ Retired: 1
Middle Aged	Aging, aches and pains, stress, losing control, terrorism, health insurance Neighborhood: Asthma, breast cancer, HIV, drug addiction, diabetes Need: facilities, education, substance abuse programs, shelters	Different social or racial groups experience disparity Reasons: Finance/insurance; and Discrimination	Opinions mixed	Total: 10 Male: 5 Female: 5 Avg. Age: 49.8 Age Range: 21-34 yr: 0 35-49 yr: 6 50-64 yr: 4 65 yr plus: 0 Employed: 10 Unemployed/ Retired: 0

	Community Issues	Level of Care	Disparity	Focus Group Participants
Newcomers	Access to social services, especially the undocumented; language fear of homelessness, mental health, access to food supply; cultural competence issues with providers Neighborhood: Drug addiction, depression, schizophrenia, alcoholism; lack of facilities; lack of insurance	Different social and racial groups access different levels of care Reasons: language, finance/insurance	Finance; insurance coverage	Total: 10 Male: 4 Female: 6 Avg. Age: 37.3 Age Range: 21-34 yr: 4 35-49 yr: 4 50-64 yr: 2 65 yr plus: 0 Employed: 9 Unemployed/ Retired: 1
Asian American (Non-Chinese Speaking)	Lack of information, language, cultural competence issues with providers Neighborhood: Homelessness, alcoholism, mental health issues	Disparity exits Reasons: cultural and educational factors		Total: 11 Male: 5 Female: 6 Avg. Age: 42.5 Age Range: 21-34 yr: 2 35-49 yr: 6 50-64 yr: 1 65 yr plus: 2 Employed: 8 Unemployed/ Retired: 2

	Community Issues	Level of Care	Disparity	Focus Group Participants
Disabled	Access, functional impairments, reading printed materials, handicapped access Neighborhood: Parking, access, location of health facilities	Socio-economic status and health coverage factors Reasons: Finance/insurance coverage, physical appearance	Finance/insurance coverage	Total: 10 Male: 6 Female: 4 Avg. Age: 41.4 Age Range: 21-34 yr: 1 35-49 yr: 8 50-64 yr: 1 65 yr plus: 1 Employed: 5 Unemployed/ Retired: 5
Homeless	Stress, resting place. Storage, shower facilities, stigma, public health issues, prevention programs, access to social and educational programs Neighborhood: Homelessness, drugs, personal hygiene/toilet facilities, TB, mental health, pubic safety	Disparity exists Reasons: Includes discrimination	Finance/insurance coverage	Total: 10 Male: 5 Female: 5 Avg. Age: 41.5 Age Range: 21-34 yr: 2 35-49 yr: 6 50-64 yr: 2 65 yr plus: 0 Employed: 0 Unemployed/ Retired: 10

	Community Issues	Level of Care	Disparity	Focus Group Participants
Chinese American	Cultural differences, language, interpreter services	Limited disparity Neighborhood: Public cleanliness	Class/minority group standing; finance/insurance coverage	Total: 12 Male: 3 Female: 9 Avg. Age: 47.0 Age Range: 21-34 yr: 3 35-49 yr: 4 50-64 yr: 3 65 yr plus: 2 Employed: 9 Unemployed/ Retired: 1
Latino (Spanish Speaking)	Lack of information, access, poor preventive health care, diet, health problems in Bayview, interpreter services, insurance coverage.	Disparity due to discrimination, race class, language, appearance, educational level.	Finance/insurance coverage; Inconsistent access to services	Total: 12 Male: 3 Female 9: Avg. Age: 48.3 Age Range: 21-34 yr: 1 35-49 yr: 7 50-64 yr: 2 65 yr plus: 2 Employed: 8 Unemployed/ Retired: 2

TABLE 32.0
Perception of Healthcare Quality in San Francisco

Overall Rating of Healthcare in San Francisco

Generally speaking, how would you rate the overall quality of healthcare available to you and your family in San Francisco today?

7 excellent	6 very good	5 good	4 neutral	3 poor	2 very poor	1 terrible

			QUALITY OF HEALTH CARE IN S.F.		
		Total Responses	Excellent / Very Good / Good #	Neutral[1] #	Terrible / Very Poor / Poor #
#1	Caucasian	10	8	2	-
#2	African American	12	8	1	3
#3	LGBT	10	9	-	1
#4	Lower Income	10	4	2	4
#5	Middle Income	10	5	3	2
#6	Middle Aged	10	5	4	1
#7	Newcomers	10	6	2	2
#8	Asian American[2]	11	7	1	3
#9	Disabled	10	3	6	1
#10	Homeless	10	7	-	3
#11	Chinese American[3]	12	2	-	10
#12	Latino[4]	12	10	2	-
	Total	127	74	23	30
		(100%)	*(58%)*	*(18%)*	*(24%)*

TABLE 33.0
Ratings of Access to Healthcare

How would you rate your ability to see or contact a qualified health care professional (such as a doctor or nurse) when needed in San Francisco today?

7 excellent	6 very good	5 good	4 neutral	3 poor	2 very poor	1 terrible

		ACCESS TO HEALTH CARE IN S.F.			
		Total Responses	Excellent / Very Good / Good #	Neutral[1] #	Terrible / Very Poor / Poor #
#1	Caucasian	10	5	2	3
#2	African American	12	8	2	2
#3	LGBT	10	9	-	1
#4	Lower Income	10	5	1	4
#5	Middle Income	10	3	4	3
#6	Middle Aged	10	5	2	3
#7	Newcomers	10	5	3	2
#8	Asian American[2]	11	9	1	1
#9	Disabled	10	5	4	1
#10	Homeless	10	6	2	2
#11	Chinese American[3]	12	6	1	5
#12	Latino[4]	12	10	2	-
	Total	127 *(100%)*	76 (60%)	24 (19%)	27 (21%)

[1] Includes Do Not Know and Blank
[2] Non-Chinese
[3] Cantonese Speaking
[4] Spanish Speaking

TABLE 34.0 Perception of Healthcare Institutions & Providers in San Francisco					
		Total Responses	Excellent Very Good Good #	Neutral* #	Terrible Very Poor Poor #
INSTITUTIONS					
Hospitals		127	83	32	12
	Group #1: Caucasian	10	8	2	-
	Group #2: African American	12	7	4	1
	Group #3: LGBT	10	9	1	-
	Group #4: Lower Income	10	5	1	4
	Group #5: Middle Income	10	7	2	1
	Group #6: Middle Aged	10	6	4	-
	Group #7: Newcomers	10	1	6	3
	Group #8: Asian American (Non-Chinese)	11	10	-	1
	Group #9: Disabled	10	7	2	1
	Group #10: Homeless	10	6	4	-
	Group #11: Chinese American (Cantonese Speaking)	12	7	4	1
	Group #12: Latino (Spanish Speaking)	12	10	2	-
Clinics		127	79	34	14
	Group #1: Caucasian	10	8	2	-
	Group #2: African American	12	5	4	3
	Group #3: LGBT	10	6	4	-
	Group #4: Lower Income	10	6	2	2
	Group #5: Middle Income	10	5	3	2
	Group #6: Middle Aged	10	5	5	-
	Group #7: Newcomers	10	5	4	1
	Group #8: Asian American (Non-Chinese)	11	7	2	2
	Group #9: Disabled	10	5	1	4
	Group #10: Homeless	10	7	3	-
	Group #11: Chinese American (Cantonese Speaking)	12	9	3	-
	Group #12: Latino (Spanish Speaking)	12	11	1	-

		Total Responses	Excellent Very Good Good #	Neutral* #	Terrible Very Poor Poor #
Emergency Rooms		127	65	25	37
	Group #1: Caucasian	10	5	2	3
	Group #2: African American	12	6	2	4
	Group #3: LGBT	10	7	2	1
	Group #4: Lower Income	10	4	3	3
	Group #5: Middle Income	10	6	1	3
	Group #6: Middle Aged	10	7	3	-
	Group #7: Newcomers	10	3	1	6
	Group #8: Asian American (Non-Chinese)	11	6	3	2
	Group #9: Disabled	10	2	2	6
	Group #10: Homeless	10	5	2	3
	Group #11: Chinese American (Cantonese Speaking)	12	6	2	4
	Group #12: Latino (Spanish Speaking)	12	8	2	2
SF Department of Public Health		127	42	63	22
	Group #1: Caucasian	10	4	4	2
	Group #2: African American	12	4	5	3
	Group #3: LGBT	10	3	7	-
	Group #4: Lower Income	10	2	6	2
	Group #5: Middle Income	10	3	3	4
	Group #6: Middle Aged	10	4	6	-
	Group #7: Newcomers	10	4	4	2
	Group #8: Asian American (Non-Chinese)	11	2	6	3
	Group #9: Disabled	10	5	3	2
	Group #10: Homeless	10	2	6	2
	Group #11: Chinese American (Cantonese Speaking)	12	5	6	1
	Group #12: Latino (Spanish Speaking)	12	4	7	1

		Total Responses	Excellent Very Good Good #	Neutral* #	Terrible Very Poor Poor #
PERSONNEL					
Nurses		127	103	17	7
	Group #1: Caucasian	10	8	2	-
	Group #2: African American	12	10	1	1
	Group #3: LGBT	10	8	2	-
	Group #4: Lower Income	10	9	-	1
	Group #5: Middle Income	10	10	-	-
	Group #6: Middle Aged	10	7	1	2
	Group #7: Newcomers	10	7	3	-
	Group #8: Asian American (Non-Chinese)	11	9	1	1
	Group #9: Disabled	10	8	2	-
	Group #10: Homeless	10	8	1	1
	Group #11: Chinese American (Cantonese Speaking)	12	10	1	1
	Group #12: Latino (Spanish Speaking)	12	9	3	-
Doctors		127	98	16	13
	Group #1: Caucasian	10	8	2	-
	Group #2: African American	12	9	2	1
	Group #3: LGBT	10	10	-	-
	Group #4: Lower Income	10	7	3	-
	Group #5: Middle Income	10	10	-	-
	Group #6: Middle Aged	10	7	2	1
	Group #7: Newcomers	10	5	4	1
	Group #8: Asian American (Non-Chinese)	11	9	-	2
	Group #9: Disabled	10	5	2	3
	Group #10: Homeless	10	7	1	2
	Group #11: Chinese American (Cantonese Speaking)	12	10	-	2
	Group #12: Latino (Spanish Speaking)	12	11	-	1

		Total Responses	Excellent Very Good Good #	Neutral* #	Terrible Very Poor Poor #
Nurses Aides or Medical Asst.		127	85	31	11
	Group #1: Caucasian	10	7	3	-
	Group #2: African American	12	9	2	1
	Group #3: LGBT	10	7	2	1
	Group #4: Lower Income	10	6	3	1
	Group #5: Middle Income	10	8	2	-
	Group #6: Middle Aged	10	8	1	1
	Group #7: Newcomers	10	5	4	1
	Group #8: Asian American (Non-Chinese)	11	10	-	1
	Group #9: Disabled	10	5	2	3
	Group #10: Homeless	10	7	2	1
	Group #11: Chinese American (Cantonese Speaking)	12	8	4	-
	Group #12: Latino (Spanish Speaking)	12	5	6	1
Admitting Room People, Receptionists & Clerks		127	68	36	23
	Group #1: Caucasian	10	4	5	1
	Group #2: African American	12	5	5	2
	Group #3: LGBT	10	8	2	-
	Group #4: Lower Income	10	5	2	3
	Group #5: Middle Income	10	7	3	-
	Group #6: Middle Aged	10	6	1	3
	Group #7: Newcomers	10	5	3	2
	Group #8: Asian American (Non-Chinese)	11	6	1	4
	Group #9: Disabled	10	3	4	3
	Group #10: Homeless	10	4	4	2
	Group #11: Chinese American (Cantonese Speaking)	12	9	3	-
	Group #12: Latino (Spanish Speaking)	12	6	3	3

		Total Responses	Excellent Very Good Good #	Neutral* #	Terrible Very Poor Poor #
Telephone Operators at these Places		127	58	46	23
	Group #1: Caucasian	10	3	7	-
	Group #2: African American	12	8	2	2
	Group #3: LGBT	10	7	3	-
	Group #4: Lower Income	10	4	3	3
	Group #5: Middle Income	10	6	3	1
	Group #6: Middle Aged	10	4	3	3
	Group #7: Newcomers	10	4	1	5
	Group #8: Asian American (Non-Chinese)	11	5	4	2
	Group #9: Disabled	10	3	5	2
	Group #10: Homeless	10	3	3	4
	Group #11: Chinese American (Cantonese Speaking)	12	7	5	-
	Group #12: Latino (Spanish Speaking)	12	4	7	1
People Handling Billing, Insurance, etc. (Administrative)		127	35	48	44
	Group #1: Caucasian	10	3	2	5
	Group #2: African American	12	5	5	2
	Group #3: LGBT	10	6	2	2
	Group #4: Lower Income	10	2	4	4
	Group #5: Middle Income	10	1	4	5
	Group #6: Middle Aged	10	1	3	6
	Group #7: Newcomers	10	3	2	5
	Group #8: Asian American (Non-Chinese)	11	3	4	4
	Group #9: Disabled	10	1	7	2
	Group #10: Homeless	10	-	7	3
	Group #11: Chinese American (Cantonese Speaking)	12	6	5	1
	Group #12: Latino (Spanish Speaking)	12	4	3	5

Racial and Ethnic Health Disparities in San Francisco

Disparities in health are the result of a complex mix of individual, social, and health care factors. Some of these factors may be addressed by intervention.

This section examines racial and ethnic disparities in life expectancy, mortality, major diseases, disability, infant health, risk factors, and access to health care within San Francisco.

Where charts and tables refer to specific racial and ethnic groups, the measures are for residents of San Francisco unless otherwise noted. Different sources use different categories for race and ethnicity, particularly for Asian Americans. The life expectancy and many of the mortality measures are for Chinese Americans alone; infant mortality groups Asians with the "other" race category; and most of the remaining measures are for Asian/Pacific Islanders.

Due to technical limitations—changes to codes for leading causes of death, the weights for age-adjustments to the 2000 standard population, and measures and sources of data in existing reports—this report was unable to depict long-term trends in many areas.

