Key Stakeholders Focus Groups

Data from:

100+ perspectives from
4 community stakeholders meetings
(March – May 2014)

+ 

Nearly 200 perspectives from
MCAH All Staff meeting

San Francisco Department of Public Health

Liliana Ocegueda, Jodi Stookey, Yete McMahon, Mary Hansell, Curtis Chan
Needs Assessment of Maternal, Child & Adolescent Health
Key Stakeholders and Community Partners Meeting
1-4pm. Monday, March 31st or Tuesday, April 8th, 25 Van Ness Ave, Room 610.

1. Welcome & Overview of Maternal, Child & Adolescent Health in SF 1:00 - 1:10
   Mary Hansell, DrPH, RN. Director of Maternal, Child & Adolescent Health

2. Introductions of Community Stakeholders, Agency Partners, Staff 1:10 - 1:20

   Curtis Chan, MD, MPH. Medical Director of Maternal, Child & Adolescent Health

4. Summary of Survey Results: Important Health Problems, Causes & Strategies 1:30 - 1:45
   Jodi Stookey, PhD. MCAH Epidemiologist

5. Epidemiological Data – MCAH Life Course Indicators 1:45 – 2:05
   Randy Reiter, PhD, MPH. MCAH Population Health Epidemiologist

6. Importance & Explanation of Small Group Process 2:05 - 2:10
   Liliana Ocegueda, MPH. Health Educator
   
   BREAK: (healthy snacks, restroom, stretching, join small group) 2:10 – 2:20

   a. Health Indicators
   b. Causal Diagram
   c. Key Strategies
   d. Key Partners

   Shivaun Nestor, Health Program Coordinator & Liliana Ocegueda

   Curtis Chan

10. Networking and Casual Collaboration 4:00 - 4:30
Local Problem, Strategies & Partners Worksheet

Name: ______________________

### Describe a local problem

X population is having Y problem.

### Population Indicators: How is the county doing?

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<th>Data B: (Optional)</th>
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### What are the key causes of the problem?

- **Socioeconomic, cultural & environmental conditions**
  - Living & Working Conditions (Institutions)
  - Social & Community Networks
  - Individual lifestyle
### List best practice strategies or intervention activities to address the problem.

<table>
<thead>
<tr>
<th>Short-Term</th>
<th>Long-Term</th>
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<tbody>
<tr>
<td>Influencing policy &amp; legislation</td>
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<tr>
<td>Changing organizational practices</td>
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<tr>
<td>Educating providers</td>
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<tr>
<td>Community education</td>
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<tr>
<td>Strengthen individual knowledge &amp; skills</td>
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### List stakeholder or community partner organizations who will help to address the problem
**Causes:**

**Social Determinants of Health**

- Living and working conditions
- Social and community networks
- Social and community networks
- Educational system
- Income and employment
- Transportation
- Health care services
- Housing

**Strategies:**

**Spectrum of Prevention**

- Influencing Policy and Legislation
- Changing Organizational Practices
- Fostering Coalitions and Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge and Skills

**Social Ecological Model**

- Societal factors
- Community factors
- Relationship factors
- Individual factors

**Performance Measures of Specific Strategy or Activity**

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<thead>
<tr>
<th>QUANTITY</th>
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<tr>
<td><strong>How Much We Do?</strong></td>
<td>Amt activities/services, # Customers</td>
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<tr>
<td><strong>How Well We Do It?</strong></td>
<td>(Amt activities/services, # Customers)</td>
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</table>

**Effort**

- Who & How are People Better Off?
  - What quantity/quality of change for the better did we produce?
  - # and % with improvement in: Skills, Attitudes, Behaviors, and Circumstances

Draft 20140330
Adolescent Mental Health, Strategies & Partners Worksheet

**Describe a local problem**
1 in 4 high school students are feeling sad and hopeless/depression

**Population Indicators: How is the county doing?**

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**What are the key causes of the problem?**

**Socioeconomic, cultural and environmental conditions**
- Access issue-NEMS clients
- Domestic Violence, witnessing domestic violence
- Immigrant population-disconnect between parents and youth
- Undocumented adolescents
- Acculturation: lack of family cohesion, increase stress
- Trauma of crossing the border not addressed
- Stress of poverty
- Stress of academics in school (i.e. Lowell)
- Drop out rates increase substance use
- Nutrition (lack of breakfast) no exercise/body image

**Living and working conditions (institutions)/health conditions**
- Crowded housing, no personal space, multiple families in one home
- Lower physical plant of schools
- Underestimated impact of noise
- Community violence
- Urban pressure

**Social and community networks**
- Social media, positive and negative, bullying, increased rates of cyber bullying
- Community violence
- Absence of organized sports (especially outside parks)
- Lack of social supports and outlets
- Lack of activities for teens

**Individual lifestyle**
- Overweight
- Body image-self esteem
- Lack of mentors, social support, afterschool programs
- Homework beyond capability of parents
- Must be a good athlete to be on a team

**List best practice strategies or intervention activities to address the problem.**

**Influencing policy and legislation**
- Increase capacity of funding agencies to include/increase activities at Family Resource Centers for adolescents, same place different activities for teens and parents
- PFA mental health concerns, have equivalent for adolescents in FRCs. Adolescent groups (vs. individual treatment) 10 sessions, cost effective
- Need Adolescent Hotline! Needs funding
- Policy people afraid of adolescents
- Need working group for prevention of adolescent depression to look at overall strategies
- Medical home: Primary Care plus behavioral health “there is an issue here”

**Changing organizational practices**
- Communication protocol (CBHS + suicide prevention) (CPMC)
- Suicide Protocol (CPMC)
- DPH to run data utilizing community partners
- Increase adolescent activities and FRCs
- Strategize with faith based communities
- Think about wellness vs. mental health to reduce stigma
- High school kids to be docents at community venues
- Increase engagement of teens

**Educating providers**
- Increase education on trauma informed care for teacher and after school staff.
- Teaching behavior health counselors alternative/complimentary strategies
- No preaching
- UCSF first period care conference-pediatrician venue (i.e. cybersafety) crash course on behavioral health with adolescents
- Training regarding signals of distress
- Positive parenting for adolescents
- Pediatric screening of adolescents-need to develop
- Model with bridge sessions with case manager

**Community education**
- Increase/mobilize parents to participate/volunteer with school activities on a more universal basis
- Education parents regarding signals, increase awareness
  - Family Resource Centers
  - Boys and Girls Clubs
  - Wellness centers, have afternoon groups? Stigma
  - YMCA

**Strengthen individual knowledge and skills**
- Teach coping strategies for stress (bullying), mindfulness, meditation, somatic therapies

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**List stakeholder or community partner organizations who will help to address the problem**

Parking Lot items from small group discussions:

- NEMS data
- CBHS data
- 5150 data (CPMC)
- Snapshots (DCYF)
- Need for behavioral health services in asian students (DCYF, unpublished)
- Mass general scoring tool-behavioral health questionnaires by age group
# Adolescents and depression Strategies & Partners Worksheet

## Describe a local problem
Adolescents and young adults are feeling sad, hopeless, and/or depressed.

## Population Indicators: How is the county doing?

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## What are the key causes of the problem?

**Socioeconomic, cultural and environmental conditions**
- Lack of Federal funding/State/City funding supporting jobs-political
- lack of opportunity
- sky rocketing rent
- access to public/community facilities
- undiagnosed clinical depression/mental health
- lack of cultural models
- parents not present
- education – lack of quality education
- lack of green space; climate change.

**Living and working conditions (institutions)/health conditions**
- Noise, pollution
- violence/death/grief;
- poverty
- hunger
- infest... (hard to read)--;
- isolation -- dangerous neighborhood
- nutrition

**Social and community networks**
- Unrealistic expectation of wealth,
- beauty
- pressure to have sex/sexuality
- media influence self image/concept
- competition

**Individual lifestyle**
- Ethanol,
- smoking
- drug abuse
- isolation
- peer pressure
- bullying
- values
- genetic predisposition;
- social/cultural expectation for success
- lack of life experiencing/mentors
### List best practice strategies or intervention activities to address the problem.

#### Influencing policy and legislation
- ↑ engagement/budget hearing → advocating for funding for job opportunities;
- better leadership
- policy for housing/advocacy for ↑ affordable housing
- ↑ mental health access (funding, public health advocacy)
- ↑ budget for mental health
- ↑ academic/sport scholarships.

#### Changing organizational practices
- Supporting small business → employment
- summer teen programs/employment opportunities
- supporting food bank
- Big Brother & Sister programs
- Get them (Google, etc.) involved → Donate money, equipments, services
- ↑ exercise programs
- ↑ childcare programs.

