

San Francisco

2002 Overview of Health

Who We Are	How We Live
	Our Health



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Introduction

The San Francisco

Department of Public Health is pleased to present you with its annual *Overview of Health* in San Francisco. As in past years, we release this report in honor of Public Health Week, April 1- 5, 2002. The Overview provides our broadest view of the health and well-being of our community and is intended to contribute to the best evidence on health conditions and needs in San Francisco.

Furthermore, we have tried to present data that will be useful for thinking about prevention activities: by showing disparities across groups, determinants of ill health, trends over time, comparisons to state or

national levels or national standards, or by choosing measures of premature death or disability.

This year's *Overview* includes the latest available data about important aspects of the health and well-being of our population. In addition, we continue to expand our information about the major conditions that contribute to the patterns of health, illness and injury in San Francisco.

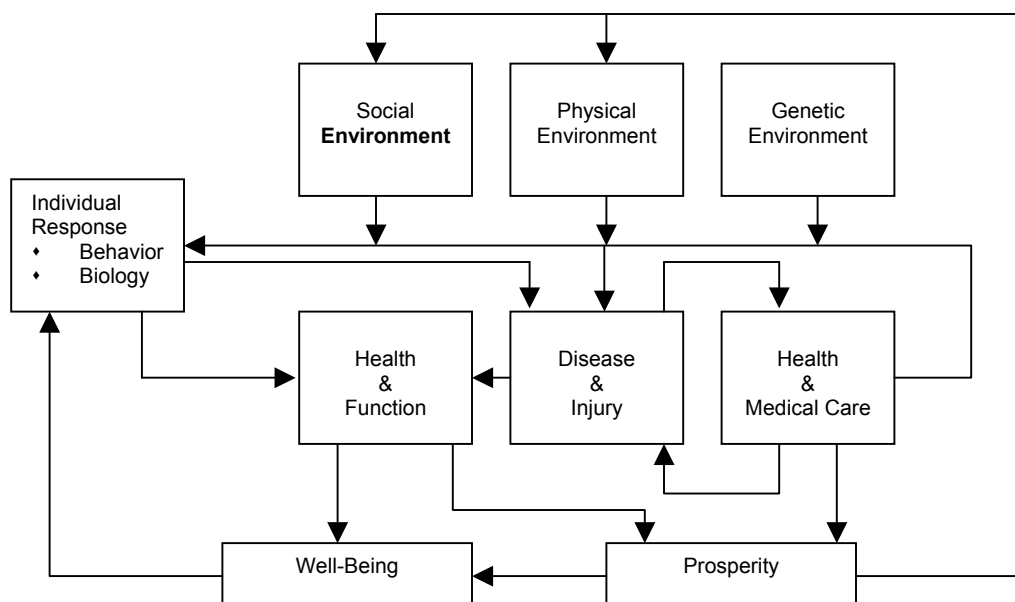
The *Overview* is organized into three sections: "Who We Are" provides a demographic view of the age and ethnic distribution of our population. "How We Live" presents information on conditions

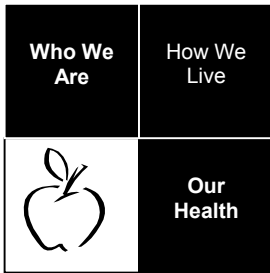
that are known to be major determinants of health in populations, including poverty, socioeconomic conditions, air pollution, crime, substance abuse, and risky behaviors. "Our Health" covers major physical and mental health outcomes.

The Field Model of Health

Our approach is governed by a broad concept of health and well-being. The factors that contribute to health and well-being in our population are described in the following "Field Model."