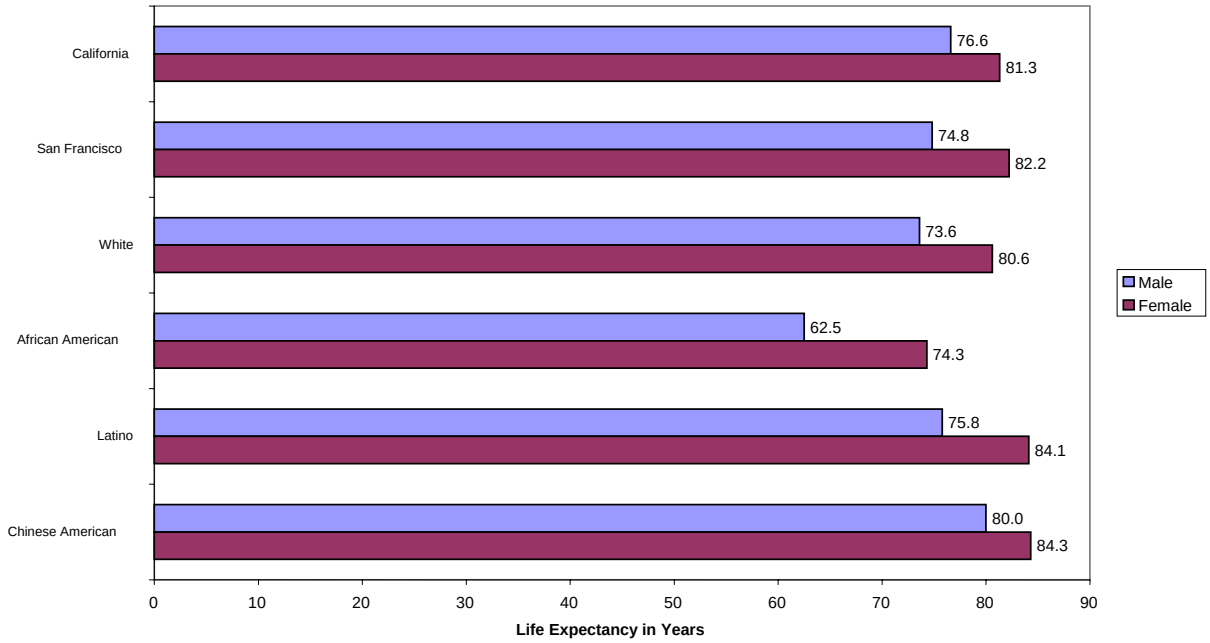
The figures for racial and ethnic groups are not directly comparable to figures for zip codes or neighborhoods, although rough comparisons can be made.

Life Expectancy and Mortality

Life expectancy at birth is defined as how long we expect a person born today to live, given current mortality patterns. This is a widely used summary measure of a population's health. The main limitation of this measure is that it does not capture the quality of a life in terms of health, only its expected length.

Latinos and Chinese Americans tend to live slightly longer than Whites, while African Americans have a shorter life expectancy. Men have a shorter life expectancy than women for all racial and ethnic groups. FIGURE 12.0 below shows these differences. Over time, life expectancy has been increasing for all groups, but the disparity among racial/ethnic groups remains.

FIGURE 12.0
Life Expectancy By Race/Ethnicity and Sex, San Francisco 2000

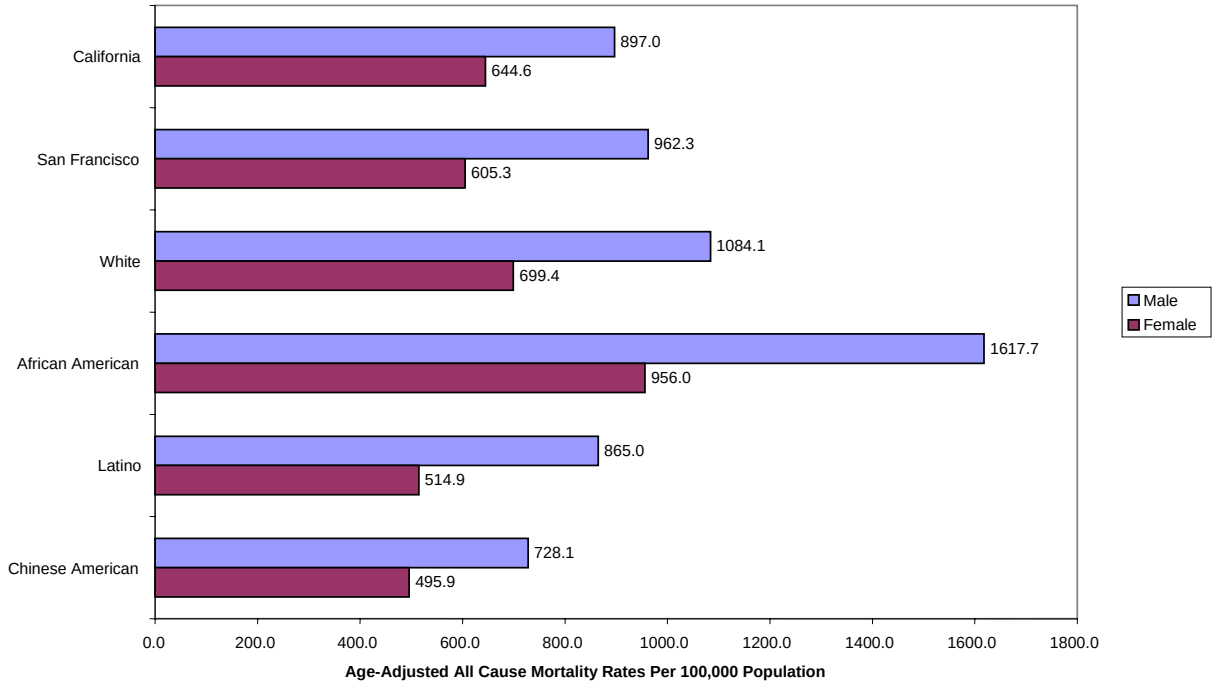


Source: San Francisco Department of Public Health, 2003; Center for Health Statistics, California Department of Health Services, Abridged Life Tables for California, 2000.
Notes: The figures are comparable to those in the Building a Healthier San Francisco 2001 Community Needs Assessment, except that life expectancy for Chinese Americans is reported instead of life expectancy for the Asian/Pacific Islander population.

Age-Adjusted Mortality Rates

Another summary measure is age-adjusted mortality rates from all causes. Age-adjusted mortality rates provide a way of comparing deaths between groups that differ in size and age. FIGURE 13.0 below demonstrates a similar pattern as the first, with African American men having the highest rates of death. Age-adjusted mortality rates in San Francisco and in the nation have been on a steady decline. Yet improvements in health have not translated into a narrower gap among racial and ethnic groups.

FIGURE 13.0
Age-Adjusted Mortality Rates From All Causes By Race/Ethnicity and Sex, San Francisco 2000



Source: San Francisco Department of Public Health, 2003; California Department of Health Services, 2000.
Notes: These rates are per 100,000 people, based on ICD-10 codes for leading cause of death, and age-adjusted to the 2000 standard population. They should not be compared with figures from the Building a Healthier San Francisco 2001 Community Needs Assessment, since those were calculated using a different standard.

Male and Female, Age-Specific Mortality Rates

It is important to discern whether the difference in mortality rates affects only specific age groups or whether the difference occurs across the life span. The two charts below show that the disparity for African Americans is apparent across the life span, with the exception of lower and upper age groupings. The smaller differences for the very young and very old are the result of fewer deaths among infants and children, as well as the smaller number of African Americans who make it past their 80th birthdays when compared to other racial groups. (The forthcoming section on infant health provides a more accurate picture of disparities in the youngest age group.) The bowed shape to this particular disparity suggests that the gap is greatest in the middle adult years.

FIGURE 14.0
Female Age-Specific Mortality Rates By Race/Ethnicity, San Francisco 2000

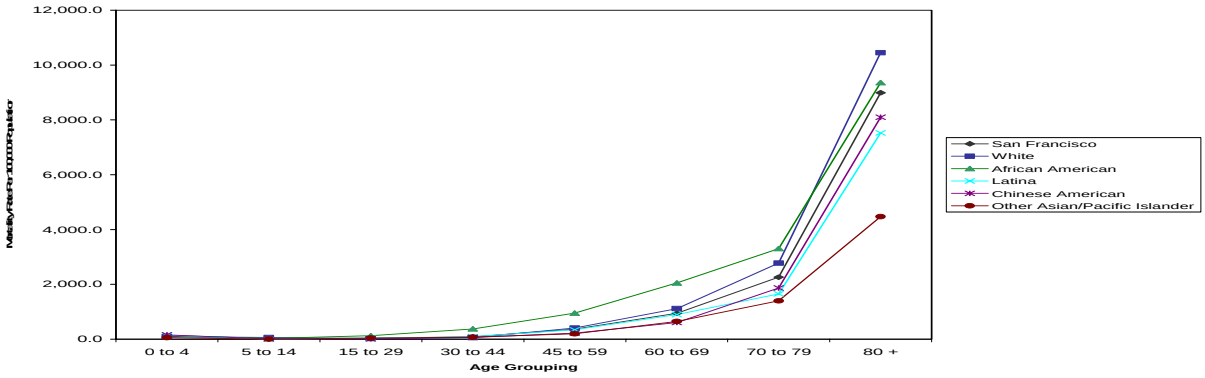
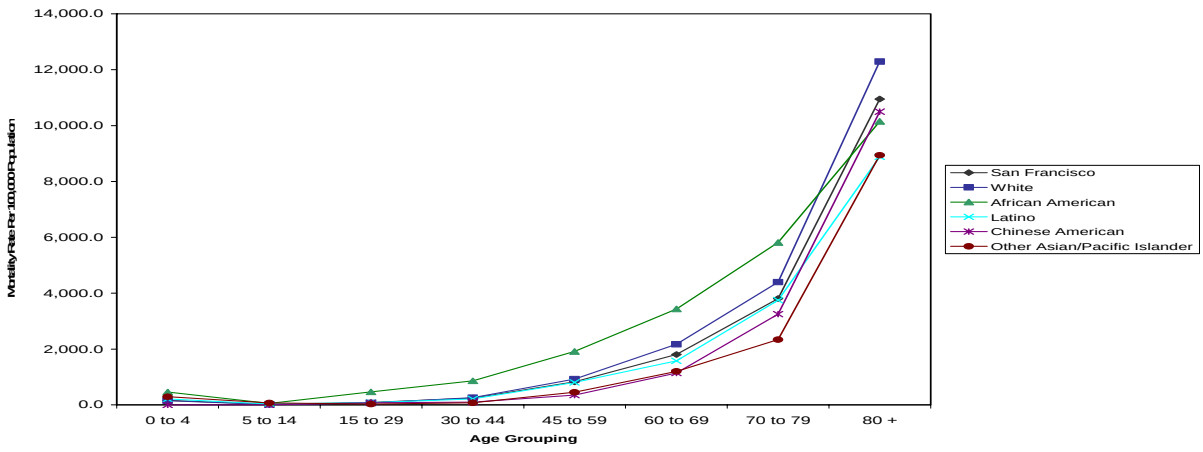


FIGURE 15.0
Male Age-Specific Mortality Rates By Race/Ethnicity, San Francisco 2000



Source (both charts): San Francisco Department of Public Health Annual Report Fiscal Year 2002-2003.
Notes (applicable to both charts): These rates are per 100,000 people, based on ICD-10 codes for leading cause of death, and age-adjusted to the 2000 standard population. They should not be compared with figures from the Building a Healthier San Francisco 2001 Community Needs Assessment, since those were calculated using a different standard. The White, African American, Chinese American, and Other Asian/Pacific Islander groups exclude Hispanics.

Ischemic Heart Disease and Stroke

Two major causes of mortality are ischemic heart disease and stroke. Together, they accounted for 1,881 deaths out of 6,468 in the year 2000 in San Francisco. They share some of the same risk factors as well, including smoking, diet, overweight, a sedentary lifestyle, and hypertension. Differences in the provision of primary care—particularly management of chronic conditions—and in acute medical care may also contribute to disparities. As with all-cause mortality, mortality from ischemic heart disease and stroke has been declining in San Francisco and in the nation, partly due to a lower incidence of disease and partly to better medical interventions.

FIGURES 16.0 and 17.0 show the age-adjusted mortality rate from ischemic heart disease and the same rate for stroke. In both cases, African Americans have the highest death rates. A greater prevalence of high blood pressure among African Americans may account for part of this disparity. Latinos and Chinese Americans have lower ischemic heart disease mortality rates than Whites, whereas Chinese Americans have higher stroke mortality rates than Whites. Women are at lower risk of death from these two diseases than men.

FIGURE 16.0
Age-Adjusted Mortality Rates From Stroke By Race/Ethnicity and Sex, San Francisco 2000

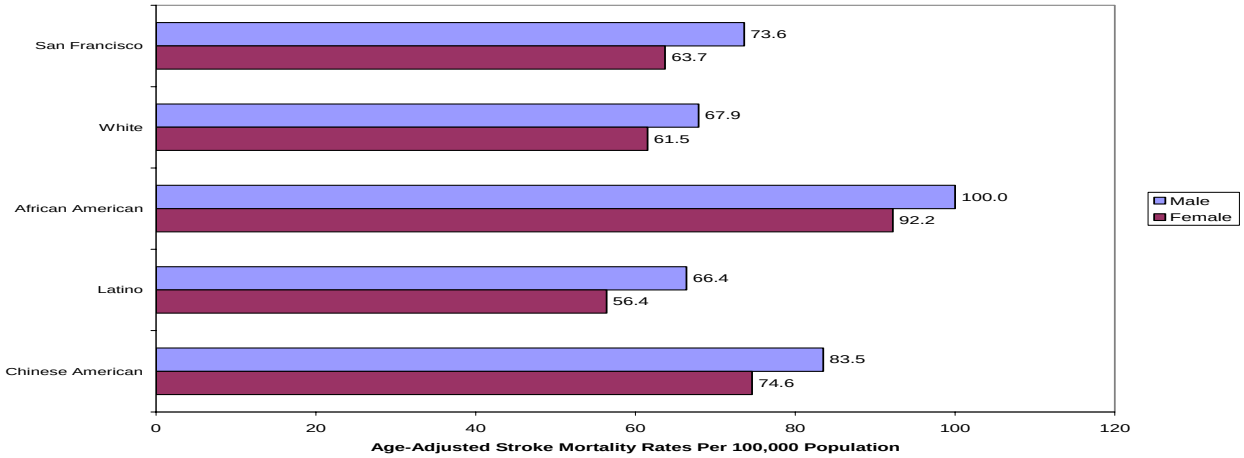
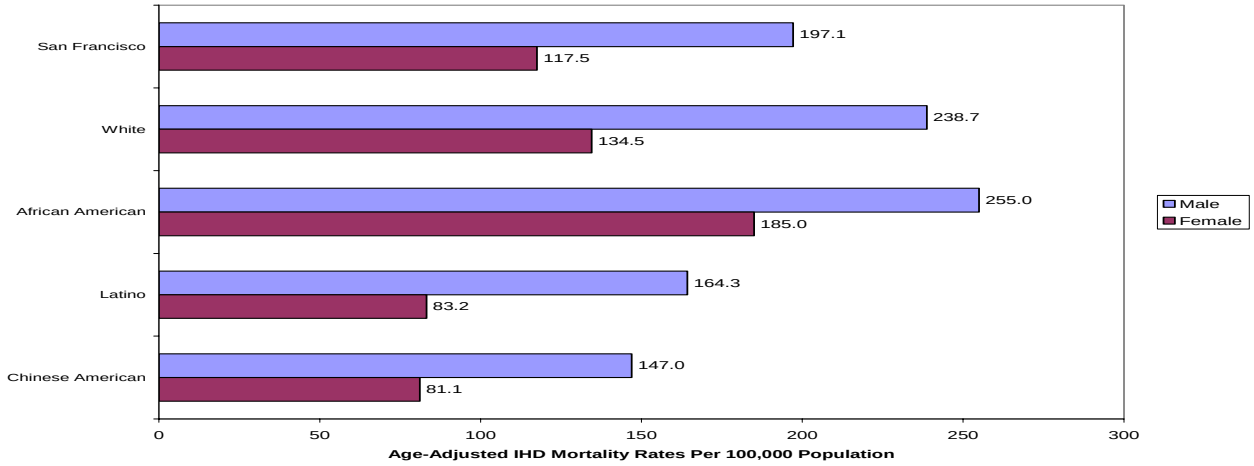


FIGURE 17.0
Age-Adjusted Mortality Rates From Ischemic Heart Disease By Race/Ethnicity and Sex, San Francisco 2000



Source: San Francisco Department of Public Health, 2003.
Notes: These rates are per 100,000 people, based on ICD-10 codes for leading cause of death, and age-adjusted to the 2000 standard population. They should not be compared with figures from the Building a Healthier San Francisco 2001 Community Needs Assessment, since those were calculated using a different standard.