#### Educating providers / Parents
- ↑ Peer advocacy
- ↑ training to recognize/awareness teen issues
- Nutrition
- identify bullying: teen risk factors
- praise → building self-esteem.

#### Community education
- Social media – flash mob
- Critical mass;
- YMCA teen outreach programs.
- ↑ counselors in school.

#### Strengthen individual knowledge and skills
- Recruit mentors
- Grandparents involvement.

### List stakeholder or community partner organizations who will help to address the problem
Child Abuse, Strategies & Partners Worksheet

Describe a local problem
Over 700 of children in San Francisco experience child neglect or abuse.

Population Indicators:  How is the county doing?

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What are the key causes of the problem?

Socioeconomic, cultural and environmental conditions
- High rates of poverty
- High neighborhood violence
- Cultural beliefs around discipline
- Transportation and education
- Children with disabilities
- Parenting

Living and working conditions (institutions)/health conditions
- Substance abuse
- Stressed
- Domestic violence
- Crowded conditions

Social and community networks
- Isolated families
- Mental health

Individual lifestyle
- History of relationship modeling

List best practice strategies or intervention activities to address the problem.

Influencing policy and legislation
- Affordable housing in safe neighborhoods
- Influence policy regarding record keeping for social services agencies
- Advocate for more respite care services
- Childcare options
- State campaign around lack of knowledge around what neglect it

Changing organizational practices
- Evidence based parenting programs
- Trauma informed care
- Moving to a prevention model
### Educating providers
- Advanced assessment tools/in-services
- Weekly meetings at childcare centers that address this topic

### Community education
- Family Resource Centers: increase abuse prevention education
- Marketing/community education around norms
- r/t discipline in the US
- Parenting classes specific to children with special needs
- Encourage more support groups for parents-postpartum discharge education providers to discuss SBS prevention during postpartum stage

### Strengthen individual knowledge and skills

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**List stakeholder or community partner organizations who will help to address the problem**
Child Maltreatment Strategies & Partners Worksheet

Describe a local problem
Each year, over 700 children in San Francisco experience child neglect or abuse.

Population Indicators: How is the county doing?

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What are the key causes of the problem?

Socioeconomic, cultural and environmental conditions
- Financial Stress-un/underemployment
- Language
- Parenting: Lack of skills, lack of child development knowledge/cultural norms
- Violence in neighborhood/home
- Safety of neighborhood: no release for children or parents

Living and working conditions (institutions)/health conditions
- Housing stress
- Family Parental: C.O.L, immigrant status
- 2 parent households, father not involved
- Chaos of crowded housing space, immigrant multigenerational parenting concerns, grandparents as caregivers with health issues and cultural beliefs in parenting
- Domestic violence
- Elder abuse
- Nutrition

Social and community networks
- Stressors
- Children with Special Health Care Needs, behavioral health concerns are difficult for parents
- Isolation especially with non-English speaking families
  - Lack of support
  - Single parent with multiple children
  - Cultural attributes

Individual lifestyle
- Stressors, substance abuse
  - Lack of residential treatment for latino population in San Francisco

List best practice strategies or intervention activities to address the problem.

Influencing policy and legislation
- Increased funding for evidence based home visiting
- Current housing concerns with SF evictions
- Improve housing space
- Increase general fund monies to MCAH program to support/sustain grant funded work
- Make SF more family friendly and give families an increased voice
- Respite and childcare services

**Changing organizational practices**
- Home visiting: NFP, SafeCare
- Family Resource Centers
- Quality preschool for all
- Universal database for SF

**Educating providers**
- Universal developmental screening and early intervention treatment
- Having primary care more involved/ongoing involvement with social-emotional needs of families and child development
- Direct service workers ongoing involvement in addressing child maltreatment in partnerships “spectrum of prevention”

**Community education**
- Family Resource Centers: parent education, reduce isolation, nutrition, child development
- Sustained source of support for families
- Educate family regarding child maltreatment laws

**Strengthen individual knowledge and skills**
- More resources for substance abuse residential treatment
- Creating a culture of parenting in SF
- Creating equity resources in SF

[List stakeholder or community partner organizations who will help to address the problem]
Child maltreatment, Strategies & Partners Worksheet

Describe a local problem
Each year, over 700 children in San Francisco experience child neglect or abuse.

Population Indicators: How is the county doing?

Data A: __________________________

Data B: __________________________

What are the key causes of the problem?

Socioeconomic, cultural and environmental conditions
- Immigration status
- Language
- Social isolation
- Financial stress
- Under/unemployment
- Cultural acceptance normalizing of maltreatment (e.g. spanking)

Living and working conditions (institutions)/health conditions
- Crowded housing/shelter/housing instability
- Stress
- Violence in neighborhood
  - “trapped” indoors
  - Parental stress, trauma
- Stigma prevents treatment of parental trauma

Social and community networks
- Isolation
- Parental stress (teen parent, single parent)
- Substance abuse
- Education
- Domestic Violence leads to failure to protect, emotional abuse
- Mental illness, postpartum depression
- Lack of knowledge of child development/parenting
- Parent exposure to violence, lack of emotional regulation
- Lack of integrated health/social services for CSPHCN, respite etc.

Individual lifestyle
- Special needs
- Behavioral
- Physical disability
- Age 0-5 and teens

List best practice strategies or intervention activities to address the problem.

Influencing policy and legislation
- Increase availability of respite care, state advocacy/GGRC
- Align with Mayoral Initiative on prevention of violence
Changing organizational practices
- Increase perinatal/depression screen-CPSP, clinicians (prevention/neglect/FTT)
- Offer appropriate level of parent support (HV, MH, BH, primary care)
- Continuum to ECE, Dr, Family Resource Centers-continue and expand
- Substance abuse treatment for parents with children

Educating providers
- Education on mandated reporting to increase equity of reports
- BF link to reduce risk for abuse (positive mental health)
- Preschool/childcare/teacher awareness of need for family support (First 5, Human Services Agency)

Community education
- Education for parents on rights/responsibilities
- BF support
- Discipline vs. abuse
- Parent-infant interaction groups

Strengthen individual knowledge and skills
- Citywide maternal stress management group education project (Equity institute)
- How to build community and social support

List stakeholder or community partner organizations who will help to address the problem
Human Services Agency, First 5
Dental Caries in Children, Strategies & Partners Worksheet

**Describe a local problem**
Children of low income families are twice as likely to have dental caries by kindergarten.

**Population Indicators: How is the county doing?**

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**What are the key causes of the problem?**

**Socioeconomic, cultural and environmental conditions**
- Babies to bed with bottles
- sugary drinks – too easy access
- ↓ value of primary teeth
- ↓ access to dental care/knowledge
- lack of knowledge of impact of oral disease and function of primary teeth
- other higher priorities
- cheaper food/snacks are worse for teeth
- parents can’t afford oral hygiene supplies
- poor nutrition
- lack of knowledge of APA guideline re first dental visit by age one.

**Living and working conditions (institutions)/health conditions**
- ↓ access to dental care.

**Social and community networks**
- Sugary drinks
- ↓ value of primary teeth
- lack of early dental hygiene
- other higher priorities.

**Individual lifestyle**
- Babies to bed with bottle
- sugary drinks
- lack of early dental hygiene
- overall nutrition and food choices.

**List best practice strategies or intervention activities to address the problem.**

**Influencing policy and legislation**
- Food vouchers only to purchase healthy foods – cash only for junk food
- eliminate juice in WIC programs
- eliminate barriers to access by dental providers
- ↑ access for low income children to specialists
- well baby checks to include oral health—universal periodicity
- mandatory nutrition classes for all food stamp recipients
- Mei-Cal providers should all be providing varnish at visits—at least all DPH clinics (Medi-Cal pays for this.)
Changing organizational practices
• Harm reduction
• electronic prompts with medical records
• ↑ acceptance of pedi patients into dental practices
• drink water in child care settings.

Educating providers in All Disciplines
• Train the trainer
• educate dentists to ↑ access
• ↑ education of pedi specialists in dental schools
• educate ob/gyn
• first dental visit by age one
• educate all MCAH programs staff.

Community education
• Re healthy foods, liquids, eating
• educate medical providers re well child visits
• first dental visit
• educate children in the schools
• educate parents as role models
• oral education during prenatal visits
• PSAs for children and adults.

Strengthen individual knowledge and skills
• Teach kids to brush early — child-friendly
• parent knowledge
• special needs children.

List stakeholder or community partner organizations who will help to address the problem
Special Health Care Need Families and Stress, Strategies & Partners Worksheet

Describe a local problem
Parents of children and adolescents with special health care needs have increased stress.

Population Indicators: How is the county doing?
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What are the key causes of the problem?

