Survey of Community Stakeholders

about

Maternal, Child & Adolescent Health

City & County of San Francisco

2014

The Maternal, Child & Adolescent Health Stakeholder Needs Assessment Survey was designed in collaboration and consultation with multiple departments serving women, families, and children in the City & County of San Francisco. Key organizations involved include: First 5 San Francisco, Human Service Agency, Department of Children Youth & Families, Department on Status of Women, Human Service Agency, Department of Public Health, University of California San Francisco, and others.

Valuable guidance during the Needs Assessment was provided by representatives of the following organizations:

Assemblyman Tom Ammiano

Bayview Child Health Center

Bayview YMCA

California Pacific Medical Center, Child Development Center

Central American Resource Center

Children's Council of San Francisco

Department of Children, Youth and Their Families

Department on the Status of Women

Elaine's Family Child Care

Epiphany Center for Families

First 5 San Francisco

HAND of San Francisco

Homeless Prenatal Program

Human Services Agency

Independent Consultant, Teen and Family Services

Institute at the Golden Gate

Children's Hospital & Research Center at Oakland

Kai Ming Head Start

Lao Seri Association

Legal Aid Society-Employment Law Center

Mission Economic Development Agency -- MEDA

Mission Neighborhood Centers Children's Services Division

Office of Early Care and Education

OMI Family Resource Center

Philip R. Lee Institute for Health Policy Studies

Planned Parenthood Shasta Pacific

Potrero Hill Health Center

Private Practice/SF Doula Group

RAMS, Inc.

San Francisco Child Abuse Prevention Center

San Francisco Health Plan

San Francisco Unified School District

San Francisco WIC

San Francisco Human Services Agency

SFRC /SNBC

South of Market Child Care

Support for Families

Sutter Health

Talkline Family Support Center

The Golden Gate Regional Center

University of California San Francisco

UCSF Family and Community Medicine Residency Program

Urban Services YMCA / WAFRC

Wu Yee Children's Services

Samoan Centers

San Francisco Department of Public Health:

Children's Environmental Health Promotion

Community Oriented Primary Care

Maternal, Child & Adolescent Health

San Francisco General Hospital

San Francisco General Hospital, Children's Health Center

Tobacco Free Project

To obtain copies of this report, please visit: www.sfdph.org/mch. For further information, or to make suggestions, please contact: San Francisco Department of Public Health, Maternal, Child & Adolescent Health, Epidemiology Unit, 30 Van Ness Avenue, Suite 260B, San Francisco, CA.

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EXECUTIVE SUMMARY

In 2014, the San Francisco Department of Public Health Maternal, Child & Adolescent Health division surveyed local MCAH stakeholders to identify priority health problems of women, children, and adolescents in San Francisco, and their potential Key Causes.

Respondents from over 40 organizations identified 19 health outcomes. With the exception of sexually transmitted disease, the reported health outcomes were conditions that significantly impact health over the life course or chronic diseases. Problems were identified for children under age 5, children with special health care needs, low income and minority women, families, and pregnant and postpartum women. Multiple social determinants of health were considered to be Key Causes of all reported health problems. Respondent's views were compiled and expressed into 19 summary problem statements.

The results of the MCAH stakeholder needs assessment survey were discussed in workshops with community partners in Spring 2014. The summary problem statements are the backbone for the 2015-2020 MCAH Action Plan.

BACKGROUND

The San Francisco Department of Public Health, Maternal Child & Adolescent Health (SFDPH-MCAH) is conducting a local MCAH needs assessment to inform the 2015-2020 MCAH Action Plan. The results will guide essential public health functions[1]: to inform, educate, and empower people about health issues, mobilize community partnerships to solve health problems, develop policies and plans that support health efforts, enforce laws and regulations that protect health and ensure safety, link people to needed personal health services, assure the provision of health care when otherwise unavailable, and assure a competent health care workforce.

The SFDPH-MCAH needs assessment is part of a statewide and national Maternal & Child Health (MCH) needs assessment process, which is mandated every five years by federal Title V MCH Block Grant reporting requirements. In 2014, local jurisdictions will report local health problems and causes to the state MCH department, which in turn will synthesize and report statewide MCH needs to the federal MCH in 2015. A key objective of the California needs assessment is to obtain extensive stakeholder input at the local level to identify priority areas for the five year action plan[2].

The California needs assessment process involves multiple components, including the review of needs assessment reports prepared by other local agencies and community partners, review of epidemiologic data, assessment of MCAH system capacity, and gathering of input from local stakeholders and the public.

To coordinate the local and statewide efforts, local jurisdictions are requested to apply specified conceptual frameworks to address specific aims, and report findings in a standardized format. The conceptual frameworks specified for the 2015 California Needs Assessment[2] are the Social Determinants of Health, Life Course Approach, Health Equity, and Population Health Model[3-5]. The specific aims of the assessments are to: 1) identify health problems of women, children, and adolescents, 2) understand the key factor(s) and social determinants contributing to each problem, and 3) express each problem using a standardized statement of the form “X population is having Y problem due to Z cause”.

In 2013-2014, the SFDPH-MCAH initiated all needs assessment activities. Over 10 San Francisco needs assessments, relevant to children, youth, women, and families, were identified and reviewed. Epidemiologic data were compiled into a Life Course Indicator table[6]. Local partners and stakeholders were engaged via survey and meetings. This report describes the methods and results of the stakeholder survey.

SURVEY OBJECTIVE

The objective of the SFDPH-MCAH Staff & Community Partner Survey was to gather stakeholder input regarding local health problems to inform the 2015-2020 MCAH Action Plan. The survey goals were to 1) collect responses to specific MCAH Needs Assessment questions, which are standardized across California counties, 2) enable stakeholders to report health problems and key causes, which may not already be addressed by SFDPH-MCAH, and 3) capture information about the social determinants of health, in alignment with the CADPH Needs Assessment.

The specific aims of the SFDPH-MCAH Staff and Partner Survey were to:

- Identify health problems of women, children, and adolescents in San Francisco that are prioritized by MCAH staff and partners.
- Identify factor(s) that MCAH staff and partners consider to be key causes of each problem.

SURVEY METHODS

Survey population: All SFDPH-MCAH staff and community partners were invited to participate in a brief online survey. MCAH includes approximately 200 staff involved with over 12 programs, which each, in turn, collaborate with multiple community partners. Although not representative of all San Franciscans, MCAH staff and community partners have decades of relevant substantive knowledge and experience. The survey population is actively working on health issues affecting San Francisco women, children and/or adolescents, and in position to efficiently intervene.

Survey protocol: MCAH program managers circulated an email invitation to their existing community partners and staff to participate in the survey. Staff and partners had the option to respond anonymously or respond with their name, title, contact information, and availability to participate in stakeholder meetings to discuss health needs in San Francisco in depth.

***Questionnaire*:** The online survey included two open-ended questions, with a multi-line space for a free text answer. Each question mapped to a question in the CA Needs Assessment materials. Respondents were invited to repeat the two questions to report multiple health problems, if desired.

- In your opinion, what is an important public health problem affecting women of child-bearing age, infants, children and/or adolescents in San Francisco?
- What are key causes of this problem?

Data analysis: The qualitative data were collected using surveymonkey.com and analyzed by MCAH Epidemiology using a systematic coding scheme that included categories of the Health Equity, Life Course, and Social Determinants of Health conceptual frameworks (see Table 1 and Figure 1)[2-7].

Reported health problems were grouped as health outcomes or health determinants. Health outcomes reported by *both* MCAH staff and community partners were identified. Health determinants were treated as causes. Reported key causes were grouped with respect to socio-economic, cultural, environmental, social network, and individual risk factors.

The analysis described, in qualitative terms, the types of health problems identified by respondents, and the population groups affected by each type of problem, regardless of the number of times mentioned.

For problem health outcomes reported by both MCAH staff and community partners, key causes were summarized. Health determinants and health outcomes were cross-tabulated.

The results were expressed in standardized problem statements of the form ‘X population has Y problem due to Z cause’, consistent with statewide CADPH Needs Assessment efforts.