Cancer

Cancer caused 1,496 deaths in San Francisco in 2000. Smoking is the main risk factor for lung cancer, and it is a risk factor for other types of cancer as well. TABLES 35.0 below and 36.0 on the following page show the incidence rates of cancers listed in the order of their frequency in the population by sex and race/ethnicity. African American men have the highest overall incidence of cancer, whereas White women have a higher overall incidence of cancer than African American women. A higher incidence rate of prostate and lung cancer among African American men appears to account for much of the difference in the overall cancer rates. White men and African American women have a higher overall incidence than either Latinos or Asian Americans. For some specific types of cancer—lung, colorectal, and liver among men, colorectal and stomach among women—Asian Americans have a higher incidence than Latinos. But their overall incidence of cancer is not significantly higher.

TABLE 35.0
Age-Adjusted Male Incidence Rates for Selected Cancer Sites By Race/Ethnicity
San Francisco 1996-2000

Site	***White***	***African American***	***Latino***	***Asian American***
All Sites	**645.4	***768.2	362.5	380.8
Prostate	**175.8	***275.3	106.1	89.0
Lung	*76.1	***131.3	36.5	*70.4
Colorectal (invasive)	*65.9	*77.4	34.5	*55.4
Non-Hodgkin's Lymphoma	***47.5	*30.4	----	13.8
Bladder	***36.7	18.1	10.8	11.5
Liver	11.8	*22.5	12.5	*27.1
Kaposi's Sarcoma	*22.5	*22.8	*14.9	2.7
Stomach	12.3	*24.2	18.9	16.1
Leukemia	*17.1	16.0	8.1	10.6
Pancreas	11.6	16.9	16.9	9.0

Source: San Francisco Department of Public Health Annual Report Fiscal Year 2002-2003.

Notes: These rates are per 100,000 people in San Francisco, based on ICD-10 codes for cancer site with recodes for years prior to 1999, and age-adjusted to the 2000 standard population. They should not be compared with figures from the Building a Healthier San Francisco 2001 Community Needs Assessment, since those were calculated using a different standard. The figures are an average of the five-year period.

*** significantly higher than all other male racial/ethnic groups

** significantly higher than the next lowest male racial/ethnic group

* significantly higher than lower (but not next lowest) male racial/ethnic group(s).

---- rates were unreliable.

TABLE 36.0
Age-Adjusted Female Incidence Rates for Selected Cancer Sites By Race/Ethnicity
San Francisco 1996-2000

Site	*White*	*African American*	*Latina*	*Asian American*
All Sites	***464.6	**364.8	266.2	290.8
Breast (invasive)	*155.4	*104.7	71.8	82.7
Colorectal (invasive)	*48.8	*44.3	28.4	*42.2
Lung	*51.6	***53.7	23.4	31.0
Breast (in situ)	*35.1	30.3	19.1	24.8
Corpus Uteri	*27.7	18.7	16.0	16.9
Ovarian	***21.4	10.4	10.2	10.3
Non-Hodgkin's Lymphoma	15.2	12.7	15.1	11.0
Pancreas	9.4	*14.1	8.5	5.9
Stomach	6.0	6.9	7.8	*11.1
Bladder	*9.9	8.2	5.1	4.8

Source: San Francisco Department of Public Health Annual Report Fiscal Year 2002-2003.

Notes: These rates are per 100,000 people in San Francisco, based on ICD-10 codes for cancer site with recodes for years prior to 1999, and age-adjusted to the 2000 standard population. They should not be compared with figures from the Building a Healthier San Francisco 2001 Community Needs Assessment, since those were calculated using a different standard. The figures are an average of the five-year period.

*** significantly higher than all other male racial/ethnic groups
** significantly higher than the next lowest male racial/ethnic group
* significantly higher than lower (but not next lowest) male racial/ethnic group(s).
---- rates were unreliable.

TABLES 37.0 below and 38.0 on the following page contain the same breakdown for age-adjusted mortality rates listed in the order of their contribution to total mortality. African Americans in both comparisons have the highest overall rate of death from cancer, while Whites of both sexes have higher rates than Latinos and Asian Americans. The difference for African Americans appears mainly in the rates of lung, prostate, and stomach cancer for men, while there is no identifiable pattern in mortality by specific types of cancer for women. Asian American males have higher rates of lung cancer than Latinos and higher rates of liver cancer than Whites, but overall their mortality rates are the same as Latinos. Latinos have higher rates of stomach cancer mortality than Whites.

TABLE 37.0
Age-Adjusted Male Mortality Rates for Selected Cancer Sites By Race/Ethnicity
San Francisco 1996-2000

Site	*White*	*African American*	*Latino*	*Asian American*
All Sites	**233.1	***348.4	157.2	172.3
Lung	*56.9	***98.4	33.7	*50.3
Colorectal (Invasive)	*25.3	*36.6	13.8	18.5
Prostate	*25.9	***58.0	14.3	9.4
Liver	8.2	*19.6	11.8	*18.4
Non-Hodgkin's Lymphoma	*13.9	6.8	9.2	6.4
Stomach	7.1	*20.7	*14.8	9.9
Pancreas	*11.8	14.0	10.5	6.8
Leukemia	*11.0	11.0	4.0	6.7
Brain and Nervous System	7.1	4.6	4.6	3.7
Bladder	*6.2	----	----	2.6

Source: San Francisco Department of Public Health Annual Report Fiscal Year 2002-2003.

Notes: These rates are per 100,000 people in San Francisco, based on ICD-10 codes for cancer site with recodes for years prior to 1999, and age-adjusted to the 2000 standard population. They should not be compared with figures from the Building a Healthier San Francisco 2001 Community Needs Assessment, since those were calculated using a different standard. The figures are an average of the five-year period.

*** significantly higher than all other male racial/ethnic groups
** significantly higher than the next lowest male racial/ethnic group
* significantly higher than lower (but not next lowest) male racial/ethnic group(s).
---- rates were unreliable.

TABLE 38.0
Age-Adjusted Female Mortality Rates for Selected Cancer Sites By Race/Ethnicity
San Francisco 1996-2000

Site	*White*	*African American*	*Latina*	*Asian American*
All Sites	**161.8	***193.1	92.0	101.5
Lung	*36.2	*45.3	14.2	21.3
Breast	*28.2	*34.9	11.7	11.1
Colorectal (Invasive)	16.8	19.9	7.0	13.7
Pancreas	8.7	*12.2	5.8	5.4
Ovarian	*9.3	6.5	6.1	3.6
Non-Hodgkin's Lymphoma	6.5	6.0	6.1	4.3
Leukemia	*7.3	6.6	3.3	3.4
Stomach	3.7	4.8	4.5	5.6
Liver	1.6	----	3.1	*5.7
Brain and Nervous System	*3.9	----	1.8	1.4

Injuries

Injuries—whether intentional or unintentional—are one of the 10 leading causes of death in California. The number of such deaths by specific type, within San Francisco, is small, making the calculation of mortality rates by race and ethnicity unstable. But the issue is important enough to warrant reporting the numbers. Many of these deaths might have been prevented. TABLE 39.0 below shows the number of deaths due to poisoning in San Francisco in 2000.

Substance abuse is a factor in most of these deaths, according to the San Francisco Department of Public Health Annual Report 2002–2003. Thirty African Americans died from poisoning, or about 30% of the total, while they made up just 7.9% of the population. Whites, likewise, may be overrepresented in deaths by poisoning. Men made up the majority of these deaths.

TABLE 39.0
Number of Deaths Due to Poisoning By Race/Ethnicity and Sex
San Francisco 2000

Group	***Number of Male Poisoning Deaths***	***Number of Female Poisoning Deaths***
White	55	10
African American	25	5
Latino	4	1
Asian/Pacific Islander	2	1

Source: San Francisco Department of Public Health, 2003.

Notes: The figures are the number of deaths due to poisoning. They should be interpreted with caution since the number of such deaths varies significantly from year to year. Equally important, take into account that 45.5% of the San Francisco population is White, 7.9% is African American, 14.7% is Latino, and 32.0% is Asian/Pacific Islander. Thus we would expect the number of deaths to be lower for African Americans and Latinos.

Homicide and Suicide

Deaths from homicide receive wide media attention. In the first half of 2004, there were 55 homicides in San Francisco according to the police department -- a higher pace than usual. (The figures here are from 2000.) Although the number of homicides in San Francisco in 2000 might be considered small when compared to other cities, these deaths represented tragedies for many families. TABLE 40.0 below shows that the burden fell mainly on African American men. Whites, on the other hand, suffered fewer homicides than expected given their share of the population. According to the San Francisco Department of Public Health Annual Report 2002–2003, the most common instigators of homicides were fights and arguments among both men and women victims, while the second most frequent circumstance for female homicides was domestic violence.

TABLE 40.0
Number of Deaths Due to Homicide By Race/Ethnicity and Sex
San Francisco 2000

Group	***Number of Male Homicide Deaths***	***Number of Female Homicide Deaths***
White	7	0
African American	21	3
Latino	5	2
Asian/Pacific Islander	7	3

Source: San Francisco Department of Public Health, 2003.

Notes: The figures are the number of deaths due to homicide. They should be interpreted with caution since the number of such deaths varies significantly from year to year. Equally important, take into account that 45.5% of the San Francisco population is White, 7.9% is African American, 14.7% is Latino, and 32.0% is Asian/Pacific Islander. Thus we would expect the number of deaths to be lower for African Americans and Latinos.

The number of deaths from suicide is the subject of TABLE 41.0. White males made up about half of these deaths. Asian Americans appear to have had fewer deaths due to suicide than expected given their proportion of the population.

TABLE 41.0
Number of Deaths Due to Suicide By Race/Ethnicity and Sex
San Francisco 2000

Group	***Number of Male Suicide Deaths***	***Number of Female Suicide Deaths***
White	44	10
African American	6	1
Latino	10	0
Asian/Pacific Islander	10	8

Source: San Francisco Department of Public Health, 2003.

Notes: The figures are the number of deaths due to suicide. They should be interpreted with caution since the number of such deaths varies significantly from year to year. Equally important, take into account that 45.5% of the San Francisco population is White, 7.9% is African American, 14.7% is Latino, and 32.0% is Asian/Pacific Islander. Thus we would expect the number of deaths to be lower for African Americans and Latinos.

Infant Health

Measures of infant health reflect both the health of women during their pregnancies and the quality of health care they receive. While infant mortality has declined dramatically in the United States for most of the past century, the gap among racial and ethnic groups has remained, particularly for African Americans. For small areas such as counties, the number of infant deaths for each racial or ethnic group is small in any given year, making rates unstable.

There is a disparity in the infant mortality rates statewide, with African Americans having significantly higher rates—11.9 per 1,000 live births compared to 4.9 among Whites in the 1999 to 2001 period. The pattern appears to be same for San Francisco, as can be seen in TABLE 42.0 below, even though the rates are unreliable.

TABLE 42.0
Infant Mortality Rate By Race/Ethnicity
San Francisco 1995-2001

Group	***Birth Cohort Infant Death Rate for 1995-1997***	***Birth Cohort Infant Death Rate for 1999-2001***
California	6.1	5.5
San Francisco	4.4	4.1
White	2.8	2.8
African American	11.9	11.6
Hispanic	4.7	4.1
Asian and Other	4.0	3.3

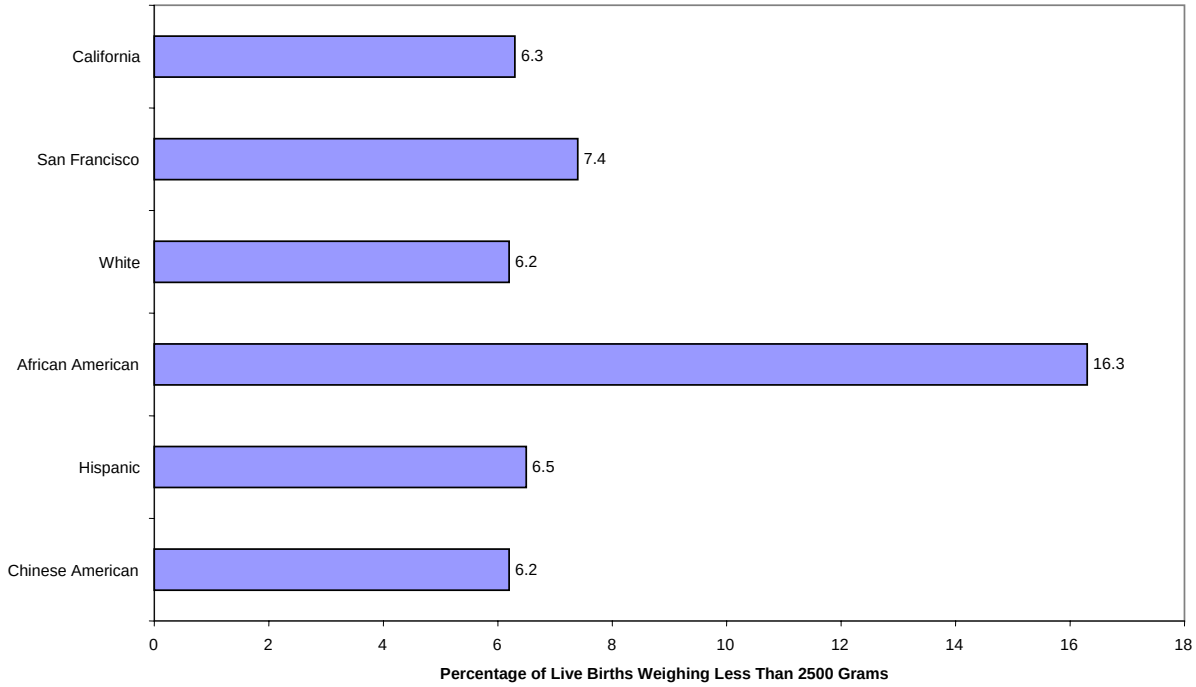
Source: California County Health Status Profiles 2001 and 2004, California Department of Health Services.