Socioeconomic, cultural and environmental conditions
- Child care-limited options
- Ability to work to care for child
- Affordable, accessible housing
- Transportation
- Cultural stigma-cultural beliefs, bullying
- Language barriers
- Physical accessibility

Living and working conditions (institutions)/health conditions
- Transportation
- Affordable, accessible housing
- Flexible work hours

Social and community networks
- Navigation of services
- Isolation/depression
- Limited resources
- Education barriers that reinforce hopelessness
- Lack of social support
- 24/7 self advocacy and care

Individual lifestyle
- Substance abuse
- Single parent household
- Lack of time for self care/social activities
- Intimate relationships

List best practice strategies or intervention activities to address the problem.

Influencing policy and legislation
- Funding!
- Re-enforce accessibility issues
- Provide respite services for parents
- Child care inclusion
- IHSS (in home support services )funding
- Reinstate/school RN (increase)
- Increase special education in schools
Changing organizational practices

- Centralize services/resources (regarding support for families and children)
- Family centered care with mental health services
- Increase recreational opportunities
- Re-instate social workers
- Increase PHN/maintain PHN allocating appropriate caseload numbers

Educating providers

- Educate providers/dental education/public transit staff
  - Referrals
  - Transitions
  - Increase exposure at medical school
  - Reach out to established providers
- Include dental practices

Community education

- Educating/increase awareness at schools community
- Education of public transit staff

Strengthen individual knowledge and skills

Increase awareness/knowledge regarding disabilities

- Support
- Navigation
- Parents-fighting spirit

List stakeholder or community partner organizations who will help to address the problem
Families of Special Health Care Needs Children and Navigation of Services, Strategies & Partners Worksheet

**Describe a local problem**
Families of children with special health care needs have difficulties navigating health care services.

**Population Indicators: How is the county doing?**

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**What are the key causes of the problem?**

**Socioeconomic, cultural and environmental conditions**
- Lack of a medical home,
- of bilingual services,
- of transportation,
- of family support
- and of coordination of health care services.

**Living and working conditions (institutions)/health conditions**
- Unemployment/underemployment
- inadequate, unsafe housing
- low level of education/literacy
- Time
- health issues.

**Social and community networks**
- Lack of: 1) awareness of existing social programs,
- 2) case coordination (social workers),
- 3) funding
- 4) providers

**Individual lifestyle**
- Cultural issues/religion;
- Disorganization of the caregiver(s) – mental health,
- competing needs of other family members.
- Lack of support – time off from work;
- single parenting

**List best practice strategies or intervention activities to address the problem.**

**Influencing policy and legislation**
Comparable reimbursement to providers.

**Changing organizational practices**
Provide care coordinators.

**Educating providers**
Information regarding accessible community programs/resources.

**Community education**
Provide more family workshops on how to navigate the systems/resources.
Strengthen individual knowledge and skills

- Keeping staff aware, educated, trained on new services
- Change in services/policies
- Community resources to keep family informed and aware.
- Educate family on their child’s medical conditions, medical needs.

List stakeholder or community partner organizations who will help to address the problem
Housing and Health Outcomes, Strategies & Partners Worksheet

**Describe a local problem**
Populations living in substandard housing have poor health outcomes.

**Population Indicators: How is the county doing?**

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**What are the key causes of the problem?**

**Socioeconomic, cultural and environmental conditions**
- Poverty
- Non-compliant building management
- Location (freeways, lack of public transportation)
- Lack of access to healthy food
- Language barriers between renters and management
- Legal status-fear of...

**Living and working conditions (institutions)/health conditions**
- Crowded conditions
- Safe walking, exercise
- Lack of accessible housing
- Lack of furniture
- Poor public transportation/isolation
- Lack of access to cooking facilities
- Lack of affordable housing

**Social and community networks**
- Lack of funding for re-development
- Section 8 closed-no wait list access
- Fear/lack of trust with authority, systems
- System barriers (who to contact with problems)

**Individual lifestyle**
- “health” not a priority
- Lack of literacy skills for housing applications etc.
- Cultural differences
- Stress, lack of support
- Limited resources
- Lack of financial management knowledge

**List best practice strategies or intervention activities to address the problem.**

**Influencing policy and legislation**
- Livable working wage
- Equate cost of living with poverty level
- Increase funding for public housing, repairs, maintenance, etc
- Repair system for access to public housing
• Restore funding for social workers
• Increase funding for public transportation
• Create affordable housing for families

Changing organizational practices
• Develop collaboration between providers/community organizations and tenants
  (example: WIC + children’s environmental health-Healthy Home Assessment Project)

Educating providers
• Develop collaboration between providers/community organizations and tenants
  (example: WIC + children’s environmental health-Healthy Home Assessment Project)
• Pediatricians/clinical staff need to be informed regarding community resources
• Pediatric staff visit homes, public housing

Community education
• Informing tenants regarding community housing groups
• Classes on “how to find housing”

Strengthen individual knowledge and skills
• Tenants being well informed regarding rights and organizations

List stakeholder or community partner organizations who will help to address the problem
**Affordable Housing, Strategies & Partners Worksheet**

### Describe a local problem
The lack of affordable housing for low-income families leads to economic pressures and problems in the physical environment which in turn lead to poor health outcomes. Problems can include damaged paint, mold, pests, no heat/space heaters, unsafe neighborhoods, use of toxic cleaning products.

### Populations Affected by Types of Housing

<table>
<thead>
<tr>
<th>Living in crowded conditions, several families to an apartment. Primarily Latino immigrant families, many of whom are undocumented. Work in construction / day laborers and in restaurants, cleaning/janitorial. May or may not have tenancy rights.</th>
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</thead>
<tbody>
<tr>
<td>Living in housing developments that are old and in disrepair; rely on an unresponsive HUD agency. Primarily African-American families, single moms with kids, receive public assistance.</td>
</tr>
<tr>
<td>Living in illegal “mother in law” apartments, basement apartments, etc.; Primarily Chinese immigrants, many undocumented. Work: clerks in small stores, restaurants, day laborers/construction, cleaning.</td>
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### Population Indicators: How is the county doing?

| Data A: Housing is a major problem across the life course for poor families and children. | Data B: |

### What are the key causes of the problem?

**Socioeconomic, cultural and environmental conditions**
- Poor provision of affordable homes
- Recent immigration = no knowledge of rights, fear of retaliation
- Uncoordinated services
- Lack of housing code enforcement

**Living and working conditions (institutions)**
- Illegal units not routinely inspected
- HUD unresponsive to tenant needs; requires formal complaints
- Lack of living wage leads to poor housing, must purchase cheapest cleaning supplies
- High rents
- Families don’t own buildings so have no control

**Social and community networks**
- Families undocumented and don’t know their rights
- Fear of losing housing
- Social isolation, particularly extreme for African American families

**Individual lifestyle**
- Lack of knowledge regarding cleaning supplies

### List best practice strategies or intervention activities to address the problem.

**Influencing policy and legislation**
- Enforce existing housing codes
- Develop policy requiring city agencies that come into contact with families to collaborate on housing issues and housing code enforcement
- Tax employers who don’t provide employees a living wage
- Require employers in industries where these individual work to provide information to employees on
housing rights and resources
- Support legislation to legalize illegal units

**Changing organizational practices**
- Acknowledge that this is the work of the entire government, including transportation, mayor's office, etc.
- Coordinate efforts related to housing – CalWorks, WIC, home visiting nurses, environmental health
- Develop and distribute packet with housing rights, resources and alternatives, employment rights, undocumented worker rights and resources

**Educating providers**
- Cross-agency training on housing issues, housing rights
- Educate employers about impact of poor housing on their employees mental and physical health

**Community education**
- Current education on these issues provided by environmental health community educators to/through SFUSD, community groups, Children’s Council
- Better coordinate community education efforts to reach more families and to educate agencies that serve them

**Strengthen individual knowledge and skills**
- Educate tenants/families about housing rights, resources and alternatives, employment rights, undocumented worker rights and resources
- Educate families about impact of toxic chemicals in home and provide alternatives (e.g., inexpensive cleaning recipes)

**List stakeholder or community partner organizations who will help to address the problem**
Rent board, CA law, tenant advocates, CalWorks, MCAH (including PHNs, WIC, Childcare Health Project), CEHP, Children’s Council, Legal Aid, Health Star, Childcare, Environmental Health, SFUSD, community agencies paid to provide arbitration in disputes about housing conditions
Poverty/Housing Insecurity Strategies & Partners Worksheet

Describe a local problem
Mothers, children and adolescents in SF are housing insecure

<table>
<thead>
<tr>
<th>Population Indicators:</th>
<th>How is the county doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data A:</td>
<td>Data B:</td>
</tr>
</tbody>
</table>

What are the key causes of the problem?