Figure 1. Social Determinants of Health

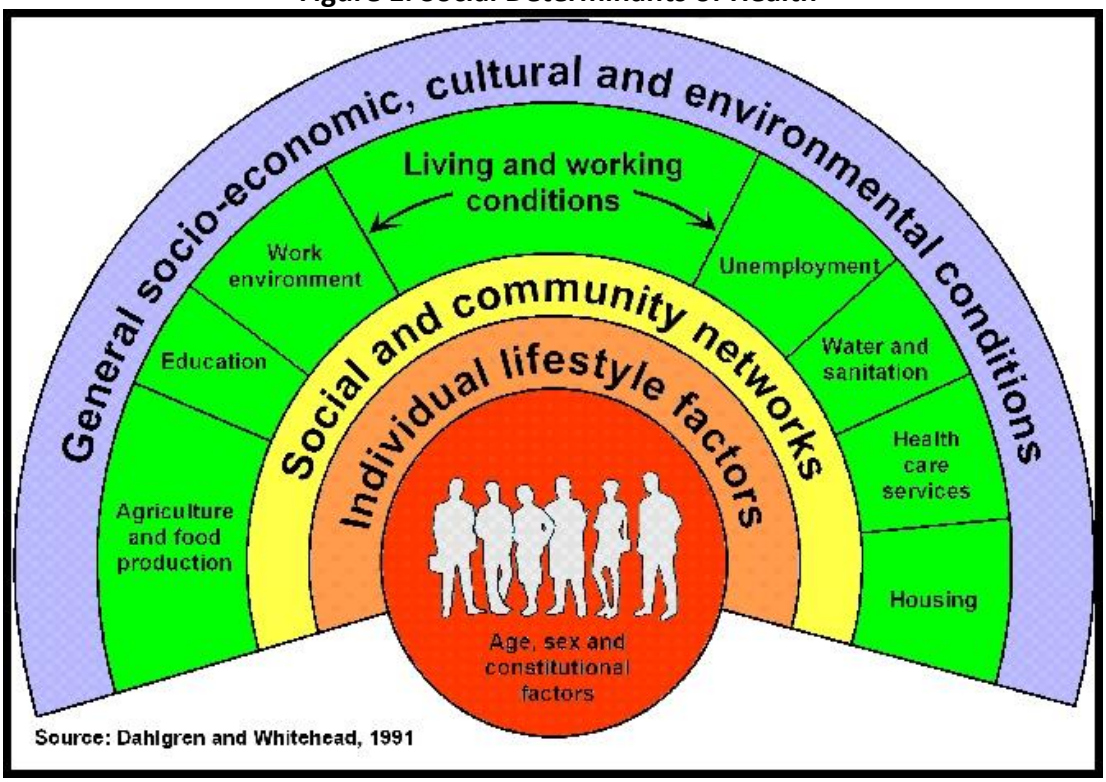


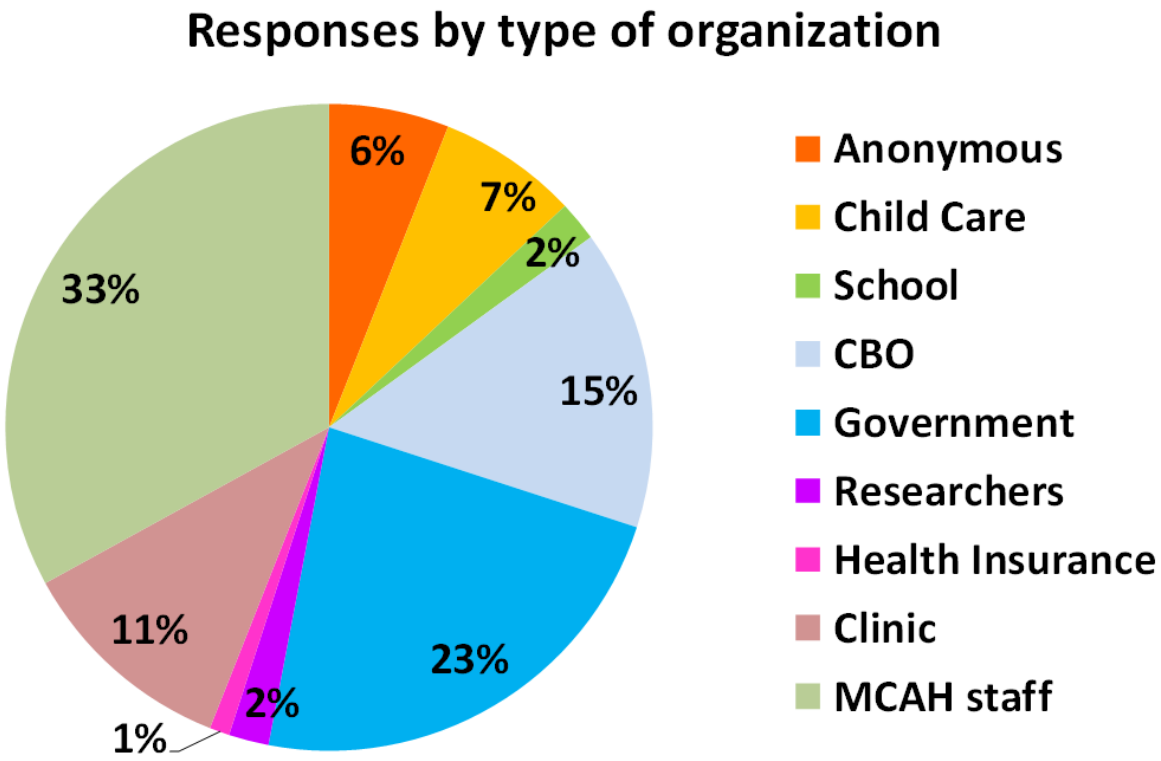
Table 1. Analysis categories

Analysis domain	**CADPH MCAH Needs Assessment Conceptual Frameworks**	**Analysis categories**
Health outcomes	Health equity	Health disparities
	Life Course	Mistimed pregnancy
		Pregnancy complications
		Poor birth outcomes
		Developmental issues
		Lack of preventive health care
		Communicable disease
		Injury, abuse, trauma
		Chronic disease
		Poor mental health
		Poor well-being
Health determinants	Health equity	Health determinant inequities
	Social Determinants of Health	
		Socio-economic conditions
		Cultural conditions
		Environmental conditions
		Food
		Education
		Work environment
		Unemployment
		Water & sanitation
		Health care & social services
		Housing
		Social & community networks
	Individual lifestyle factors	Age, sex, constitution
		Health behaviors
		Psychosocial (Stress, resilience)
		Exposure history
		New to San Francisco

SURVEY RESULTS

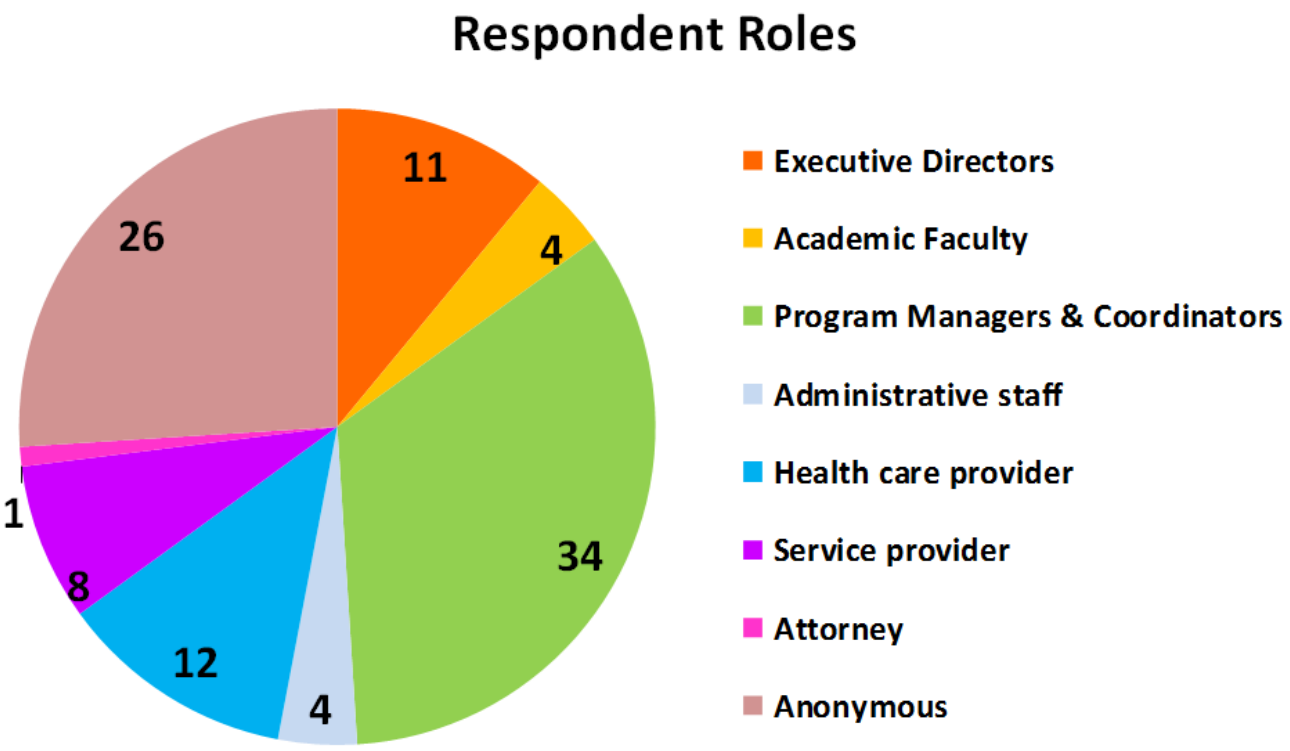
Respondent characteristics

The survey was completed by 113 respondents from 46 organizations, including child care centers, schools, community based organizations, government agencies, researchers, health insurance representatives, clinicians, and MCAH staff.