Notes: These rates are per 1,000 live births. They are an average of each three-year period. The San Francisco rates for specific racial and ethnic groups were listed as unreliable (standard error is 23% or more of the estimate). But they are included since the figures suggest some differences by race and ethnicity that match those found statewide.

Low Birth-Weight

An infant born with a low birth-weight faces a greater risk of death during his or her first year and a greater likelihood of neurological disorders, learning disabilities, and delayed development in the long term. While there are many causes of low birth-weight, public health practitioners believe that the currently high rates can be reduced with high quality prenatal care begun in the first trimester. FIGURE 18.0 illustrates these rates for racial and ethnic groups in San Francisco. A greater percentage of African Americans suffer from low birth-weight than other groups.

FIGURE 18.0
Low Birthweight By Race/Ethnicity, San Francisco 2001

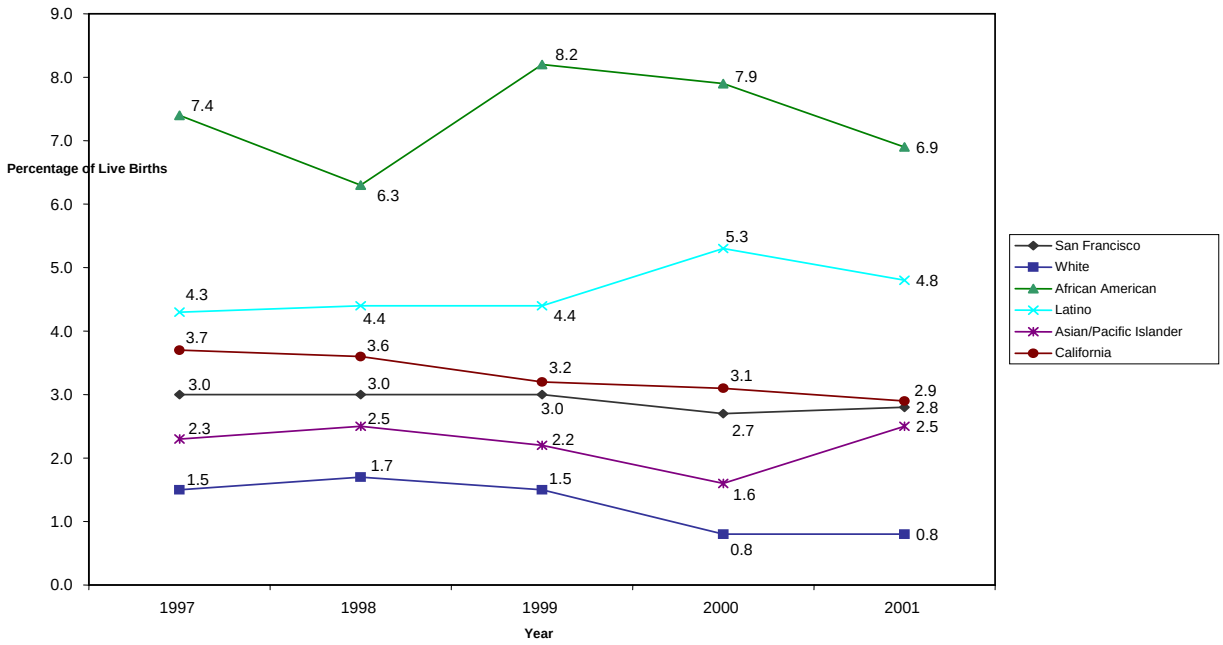


Source: San Francisco Department of Public Health, 2003; California Department of Health Services, 2001.
Notes: The figures are the percentage of live births weighing less than 2500 grams. They are comparable to those in the Building a Healthier San Francisco 2001 Community Needs Assessment, except that low birth-weight for Chinese Americans is reported instead of low birth-weight for Asian Americans.

Prenatal Care

Who receives prenatal care, and when, is shown in FIGURE 19.0. As mentioned earlier, expectant mothers should begin prenatal care in the first trimester. The percentage of pregnant women receiving such early prenatal care in the United States rose from 75.8% in 1990 to 83.4% in 2001, according to *Health, United States, 2003*, a publication of the federal government's National Center for Health Statistics. According to the same report, the increases were greatest for Latinos, African Americans, and American Indian or Alaska Natives—although a significant disparity persisted. The figures compiled here are for late or no prenatal care, defined as beginning in the third trimester or not at all. While the overall percentage of late or no prenatal care for San Francisco and for California has declined slightly, there is quite a bit of fluctuation in the percentages for African Americans and Latinos and a sizable gap between them and other groups.

FIGURE 19.0
Late or No Prenatal Care By Race/Ethnicity San Francisco 1997-2001

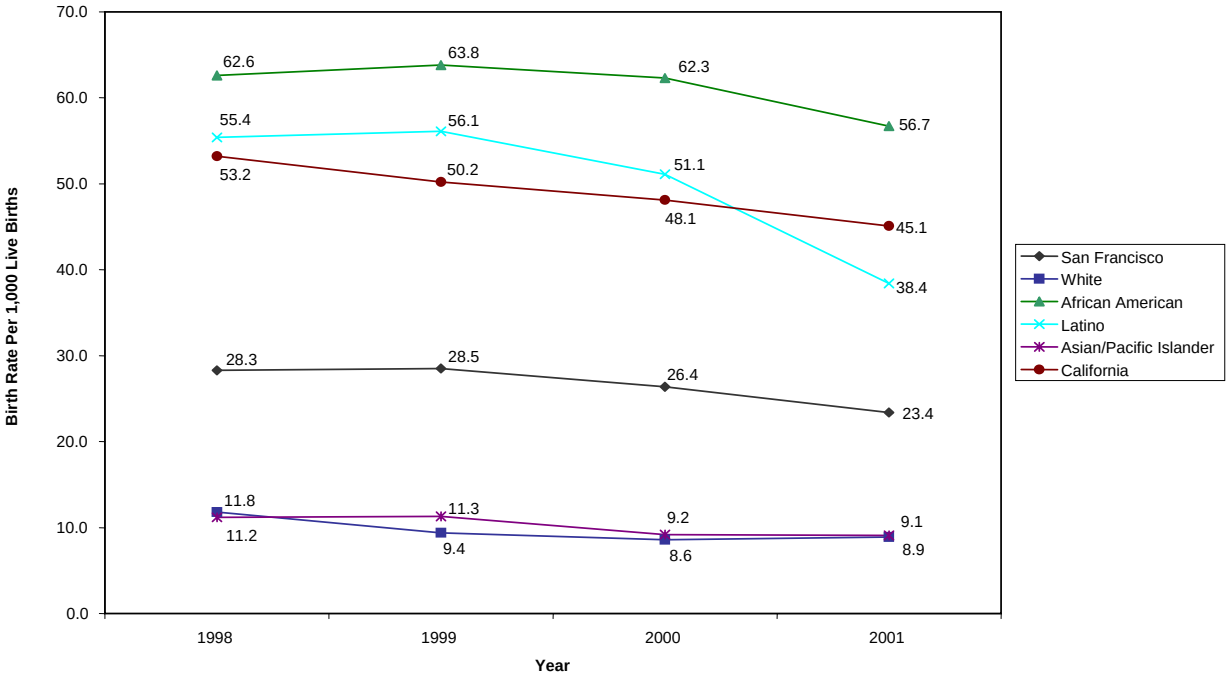


Source: San Francisco Department of Public Health, 2004; California Department of Health Services, 2001.
Notes: The figures are the percentage of live births where the mother entered prenatal care in the third trimester or received no prenatal care. The Healthy People 2010 goal is for pregnant women to enter prenatal care in the first trimester.

Teen Births

In the past decade, the teen birth rate has steadily declined in San Francisco, in California, and in the nation. The credit for the decline goes, in part, to more widespread use of contraception and greater abstinence, according to studies in the journal *Family Planning Perspectives*. The rate of births to teenage mothers is lower in San Francisco than in California as a whole. Still, there is a sizable racial and ethnic disparity, with African Americans and Latinos having higher rates (see FIGURE 20.0).

FIGURE 20.0
Births to Teenage Mothers Aged 15 to 19 Years By Race/Ethnicity San Francisco 1998-2001



Source: San Francisco Department of Public Health, 2004; California Department of Health Services, 2001.
Notes: The figures are the birth rates per 1,000 live births to teenage mothers aged 15-19 years.

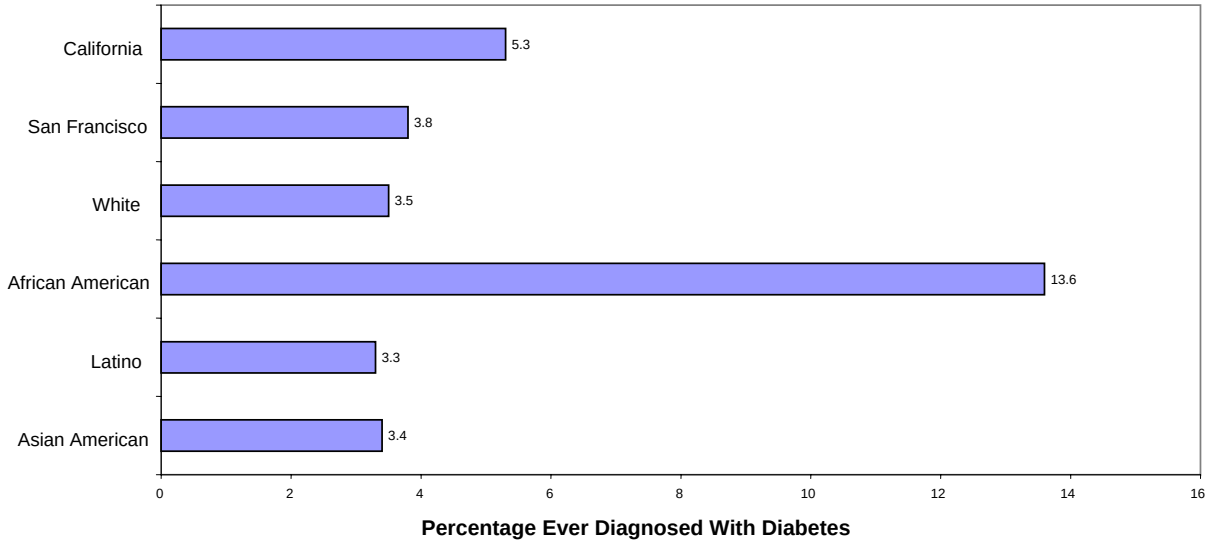
Prevalence of Chronic Diseases

Chronic diseases such as diabetes not only contribute substantially to mortality figures, but also reduce quality of life. Diabetes—particularly when not adequately treated—can lead to heart disease, blindness, kidney disease, and damage to the peripheral nervous system. According to the CDC's Behavioral Risk Factor Surveillance System (BRFSS), the percentage of people reporting a diagnosis of diabetes rose from 4.9% in 1990 to 6.7% in 2002 in the United States. California experienced a similar increase over the same period, from 4.1% to 7.4%.

The disparity in the prevalence of diabetes in San Francisco in the year 2001 is the subject of FIGURE 21.0. The source of these figures is a survey and likely underestimates the actual prevalence since some people do not realize they have diabetes. What stands out is the much higher prevalence for African Americans. This is consistent with national figures.

While the causes of diabetes are not completely understood, obesity and physical inactivity appear to be risk factors.

FIGURE 21.0
Prevalence of Diabetes Among Population Aged 12 Years and Over By Race/Ethnicity, San Francisco 2001

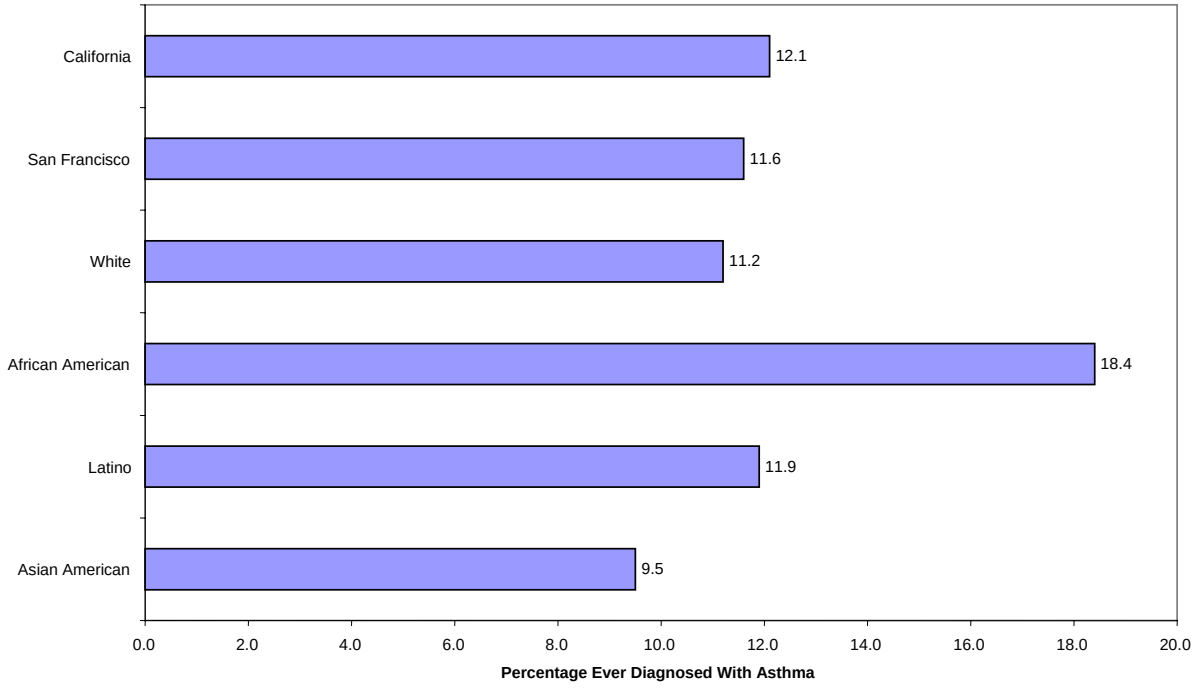


Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the population aged 12 years and over that reported ever being diagnosed with diabetes.