**Socioeconomic, cultural and environmental conditions**
- Populations most at risk: undocumented (legal issues), public housing
- Inadequate supply of affordable housing suitable for families and long waitlists: information not updated
  - New housing will be mixed, privately managed rather than city/government
  - New requirements/rules
  - New additional housing coming from private sector: not adequate need
  - Current residents being evicted for people who can pay more
- Families in SF are disproportionately poor: not a match between incomes and housing costs
  - Low income families spending more than half of income on rent
  - New jobs for people outside city and landlords increase rent
  - Not enough economic development for city people
- Economic exploitation: service industry/domestic workers

**Living and working conditions (institutions)/health conditions**
- Healthy-free of certain conditions related to illness
- Safe: what does this mean? Structural vs. environmental
- Public housing: afraid to speak up or report because of members living there (immigration)
  - People in housing have different issues than private: difference in cost
  - Private: multiple families plus roommates because of cost and afraid of eviction
  - High population densities
- Single occupancy hotels (for families): temporary housing becoming permanent
- Living wage not related to current living conditions
- Safety
- Poverty and segregation of poverty areas make it hard to have around in...

**Social and community networks**

**Individual lifestyle**
- Day care limits ability to work which affects income and limited daycare access

List best practice strategies or intervention activities to address the problem.

**Influencing policy and legislation**
- Working groups: figure out which groups are already working on this and collaborate with them. How we can have some influence
- Legislation: currently working on e.g. Ellis Act evictions on local level. Cannot amend this
  - Closely reflects determinants of health (like/learn from ADA legislation) adequate open space,
access to food and healthcare and social engagement opportunities
- 30% of income not market rate legislation/policy
- Enforcement plans

**Changing organizational practices**
- Community engagement to create healthy lifestyle: zumba etc. (HOPE SF is doing this)
- Hold private developers accountable
- Mixed income neighborhoods:
  - housing needs to be enforced
  - Jobs
- Stakeholders: common cause with other groups, food stamps
  - Legislators: Tenants Together
  - Senior Disability Action
  - Housing Rights Working Group
  - Bridge Housing, non-profit, Tenderloin housing
*Missing those in health and working with poor families*
Economic system already involved

**Educating providers**
- Social workers
- Build collaborative relations with environmental health, groups in clinics, etc
  - If families living with pests, mold etc need to connect them to services

**Community education**
- Update application to section 8 if haven't already
- Different environmental services have different policies regarding eviction-legal matters

**Strengthen individual knowledge and skills**
- Access to housing rights, enforcement to improve conditions
- Inform people what they qualify for: job development and financial resources, credit applications, eat fresh
- No central number to call, get message rather than a person, one stop shop, 311
- Compile resource designed for poor families, can't be just online

**List stakeholder or community partner organizations who will help to address the problem**
# Overweight Status in Low Income Populations, Strategies & Partners Worksheet

## Describe a local problem
Low income populations are more likely to be overweight or obese than higher income groups.

## Population Indicators: How is the county doing?

<table>
<thead>
<tr>
<th>Data A:</th>
<th>Data B:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## What are the key causes of the problem?

### Socioeconomic, cultural and environmental conditions
- Poverty;
- safe neighborhoods;
- lack of access to healthy food choices;
- cultural beliefs around children weight: chubby=healthy;
- cultural beliefs around exercise, i.e. darker skin, work all day;
- cost of healthy food.

### Living and working conditions (institutions)/health conditions
- Lack of access,
- locations to exercise;
- low cost;
- lack of cooking facilities;
- time/knowledge to cook.

### Social and community networks
- Language/cultural isolation
- High access to fast food in low income areas

### Individual lifestyle
- Lack of education

## List best practice strategies or intervention activities to address the problem.

### Influencing policy and legislation
- Zoning regulations to reduce fast food, liquor stores;
- creating greener locations for kids/families;
- recreation and gardening free!
- subsidized organic farmers;
- EBT for healthy foods, not junk foods.

### Changing organizational practices
- Encourage healthy food/beverages
- Reinstitute life skill classes in school.

### Educating providers
- MD/RN: Nutrition education in school;
- parks prescription

### Community education
- Educate people on better fast food choices;
• educating families/providers on policy and legislation;
• every high school student should watch “supersize me”;
• teaching people to grow their own foods.

**Strengthen individual knowledge and skills**
• Cooking demonstrations.

---

**List stakeholder or community partner organizations who will help to address the problem**
Local Problem, Strategies & Partners Worksheet.

Describe a local problem:

X population is having Y problem.

Lack of physical activity in elementary school kids are not physically fit.

Population Indicators: How is the county doing?

Data A: See pg. 2 of Childhood Nutrition & PA Health Indicator Sheet on SQUAD
#19 Fitness Quan.

Data B: Fitness Quan. Standards

What are the key causes of the problem?

Socioeconomic conditions

Lack of funding

Living & Working Conditions

Classroom teacher N.E. experience (literacy)

Low standards 260 min per 1-day

Get kids to

Social & Community Networks

Cultural

Individual lifestyle

Trauma, poor nutrition, low energy

In SF

26 elementary school

PE offered only 1 day a week

List best practice strategies or intervention activities to address the problem.

Influencing policy & legislation

Renewal of local funding by voters + efforts to secure sustainably

Changing organizational practices

Support Safe Routes to School 15-40 next year

Educating providers

Promoting safe passages to schools, parks, etc.

Community education

Emphasize PE in Common Core

Strengthen individual knowledge & skills
Local Problem, Strategies & Partners Worksheet.

**Describe a local problem**

X population is having Y problem.

- Lack of my diet
- Food insecurity

**Population Indicators: How is the county doing?**

<table>
<thead>
<tr>
<th>Data A:</th>
<th>Data B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>27% food insecure C 3 mo.</td>
<td>14% of U. WIC q 2 mo.</td>
</tr>
<tr>
<td>US not eating veg. daily.</td>
<td></td>
</tr>
</tbody>
</table>

**What are the key causes of the problem?**

- Socioeconomic conditions
  -需返回到W
  -营养支持
  -城市

- Living & Working Conditions
  -压力
  -营养支持

- Social & Community Networks
  -Not friendly hospitals
  -Nutrition support
  -Mental health support
  -Preventative services

- Individual lifestyle

**List best practice strategies or intervention activities to address the problem.**

- Influencing policy & legislation
  - 公司需制定政策

- Changing organizational practices
  - 健康友好的服务

- Educating providers
  - 培训

- Community education
  - 后期支持

- Strengthen individual knowledge & skills

Draft 20140319
List stakeholder or community partner organizations who will help to address the problem:

- ARCS - Mid CM, Baby Zone
- Hops
- Wil & Carl - last audit
- NWWA

<table>
<thead>
<tr>
<th>Performance Measures of Specific Strategy or Activity</th>
<th>QUANTITY</th>
<th>QUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Much We Do?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amt activities/services, # Customers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last audit - no of names, 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How Well We Do It?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amt activities/services, # Customers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More more careful after CM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Who & How are People Better Off?**                |          |         |
| What quantity/quality of change for the better did we produce? |          |         |
| # and % with improvement in: Skills, Attitudes, Behaviors, and Circumstances |          |         |
Local Problem, Strategies & Partners Worksheet.

Name: Michelle Vu, Org: DCYF

Describe a local problem:

X population is having Y problem:

Y = lack of healthy diet ; x = infants

Population Indicators: How is the county doing?

Data A:

- Breastfeeding:
  70% of pregnant women in SF say breastfeeding
  only 27% are breast fed for 3 months exclusively

- Infant food security

Data B:

- Food security: 12% of families living below 100% FPL + 50%
  bland diet

- Is there additional data for this to work up on this work?

What are the key causes of the problem?

- Lack of funds for support
- Non-English speaking
- Breastfeeding support at work
- 12.6% of SFPM are baby friendly
- Hospitals not baby friendly
- Inadequate lactation support in hospitals
- Limited breastfeeding support for 2nd & 3rd children
- Breastfeeding in close proximity

List best practice strategies or intervention activities to address the problem.