Field Model of Health





Introduction

In general, the determinants that appear higher up on the diagram contribute to or influence the occurrence of factors lower down on the diagram. Some useful considerations about how a population's health is produced and represented by the diagram, are:

- ◆ The contribution of medical care to a population's health is limited.
- ◆ Conditions of the social and physical environment play an important role in producing different health, disease and injury patterns in our population.
- ◆ Individual factors, such as risk decisions or response to stress, can moderate the general effects of broader environmental factors on health. The occurrence of individual factors can also be patterned by the social and physical environment.
- ◆ Disease and injury, which can be clinically determined and reported in health systems data, are not quite the same thing as health and well-being, which is based on how people experience their own conditions and function with them.
- ◆ To change a population's health profile, we have to consider possible changes in their physical and social environment and in the factors influencing behavior, and not just at health care. Indeed, since many health care interventions occur late in sometimes long sequences of events leading to diseases or injuries, in many cases earlier interventions would be more effective or more cost-effective at reducing the ultimate burden of disease.

Note that each box in the diagram is itself complex, and not likely to be reducible to a single variable in its influence on (or representation of) any population's health and well-being. To begin organizing this complexity into pieces of evidence, we turn to another figure, the "simplified causal web linking exposures and outcomes" on the next page.

Web of Causation and Public Health

The causal web on the next page is "simplified" by the absence of specific examples and the lines that connect them. Such examples can be drawn from this report, which has been influenced by *Healthy People 2010* and by the World Health Organization's *The Solid Facts*. Each of these highly-regarded reports has identified a list of key determinants of health:

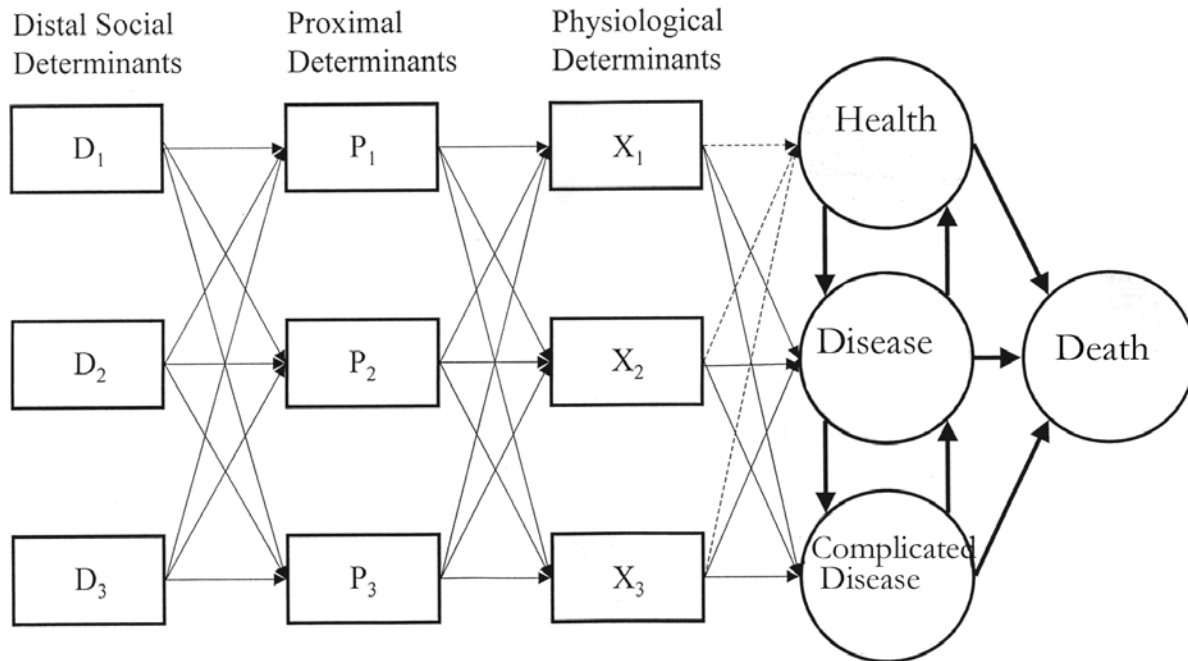
The Solid Facts (WHO)	Healthy People 2020 (DHHS)
The Social Gradient	Physical Activity
Stress	Overweight and Obesity
Early Life	Tobacco Use
Social Exclusion	Substance Abuse
Work	Responsible Sexual Behavior
Unemployment	Mental Health
Social Support	Injury and Violence
Addiction	Environmental Quality
Food	Immunization
Transport	Access to Health Care