Asthma

Other chronic diseases, such as asthma and arthritis, contribute little to mortality, but likewise constitute a burden and limitation to people's functionality. FIGURE 22.0 below shows the prevalence of asthma in San Francisco in 2001. Nationwide, the prevalence of asthma appears to be increasing. Inadequate medical management of asthma may lead to hospitalization. African Americans appear more likely than other groups to suffer from asthma in San Francisco and in the United States.

TABLE 22.0
Prevalence of Asthma Among Population Aged 1 Year and Over By Race/Ethnicity,San Francisco 2001

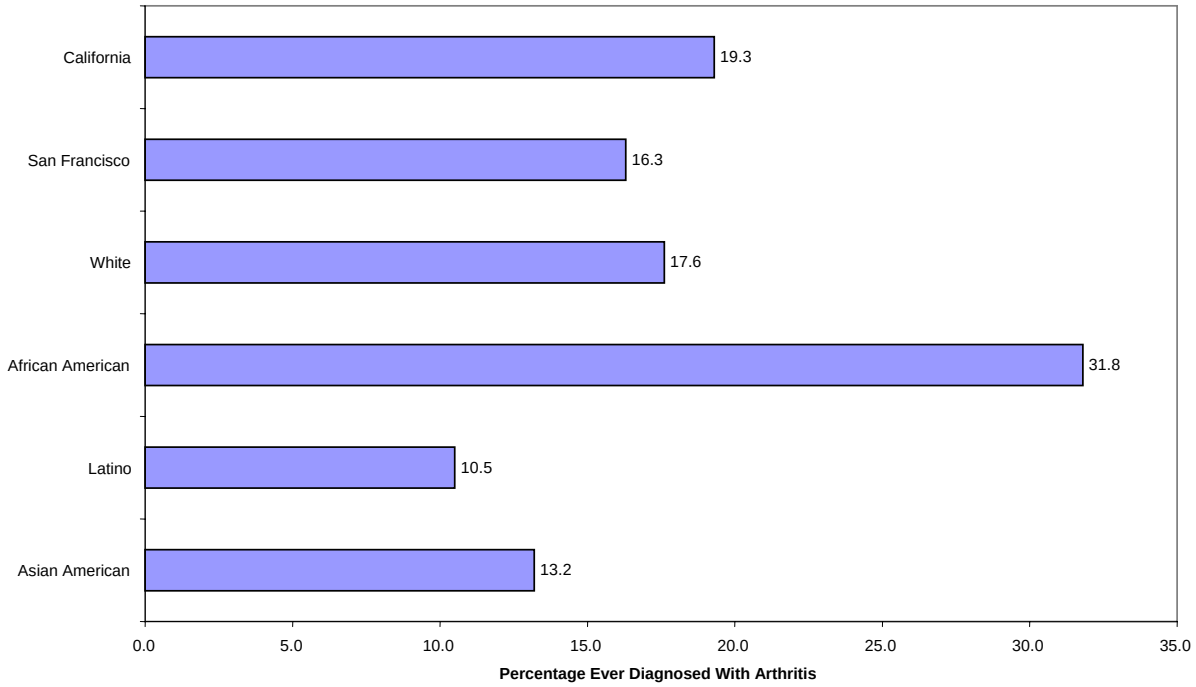


Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the population aged 1 year and over that reported ever being diagnosed with asthma.

Arthritis

FIGURE 23.0 illustrates the prevalence of arthritis, a chronic disease that can lead to serious impairments and disability. As with other chronic diseases, arthritis strikes a larger proportion of African Americans than other racial/ethnic groups. Latinos were less likely than other groups to have arthritis.

FIGURE 23.0
Prevalence of Arthritis Among Adults 18 Years and Over By Race/Ethnicity, San Francisco 2001

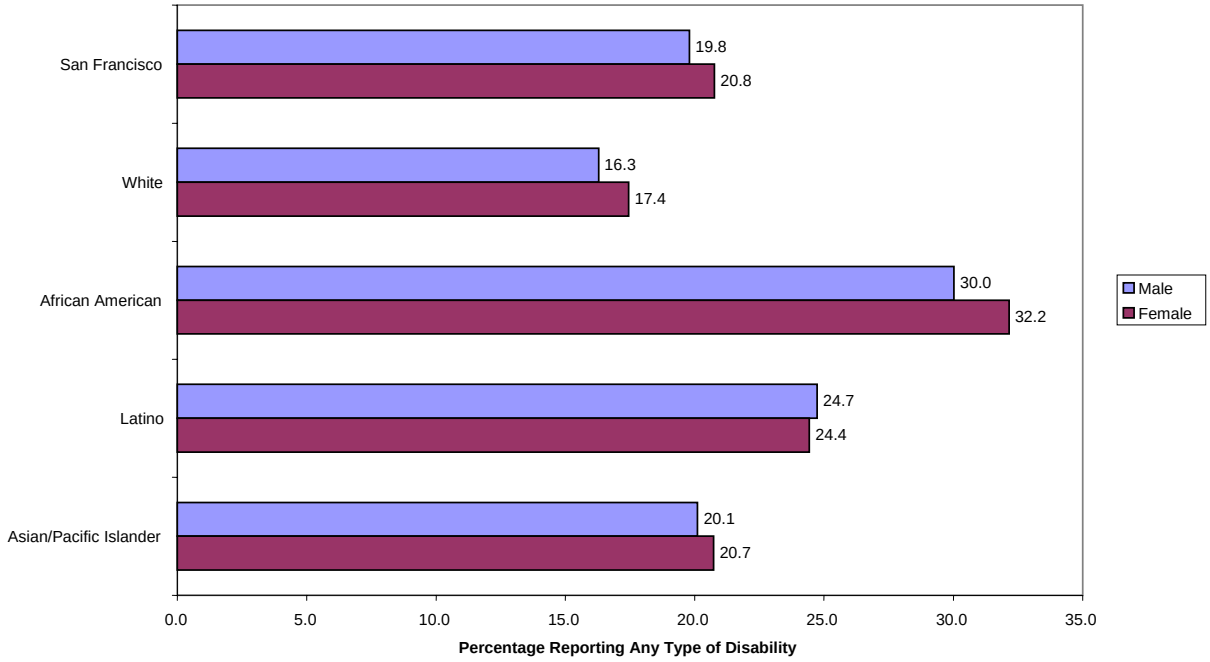


Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the population aged 18 years and over that reported ever being diagnosed with arthritis.

Disability

A broad measure of disability in the population gives a sense of people's quality of life. FIGURE 24.0 demonstrates that a greater percentage of African Americans and Latinos report disabilities than other groups. The limitation of this measure is that the definition of disability may not conform to the opinions of medical practitioners or to program criteria for the disabled.

FIGURE 24.0
Self-Reported Disability Among Population Aged 5 Years and Over By Race/Ethnicity and Sex, San Francisco 2000



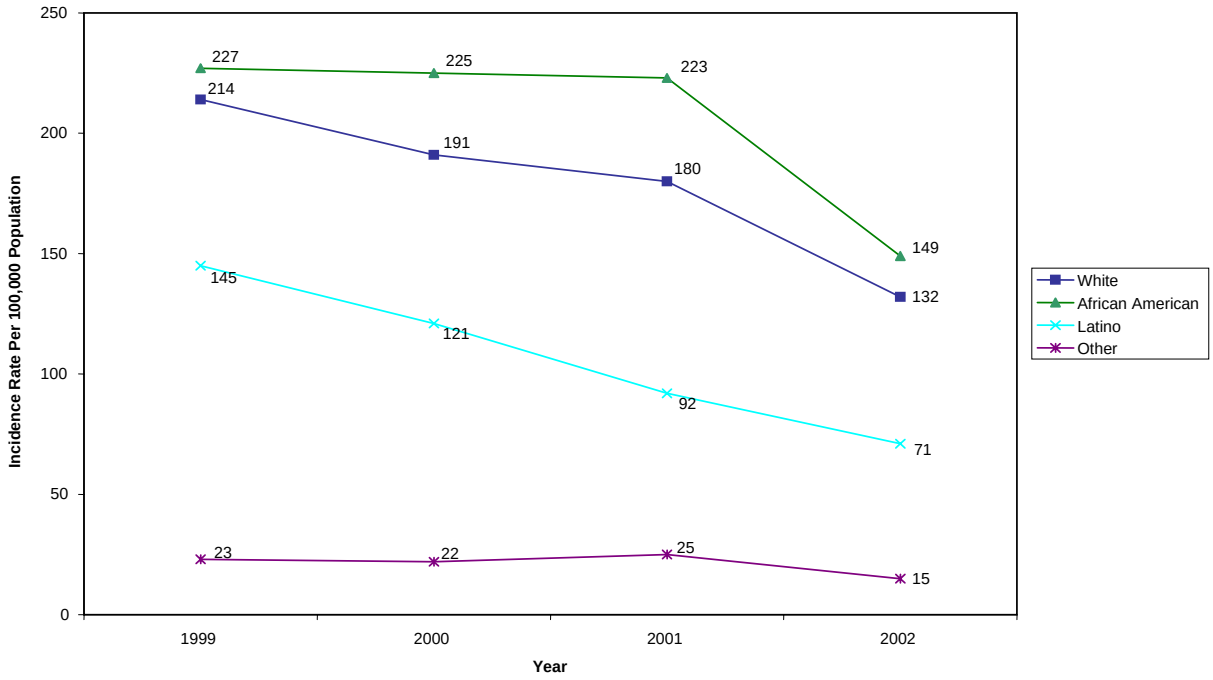
Source: U.S. Census Bureau, Summary File 4, PCT69, 2000.
Notes: The figures are the percentage of the population aged 5 years and over that reported having any type of disability. The Latino group includes any person who reports their ethnicity as Hispanic or Latino, regardless of what race they report. The other racial groupings exclude those who report their ethnicity as Hispanic or Latino and exclude those reporting more than one race.

Communicable Disease

AIDS

Another important health issue is communicable disease. Compared to other counties in California, San Francisco has a higher reported incidence of AIDS, tuberculosis, and sexually transmitted diseases such as chlamydia. There has been some success in reducing AIDS rates. FIGURE 25.0 shows male annual AIDS incidence rates for men, and compares different racial/ethnic groups. African American men have a higher incidence than Whites, followed by Latinos and other groups.

FIGURE 25.0
Male Annual AIDS Incidence Rate By Race/Ethnicity San Francisco 199-2002

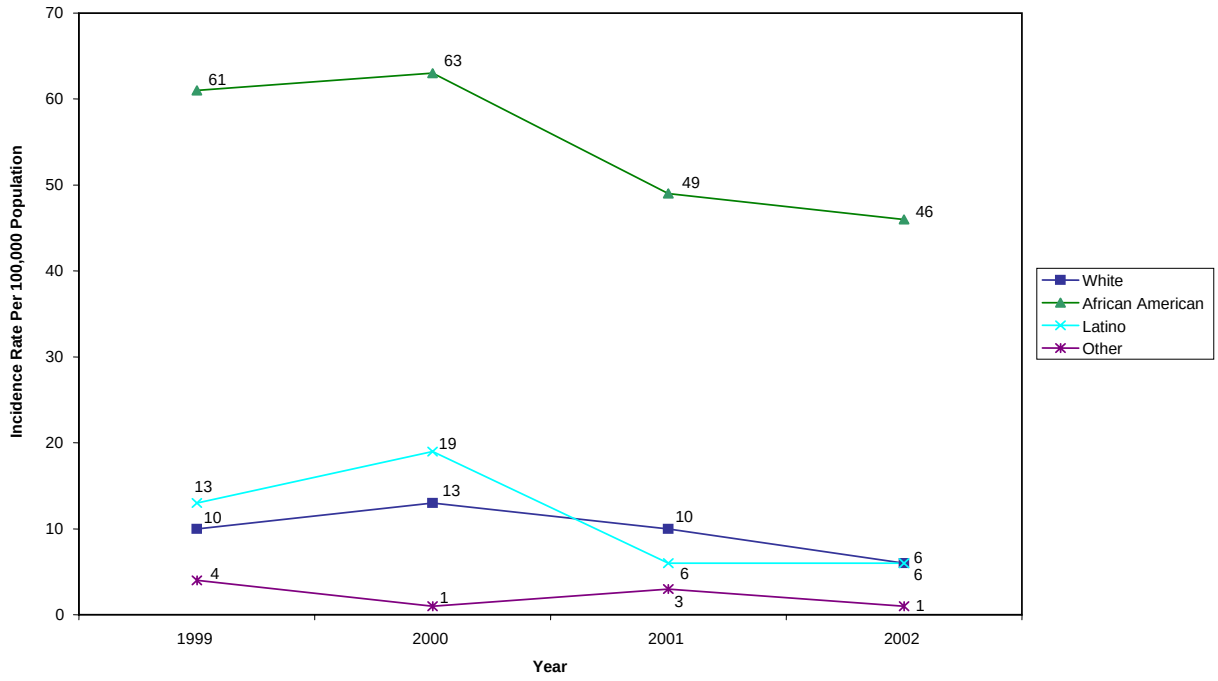


Source: HIV/AIDS Epidemiology Annual Report 2002, San Francisco Department of Public Health.
Notes: These figures are the crude incidence rates per 100,000 people in San Francisco. The source rounded the rates to the nearest integer.

Female AIDS Rate

Among women, African Americans have a higher incidence rate while Whites, Latinos, and other groups have about the same incidence rate. This disparity is the subject of the FIGURE 26.0.