The respondents represented a variety of public health stakeholders, including directors, academic faculty, program managers, administrative staff, health care providers, service providers and attorneys.

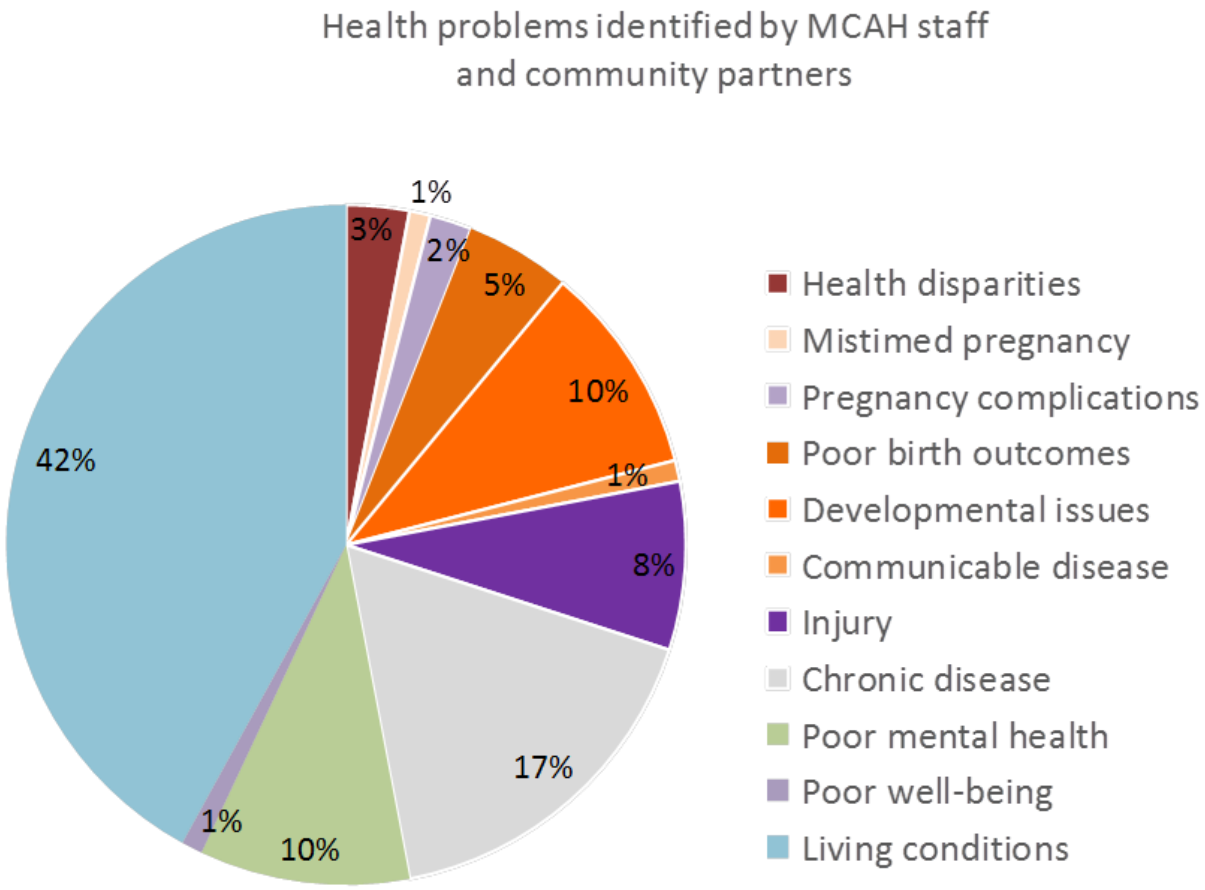
- The directors included Program Executive directors, Senior Community Planners, and Medical Directors.
- The health care providers included Pediatrician, Primary care and Specialist MDs, PHNs, Doula, Midwives, Nutritionists, and Physical therapists.
- The non-clinical service providers included Social Workers, Support Group Facilitators, Child Care Providers, and Health educators.



Health problems

In your opinion, what is an important public health problem affecting women of child-bearing age, infants, children and/or adolescents in San Francisco?

- Respondents identified 198 health problems, including 106 clinical health outcomes and 92 upstream health determinants.



Problem health outcomes

Respondents identified 19 types of health outcomes as important MCAH problems. Of these, 12 were reported by both MCAH staff and community partners.

With the exception of sexually transmitted disease, the majority of reported health outcomes included conditions that impact the life course early in childhood, chronic conditions, and mental health. Table 2 shows respondents' comments about problem health outcomes.