Introduction

Simplified causal web linking exposures and outcomes

Adapted from Murray & Lopez, *Epidemiology* 1999;10:594



To illustrate how this model might work, consider heart disease, which is the leading cause of premature death in every zip code and among every ethnic group in San Francisco. Distal social determinants such as stress, work strain, and socioeconomic context contribute directly to heart disease, and also to greater exposure to such proximal determinants of heart disease such as physical inactivity, poor diet, and smoking. Poor diet and physical inactivity lead to obesity, hypertension, diabetes, and lipid disorders, all of which are physiological determinants of heart disease. Smoking increases the risk of heart disease by adversely affecting such physiological determinants as lipid profile, risk of diabetes, and by other mechanisms. Each determinant influences multiple outcomes. For this reason, our report takes very seriously all of the possible influences on the health of San Franciscans.

By assessing our population's health in this manner, and by implementing prevention efforts that are informed by this assessment, we hope to address the two main goals of *Healthy People 2010*: increase the quality and years of healthy life, and eliminate health disparities.

We are pleased to present you with this report and hope it contributes to a better understanding of **who we are, how we live, and our health.** We welcome comments and suggestions. Please send them to:

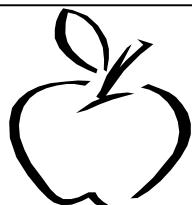
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This report can be downloaded from our web page at www.dph.sf.ca.us, or copies can be obtained from:
Community Programs
San Francisco Dept. of Public Health
(415) 255-3470

Sources:

1. RG Evans & GL Stoddart. *Producing health, consuming health care.* *Soc. Sci. Med.* Vol. 31, No. 12, pp 1347 – 1363, 1990.
2. CJ Murray & AD Lopez. *On the comparable quantification of health risks: lessons from the Global Burden of Disease Study.* *Epidemiology.* Vol. 10, No. 5, pp 594-605, 1999.
3. R Wilkinson & M Marmot. *The Solid Facts: Social Determinants of Health.* WHO Regional Office for Europe. 1998.
4. DHHS. *Healthy People 2010.* <http://www.health.gov/healthypeople/>