Influencing policy & legislation:

- Work accommodations for lactating mothers
  - i.e. Sweden, longer maternal & paternal leave (paid)

Changing organizational practices:

- Increase baby friendly hospitals to support exclusive breastfeeding

Educating providers:

- Training docs (obstetricians, ENPs) to teach/talk about breastfeeding & discuss
  postpartum depression & stressors of life

Community education:

- Show how breastfeeding is a good thing (reduce stigma)

Strengthen individual knowledge & skills
### List stakeholder or community partner organizations who will help to address the problem

- WIC
- Hospitals
- Breastfeeding Centers

### Performance Measures of Specific Strategy or Activity

<table>
<thead>
<tr>
<th><strong>How Much We Do?</strong> Amt activities/services, # Customers</th>
<th><strong>How Well We Do It?</strong> (Amt activities/services, # Customers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- More meetings</td>
<td>- Quality of lactation consultation</td>
</tr>
<tr>
<td>- Cash vouchers for mothers</td>
<td>- Change in behaviors (surveys) ? attitude</td>
</tr>
<tr>
<td>- Vouchers for mothers ( # of breast pumps )</td>
<td>- Change in confidence</td>
</tr>
<tr>
<td><strong>EFFECT</strong></td>
<td>- Are they really breastfeeding ?</td>
</tr>
<tr>
<td># of lactation consultation</td>
<td></td>
</tr>
<tr>
<td># of moms participating</td>
<td></td>
</tr>
<tr>
<td># of vouchers</td>
<td></td>
</tr>
</tbody>
</table>

### Who & How are People Better Off? What quantity/quality of change for the better did we produce?

# and % with improvement in: Skills, Attitudes, Behaviors, and Circumstances
Local Problem, Strategies & Partners Worksheet.

Describe a local problem:
X population is having Y problem.

Elementary school-aged children are not engaging in adequate levels of PA (60 mins/day) according to national standards. Inadequate capacity to maintain healthy levels of fitness.

Population Indicators: How is the county doing?

Data A:
Fitness gram for elementary school-aged children.
- 64% of economically disadvantaged 5th graders meet 5 of 6 fitness standards.

Data B:

What are the key causes of the problem?

Inadequate funding for PE teachers. PE being removed.

PE in elementary is by classroom teachers, low accountability.

Unsafe walking to school.

Lack of understanding of benefits by parents, teachers, administrators.

Cultural barriers, gender roles, Shigea, CHSW.

Individual lifestyle:
Poor nutrition, poor energy.

Trauma interfering with PA engagement.

CSTCN barriers: autism, asthma.

Self-perception of overweight.

Undiagnosed, unknown disease.

List best practice strategies or intervention activities to address the problem:

Advocating/Policy & Legislation
Advocating renewal of PE/ELD adequate levels / 60 mins/day.
Sustained funding stream.
Advocate for education about benefits and accountability for fitness.

Changing organizational practices
Share benefits of PA @ schools, parent engagement.
Emphasize PE as part of Common Core achievement.
Emphasize.
Safe routes to school (within 400 from school) on a district-wide level.
Advocate for activated parks for children - safe, staffed.
Inter-generational activities.

Community engagement
Encourage healthy activity for children from early age.

Promote walking, school bus, safe passage to school.

Promote education for parenting, teachers around trauma, resources.

Hold events.

Data: Fitness gram is not always reliable.

Draft 20140919
Local Problem, Strategies & Partners Worksheet

**Describe a local problem:**
X population is having Y problem.

**Population Indicators:** **How is the county doing?**

<table>
<thead>
<tr>
<th>Data A:</th>
<th>Data B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness gross for Elementary Age 10-12</td>
<td></td>
</tr>
<tr>
<td>Compare data with other counties Boys vs. Girls data</td>
<td></td>
</tr>
</tbody>
</table>

**What are the key causes of the problem?**

- **School/standard conditions:**
  - Inadequate funding
  - Not enough light
  - Pneumatic toy environment
  - Not getting enough sleep

- **Living & Working Conditions:**
  - Perceived teaching
  - Parents doing their job - poor supervision
  - Limited space if poor weather
  - Lack of standard (200 min/day)

- **Social & Community Networks:**
  - Visible teacher accountability
  - Ongoing engagement

- **Individual:**
  - Teachers have own fitness problems
  - Schools have a lot of problems
  - Lack of education

**List best practice strategies or intervention activities to address the problem.**

- **Influencing policy & legislation:**
  - Renewal of P.E. funding & physical activity programs
  - Support efforts to increase sustainable funding streams

- **Changing organizational practices:**
  - Standards for activity = feasible
  - Capacity building & accountability if staff
  - Understanding challenges to evaluating

- **Educating providers:**
  - Extend school day with P.A. - seek environments, weekends, summer
  - School nursing, chore staff, P.A.

- **Community education:**
  - Healthy lifestyles & children of all ages
  - Support safe routes to school
  - Police presentation

- **Strengthen individual knowledge & skills:**
  - Medical knowledge to inform politics

---

Draft 2014/03/19

Make use of 30s (not just 30s) & parks

---

Missy, Promise Neighborhood
Local Problem, Strategies & Partners Worksheet.

Name: Org:

**Describe a local problem**

X population is having Y problem.

40% of economically disadvantaged ...

**Population Indicators:**

<table>
<thead>
<tr>
<th>Data A:</th>
<th>Data B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitnessgram 1 SFUSD /EBEDS 5th grade</td>
<td></td>
</tr>
</tbody>
</table>

**What are the key causes of the problem?**

- Poor / lack of resources, time
- Lack of space and structures that facilitate physical activity
- Neighborhood safety
- Lack of funding for P.E. programs
- Education about benefits of physical activity
- Lack of P.E. in elementary school
- Socioeconomic barriers; medical issues

**List best practice strategies or intervention activities to address the problem.**

- P.E.P. funding
- Securing funding streams
- Safe routes to school - transportation policy
- Parks and recreation
- Community - safe passage to schools and parks
Local Problem, Strategies & Partners Worksheet. Name: Teresa Chan Org: CHDP/WIC

Describe a local problem
X population is having Y problem.

lack of healthy diet for infants & women

<table>
<thead>
<tr>
<th>Population Indicators:</th>
<th>How is the county doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data A:</td>
<td>Data B:</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Food security</td>
</tr>
<tr>
<td>Although 70% of pregnant women in SF intend to exclusively BF their infant, only 27% of infants are exclusively BF at 3 months.</td>
<td>42% of families living below the 100% FPL &amp; 26% below 100-199% FPL are not able to afford enough food.</td>
</tr>
</tbody>
</table>

What are the key causes of the problem?

- Low-income women go back to work soon after birth
  - Low SP living wage. High living cost.

- Breastfeeding friendly workplace.

- Low-income mothers

- Lack of lactation consultant
  - Lack of Support

Social & Community Networks
- Lack of Baby Friendly

Individual lifestyle
- Not enough close neighbors. Few WIC offices. Long wait.

List best practice strategies or intervention activities to address the problem.

- Maternity/paternity leave

- Baby friendly hospitals

- Training pediatricians/providers on supporting BF

- Postpartum support (PHTN home visiting)

- Mental health support

- Acceptance of BF in public

Strengthen individual knowledge & skills

Draft 2014/03/19
**List stakeholder or community partner organizations who will help to address the problem**

WIC hospital
Family Resource Centers
Home Visiting PHN

---

**Performance Measures of Specific Strategy or Activity**

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>QUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Much We Do?</strong> Amt activities/services, # Customers</td>
<td><strong>How Well We Do It?</strong> (Amt activities/services, # Customers)</td>
</tr>
<tr>
<td><em># of lactation consult.</em></td>
<td><em>Satisfaction survey</em></td>
</tr>
<tr>
<td><em># of moms participating exclusively BF</em></td>
<td><em>Confidence of BF</em></td>
</tr>
<tr>
<td></td>
<td><em>Mother retention</em></td>
</tr>
</tbody>
</table>

---

**Who & How are People Better Off?** What quantity/quality of change for the better did we produce?
# and % with improvement in: Skills, Attitudes, Behaviors, and Circumstances
**Local Problem, Strategies & Partners Worksheet**

### Describe a local problem

X population is having Y problem.

Lack of healthy diet for infants/pregnant women

### Population Indicators: How is the county doing?

<table>
<thead>
<tr>
<th>Data A: BREASTFEEDING</th>
<th>Data B: FOOD SECURITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>27% exclusively breastfeeding at 3 mos.</td>
<td></td>
</tr>
</tbody>
</table>

### What are the key causes of the problem?

- Lack of access to healthy food (grocery stores, corner stores, schools)
- Abundance of low-cost, easily accessible junk & processed food
- Low breastfeeding rates (WIC)
- Living wage
- Lactation consultants
- Workplaces/hospitals (baby/nursing friendly)

### List best practice strategies or intervention activities to address the problem.

- Paid leave policies
  - Baby friendly hospitals
  - Centering Pregnancy
  - Societal norms
  - Training around
  - School gardens
  - Breakfast in the Classroom

### List stakeholder or community partner organizations who will help to address the problem

WIC, hospitals, FRCs
### Performance Measures of Specific Strategy or Activity

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>QUALITY</th>
</tr>
</thead>
</table>
| **How Much We Do?**<br>Amt activities/services, # Customers<br># consultations<br># moms participate vs. % eligible<br># vouchers | **How Well We Do It?**<br>(Amt activities/services, # Customers)

**EFFORT**

**Who & How are People Better Off?**<br>What quantity/quality of change for the better did we produce?<br># and % with improvement in: Skills, Attitudes, Behaviors, and Circumstances
Local Problem, Strategies & Partners Worksheet

Describe a local problem
X population is having a problem: Breastfeeding

Population Indicators: How is the county doing?