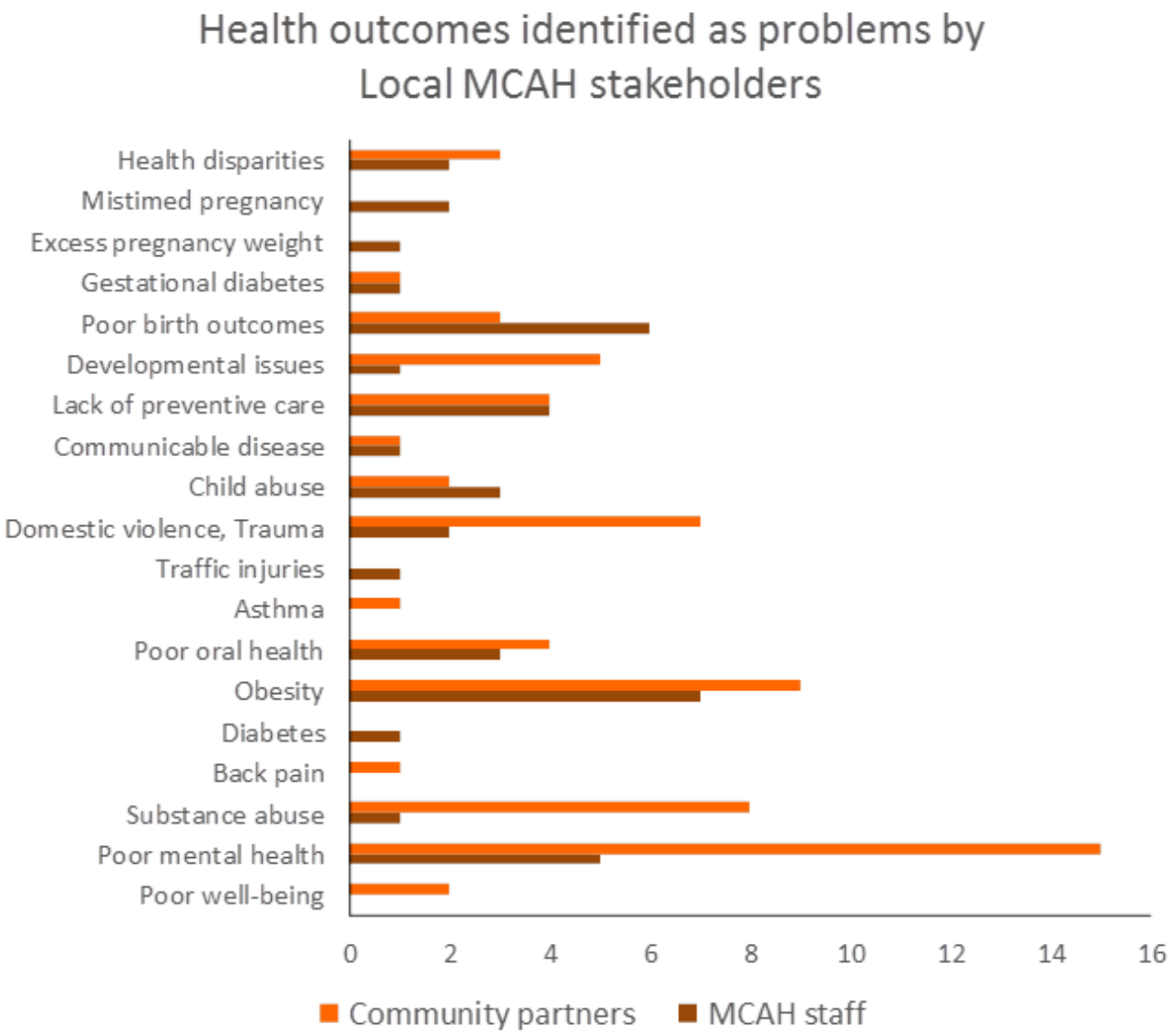


Table 2. Example comments about problem health outcomes

Analysis sub-categories	Verbatim responses
Health disparities	*"Racial disparities", "Health disparities", "The huge disparities in outcomes"*
Mistimed pregnancy	*"Unplanned and teen pregnancy"*
Pregnancy complications	
Excess pregnancy weight	*"Obesity during pregnancy"*
Gestational diabetes	*"Gestational Diabetes"*
Poor birth outcomes	*"Infant mortality"* *"Low birthweight, prematurity"*
Developmental issues	*"Child development", "Brain development", "[Need for] developmental/behavioral services in a timely manner", "Children are arriving to school without being identified for health or learning challenges", "Physical performance and cognitive function..performance on tests at school", "Innate loss of resiliency"*
Lack of preventive health care	*"Poor access and utilization of healthcare", "Not going back for medical care", "[Lack of] preventative health care and early care during pregnancy", "Late entry into prenatal care"*
Communicable disease	*"Sexually transmitted disease"*
Injury	*"Trauma"*
Child abuse	*"Child abuse", "Child maltreatment"*
Domestic violence	*"Domestic violence/intimate partner violence"*
Traffic injuries	*"Pedestrian and traffic injuries and fatalities"*
Chronic disease	
Asthma	*"Chronic disease prevention such as asthma"*
Poor oral health	*"High prevalence of dental caries experience"*
Obesity	*"Obesity", "Unhealthy weight gain"*
Diabetes	*"Diabetes", "Type II diabetes"*
Back pain	*"Back pain"*
Substance abuse	*"Tobacco addiction", "Tobacco, drug, and alcohol use"*
Poor mental health	*"Stress, anxiety & depression", "Toxic stress"* *"Family stress, parental burn-out, degradations in physical and mental health of parents", "Immense family pressures"* *"Social isolation, maternal depression"* *"Unmet mental health conditions"*
Poor well-being	*"Children in poorer neighborhoods do not have a clean and safe place to play and explore their environments. Leading to decrease in physical activity, obesity, poor well-being"*

Problem determinants of health

Multiple social determinants of health were cited as health problems, including aspects of the socio-economic, cultural, and physical environment. Table 3 shows example comments about problem health determinants.

- **Health inequities** were reported for disenfranchised communities and neighborhoods.
- **Poverty,** the cost of living in San Francisco, and lack of health insurance were reported economic problems.
- **Cultural** problems included beliefs and ways of thinking about medicine and clinical services, individual and provider roles, modes of communication, and understandings and expectations about available resources.
- The **environment** lacks transportation, nature, parks, and play spaces, and contains health hazards such as mold and lead.
- The **food system** does not provide for affordable, healthy food in all neighborhoods.
- **Education** resources are lacking for schools, health education, nutrition education and physical activity education. There is a lack of awareness about available resources.
- The **work environment** lacks job opportunities, regular schedules, child care options, and breastfeeding opportunities.
- Gaps in **health care & social services** included a lack of health screening, lack of timely, seamless, coordinated, collaborating systems, lack of mental health services for all age groups, lack of transition services, lack of culturally sensitive services, language barriers, underutilization of reproductive health care, lack of transportation to clinics, lack of home visiting and parent/family supports, lack of child care services and cost.
- **Housing** problems include housing insecurity, homelessness, unsafe housing and heavy metal exposure.
- **Social & community network** problems included lack of organizational collaboration, social isolation, overcrowding, and lack of parenting support and neighborhood safety.
- **Health behaviors** identified as problems included smoking, alcohol, substance abuse, and poor nutrition and physical activity practices, including unhealthy shopping, cooking, and food and drink choices.

Table 3. Example comments about problems that are determinants of health

Health determinant	Verbatim responses
Health inequities	*"Disenfranchised communities", "Income inequality", "segregation among ethnic groups", "Inadequate resources … in Southeast San Francisco"*
Socio-economic conditions	*"Poverty", "Cost of living in SF", "Chronic economic stress (e.g. will I be able to make rent this month)", "[Need for] early childhood investments", "Lack of viable economic options", "Overall poverty and the associated stresses of poverty"*
Cultural conditions	*"Health beliefs and perceptions", "Lack of health literacy, skills to communicate their needs, cultural differences, and assertiveness for needed help and services.", "Barriers to data sharing"*
Environmental conditions	*"Limited transportation", "Exposure to toxins and air pollution", "Unsafe environments, dirty streets, air pollution, lack of trees and gardens", "Lack of opportunities for physical activities", "Need access to nature and play spaces" "Lead and other heavy metal exposure"*
Food supply	*"Food insecurity", "Access to affordable food and fresh food", "A great deal of processed food, including soda and chips for … purchase on the way to school"*
Educational environment	*"Lack of education and empowerment", "Poor school attendance" "[Need for] education runway; schools need improvement", "Not aware of resources available", Not "knowing where to go for care", "Lack of health education", "[Need for] nutrition education and resources", "Not enough time for physical recreation", "[Lack of] client-centered perinatal education, pre-conception education, detail family planning counseling"*
Work environment	*"Economic opportunities for entry positions", "Inability to access employment-related legal rights to pregnancy and lactation accommodations, leave, and wage replacement benefits", "[Lack of] safe and affordable child care, and regular schedules with availability of sufficient hours"*
Unemployment	*"Lack of economic opportunity"*
Water & sanitation	*"Lack of drinking fountains and public restrooms"*
Health care & social services	*"Access to health insurance in a timely manner", "All schools in SF should have a wellness center, including elementary schools", "Access to family planning", "ACCESS-ACCESS,ACCESS to both therapist AND psychiatrists and screening", "Lack of mental health services", "Access to mental health care with bilingual assistance in person, not online which doesn't work well", "Access to expert care and transition services", "Lack of easily accessible, affordable care", "There is a huge unmet need for home visiting and family supports connecting families to services..We do not have consistent developmental supports", "Lack of affordable child care and afterschool programs", "Transportation seems to limit access to programs"*
Housing	*"Safe housing", "Unhealthy housing and neighborhood", "Housing insecurity", "Homelessness", "Lack of space.. at home,.. tight quarters.. Families may be living with a variety of other families and individuals"*
Social & community networks	*"Lack of collaboration between CBOs and clinics; need warm handoffs, not just referrals", "Access to a seamless mental health support system starting with prenatal mental health, postpartum depression, through childhood" "Social isolation", "Neighborhood safety…Families often feel like they must stay in, which prevents parents and children from more fully engaging in their neighborhoods. This can lead to isolated families with poor social support network"*

Population groups in San Francisco affected by health problems

Respondents identified problem health outcomes for specific population groups, ranging in age from infancy, through childhood, adolescence, and adulthood (see Table 4).

Multiple health outcomes were identified for pregnant women, children under age 5, children with special health care needs, adolescents, postpartum women, families, ethnic minorities, immigrants, and low income groups. Direct quotes from respondents regarding specific population groups are shown in Table 5.

Multiple problem health determinants were also identified for pregnant women, young children, school aged children, children with special health care needs, adolescents, postpartum women, families, ethnic minorities, immigrants, and low income groups (see Table 6).

Specific kinds of families were identified as having problems: "Families who live in Bayview/Hunter's Point", "low-income families", families who "do not understand the system", and "families with children with special health care needs".

Low income was reported to be a problem at many levels, for individuals, groups of "women with low income", groups that "lack of access to information, quality food and resources", families, and neighborhoods.

Respondents identified problems for program "clients" as well as "community partners" and "CBOs and clinics".

Table 4. Population groups in San Francisco reported to have problem health outcomes

Health outcome	**Population group**								
	Pregnant women	**Children**	**Children with special needs**	**Teen**	**Young adults**	**Women**	**Postpartum Women**	**Families**	**Ethnic minorities**
Health disparities									X
Mistimed pregnancy				X					
Excess pregnancy weight	X								
Gestational diabetes	X								
Poor birth outcomes									X
Developmental issues		X		X					
Lack of preventive health care	X	X	X	X	X	X			
Communicable disease									
Child abuse		X						X	
Domestic violence, Trauma									x
Traffic injuries									
Asthma									X
Poor oral health		X						X	X
Obesity	X	X					X		X
Diabetes	X						X		
Back pain							X		
Substance abuse				X		X			
Poor mental health	X	X	X	X			X	X	
Poor well-being		X							

Table 5. Population groups reported to have problem health outcomes in San Francisco

Problem health outcomes	**Population affected**
Health disparities	*"Women of color and folks experiencing poverty"*
	"Children of color, particularly Latino and African American children"
Mistimed pregnancy	*"Teen pregnancy"*
Pregnancy complications	*"An important health problem affecting women of child bearing age is being overweight and developing gestational diabetes"*
Poor birth outcomes	*"African American mothers"*
Developmental issues	*"Early childhood"*
	"Families with young children"
	"Transition age youth"
Lack of preventive health care	*"Children"*
	"At-risk adolescents and young adults"
	Pregnant women
	"Women feeling disrespected and not listened to by medical staff"
	"Women who are struggling"
Communicable disease	
Child abuse	*"Child maltreatment and families at risk for child maltreatment"*
Domestic Violence, Trauma	*"Women of color and folks experiencing poverty"*
	"Women who drink and/or use drugs have more trauma"
Traffic injuries	*"Pedestrian and traffic injuries"*
Asthma	
Poor oral health	*"0-5 y.o. population"*
	"Families"
Obesity	*"Childhood"*
	"Obesity during pregnancy"
	"Women with child rearing responsibilities"
Diabetes	
Back pain	*Women with "high child care and child rearing responsibilities"*
Substance abuse	*"Women and adolescents"*
Poor mental health	*"Child development & mental health issues"*
	"Children and adolescents with special health care needs"
	"Stress, anxiety & depression among adolescents"
	Isolated women, postpartum women
	("Social isolation, maternal depression")
	"Immense family pressures"
Poor well-being	*"Children in poorer neighborhoods"*

Note: Population groups were not specified for sexually transmitted disease, asthma, or diabetes.