FIGURE 26.0
Female Annual AIDS Incidence Rate By Race/Ethnicity, San Francisco 1999-2002

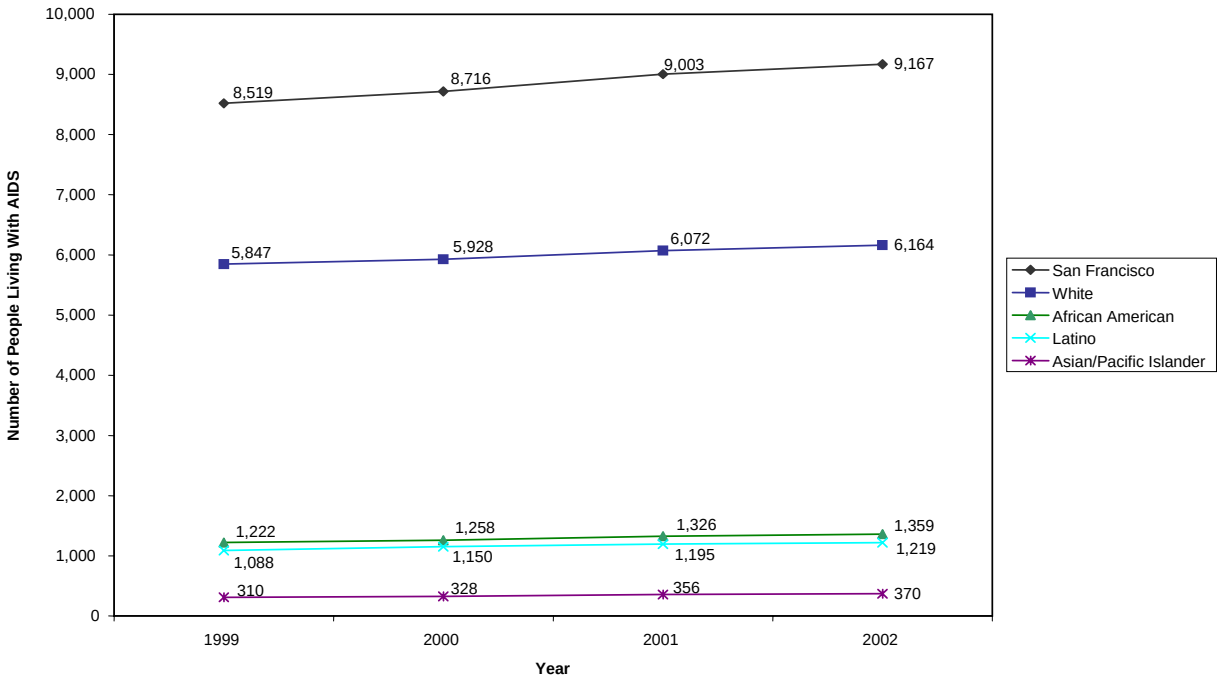


Source: HIV/AIDS Epidemiology Annual Report 2002, San Francisco Department of Public Health.
Notes: These figures are the crude incidence rates per 100,000 people in San Francisco. The source rounded the rates to the nearest integer.

People Living With AIDS

Although both male and female incidence rates of AIDS have declined in recent years, the number of people living with AIDS continues to increase. FIGURE 27.0 depicts the trends in San Francisco for specific racial and ethnic groups. Both Whites and African Americans are overrepresented among people living with AIDS.

FIGURE 27.0
People Living With AIDS By Race/Ethnicity, San Francisco 1999-2002

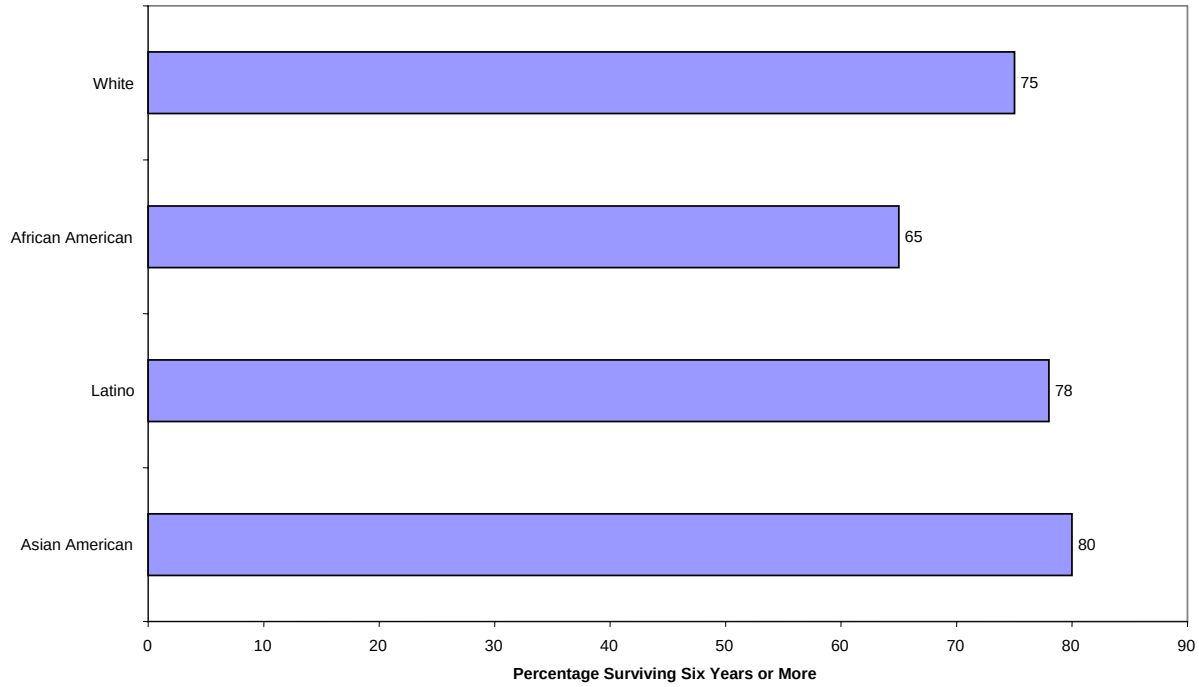


Source: HIV/AIDS Epidemiology Annual Report 2002, San Francisco Department of Public Health.
Notes: These figures are the number of people living with AIDS at the end of each year in San Francisco. For some reason, they differ slightly from the figures in the Building a Healthier San Francisco 2001 Community Needs Assessment even though the source is the same but a more recent year.

AIDS Mortality

Due to improvements in treatment for people with AIDS—including the introduction of highly active antiretroviral therapies (HAART)—mortality has declined since 1994. FIGURE 28.0 shows, however, that there continues to be a disparity in survival rates between African Americans and other groups.

FIGURE 28.0
Six-Year Survival Among Persons Diagnosed With AIDS, San Francisco 1996-2002

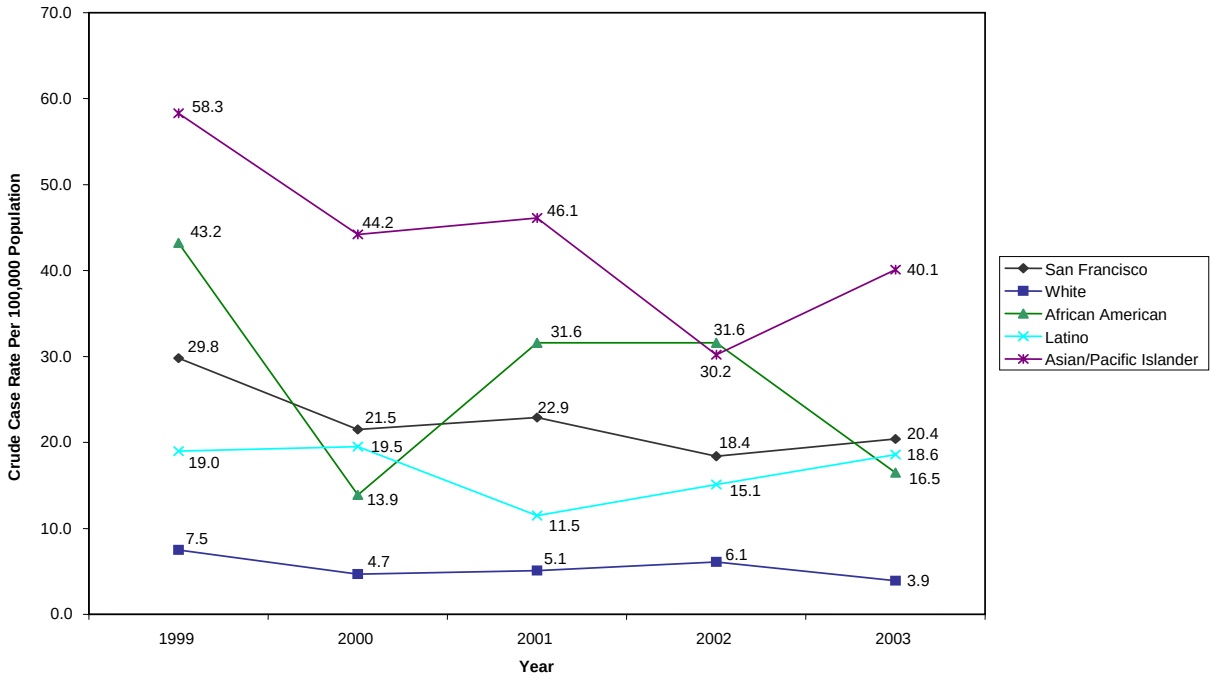


Source: HIV/AIDS Epidemiology Annual Report 2002, San Francisco Department of Public Health.
Notes: The figures are the percentage of the population with AIDS diagnosed between 1996 and 2002 who survived six years or more. These figures are not comparable to those presented in the Building a Healthier San Francisco 2001 Community Needs Assessment, since the source changed its metric for reporting survival.

Tuberculosis

There is fluctuation in the incidence rate of tuberculosis from year to year, but generally, the rate has declined. Some cases of tuberculosis in San Francisco are brought from areas of the world where it is endemic. Asian/Pacific Islanders generally have the highest incidence rate (see FIGURE 29.0), but African Americans and Latinos also have higher rates than Whites.

FIGURE 29.0
Reported Incidence of Tuberculosis By Race/Ethnicity, San Francisco 1999-2003



Source: Profile of Tuberculosis in San Francisco 2003, San Francisco Department of Public Health.
Notes: These are the crude case rates per 100,000 people.

Gonorrhea and Chlamydia

FIGURES 30.0 and 31.0 show the incidence rates for gonorrhea and chlamydia, two major sexually transmitted diseases. Safe sex practices could decrease these rates.

African Americans have a higher incidence of gonorrhea. While the rates of gonorrhea are declining for African Americans, they appear to be increasing for other groups. Latinos have a higher incidence rate of gonorrhea than Whites and Asian/Pacific Islanders.

FIGURE 31.0 shows the higher incidence of chlamydia among African Americans. Over time, African American incidence rates have been flat, while the rates for other groups have been rising. Some of the increase in chlamydia may be due to more widespread testing of asymptomatic women. As with gonorrhea, Latinos have a higher incidence rate of chlamydia than Whites and Asian/Pacific Islanders.

FIGURE 30.0
Reported Incidence of Gonorrhea By Race/Ethnicity, San Francisco 1998-2002

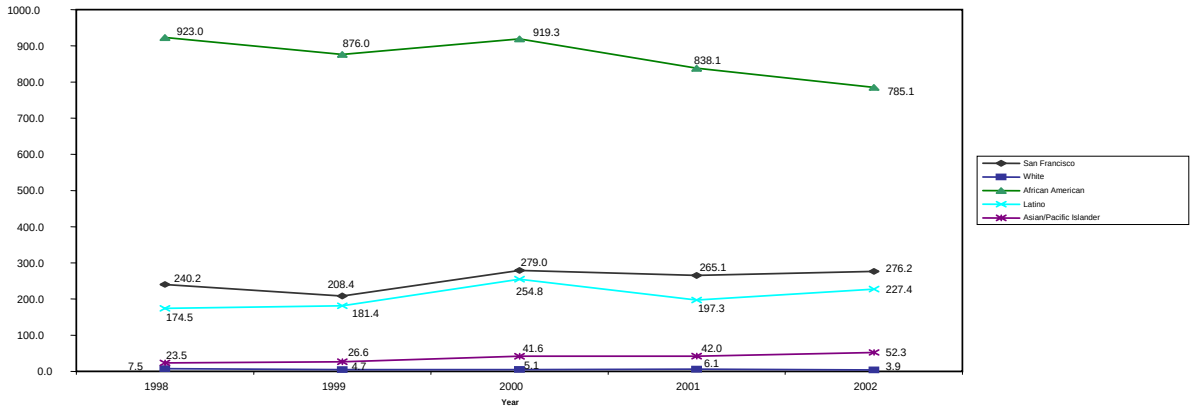
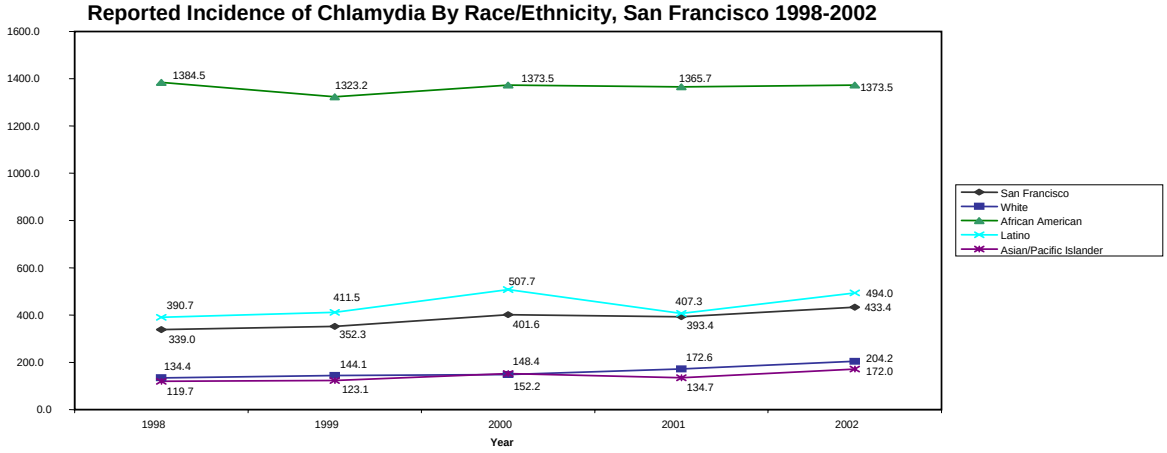


FIGURE 31.0
Reported Incidence of Chlamydia By Race/Ethnicity, San Francisco 1998-2002