San Francisco



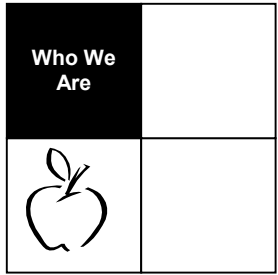
**Who We
Are**

Introduction

Who We
Are

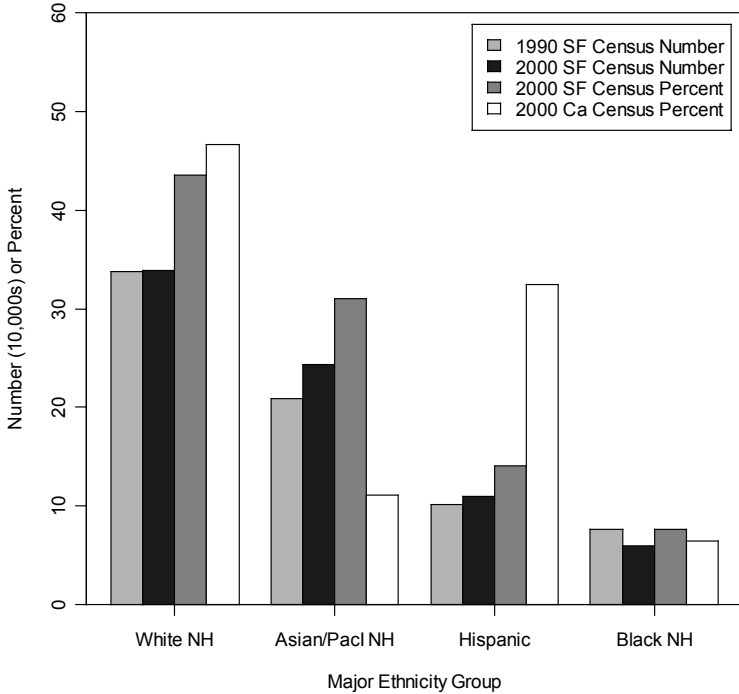


“Who We Are” refers to the characteristics of the population of San Francisco including age, sex and ethnicity. We see differences in health, and social issues relevant to health, across the diverse communities that make up San Francisco’s population. Women and men face many different health and social concerns; there is wide disparity among ethnic groups in relation to health and social issues; and our aging population increasingly affects San Francisco’s health needs.



Demographics

Population by Major Ethnicity Group, San Francisco 1990 and 2000 and California, 2000



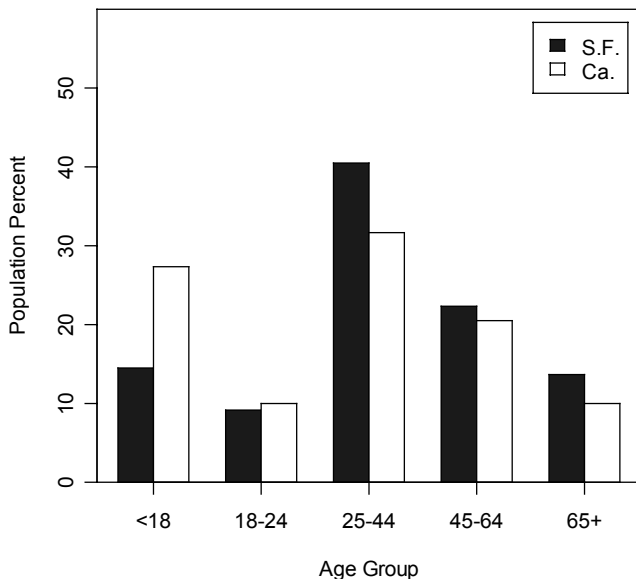
POPULATION

According to the 2000 U.S. Census, San Francisco has the eleventh largest population among California counties. Since 1990 San Francisco's population has increased 7.3% in contrast to a statewide increase of 13.9%. When compared to California as a whole, San Francisco's population is significantly older, with only 14.5% under the age of 18 compared to 27.3% statewide, and 13.7% over 65 verses 10.6% statewide. San Francisco's ethnic makeup is also unique when compared to the rest of the State with a significantly larger proportion of Asian/Pacific Islanders (31.3% vs. 11.2%), and smaller proportions of Latinos (14.1% vs. 32.4%) and Whites (49.7% vs. 59.5%).

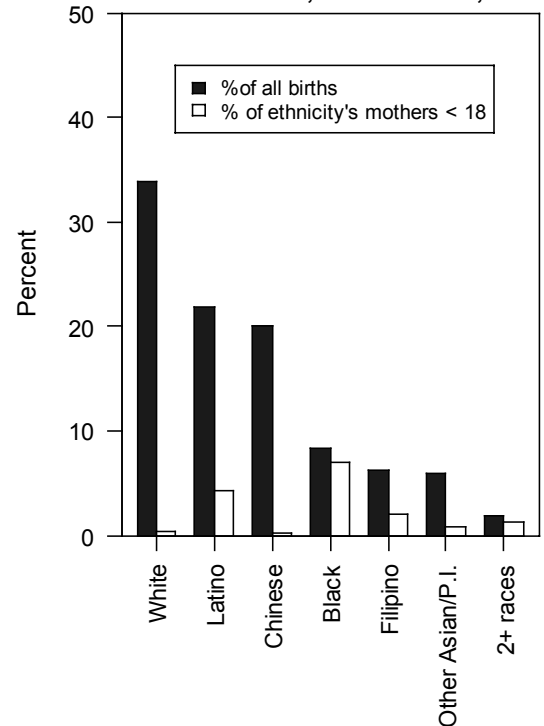
Over 30% of the births in San Francisco were to White mothers. Latino and Chinese women have the second and third highest birth rates respectively. Asian/Pacific Island women or women who identify as more than one race have the lowest rates of birth among San Franciscian woman.