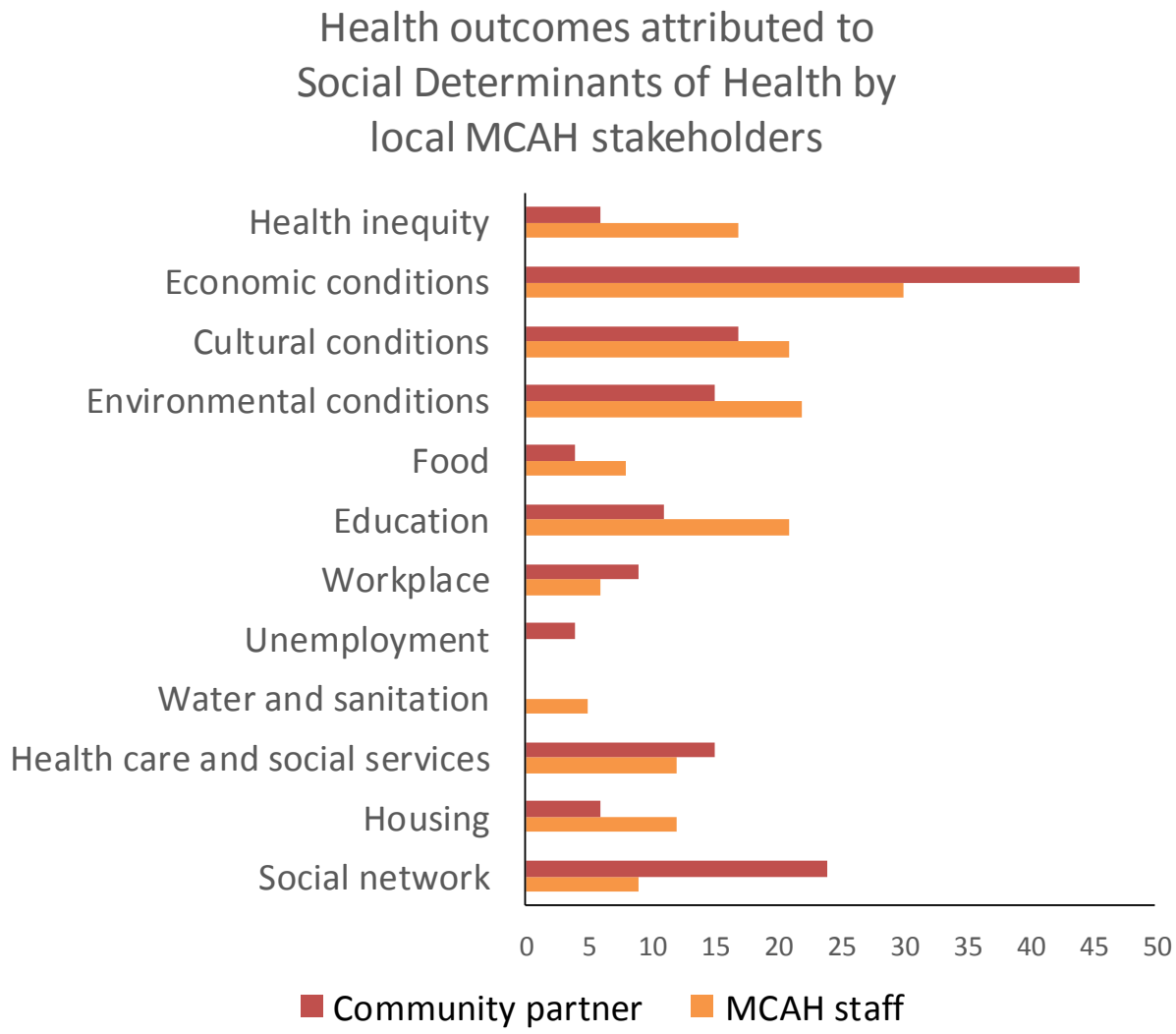
Table 6. Population groups reported to have problem health determinants

Problem health determinants	**Population specified**
Health inequities	*"This is especially true for families who live in Bayview/Hunter's Point, as well as for families with children with special health care needs"*
Socio-economic conditions	*"Women with low income", "Women of color"* *Families with "Young children and .. school aged children"*
Cultural conditions	*Groups in "poverty"* *"Otherwise healthy mothers"* *Immigrants who are "not fluent in English"* *Families who "do not understand the system"*
Environmental conditions	*"Low income groups"* *"Families"* *"Families with children with special health care needs"* *"Children in poorer neighborhoods"* *"Children of all ages, but especially during early childhood"*
Food	*"Children of all ages, but especially during early childhood need access to nutritious, organic foods"* *"School-age children"* *"Low income MCA population"* *"Low income neighborhoods"*
Education	*"Clients"* *"Pregnant mothers and mothers of infants and toddlers"*
Work environment	*"Low-income families"*
Unemployment	
Water & sanitation	
Health care & social services	*"Many children in SF do not access early intervention"* *"Families with young children"* *"Families of children with special health care needs"* *"Early Childhood and Adolescent and Young Adult"* *"Pregnant mothers and mothers of infants and toddlers"* *"Women with low income"* *"Women of color"*
Housing	*"Women and families"*
Social & community networks	*"Community partners"* *"CBOs and clinics"* *"Postpartum women"*
Health behavior	*Groups in "poverty" that "lack of access to information, quality food and resources"* *"Women and adolescents"* *"Families and schools"*

Key causes of health problems

The majority of health outcome problems (76%) were attributed to social determinants of health, as opposed to individual lifestyle factors.

Both MCAH staff and community partners identified socio-economic, cultural, environmental, and social network factors as key causes of health problems in San Francisco.



Socio-economic, cultural and environmental causes of health problems in San Francisco

- Health problems were frequently attributed to "poverty", the "high cost of living" in San Francisco, "dot-com style inflation", "lack of economic opportunity", "financial difficulties raising children", "financial disincentives", "economic and social disparities", "inadequate insurance coverage", and "underfunding".

- Culture, beliefs, values, understandings, and expectations were reported as key causes of health problems, including "racism", "lack of culturally appropriate care", "stigma", "medicalization of birth", "negative stereotyping of women", "deeply entrenched social structures", "habitual, institutionalized intake of beverages", "lack of knowledge about the importance", "lack of mindfulness", "failure to prioritize", "industry targeting", and "cultural norms". Gaps in leadership and policy, expressed as a "lack of commitment on the part of local government to effect change", "lack of political will to tackle" issues, "poor planning or ineffective community partnerships", and "a community and government system that does not support raising children in the city", were also identified as key causes of health problems.

- Aspects of the environment identified as key causes of health problems in San Francisco included "lack of transportation", difficulty accessing "transportation with little ones", "scarcity of supermarkets, farmers markets, produce markets, etc. in many of our neighborhoods while there is an abundance of fast food restaurants", "lack of access to playgrounds.. and green space", lack of parks "clean and free from loitering and especially secondhand smoke", "lack of safe.. walkable neighborhoods", "limited availability of free, palatable drinking water and…not enough public restrooms" and substandard housing. Beyond housing insecurity and overcrowding due to a "lack of affordable housing stock" and "high rents", respondents specified lead exposure in "homes built before lead paint was banned" and "lack of a kitchen" as key causes of health outcome problems.

- Health problems were attributed to gaps in the service environment, including "inadequate schools and youth programs", "not enough accessible nonprofits throughout SF", "not enough affordable child care options for families", lack of "consistent developmental supports for families with young children", "lack of nutrition education" resources, and "lack of collaboration between community partners". Problems were attributed to "long wait times" for clinical appointments, "agencies in silos" limiting case management, and an "inequitable supply of quality patient centered health care". Respondents identified a need for "providers trained in trauma informed care", "teen and young adult trained mental health providers", "providers able to actively address and prevent the underlying issues", and "culturally aware providers".

- "Lack of social cohesion in some neighborhoods", "complicated family relationships", "social isolation", "lack of support", and "neighborhood violence" were social network factors identified as key causes of health problems.

Individual lifestyle factors reported as key causes of health problems

Respondents attributed one quarter of the health outcomes to individual lifestyle factors, including health behaviors, psychosocial factors, and individual exposure history.