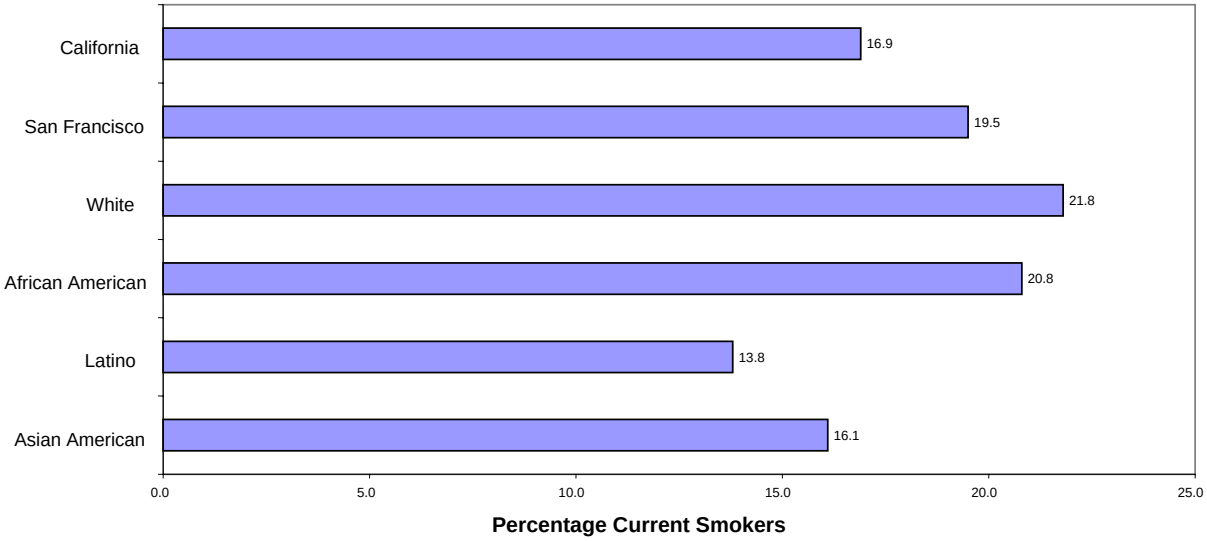
Source (both charts): San Francisco Sexually Transmitted Disease Annual Summary 2002, Appendix 1, San Francisco Department of Public Health.
Notes (both charts): These are the crude incidence rates per 100,000 people in San Francisco and the total number of cases. For some reason, the total number of cases differs slightly from the figures in the Building a Healthier San Francisco 2001 Community Needs Assessment even though the source is the same but a more recent year.

Risk Factors

Smoking

Smoking is implicated in about 90% of lung cancer cases and places a heavy toll on families and the health care system. Anti-smoking campaigns have had some success in reducing smoking rates. From 1990 to 2001, the percentage of smokers among men went from 28.0% to 24.7% and from 22.9% to 20.8% for women, according to *Health, United States, 2003*.Yet there is room for improvement. Prevention efforts and engaging more smokers in cessation regimens are top public health priorities. FIGURE 32.0 below illustrates the percentage of the population who currently smoke, broken down by specific racial and ethnic groups. Whites and African Americans have elevated rates, while Latinos have the lowest. Recall that both African American men and women have a higher incidence of lung cancer than other groups, and African American men experience higher mortality from lung cancer.

FIGURE 32.0
Smoking Among Adults 18 Years and Over By Race/Ethnicity, San Francisco 2001

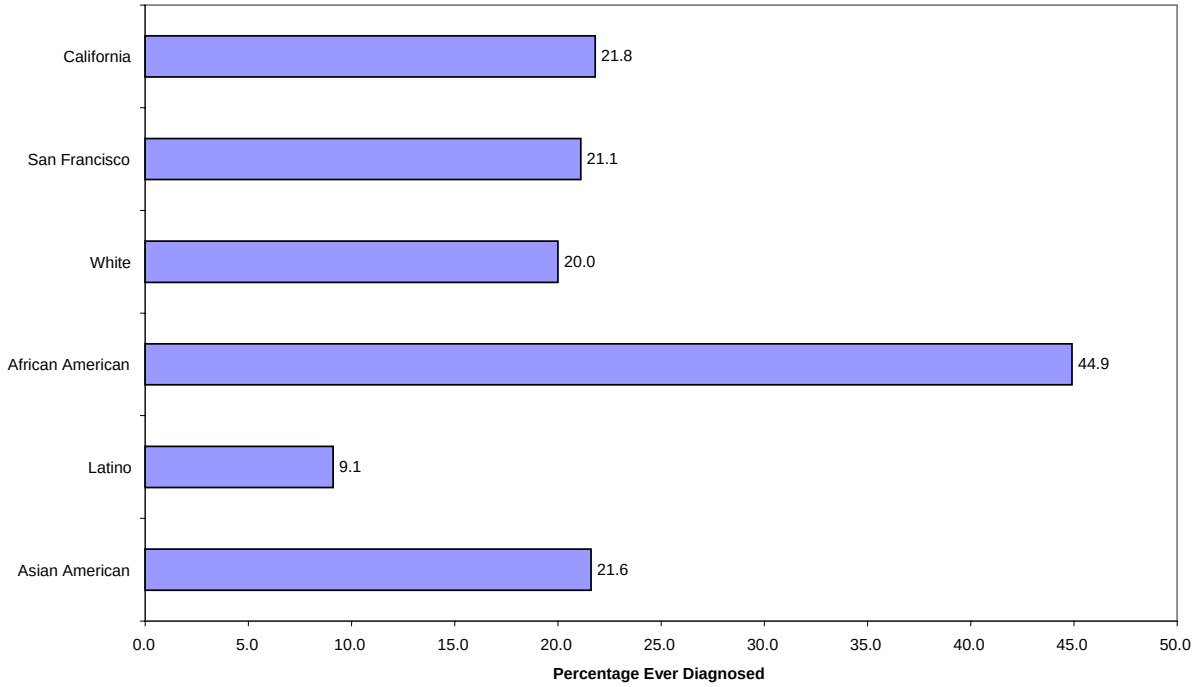


Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the population that reported they were current smokers. These figures appear comparable to those presented in the Building a Healthier San Francisco 2001 Community Needs Assessment, but they are from a different source.

High Blood Pressure

High blood pressure is a major risk factor for heart disease and stroke. While the causes of high blood pressure are not fully understood, diet, being overweight, and stress are thought to contribute. High blood pressure can be managed through regular treatment and changes in lifestyle. As with smoking, the public health benefits are large. Nationally, African Americans have a greater prevalence of high blood pressure, and FIGURE 33.0 shows the same is true for San Francisco.

FIGURE 33.0
High Blood Pressure Among Adults 18 Years and Over By Race/Ethnicity, San Francisco 2001

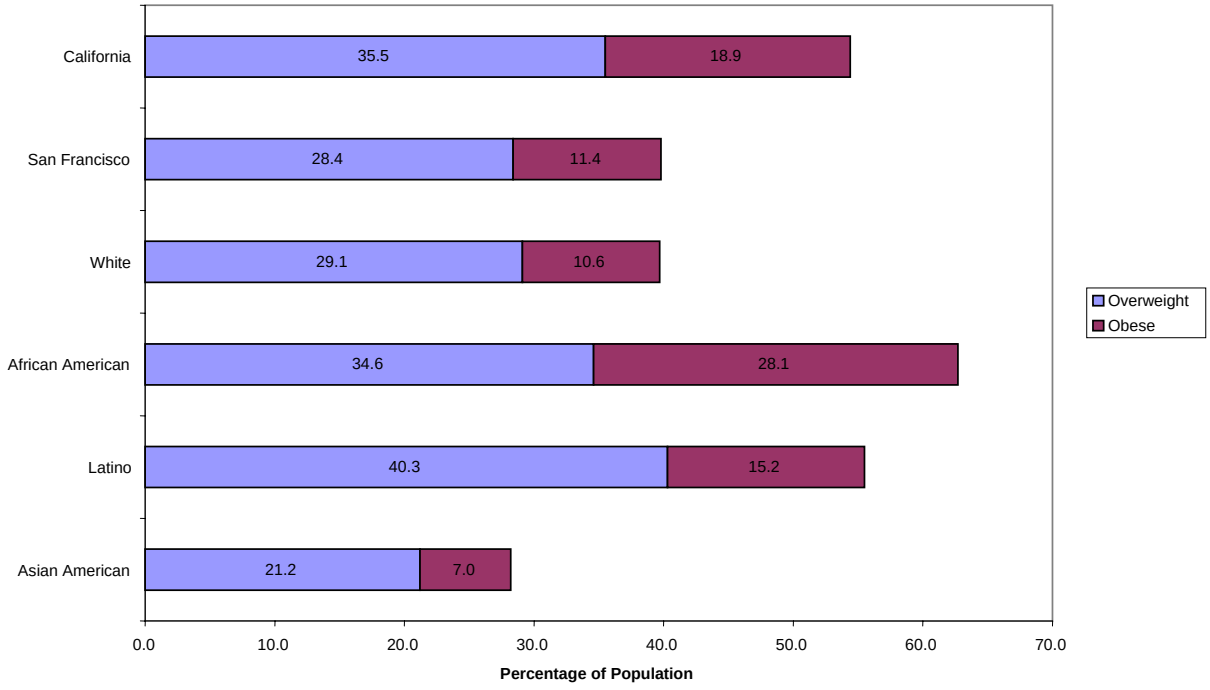


Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the population that reported ever being diagnosed with high blood pressure.

Overweight and Obesity

Overweight and obesity are risk factors for a host of diseases, including diabetes, heart disease, and breast cancer. While there is some debate among researchers as to whether their rising prevalence has reached epidemic proportions, prevention remains a priority for the public health system. FIGURE 34.0 shows that in San Francisco, African Americans have a high prevalence of obesity, while Latinos and African Americans have a high prevalence of overweight. A smaller percentage of Asian Americans are obese or overweight than other groups.

FIGURE 34.0
Overweight and Obesity Among Adults 18 Years and Over By Race/Ethnicity, San Francisco 2001

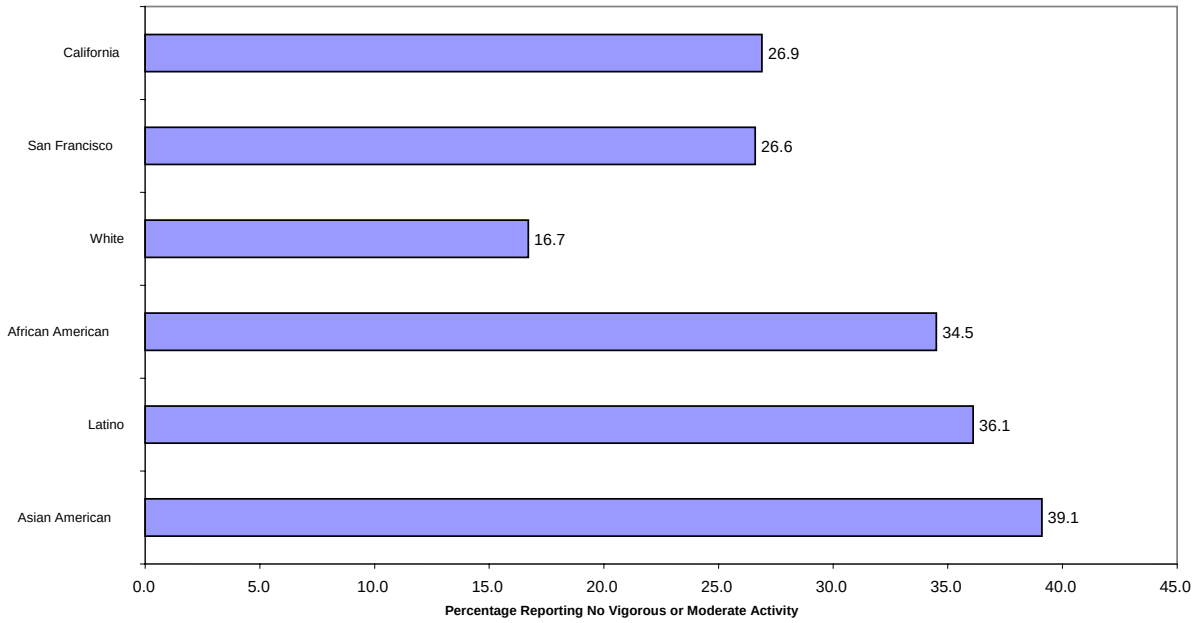


Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the population that was overweight or obese according to their Body Mass Index (BMI), height in meters divided by weight in kilograms squared. A BMI between 25 and 29 signifies overweight, while 30 and over is obese. These figures are not comparable to those presented in the Building a Healthier San Francisco 2001 Community Needs Assessment. Sample size considerations in the California Health Interview Survey preclude separate estimates for men and women within each of the racial/ethnic groups.

Physical Exercise

The past decade's emphasis on physical exercise in the United States seems to provide modest improvement. According to the CDC's BRFSS, 28.7% of respondents reported no leisure time physical activity in 1990, while 24.4% reported the same in 2002. For California, the percentage reporting no leisure time exercise went from 24.4% to 22.7% in the same period, but the difference was not statistically significant. A sedentary lifestyle puts people at risk for circulatory and other diseases. In San Francisco, fewer Asian Americans, Latinos, and African Americans engage in vigorous or moderate physical exercise than Whites, as seen in FIGURE 35.0, which shows results from the California Health Interview Survey.

