Social Determinants of Health

- Civic Engagement/Social Cohesion
- Transportation
- Economic Environment
- Land Use
- Housing
- Education
- Health Care Access and Quality
- Safety and Violence

Common Risk Factors

- Natural Environment-Air Pollution
- Tobacco Use and Exposure
- Substance Abuse
- Lack of Physical Activity
- Poor Nutrition

Top 10 Causes of Death in San Francisco

1. Cardiovascular Diseases-Heart Failure
2. Cardiovascular Diseases-Stroke
3. Cancers-Lung
4. Cardiovascular Diseases-Hypertensive
5. Alzheimer's
6. Organic Dementias
7. Chronic Obstructive Pulmonary Disease
8. Lower Respiratory Infections
9. Poisonings due to drugs
10. Colon Cancer

Mental Health & Well-being

Diabetes
The 2016 CHA was guided by the principles of equity, alignment, promotion of community connections, increasing efficiency, catalyzing and prioritizing action, and understanding assets and alignment of solutions. The 2016 CHA collected information on the health of San Franciscans via three methods — Community Health Status Assessment, Assessment of Previous Assessments, and Community Engagement. Through review of the information provided by these sources SFHIP identified San Francisco’s health needs.

Community Health Status Assessment

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. While biology, genetics, and access to medical services are largely understood to play an important role in health, social-economic and physical environmental conditions are now known to be major, if not primary, drivers of health. These conditions are known as the Social Determinants of Health and are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Recognizing the essential role social determinants of health play in the health of San Franciscans, the Community Health Status Assessment examined population level health determinant and outcome variables.

We used the San Francisco Framework for Assessing Population Health and Equity (pictured at right), which is a modified version of the Public Health Framework for Reducing Health Inequities published by the Bay Area Regional Health Inequities Initiative to guide variable selection. We ranked and selected available variables based on the Results Based Accountability criteria for indicator selection — communication power (ability to communicate to broad and diverse audiences), proxy power (says something of central significance), and data power (available regularly and reliably), as well as the ability to examine health inequities and current use by stakeholders. In all, 177 variables were analyzed. We present the results from all analyses in 28 community health data appendices and the Community Health Data Summary appendix.