Data A: Exclusively, Breastfeeding & bottle-feeding

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>exclusive</td>
<td>27%</td>
<td>14%</td>
</tr>
</tbody>
</table>

What are the key causes of the problem?

Socioeconomic Conditions
- Income
- Living wage
- Unemployment

Living & Working Conditions
- Workplace
- Breastfeeding

Social & Community Network
- Family
- Friends
- Info
- Support
- Breastfeeding support
- Postpartum depression

List best practice strategies or intervention activities to address the problem.

- Maternity leave
- FWN
- Workplace breastfeeding
- Educate healthcare providers
- Strength individual knowledge & skills
**List stakeholder or community partner organizations who will help to address the problem**

- WIC
- CHSF
- PCC

**Performance Measures of Specific Strategy or Activity**

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>QUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Much We Do?</strong> Amt activities/services, # Customers</td>
<td><strong>How Well We Do It?</strong> (Amt activities/services, # Customers)</td>
</tr>
<tr>
<td>% of more prevention</td>
<td>Confidence</td>
</tr>
<tr>
<td>Breakfasts</td>
<td></td>
</tr>
</tbody>
</table>

**Who & How are People Better Off?** What quantity/quality of change for the better did we produce? # and % with improvement in: Skills, Attitudes, Behaviors, and Circumstances
**Local Problem, Strategies & Partners Worksheet.**

### Describe a local problem

* X population is having Y problem.

- Food insecurity for infants

### Population Indicators: How is the county doing?

<table>
<thead>
<tr>
<th>Data A:</th>
<th>Data B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>27% of infants are exclusively breastfed</td>
<td>12% of families living below poverty line can’t afford food</td>
</tr>
<tr>
<td>9.6%</td>
<td></td>
</tr>
</tbody>
</table>

### What are the key causes of the problem?

- Lack of lactation consultants if you have to pay; isolation, CEP.
- Living wage for mom & to go back to work.
- Lack of baby friendly workplace
- Lack of baby friendly hospitals
- Lack of baby friendly grocery stores
- Back to work, economically insecure could lead to mental health stressors could lead
- Accessible WIC in offices or up of formula coupons
- Resources given to hospitals of postpartum support & support for lack of home help

### List best practice strategies or intervention activities to address the problem:

- Increase living wage / maternity leave
- Changing organizational practices
- Increasing breast friendly hospitals
- Worksite support for breastfeeding
- Educating providers
- Developing social support for those who have stressors
- Community education

---
### List stakeholder or community partner organizations who will help to address the problem:
- UC
- Hospitals
- Family resource centers

### Performance Measures of Specific Strategy or Activity

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>QUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Much We Do?</strong></td>
<td><strong>How Well We Do It?</strong></td>
</tr>
<tr>
<td>Amt activities/services, # Customers</td>
<td>(Amt activities/services, # Customers)</td>
</tr>
</tbody>
</table>

**Effort**

- # of moms participating in lactation consultation

### Who & How are People Better Off?

**What quantity/ quality of change for the better did we produce?**

# and % with improvement in: Skills, Attitudes, Behaviors, and Circumstances
# Food Insecurity, Strategies & Partners Worksheet

## Describe a local problem
Low-income and/or immigrant populations are facing issues of food insecurity and obesity

Nutrition related challenges faced by MCAH:
- Food Insecurity
- Obesity
- Lack of Nutrition Education

## Population Indicators: How is the county doing?

<table>
<thead>
<tr>
<th>Data A:</th>
<th>Data B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which population is most at risk to food insecurity and obesity?</td>
<td></td>
</tr>
<tr>
<td>- Low-income “Furthest from opportunity” (e.g. Undocumented)</td>
<td></td>
</tr>
<tr>
<td>- Immigration populations</td>
<td></td>
</tr>
<tr>
<td>- Low income Families</td>
<td></td>
</tr>
<tr>
<td>- Non-English Speakers</td>
<td></td>
</tr>
<tr>
<td>- Neighborhood with a high percentage of ethnic minorities (e.g. Bayview, Tenderloin)</td>
<td></td>
</tr>
</tbody>
</table>

## What are the key causes of the problem?

### Socioeconomic, cultural and environmental conditions
- Location of residences/Lack of access to healthy foods
- Cultural beliefs leading to unhealthy food choices
- Lack of money to purchase enough/healthy foods
- Excess of marketing of unhealthy foods
- Lack of adequate resources in the childcare setting for better quality food and physical activity opportunities.

### Living and working conditions (institutions)/health conditions
- Low wages
- Long working hours of parents
- Lack of access/support to breastfeeding (e.g. No support in the workplace or ability to for storage of expressed milk)
- Lack of open spaces for garden/recreation
- Lack of cooking facility (ex. Single Residency Occupancy Hotels)
- Lack of adequate resources in the childcare setting for better quality food and physical activity opportunities.

### Social and community networks
- Social isolation due to long working hours &/or unsafe neighborhoods

### Individual lifestyle
- Lack of knowledge about healthy eating and physical activity
- Patterns of behavior
- Too much screen time

**List best practice strategies or intervention activities to address the problem.**

**Influencing policy and legislation**
- Standardized obesity screening
- Fund CalFresh up to 185% FPL
- Increase funding for community gardens in low income communities

**Changing organizational practices**

**Educating providers**
- Educate providers on obesity screening

**Community education**
- Educating populations on marketing of unhealthy food and the impact this has on their food selection and shopping patterns.

**Strengthen individual knowledge and skills**

**List stakeholder or community partner organizations who will help to address the problem**
Perinatal Mental Health, Strategies & Partners Worksheet

**Describe a local problem**

1 in 10 women in San Francisco reports depression before and/or after pregnancy

**Population Indicators: How is the county doing?**

<table>
<thead>
<tr>
<th>Data A:</th>
<th>Data B:</th>
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</table>

**What are the key causes of the problem?**

*Socioeconomic, cultural and environmental conditions*
- Toxic stress
- Poverty
- Education level
- High crime in neighborhood/community violence
- Racism

*Living and working conditions (institutions)/health conditions*
- Unemployment
- Lack of pregnancy leave
- Lack of job security
- Moved/unstable housing
- Unpaid bills
- Food insecurity

*Social and community networks*
- No practical/emotional support
- Interpersonal violence
- Patchwork of services
- Stigma
- Lack of awareness

*Individual lifestyle*
- Overweight/obesity pre-pregnancy
- Lack of role models
- Unwanted/mistimed pregnancy
- Substance use
- Homeless
- Separated/divorced
- Teen parent
- Alcohol
- Smoking
- Adverse childhood experiences
- In child protective system
- Lack of access to health and mental health care
- Poor nutrition
- Poor access to nutrition

**List best practice strategies or intervention activities to address the problem.**

*Influencing policy and legislation*
- Pass soda tax to decrease obesity and fund mental health programs
- Funders to require contract agreement with grantees to address this topic/provide education

**Changing organizational practices**
- Add issue to healthy mothers workplace
- Assess and intervene early before severely impacted
- Patchwork/better interface with mental health

**Educating providers**
- About perinatal mental health screening (assess, counsel, refer, follow-up)
- Where to refer??
- Develop task force/work group (ob providers, mental health, CBO)

**Community education**
- Family Resource Centers to provide support to pregnant and postpartum women
- Utilize promotor model

**Strengthen individual knowledge and skills**
- Educate women of signs and symptoms of depression/mental health issues
- Increase postpartum visit

**List stakeholder or community partner organizations who will help to address the problem**
Substance Abuse in Perinatal Population Strategies & Partners Worksheet

Describe a local problem
Prevalence of substance abuse in SF Perinatal Population

Population Indicators: How is the county doing?

<table>
<thead>
<tr>
<th>Data A:</th>
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<tbody>
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</table>

What are the key causes of the problem?

Socioeconomic, cultural and environmental conditions
- Trauma
- Poverty
- Nature of addiction
- Racism-externalized and institutionalized
- Stress
- Abuse
- Availability of drugs, alcohol

Living and working conditions (institutions)/health conditions
- Drugs in the neighborhood, conditioned/normalized

Social and community networks
- Family or intergenerational substance abuse
- Dysfunctional social network
- Lack of family residential treatment

Individual lifestyle
- Early initiation of substances

List best practice strategies or intervention activities to address the problem.