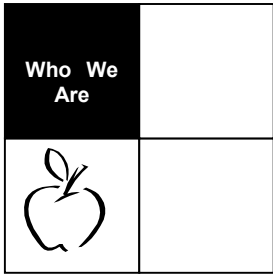
Teen mothers (under 18 years old) are disproportionately African American and Latina, but SF does not have a high teen birth rate.

Population by Age Group San Francisco and California, 2000



Resident Births by Mother's Ethnicity and Teen Births, San Francisco, 2000





Demographics

San Francisco Population by Household Type and Age, 2000

	ALL				Children < 18			People > 65		
	Households	%	People	%	Households	People	%	Households	People	%
All	--		776,733	100%	--	112,802	100%	--	106,111	100%
Households	329,700	100%	756,976	97%	67,074	112,021	99%	78,716	102,016	96%
Non-Family Households	184,514	56%	264,715	34%	846	3,122	3%	36,030	37,767	36%
Single-person	127,376	39%	127,376	16%	--	--	--	32,257	32,257	30%
Male	63,760	19%	63,760	8%	--	--	--	9,978	9,978	9%
Female	63,616	19%	63,616	8%	--	--	--	22,279	22,279	21%
Other householder	57,138	17%	57,138	7%	846	846	1%	3,030	3,030	3%
Male (no wife)	33,141	10%	33,141	4%	471	471	0%	1,456	1,456	1%
Female (no husband)	23,997	7%	23,997	3%	375	375	0%	1,574	1,574	1%
Other non-relatives	--		80,201	10%	--	--	--	2,480	2,480	2%
Group quarters	--		19,757	3%	--	781	1%	--	4,095	4%
Family Households	145,186	44%	466,921	60%	63,021	92,905	82%	42,686	64,249	61%
Married couple	104,310	32%			40,269	70,331	62%	21,839		0%
Other householder	40,876	12%			19,244	22,574	20%	8,741		0%
Male (no wife)	11,674	4%			4,384	4,617	4%	1,717		0%
Female (no husband)	29,202	9%			14,860	17,957	16%	7,024		0%
(Related child)	--				3,207	15,839	14%	--		0%
(Non-relatives)	--		25,340	3%	--	--	--	--	1,600	2%
(With 1+ non-relatives)	72,892	22%								

People < 18 in families for married couples and other householders refers to own children
 source: Ca. Census Data Center, US Census 2000 Summary File 1, 2001; pp. 381-385
<http://www.dof.ca.gov/HTML/DEMOGRAP/2000Cover1.htm>

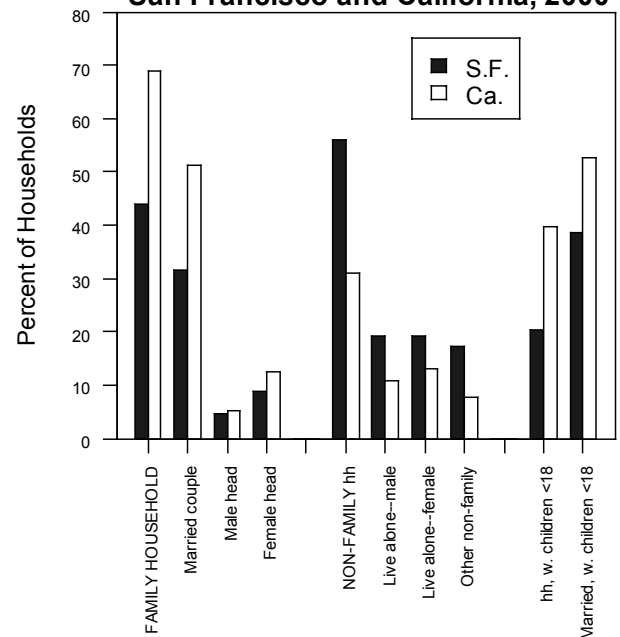
Population—continued

The composition of San Francisco households reflects the City's large number of single individuals. When compared to California as a whole, San Francisco has almost twice the number of non-family households and larger numbers of men and women living alone. San Francisco also has less than half the number of households with children under the age of 18 when compared to California as a whole.