Half of the respondents who attributed a health outcome to an individual level factor (23 out of 46) also attributed the health outcome to social determinants of health.

Table 7. Individual lifestyle factors reported as key causes

Individual lifestyle factors	***Age, sex, constitution***
Health behaviors	*"Alcohol, cocaine, opiates"* *"Intake of beverages other than water", "Soda"* *"Physiological factors"* *Failure of families ... to purposefully schedule and prioritize time [for] ...exercise, free-play"* *"Parents and children ignoring each other instead of conversing about life issues"* *"Lack of mindfulness"*
Psychosocial	*"A key cause to this problem is communication, time, and fear"* *"Legal status, fear", "Fear of parental intervention, fear of partner intervention", "Fear of retaliation", "The participants will sometimes forget or do not have the time to call. The participant may also fear that it may be a long drawn process and is afraid to make the phone call. At times, the agency has a voicemail set up and the participant opts not to leave a message."* *"Trauma, isolation"*
Exposure history	*"Many [women] have … many risk factors affecting their health."* *"Addiction"* *"Infection, stress"* *"Inability to navigate health system"*
New to San Francisco	*"Many women are not fluent in English, has cultural, transportation, communication barrier"*

Reported key causes of health disparities

- **Health disparities** were attributed to "multiple causes", including social determinants of health and individual risk factors, and the life course. Respondents specified deeply entrenched discrimination, poverty, beliefs, and aspects of the physical, food, and service environments that limit access to resources.

Table 8a. Reported causes of health disparities	
Health inequity	*"Racism", "Discrimination", "Racial and ethnic issues"*
Socio-economic conditions	*"Deeply entrenched social structures" , "Poverty", "Socioeconomic status"*
Cultural conditions	"*Values and cultural beliefs*"
Environmental conditions	*"Environmental issues"*
Food	*"Lack of access to affordable healthful foods"*
Education	*"Educational attainment"*
Work environment	
Unemployment	
Water & sanitation	
Health care & social services	*"Lack of providers able to actively address and prevent the underlying issues. Lack of access to culturally aware providers and linguistically appropriate services, resources and nutrition education", "Lack of culturally appropriate care", "Long wait times at dental and health clinics. Lack of continuity of care"*
Housing	*"Housing"*
Social & community network	*"[Lack of] unified messaging across agencies targeting the same problems"*
Individual lifestyle factors	
Health behaviors	*"Behavior"*
Psychosocial (fear, trauma)	*"Everyday trauma"*
Exposure history	*"Historical Trauma", "Life course"*
New to San Francisco	

Reported key causes of gestational diabetes

- **Gestational diabetes** was attributed to a lack of ongoing preventive health care, and gaps in sustained health insurance and healthy diet once pregnancy is over.

Table 8b. Reported causes of gestational diabetes	
Health inequity	
Socio-economic conditions	*"Perhaps many moms don't have health insurance to continue yearly medical checkups"*
Cultural conditions	
Environmental conditions	
Food	
Education	
Work environment	
Unemployment	
Water & sanitation	
Health care & social services	*"Lack of continued medical care after pregnancy is over"*
Housing	
Social & community network	
Individual lifestyle factors	
Health behaviors	*"Not continuing to get yearly checkups to make sure their blood sugar is normal", "Not continuing a healthy diet"*
Psychosocial (fear, trauma)	
Exposure history	*"Being overweight"*
New to San Francisco	

Reported key causes of poor birth outcomes

- **Poor birth outcomes** were attributed to a socio-cultural, economic, political, and service environment that does not effectively limit environmental health concerns and risk factors for premature birth for African American mothers. Respondents identified system gaps that result in substandard housing, and late/incomplete clinical response to incompetent cervix, stress, and infection during pregnancy.

Table 8c. Reported causes of poor birth outcomes	
Health inequity	*"Health inequities and disparities", "Racism", "Discrimination"*
Socio-economic conditions	*"Poverty", "Economics", "Socio-economic status"*
Cultural conditions	*"Cultural beliefs", "Values"*
Environmental conditions	*"Environmental health concerns"*
Food	*"Habitual, institutionalized intake of beverages other than water"*
Education	*"Educational attainment"*
Work environment	
Unemployment	
Water & sanitation	*"Limited availability of free, palatable drinking water in public spaces and workplaces, and not enough public restrooms "*
Health care & social services	*"Late entry into prenatal care", "Poor medical history taking", "Poor maternal health education", "Poor OB monitoring", "Lack of culturally appropriate care"*
Housing	*"Housing, environment", "Homes built before lead paint was banned"*
Social & community network	
Individual lifestyle factors	*"Incompetent cervix, leading to premature birth and neonatal death"*
Health behaviors	*"Late entry into prenatal care"*
Psychosocial (fear, trauma)	*"Stress"*
Exposure history	*"Infection", "Life course"*
New to San Francisco	

Reported key causes of developmental issues

- **Developmental issues** were attributed to the high cost of living in San Francisco, underfunding of programs for families of young children, lack of community commitment, playground and drinking water infrastructure, and system gaps that allow children to "arrive at school without being identified for health or learning challenges".

Table 8d. Reported causes of lack of developmental issues	
Health inequity	*"Income inequality"*
Socio-economic conditions	*"Poverty", "High cost of living", "Inadequate insurance coverage", "Under-funding", "Inadequate funding for programs which serve children 0-5", "[Inadequate] funding for playground improvement, and green space design"*
Cultural conditions	*"[Lack of] community commitment", "Lack of awareness", "Policies that require other beverage intake with meals"*
Environmental conditions	*"Lack of access to playgrounds", "Limited availability of free, palatable drinking water in public spaces and workplaces, and not enough public restrooms"*
Food	*"[Need funding for] families to purchase organic fruit and milk"*
Education	*"Lack of formal education", "Families don't know about child development and don't know what questions to ask"*
Work environment	*"Lack of employment opportunities, low skilled low wage jobs"*
Unemployment	
Water & sanitation	
Health care & social services	*"Lack of providers", "PCP lack up-to-date information, there is no system for screening in SF", "All schools in SF should have a wellness center, including elementary schools"*
Housing	
Social & community network	*"Lack of coordinated system where children fall through cracks"*
Individual lifestyle factors	
Health behaviors	*"Habitual, institutionalized intake of beverages other than water"*
Psychosocial (fear, trauma)	
Exposure history	*"Physiological factors", "Innate loss of resiliency, especially with women whom are struggling"*
New to San Francisco	*"High numbers of immigrants"*

Reported key causes of lack of preventive health care

- **Lack of preventive health care** was attributed to lack of public awareness about the importance of prevention and early care, lack of systematic health education in schools, and lack of social networks that model preventive health behavior. Respondents identified service gaps that allow individuals to miss opportunities for timely health screening and ongoing health care.

Table 8e. Reported causes of lack of preventive health care	
Health inequity	*"Health inequities and disparities", "Discrimination", "Sexism"*
Socio-economic conditions	*"Poverty", "High cost of living", "Underfunding of the system", "Many have to work and go to school and cannot attend to their health needs until too late", "Inadequate insurance"*
Cultural conditions	*"Racial and ethnic issues", "Socioeconomic status", "Values and cultural beliefs", "Lack of good role models", "Negative stereotyping of women", "Societal and political problems that have some basis in how resources are allocated", Public "unaware of the importance of prevention and early care", "Cultural differences", "Families are not aware of resources available to them, and even when they are they don't want to access services thinking to save needed resources for other families who are in worst circumstances", "No real/genuine engagement efforts to work closely with communities experiencing high rates"*
Environmental conditions	*"Transportation, communication barriers", "Sparsity of facilities"*
Food	
Education	*"Need for] educating public on the importance of prevention and early care", "Lack of health literacy, skills to communicate their needs", "Lack of focus of education in all schools level on … health education and well-being in general", "School environment", "Lack of formal education and poverty which promotes exclusion"*
Work environment	*"Lack of employment opportunities"*
Unemployment	
Water & sanitation	
Health care & social services	*"Lack of providers", "Inundated clinics, limited appointments with providers", "Fragmented unaligned systems", "Delays and fracturing… of the system", "Inequitable supply of quality patient centered health care", "Lack of sensitivity training[for providers] of needs of homeless and low-income women", "PCP lack up-to-date information, there is no system for screening in SF"*
Housing	*"Housing"*
Social & community network	*"Family environment", "Lack of family and social support", "Lack of support", "Isolation"*
Individual lifestyle factors	*"Many risk factors affecting their health"*
Health behaviors	*"Women who drink and/or use drugs… are less likely to access medical care"*
Psychosocial (fear, trauma)	*"Trauma", "Women feeling disrespected and not listened to by medical staff and professionals", "Stigma", "Fear of parental intervention, fear of partner intervention"*
Exposure history	*"Life course"*
New to San Francisco	*"High numbers of immigrants", "Many women are not fluent in English"*

Reported key causes of sexually transmitted disease

- **Sexually transmitted disease** was attributed to health inequities and gaps in education and economic opportunities.