Influencing policy and legislation
- Restriction/regulation of legal substances availability
- Community policing-Mayor’s office of policy: prevention of violence
- Embedding services

Changing organizational practices
- Fragmented coordination of care or lack of care coordination
- Key players in perinatal services meeting
  - CPS
  - Clinics
  - Treatment centers
  - CBHS

Educating providers
- Identifying
- Comfort level and education of providers to have the conversation
- Non-judgmental care
· Barrier: stigma SFGH
· Family planning

**Community education**
· Marketing/ad campaign
· Recognition of high stress and education around coping, self-care
· Support for families

**Strengthen individual knowledge and skills**

**List stakeholder or community partner organizations who will help to address the problem**
Poor Birth Outcomes in African Americans, Strategies & Partners Worksheet

**Describe a local problem**

Black infants in San Francisco are two times more likely to be born prematurely than White and Asian infants.

---

**Population Indicators: How is the county doing?**

<table>
<thead>
<tr>
<th>Data A:</th>
<th>Data B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm birth rates (under 37 weeks) are 6.2% for Whites, 7.6% for Asians, 9.1% for Latinos, and 14.5% for Blacks.</td>
<td></td>
</tr>
</tbody>
</table>

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**What are the key causes of the problem?**

**Socioeconomic, cultural and environmental conditions**
- High poverty rates-unemployment
- Low education achievement
- Chronic stress
- Racism
- No affordable housing
- Disconnect from the knowledge and power of African American culture
- Access to services (discrimination)
- Cultural incompetence
- Trauma

**Living and working conditions (institutions)/health conditions**
- No affordable housing
- Crime, drugs, safety
- Food insecurity
- Safety net cutbacks-Food stamps, CalWorks (Federal, State and City)
- Unstable work hours

**Social and community networks**
- Lack of responsive and trained contract services
- Erosion of community connections replaced by government agencies
- No community activist/leadership

**Individual lifestyle**
- Social isolation
- No positive self-identity (cultural/ internalized racism)
- Marijuana and tobacco use
- Fragile intimate partner relationships and support systems

---

**List best practice strategies or intervention activities to address the problem.**

**Influencing policy and legislation**
- Housing-dedicated funding and housing for pregnant women and families
- Radical commitment to address institutional, organizational racism
- Create policies to recruit and retain African American providers

**Changing organizational practices**
- Onsite community and social services (at dedicated housing for pregnant women)
- Cultural shift/priority-think outside the box
### Educating providers
- The healthcare workforce does not look like the population
- Impact communities earlier
- Address token provider
- Think outside the box

### Community education
- Strengthen multi-sector partnerships across program areas.
- Do not work in silos
- Infusing positive African-American culture in community programming

### Strengthen individual knowledge and skills
- Citywide maternal stress management group education project (Equity institute)
- How to build community and social support

**List stakeholder or community partner organizations who will help to address the problem**
Poor birth outcomes in African Americans, Strategies & Partners
Worksheet

Describe a local problem
African Americans have disparities in infant mortality. There is a five-fold disparity between Black and White babies.

Population Indicators: How is the county doing?

<table>
<thead>
<tr>
<th>Data A:</th>
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</thead>
<tbody>
<tr>
<td>Infant mortality rates (per 1,000 live births) are 2.4% for Whites, 2.1% Asians, 4.7% Latinos, and 14.4% for Blacks.</td>
<td></td>
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</tbody>
</table>

What are the key causes of the problem?

Socioeconomic, cultural and environmental conditions
Racism
Inequities in the justice system/high rates of incarceration
Environmental racism/environmental justice
Erosion of community and culture/Cultural isolation
Trauma
No affordable housing
Unemployment
Disconnect from the knowledge and power of African American culture

Living and working conditions (institutions)/health conditions
Income and wealth disparity
  o money stressors
Lack of access to workplace supports for the working class
Access to healthy working conditions
Food security/food access (leading to obesity)
Community violence

Social and community networks
Chronic low educational achievement (failed public school interventions)
Access to prenatal care
  o long wait times
  o being able to get an appointment

Individual lifestyle
Experience of trauma and chronic stress
  o mental health stressors
Smoking
Self-determination is undermined by institutional racism, poor educational outcomes, and lack of employment opportunities

List best practice strategies or intervention activities to address the problem.

Influencing policy and legislation
Access to affordable housing
  o SF voucher system to supplement Section 8
Expand workplace supports to address unemployment
  o employment development
Create policies to recruit and retain African American Providers
Address the disparities in the criminal justice system
Group housing transportation pass
### Changing organizational practices
- Reinvent education system
- Integration/partnership of resources among agencies
- Expand services at clinics to maximize the client’s time (wrap around services)
- Chronic disease prevention
- Work force development expansion
- Trauma informed system of care (i.e. citywide trauma trainings)

### Educating providers
- Clinical systems of care (QI)
- Cultural humility training
- Knowledge of services to refer patients

### Community education
- Know Your Rights/Resources
  - marketing campaign (211/311)
- Develop community leaders
- Economic development program (Treasurer’s Office)
- Mission Promise grant
  - other financial incentives
- Case management support

### Strengthen individual knowledge and skills
- Financial empowerment/Consumer Education
- Know Your Rights/Resources
- Positive cultural identity
- Life Planning

---

**List stakeholder or community partner organizations who will help to address the problem**
# Pregnancy and Depression, Strategies & Partners Worksheet

## Describe a local problem
1 in 5 low income women in San Francisco experience depression before and/or after pregnancy.

## Population Indicators: How is the county doing?

<table>
<thead>
<tr>
<th>Data A:</th>
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</table>

## What are the key causes of the problem?

### Socioeconomic, cultural and environmental conditions
- Poverty;
- cultural expectations;
- family pressure;
- lack of respect or confidence.

### Living and working conditions (institutions)/health conditions
- Violence/crime;
- household dynamic;
- lack of support at work (bf, pressure to return to work, losing job);
- lack of privacy (crowded housing);
- recently immigrated.

### Social and community networks
- Lack of social support;
- social isolation;
- childcare;
- car seats (lack of resources);
- stigma;
- providers lack of confidence with screening/resources.

### Individual lifestyle
- Domestic violence;
- teen pregnancy;
- unplanned pregnancy;
- high risk pregnancy;
- substance abuse;
- major lifestyle change;
- exhaustion;
- pre-existing depression;
- stopping depression meds.

## List best practice strategies or intervention activities to address the problem.

### Influencing policy and legislation
- Mandate depression screening and referral in OB clinics and pediatric clinics;
- funding of resources to address depression;
- policy for longer maternity leaves;
- improve education/free college.
### Changing organizational practices

- Use Edinburgh scale;
- support groups;
- family support;
- workplace practices – BF support, loner maternity leaves, part time schedules.

### Educating providers

- Train health care providers on how to screen, refer, follow-up.

### Community education

Billboards

PSAs

- de-stigmatize

### Strengthen individual knowledge and skills

- Educate mom that baby blues are normal and who to turn to for help
- Educate patients about rights/choices
- Refer to resources.

---

**List stakeholder or community partner organizations who will help to address the problem**
Pregnant Women and IPV, Strategies & Partners Worksheet

Describe a local problem
1 in 10 pregnant women with Medi-Cal coverage experience IPV during pregnancy.

Population Indicators: How is the county doing?

Data A: 

Data B: 

What are the key causes of the problem?

Socioeconomic, cultural and environmental conditions
- Low income
- Education
- Jobs & unemployment
- Racism
- Less power
- Immigration status
- Language barrier
- Normalizing domestic violence
- Exposure to domestic violence
- Perpetrator stress
- Gender roles

Living and working conditions (institutions)/health conditions
- No jobs available
- Homelessness
- Stress of being a parent
- Lack of screening

Social and community networks
- Lack of support
- Isolation
- Poor management of skills
- Language barrier
- Lack of transportation
- Lack of resources
- Lack of follow through by providers/clients

Individual lifestyle
- Mental health
- Substance abuse
- Fear of leaving the situation
- Developmental delay

List best practice strategies or intervention activities to address the problem.
Influencing policy and legislation
- Mandatory treatment
- Domestic violence court
- Anger management before release from jail

**Changing organizational practices**
- Partner advocacy

**Educating providers**
- Private screening of domestic violence-using evidence based tool
- Policy for providers regarding follow through
- Educate on cultural sensitivity
- Educating non-traditional providers
- Educate police officers

**Community education**
- Available resources
- Gender role-start at middle school
- Marketing on social medical and transportation

**Strengthen individual knowledge and skills**
- Anger management: start at adolescence
- Peer support
- Mental health and substance abuse education

**List stakeholder or community partner organizations who will help to address the problem**
## Preterm Births, Strategies & Partners Worksheet

### Describe a local problem
Low income, Latina, and African American women have increased risk of preterm births.

### Population Indicators: How is the county doing?

<table>
<thead>
<tr>
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<th>Data A:</th>
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<tbody>
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</table>