FIGURE 35.0
Lack of Physical Exercise Among Adults 18 Years and Over By Race/Ethnicity, San Francisco 2001

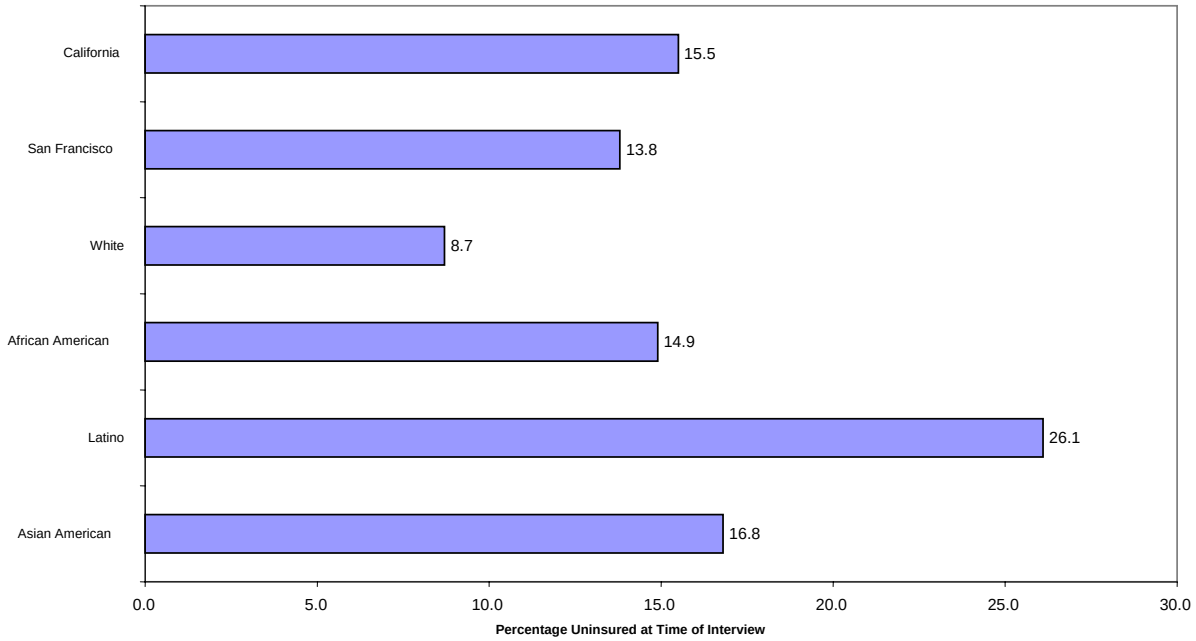


Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the population that reported no vigorous or moderate activity. These figures are not comparable to those presented in the Building a Healthier San Francisco 2001 Community Needs Assessment. Sample size considerations in the California Health Interview Survey preclude separate estimates for men and women within each of the racial/ethnic groups.

Access to Healthcare

The *Institute of Medicine* recently published a series of reports documenting the costs to individuals, families, and the nation as a whole from the roughly 44 million uninsured in 2002. Many studies have found a racial divide in health insurance and access to health care. Latinos have the highest rates of uninsured, owing in part to the types of jobs they hold. African Americans are more likely to be uninsured than Whites. San Francisco has the same gap, as evidenced in FIGURE 36.0 below. Moreover, the percentage of Asian Americans who lack health insurance appears higher than Whites.

FIGURE 36.0
Uninsurance Among Nonelderly Population Aged 0 to 64 By Race/Ethnicity, San Francisco 2001

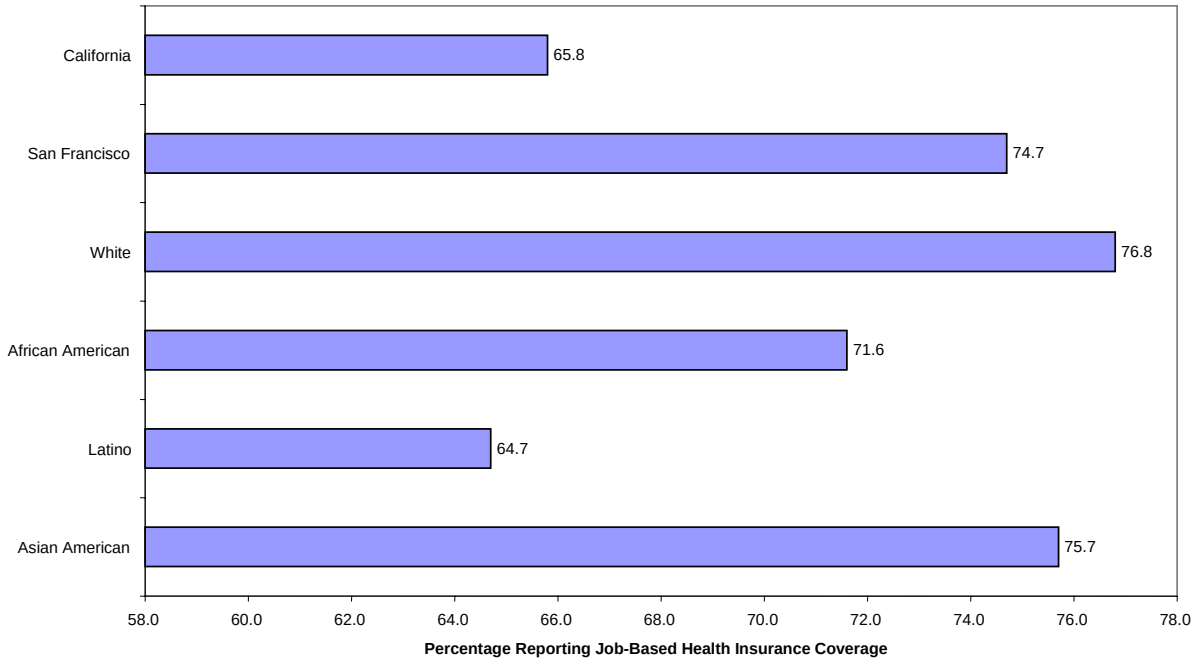


Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the nonelderly population (aged 0 to 64 years) that reported they were uninsured at the time of the interview. These figures are not comparable to those presented in the Building a Healthier San Francisco 2001 Community Needs Assessment, which relied on a report using Current Population Survey figures. For a discussion of differences between the two sources, see the appendix in The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey, UCLA Center for Health Policy Research, 2002.

Job-Based Health Insurance Coverage

There are different tiers to health insurance coverage. Some have health benefits through their employer, while others rely on public insurance programs or individual policies. FIGURE 37.0 shows that Latinos and African Americans are less likely to have employer-sponsored health insurance coverage. The lower rates may be due to employers not offering this benefit, employees foregoing the coverage because of the cost, or unemployment.

FIGURE 37.0
Job-Based Health Insurance Coverage Among Nonelderly Population Aged 0 to 64 Years of Age By Race/Ethnicity
San Francisco 2001



Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the nonelderly population (aged 0 to 64 years) that reported they had job-based health insurance coverage. These figures are not strictly comparable to those presented in the Building a Healthier San Francisco 2001 Community Needs Assessment, which relied on a report using Current Population Survey figures.

Usual Source of Care

TABLE 43.0 shows that different racial and ethnic groups appear to have about the same percentage without a usual source of care in San Francisco, since differences were within the margin of error. The estimate for African Americans was not statistically reliable.

TABLE 43.0
Usual Source of Care
Among Non-Elderly Population (Aged 0 to 64 Years)
By Race/Ethnicity, San Francisco 2001

Group	***Percentage Without Usual Source of Care in 2001***
California	13.1
San Francisco	14.8
White	15.9
African American	----
Latino	17.7
Asian American	14.0

Source: California Health Interview Survey, 2001.

Notes: The figures are the percentage of the nonelderly population (aged 0 to 64 years) that reported they did not have a usual source of care. The estimate for African Americans is missing due to its statistical unreliability. These figures are not strictly comparable to those presented in the Building a Healthier San Francisco 2001 Community Needs Assessment, which relied on a report using Current Population Survey figures.

Delayed Care

People may delay getting testing or treatment for a number of reasons, ranging from cost to fear of the system or outcomes. TABLE 44.0 contains the estimates of delayed care from the California Health Interview Survey. A greater percentage of Whites reported delaying testing or treatment in the past year than Latinos or Asian Americans. The question used by the survey implies a rigorous standard, since a doctor has to order the testing or treatment. If a person has not seen a doctor in the past year, they would not be counted as having delayed care.

TABLE 44.0
Delayed Care Among
Adult Non-Elderly Population (Aged 18 to 64 Years)
By Race/Ethnicity, San Francisco 2001

Group	***Percentage Who Delayed Care in 2001***
California	8.3
San Francisco	8.1
White	10.8
African American	----
Latino	5.5
Asian American	5.2

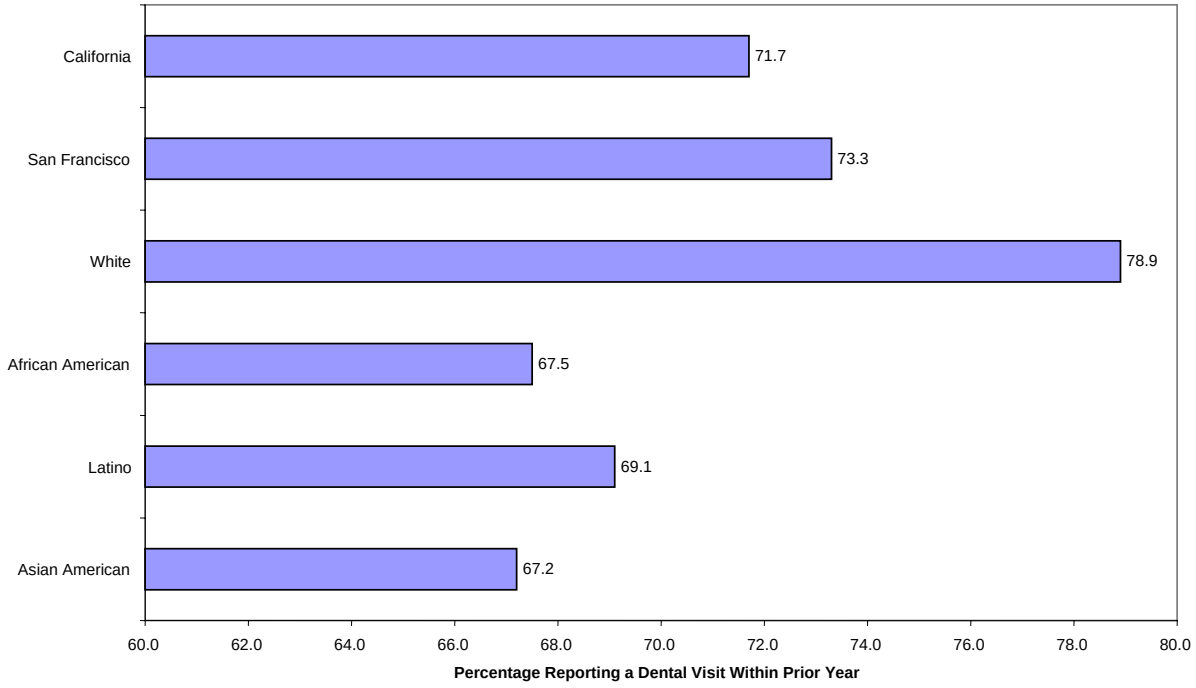
Source: California Health Interview Survey, 2001.

Notes: The figures are the percentage of the adult nonelderly population (aged 18 to 64 years) that reported they delayed or did not get testing or treatment that a doctor ordered in the past year. The estimate for African Americans is missing due to its statistical unreliability. These figures are not strictly comparable to those presented in the Building a Healthier San Francisco 2001 Community Needs Assessment, which relied on a report using Current Population Survey figures.

Dental Care

Dental care is often a neglected topic. A 2000 report from the Surgeon General on oral health called attention to the disparities in this area. African Americans and Latinos had higher percentages of untreated tooth decay and greater problems with periodontal disease than Whites. Whites, however, had higher rates of complete tooth loss. FIGURE 38.0 shows that a smaller proportion of African Americans, Latinos, and Asian Americans had a dental visit in the past year when compared to Whites.

FIGURE 38.0
Dental Visit Within Prior Year By Race/Ethnicity, San Francisco 2001



Source: California Health Interview Survey, 2001.
Notes: The figures are the percentage of the population aged 2 years and over that reported a dental visit in the previous year.

Glossary of Terms

Access	For purposes of this report, BHSF used the Institute of Medicine definition: “The timely use of personal health services to achieve the best possible outcomes.” It can include, but is not limited to, availability of information, care, public or private insurance coverage, transportation, culturally and linguistically competent care, and other factors that affect personal and cultural decisions related to seeking health care services.
Ambulatory Care Sensitive Conditions (ACSCs)	Diagnoses for which timely and effective outpatient (primary) care can help to reduce the risk of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition. ACSCs have been validated as an indicator of access to outpatient care; however, the measure does not identify what barriers to access are responsible for the differences, including whether the barriers may be in the healthcare system or in the preferences and practices of individuals and communities.
Birth-related causes	Causes of hospitalization related to the birth process, including routine birth as well as complications related to birth such as low or very low birth weight, trauma to the perineum, fetal distress and abnormal forces of labor, and other complications of birth. Routine live birth is a leading cause of hospitalization in most communities since the vast majority of babies born in the U.S. are born in hospitals.
Family	A group of two or more people who reside together and who are related by birth, marriage, or adoption.
Linguistic Isolation	A U.S. Census bureau term for a household in which no person 14 years old and over speaks only English and no person 14 years old and over who speaks a language other than English speaks English "very well."
Morbidity and Mortality	Rates of disease and death.

Prevention

Prevention is the scientifically based, strategic interventions into the natural evolution or causal chain of events that lead to an injury or illness. Prevention can require active participation (e.g., exercise, diet, learning, buckling up a seat-belt) or can be based upon passive strategies (e.g., car airbags, lead abatement regulations, alcohol car lock system, non-smoking areas). There are multiple types of prevention including:

Primary prevention represents strategic interventions early in the causal chain of events prior to the injury or illness and is designed to reduce the incidence (number of new cases). Examples include proper diet and exercise, water fluoridation, immunization, condom use, sewage treatment, etc.

Secondary prevention refers to strategies that detect the existence of problems early in the course of their development and provide interventions and/or treatments designed to decrease any further development of the injury or disease. Examples include mammograms for breast cancer detection, regular physical and dental exams, blood-lead screenings for children, etc.

Tertiary prevention is designed to alleviate the effects of injury, disease and disability. Through appropriate supportive and rehabilitative services, the aim is to minimize morbidity and maximize the overall quality of life Examples include surgery, physical therapy, reasonable accommodation, etc.

Primary care can be viewed as form of prevention as its proper use can result in fewer hospitalizations for conditions such as asthma, diabetes, chronic obstructive pulmonary disease, and congestive heart failure, which are affected by the level of care given on an outpatient basis.

Rate Ratio

A comparison between two rates: the rate under consideration compared to the lowest rate of occurrence. For example, an area with a rate ratio of 6.0 for asthma indicates that the area under consideration has an asthma rate six times higher than the lowest asthma rate.

Referral Sensitive Procedures (RSPs)

High cost/high technology procedures for which referral to specialty care is required. In determining access to care, lower rates of RSPs in particular communities may indicate problems of access to healthcare for those communities. Not as good an indicator of access than Ambulatory Care Sensitive Conditions (see above).

Years of Life Lost (YLLs)

A measure of premature mortality. The measure subtracts the person's age at death from the life expectancy for someone that age in a standard population. The younger the age at death, the greater the Years of Life Lost. Since many younger deaths could be prevented or postponed, this measure has implications for prevention efforts.