Table 8f. Reported causes of sexually transmitted disease	
Health inequity	*"Health inequities and disparities", "Discrimination"*
Socio-economic conditions	*"Need more early childhood investments, as well as adolescents and transitions into adulthood"*
Cultural conditions	*"Values and beliefs"*
Environmental conditions	*"Environment"*
Food	
Education	*"Educational attainment", "[Need for] education runway; schools need improvement"*
Work environment	*"[Lack of] economic opportunities for entry positions"*
Unemployment	
Water & sanitation	
Health care & social services	*"Quality of care"*
Housing	*"Housing"*
Social & community network	
Individual lifestyle factors	
Health behaviors	*"Behavior"*
Psychosocial (fear, trauma)	
Exposure history	
New to San Francisco	

Reported key causes of child abuse

- **Child abuse** was attributed to conditions that do not facilitate raising children in San Francisco, poverty, social isolation, and gaps in supports for parents.

T**able 8g. Reported causes of child abuse**	
Health inequity	
Socio-economic conditions	*"Poverty"*
Cultural conditions	*"A community and government system that does not support raising children in the city"*
Environmental conditions	
Food	
Education	*"Parenting skills"*
Work environment	
Unemployment	
Water & sanitation	
Health care & social services	
Housing	
Social & community network	*"Mental health… substance abuse, domestic violence", "trauma such as neighborhood violence, IPV, inadequate support", "parent-child interaction, stress", "Isolation"*
Individual lifestyle factors	
Health behaviors	
Psychosocial (fear, trauma)	
Exposure history	
New to San Francisco	

Reported key causes of domestic violence & trauma

- **Domestic violence** was attributed to historical trauma and normative violence in the family, neighborhood and community, and stressors of poverty. Respondents identified system gaps in mental health services and substance abuse treatment.

Table 8h. Reported causes of domestic violence	
Health inequity	*"Racial and ethnic issues, …discrimination"*
Socio-economic conditions	*"High cost of living", "Poverty", "Socioeconomic status"*
Cultural conditions	*"Values and cultural beliefs", "Historical trauma", "Cultural and normative"*
Environmental conditions	
Food	
Education	*"Lack of education about the issue", "Educational attainment"*
Work environment	
Unemployment	
Water & sanitation	
Health care & social services	
Housing	*"Housing"*
Social & community networks	*"Crime rate is too high", "Community violence", "Neighborhood violence", "Family violence"*
Health behaviors	*"Alcohol, cocaine, opiates", "Women who drink and/or use drugs have more trauma"*
Psychosocial (fear, trauma)	*"Everyday trauma"*
Exposure history	
New to San Francisco	

Reported key causes of poor oral health

- **Poor oral health** was attributed to a lack of understanding about the importance of oral health for overall health by parents and health care providers. Respondents identified need for early fluoride varnish programs, dental providers who accept Medi-Cal clients, and specialist dental providers.

Table 8i. Reported causes of poor oral health	
Health inequities	
Socio-economic conditions	*"Poverty", "High cost of living", "Funding cuts in public sectors", "Lack of health insurance"*
Cultural conditions	*"Lack of dental knowledge", "Lack of understanding of the importance of oral health to overall health, by both parents and providers"* *"Lack of oral health priority to the public health population"*
Environmental conditions	*"Lack of … walkable neighborhoods"*
Food	*"Lack of access to affordable healthful foods"*
Education	*"Parent education"*
Work environment	
Unemployment	
Water & sanitation	
Health care & social services	*"Lack of community outreach", Lack of "early fluoride varnish programs", "Lack of no cost or low cost resources", "Difficulty making appointments – long waits at Medi-Cal dental clinics", "Long wait times at dental and health clinics", "Lack of providers (dental specialists in particular)","Lack of providers that will accept Medi-Cal payment", "Lack of providers able to address and prevent the underlying issues", "Lack of access to culturally aware providers and linguistically appropriate services, resources and nutrition education", "Lack of continuity of care"*
Housing	
Social & community network	*"Lack of unified messaging across agencies", "Lack of safe neighborhoods"*
Individual lifestyle factors	
Health behaviors	*"Feeding practices"*
Psychosocial (fear, trauma)	
Exposure history	
New to San Francisco	*"High numbers of immigrants"*

Reported key causes of obesity

- **Obesity** was attributed to fast food culture, policies that reduce funding for food, and an economic environment where healthy food is expensive and junk food is cheap. Respondents identified system gaps in nutrition education and providers able to address underlying causes of obesity, including lack of social support, high child care rearing responsibilities, trauma, and mental health conditions.

Table 8j. Reported causes of obesity	
Health inequity	*"Income inequality", "Health inequities and disparities"*
Socio-economic conditions	*"Poverty", "Low income", "High cost of living", "Lack of health insurance", "Food insecurity", "Healthy food is expensive. Junk food is cheap", "Funding cuts in public sectors", "Cut in food stamps", "Inadequate funding for programs which serve children 0-5 and their families to purchase organic fruit and milk", "Inadequate funding for playground improvement, and green space design for 0-5 populations", "High.. child rearing responsibilities for women: leads to...unhealthy weight gain"*
Cultural conditions	*"Cultural norms around food", "Fast food culture", "Junk food marketing", "Lack of knowledge of importance of breakfast and nutrition", "Lack of unified messaging across agencies", "Habitual, institutionalized intake of beverages other than water, such as USDA policies that require other beverage intake with meals"*
Environmental conditions	*"Lack of access to affordable healthy food", "Stores in low income neighborhoods not offering many healthy options", "Unhealthy snack and sugary drink.. sell it everywhere", "Lack of safe, walkable neighborhoods", "Lack of access to playgrounds", "For Chinatown SRO families, there is no park that is clean and free from loitering and especially secondhand smoke!!"*
Food	*"Food industry", "Unhealthy" food, "Junk food", "Cheap food is harmful", "Fast-food", "Intake of beverages other than water", "Soda"*
Education	*"Lack of education", Lack of "training on nutrition/physical activity for young children", "Lack of nutrition education"*
Work environment	*"Limited availability of .. drinking water in.. workplaces"*
Unemployment	
Water & sanitation	*"Limited availability of free, palatable drinking water in public spaces and workplaces, and not enough public restrooms"*
Health care & social services	*"Lack of providers able to address... the underlying issues", "Lack of culturally aware providers and linguistically appropriate services", "Lack of continuity of care", "Long wait times", Need for "Breastfeeding support and nutrition education resources... for obesity prevention", "Not enough affordable child care"*
Housing	*"Lack of ..a kitchen", "Housing costs"*
Social & community network	*"Absence of community", "Isolation", "Lack of support", "In the Bayview, Tenderloin, and Visitacion Valley, families are sometimes scared to go venture out in the neighborhood due to high crime rates and violence."*
Individual lifestyle factors	
Health behaviors	
Psychosocial (fear, trauma)	*"Trauma", "Obesity is often related to trauma, violence, and abuse,*
Exposure history	*and a symptom of unmet mental health conditions"*

Reported key causes of substance abuse

- **Substance abuse** was attributed to stressors of poverty, marketing by the tobacco and alcohol industries, and gaps in services to address addiction and mental health issues.

Table 8k. Reported causes of substance abuse	
Health inequity	"Health inequities and disparities", "Discrimination"
Socio-economic conditions	"Poverty", "Socio-economic status", "High cost of living"
Cultural conditions	"Racial and ethnic issues", "Values and cultural beliefs", "Industry targeting"
Environmental conditions	
Food	
Education	"Educational attainment"
Work environment	
Unemployment	
Water & sanitation	
Health care & social services	"Lack of access to timely mental health care", "Quality of care", "[Need for] family focused substance abuse treatment"
Housing	"Housing"
Social & community network	"Violence", "Isolation", "Lack of support"
Individual lifestyle factors	"Addiction"
Health behaviors	
Psychosocial (fear, trauma)	"Stresses of poverty", "Trauma", "Depression", "Immense family pressures", "Mental health issues"
Exposure history	"History", "Family history"
New to San Francisco	"High numbers of immigrants"

Reported key causes of mental health problems

- **Mental health problems** were attributed to a lack of awareness of the issue by policy makers, the economic environment, and system gaps in no/low cost services for children with special health care needs, teens, young adults, pregnant and postpartum women, parents, and immigrants (clinical, educational, transportation, inter-agency).