### What are the key causes of the problem?

#### Socioeconomic, cultural and environmental conditions
- Neighborhoods
- Single parents-stress
- Education-drop out rate/low academic achievement
- Food desert-no access to healthy foods
- Trauma
- No access to health services/overcrowded clinics
- Limited unwelcoming services (at clinics)
- Low income-income disparity

#### Living and working conditions (institutions)/health conditions
- Stress
- Unemployment
- Poverty
- Poor nutrition
- Gentrification-unaffordable /substandard housing
- Work environments not monitored (under the table)
- Dead end jobs
- Discrimination
- Trauma
- Undocumented --stress
- No training and job development programs

#### Social and community networks
- Stress
- Isolation
- Depression
- Gentrification-cultural isolation
- Lack of culturally specific providers-black and latino
- Limited culturally competent prenatal care
- Cultural erosion and family-no African dance, traditional community organizations
- No emphasis on girl-womanhood programs
- Stigma-access to mental health and other services
- discrimination

#### Individual lifestyle
- Stress-health disparities chronic diseases
- Low self-advocacy
- Low self efficacy/esteem
- Lack of personal empowerment
- Poor nutrition
- Depression/mental health
- Trauma
- Lack of financial empowerment-education and money management
- Low positive cultural identity
- Unintended mistimed pregnancies
- Life planning

**List best practice strategies or intervention activities to address the problem.**

**Influencing policy and legislation**
- Increase education spending
- Affordable housing
- Zoning laws-how many liquor stores in an area
- Revitalize neighborhoods (schools, library, parks, community centers) book mobile, jazz mobile
- Re-entry policy
- Justice-criminal justice reform

**Changing organizational practices**
- Recruit and retain staff of color
- Increase outreach and awareness (health promotion/media campaign)
- Coordination of services-more PHN in community
- Client centered reproductive life planning counseling and education
- Organizations commitment to change the organizational culture
- Operational practices that are client centered
- Mental health practitioner/ liaison in every program
- Coordinate messages

**Educating providers**
- Specific training
- Collaboration/linkages
- Collective impact
- Early intervention

**Community education**
- Advocacy
- Culturally relevant education
- Opportunity for community engagement (volunteer, neighborhood focus activity)
- Culture revitalization

**Strengthen individual knowledge and skills**
- Self-advocacy
- Self care
- Eat better, exercise, meditate, rest

**List stakeholder or community partner organizations who will help to address the problem**
SF Residents and IPV, Strategies & Partners Worksheet

**Describe a local problem**
San Francisco residents are experiencing Intimate Partner Violence

<table>
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</tbody>
</table>

**What are the key causes of the problem?**

**Socioeconomic, cultural and environmental conditions**
- Untreated Mental Health due to stigmatization;
- perinatal depression;
- generations (cycles) of violence;
- cultural norms, i.e., women given less power;
- cultural adaptation;
- culturalization;
- immigration status;
- language barriers;
- poverty

**Living and working conditions (institutions)/health conditions**
- Poor housing/homelessness;
- unsanitary;
- close living headquarters/small living space;
- lack of understanding rights as working person;
- transitional living conditions;
- cost of living in SF!!

**Social and community networks**
- Stigma to access/Mental Health/Prevent;
- shame involved with accepting/sharing;
- lack of education (Mental Health);
- lack of medical coverage;
- long wait list to access services;
- high turnover in mental health staff;
- lack of access in childcare;
- lack of social support – isolation;
- lack of transportation

**Individual lifestyle**
- Fear/Mistrust of help;
- dependent;
- family pattern – violence;
- normalization of illness;
- lack of motivation;
- substance abuse;
- lack of job stability;
- chronic crisis makes baby lower priority;
- non-reporting DV incidents.
### List best practice strategies or intervention activities to address the problem.

**Influencing policy and legislation**
- Mental health reform

**Changing organizational practices**
- Collaborative care
- Better organization for service delivery for care, i.e. 5M, SFGH

**Educating providers**
- IPV screening tools;
- comfortable environment;
- trauma informed care – providers should recognize signs;
- collaborative care;
- non-judgmental/non-bias

**Community education**
- Healthy relationships in school/self-esteem beginning in early education
- Parent education
- Address common myths and misconceptions about IPV
- Teaching different cycles of IPV (non-gender specific)

**Strengthen individual knowledge and skills**
- Safety plan
- linkage to resources

### List stakeholder or community partner organizations who will help to address the problem
Substance Abuse Among Young Adults, Strategies & Partners Worksheet

**Describe a local problem**
Increased use of alcohol and drugs among 15-44 year olds (more specifically ages teens-20’s)

<table>
<thead>
<tr>
<th>Population Indicators:</th>
<th>How is the county doing?</th>
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</thead>
<tbody>
<tr>
<td><strong>Data A:</strong></td>
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</tr>
<tr>
<td>Data from 15-44 women of reproductive age. Drugs/alcohol before last sexual encounter among 13-17 year olds.</td>
<td></td>
</tr>
<tr>
<td><strong>Data B:</strong></td>
<td></td>
</tr>
<tr>
<td>13-17 year olds, 25.9% reported feeling sad/hopeless</td>
<td></td>
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</tbody>
</table>

**What are the key causes of the problem?**

- **Socioeconomic, cultural and environmental conditions**
  - Undiagnosed/treated mental health
  - Lack of strong parenting/mentoring
  - Past history of trauma

- **Living and working conditions (institutions)/health conditions**
  - 13-17 year olds, 25.9% reported feeling sad/hopeless

- **Social and community networks**
  - Racism
  - Teasing, bullying based on ethnicity (see pg. 10 lifecourse indicators)

- **Individual lifestyle**

**List best practice strategies or intervention activities to address the problem.**

- **Influencing policy and legislation**
  - We need to continue funding Nurse Family Partnership
  - Quality preschool access

- **Changing organizational practices**
  - Substance abuse treatment-family focus vs. individual focus
  - Community generation approach
  - Combine substance abuse program with parenting program

- **Educating providers**
  - Utilize Family Resource Centers
  - Family planning

- **Community education**
  - Engage faith community
  - Convening sites close to client
  - Schools
  - Headstart-parent outreach and education

- **Strengthen individual knowledge and skills**
  - Cultivate leadership among population served
  - Positive outlets

**List stakeholder or community partner organizations who will help to address the problem**
Young Women’s Health, Strategies & Partners Worksheet

Describe a local problem
Young women are not making well-woman visits to prevent obesity, chronic disease or behavioral health issues.

Population Indicators: How is the county doing?

<table>
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<tr>
<th>Data A:</th>
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<tbody>
<tr>
<td>Only 7% of women ages 20-29 had a well visit within the last 12 months.</td>
<td>14% of women ages 20-29 had a well visit from 2010-2012</td>
</tr>
</tbody>
</table>

What are the key causes of the problem?

Socioeconomic, cultural and environmental conditions
- Lack of insurance
- Unaware of how to obtain insurance
- Too high of cost, or co-pays
- Lack of transportation
- No child care
- Language barriers
- Lack of education, unaware of how often to seek preventative services
- Lack of peer support
- Beliefs
- Lack of providers they can identify with

Living and working conditions (institutions)/health conditions
- Unable to go to appointments because unable to take time off. Not enough clinics with after hours.

Social and community networks
- Lack of knowledge of resources to get care. Unaware of clinics, places, resource centers where young women can congregate and learn about their resources or needs of preventative care.

Individual lifestyle
- Low self esteem
- Fear
- Lack of trust in provider

List best practice strategies or intervention activities to address the problem.

Influencing policy and legislation
- Put money into prevention
- Legislation that requires employers to release time for well woman checks which could help to solve after hour clinic issues.

Changing organizational practices
- Create more free or low cost clinics in communities.
- Clinics should be open after hours or on weekends
- More support groups or meetings for women outside of school. Places where they can be educated on family planning, self esteem etc.
Educating providers
- Physicians that match the population they serve. This will provide for better advocacy for clients.
- Improve use of technology among providers. Send texts or email reminders to women when due for next visit.
- Provide more education to clients regarding life goals and planning.

Community education
- Education to public on importance of preconception and Interconception care. Educating public on why it is so important to take care of yourself before pregnancy, even if pregnancy isn’t in near future.
- Recommending cultural practices as a way to connect and support women. Being culturally aware of personal practices and to support the things they are already doing to take care of themselves.
- Design some sort of mentoring program where the older generation would mentor younger generation.

Strengthen individual knowledge and skills
- Get more creative to get information out.
  - Pinterest, instagram, Twitter, Facebook, Kiosks, Bus stops.
- Create an app for smart phones that lists all clinics with way to categorize by service looking for etc.
- Signs which can be scanned and linked to a clinics website