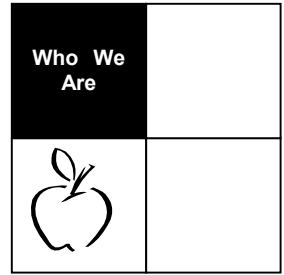
When compared to California as a whole, San Francisco has almost twice the proportion of non-family households. These include 127,000 single person households, split evenly between men and women. However, a third of single person households of women are over 65, while only a sixth of those of men are.

Less than half of San Francisco's households are families (defined as having related persons living together). Even among married-couple families, only 40% have children under 18 in the household.

Household Composition, San Francisco and California, 2000



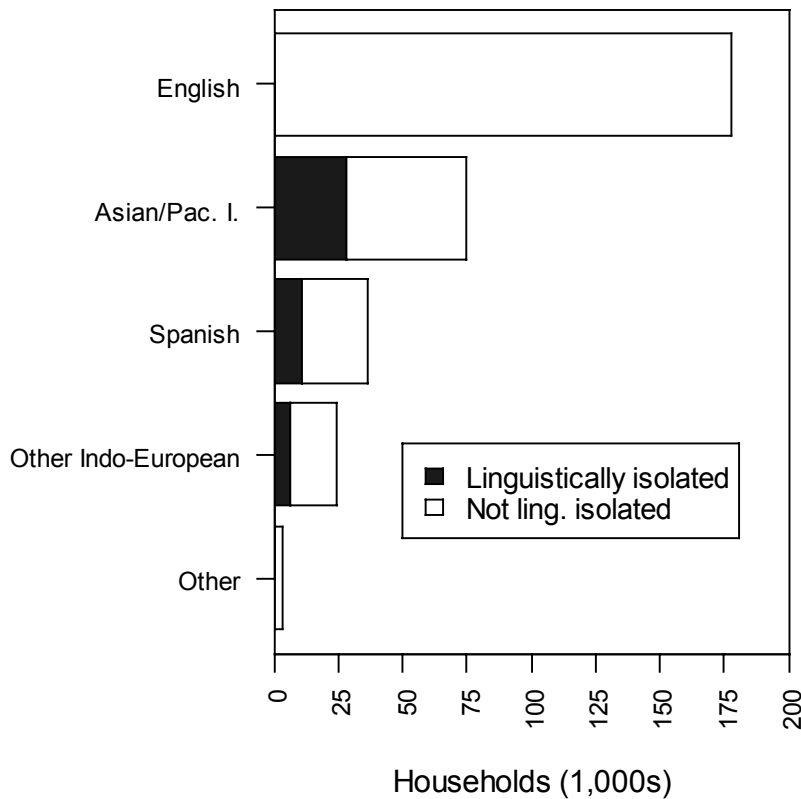
Demographics

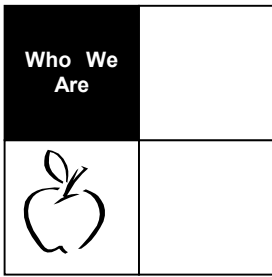


Population—continued

San Francisco's households include a great deal of linguistic diversity. This figure shows that almost half as many households speak any of the Asian languages (primarily Cantonese) as speak English, and about half that number speak Spanish. The dark part of the bars represents "linguistic isolation", meaning households without an English speaker in them. Such households may of course not be linguistically isolated from others in their communities.

Languages Spoken & Linguistic Isolation, San Francisco Households, 1999





Demographics

IMMIGRATION

The composition of San Francisco's population continues to be affected by the many immigrants coming into the City. About 2 out of 5 San Francisco residents were born in foreign countries. They are split fairly evenly among those arriving here over each of the last decades.

Residents by Place of Birth and Decade of Immigration, San Francisco, 1999