Table 8l. Reported causes of poor mental health	
Health inequity	*"Racism"*
Socio-economic conditions	*"Economic downturn", "High cost of living", "Economic stressors" "Inadequate insurance coverage", "Underfunded… staff at schools", "Funding cuts in public sectors"*
Cultural conditions	*"Lack of awareness of the issues and lack of political will to tackle them" "Cultural and normative [violence]", "Legal status" "Stressful expectations at high school", "Peer stress/peer pressure"*
Environmental conditions	*"Not enough affordable child care options for families", "Transportation seems to limit access to programs and services. This is especially true for families who live in Bayview/Hunter's Point", "Difficult to access public transportation with little ones especially if it entails multiple connections"*
Food	*"Lack of access to healthy foods"*
Education	*"Under-trained staff at schools that have high concentrations of low-income and traumatized youth", "Lack of knowledge where [to] get care"*
Work environment	*"Would like to be in the workforce… but cannot [due to childcare need]"*
Unemployment	
Water & sanitation	*"Limited availability of free, palatable drinking water"*
Health care & social services	*"Lack of "no cost or low cost resources", "Lack of mental health services, especially for teens", "Lack of providers trained and skilled in trauma informed care", "Few skilled nurses and caregivers can afford to do this kind of work for the inadequate wages that are offered", "Need for warm handoffs, not just referrals", lack of therapist and psychiatrists and screening", "Lack of access to developmental/behavioral services in a timely manner", "Huge unmet need for home visiting and family supports"*
Housing	*"Lack of housing supports"*
Social & community network	*"Lack of collaboration between community partners", "Lack of a seamless mental health support system starting with prenatal mental health, postpartum depression, through childhood", "Living away from extended families", "Complicated family relationships", "Not enough communication between doctors and patients", "Lack of social cohesion", "Isolation", "Lack of support", Lack of safe neighborhoods*
Individual lifestyle factors	*"Inability to navigate the system"*
Health behaviors	*"Habitual, institutionalized intake of beverages other than water"*
Psychosocial (fear, trauma)	*"Fear"*
Exposure history	*"Complex trauma", "Exposure to violence"*
New to San Francisco	*"Immigration issues", "Identity", "Cultural adjustment issues"*

Health outcomes attributed to Social Determinants of Health

Table 9 summarizes the reported health outcomes and key causes. The table columns identify health outcomes attributed to each category of the Social Determinants of Health framework. The table rows identify social determinants of health thought to cause each health outcome.

Poverty was identified as a key cause of all reported health outcomes.

Cultural and environmental conditions were identified as key causes of 14 out of 19 health outcomes.

The **Food** supply, **Education**al environment, **Work** environment, **Health care and social service** environment, and **Housing**, were respectively associated with multiple reported health outcomes.

Social network gaps were identified as key causes of health disparities, developmental issues, lack of preventive health care, injuries, child abuse, domestic violence, substance abuse, poor mental health, asthma, poor oral health, and obesity.

Table 9. Reported health outcomes by Social Determinants of Health

	Community level categories of the Social Determinants of Health									
Health outcome	**Economic**	**Culture**	**Environ[1]**	**Food**	**Ed[2]**	**Water[3]**	**Work**	**Services**	**Housing**	**Social[4]**
Health disparities	X	X	X	X	X			X		X
Mistimed pregnancy	X	X	X		X				X	
Pregnancy weight	X	X	X						X	
GDM	X	X	X		X		X	X		
Birth outcomes	X	X	X		X	X	X	X	X	
Dev. Issues	X	X	X		X	X	X	X		X
Lack of preventive care	X	X	X		X			X	X	X
STD	X	X	X						X	
Child abuse	X	X			X					X
Traffic injuries	X		X							X
Asthma	X									X
Poor oral health	X	X	X	X	X			X		X
Obesity	X	X	X	X	X	X	X	X	X	X
Diabetes	X	X	X		X	X	X	X		
DV & Trauma	X	X	X		X			X	X	X
Back pain	X		X				X			
Substance abuse	X	X	X					X	X	X
Poor mental health	X	X	X	X	X	X	X	X	X	X
Poor well-being	X	X	X							

GDM: Gestational diabetes; [1]Environment; [2]Education; [3]Water & Sanitation; [4]Social & community networks

PROBLEM STATEMENT SYNTHESIS

Summary statements for all 19 reported health outcomes are shown in Table 10.

Data collected about population groups, health problems, and key causes were synthesized into a one line statement of standardized format for the CA Needs Assessment. Each problem was expressed as 'X population has Y problem due to Z cause'.

For problems reported by multiple MCAH staff and community partners, the summary statement combines the multiple responses listed in Tables 8a-8l. For problems reported by one stakeholder only, the summary statement includes the associated direct quote about the key cause.

Table 10. Summary problem statements

X population	**Has Y health problem**	**Due to Z cause**
Low income and minority women and children	Have health disparities	Due to deeply entrenched discrimination, beliefs and poverty, and aspects of the physical, food, and service environments that limit access to resources.
Women	Have unplanned pregnancy*	Due to "racial and ethnic issues, socioeconomic status, cultural beliefs, discrimination, housing, environment, educational attainment, and quality of care."
Teen	Pregnancy*	Is associated with "homelessness and trauma".
Overweight pregnant and postpartum women	Develop gestational diabetes and risk for Type II diabetes	Due to a lack of preventive health care and gaps in sustained health insurance and healthy diet once pregnancy is over.
African American mothers	Have poor birth outcomes	Due to system gaps that result in late and incomplete response to risk factors, including substandard housing, incompetent cervix, stress, and infection in pregnancy.
Families with young children, young children, and transition age youth	Have developmental issues	Due to the high cost of living in San Francisco, underfunding of programs for families of young children, lack of community commitment, poor playground and drinking water infrastructure, and system gaps that allow children to "arrive at school without being identified for health or learning challenges".
Children, at-risk adolescents, young adults, and pregnant women	Lack preventive health care	Due to a lack of public awareness about the importance of prevention and early care, lack of systematic health education in schools, lack of social networks that model preventive health behavior, and service gaps that allow children, at-risk adolescents, young adults, and pregnant women to miss opportunities for timely health screening and ongoing health care.
Women	Have sexually transmitted disease	Due to health inequities and gaps in education and economic opportunities.
Low income children and families at risk	Are exposed to child abuse	Due to conditions that do not facilitate raising children in San Francisco, poverty, social isolation, and gaps in mental health and social supports for parents.
Low income and minority women	Experience domestic violence	Due to historical trauma and normative violence in the family, neighborhood and community, stressors of poverty, and system gaps in mental health services and substance abuse treatment.

Table Cont'd.

Table 10. Summary problem statements (Continued)

X population	Has Y health problem	Due to Z cause
Pedestrians	Have traffic injuries*	Due to "the addictive nature of having fingertip access to the entire world" and "increased use of cell phone and internet devices"
Low income groups	Have asthma*	Due to "poverty, trauma, isolation, and lack of support"
The 0-5 year old population and families	Have poor oral health	Due to a lack of understanding about the importance of oral health for overall health by parents and health care providers, as well as need for early fluoride varnish programs, dental providers who accept Medi-Cal clients, and specialist dental providers.
Children and postpartum women	Are obese	Due to fast food culture, policies that reduce funding for food, an economic environment where healthy food is expensive and junk food is cheap, and a service environment that lacks nutrition education and providers able to address underlying causes of obesity, including lack of social support, high child care rearing responsibilities, stress, trauma, and mental health conditions.
Women	are at risk of diabetes*	Due to "not drinking water and sub-optimal hydration …lack of awareness,…institutionalized intake of beverages other than water… physiological factors.. limited availability of free, palatable drinking water in public spaces and workplaces and not enough public restrooms"
Women	Have back pain*	Due to "high child care and child rearing responsibilities.. and not enough affordable child care options for families"
Women and adolescents	Substance abuse	Due to marketing by the tobacco and alcohol industries, stressors of poverty, and gaps in services to address addiction and mental health issues.
Children with special health care needs, teens, young adults, pregnant and postpartum women, parents, and immigrants	Have mental health problems, including child development, stress, anxiety, and depression	Due to a lack of awareness by policy makers, the economic environment, and system gaps in no/low cost services (clinical, educational, transportation, and inter-agency collaboration).

*Health problems reported by one MCAH staff member or community partner are listed with the reported key cause in quotes.

KEY FINDINGS

Respondents to the MCAH Staff & Community Partner Survey:

- Prioritized chronic health outcomes and/or health outcomes that significantly impact health over the life course.

- Identified problems for specific MCAH sub-populations, children under age 5, children with special health care needs, low income and minority women, families, pregnant and postpartum women.

- Perceived social determinants of health to be key causes of local health problems.

- Reported multiple key causes for each problem health outcome, including various community level and individual level factors.

- Attributed multiple health outcome problems to the Social Determinants of Health

LIMITATIONS

The results of this cross-sectional survey point to how local stakeholders currently think about MCAH problems. The results do not represent causal effects.

Although survey respondents have decades of experience addressing MCAH issues in San Francisco, the data reflect the views of only 113 individuals.

Each reported health problem and cause was given equal weight in the analysis, regardless of frequency. No attempt is made to identify the relative importance of health problems or possible causes.

As health determinant problems do not facilitate RBA planning, further work is needed to highlight priority health outcomes impacted by each problem health determinant.

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