



# San Francisco Community Health Improvement Plan

## 2015 Annual Report



*This report was compiled by the San Francisco Department of Public Health, Population Health Division and Circle Point  
Draft pending feedback*

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<b>2012 CHIP</b>	
<b>PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS</b>	
<b>GOAL</b>	<b>OBJECTIVE</b>
a. Improve safety and crime prevention	i. ↓ violent injury <sup>1</sup>
	ii. ↑ feelings of safety at night
	iii. ↓ severe and fatal pedestrian injuries
b. Reduce exposure to environmental hazards	i. ↓ exposure to air pollution
	ii. ↓ exposure to traffic noise
	iii. ↓ housing violations
	iv. ↓ exposure to second-hand smoke
c. Foster safe, green, “active” public spaces	i. ↑ park/playground safety
	ii. ↑ access to open spaces and natural areas
<b>PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY</b>	
<b>GOAL</b>	<b>OBJECTIVE</b>
a. Increase physical activity	i. ↑ fitness in children
	ii. ↑ time spent walking and/or biking daily
b. Increase healthy eating	i. ↑ access to healthy, diverse food resources
	ii. ↑ daily consumption of fruits and vegetables
	iii. ↓ consumption of sugar-sweetened beverages
c. Increase number of residents who maintain a healthy weight	i. ↓ youth obesity
	ii. ↓ adult obesity
<b>PRIORITY 3: INCREASE ACCESS TO QUALITY HEALTH CARE + SERVICES</b>	
<b>GOAL</b>	<b>OBJECTIVE</b>
a. Improve integration + coordination of services across the continuum of care	i. 100% of San Franciscans enrolled in either health insurance or Healthy San Francisco
b. Increase connection of individuals to the health services they need	i. ↓ barriers to medical care
	ii. ↓ preventable hospital stays among seniors and persons with disabilities
c. Ensure services are culturally + linguistically appropriate	i. ↓ cultural and linguistic barriers to care
d. Ensure San Franciscans have access to a health care home	i. ↑ number of residents with a primary care provider

<sup>1</sup> “Violent injury” refers to stab wounds, gunshot wounds, and injury from as

## Introduction

The San Francisco Community Health Improvement Plan (CHIP) was presented before the San Francisco Health Commission in early 2013. The San Francisco Department of Public Health, in coordination with nonprofit hospital and academic partners as well as the broader San Francisco community, conducted a 14 month community engagement process to create a transparent, community-driven plan for achieving the best health for all of San Francisco. The CHIP is part of a long term systemic effort to address key health priorities in San Francisco.

The CHIP identified three key health priorities for action:

- Ensure Safe + Healthy Living Environments
- Increase Healthy Eating + Physical Activity
- Increase Access to Quality Health Care + Services

For each priority area, the CHIP outlines goals, indicators, and targets to track progress. Below are the values that guided the process of community health improvement:

- Alignment of priorities, resources and actions
- Community connections to support health and well being
- Health equity throughout planning and service delivery

The San Francisco Health Improvement Partnership (SFHIP) was convened in 2013 to implement the CHIP and provide guidance over the city-wide community health assessment and improvement processes. SFHIP is a cross sector collaboration of organizations and networks including the following organizations and coalitions: African American Community Health Equity Council, API Health Parity Coalition, Chicano/Latino/Indigena Health Equity Coalition, Human Services Network, St. Francis Memorial Hospital, St. Mary's Medical Center, California Pacific Medical Center, Kaiser Permanente, Chinese Hospital, San Francisco Community Clinic Consortium, Metta Fund, The San Francisco Foundation FAITHS program, Cal Insurance and Associates, San Francisco Department of Public Health (SFDPH), San Francisco Unified School District, Mayor's Office, University of California CTSI program (UCSF).

SFHIP was developed with the framework of Collective Impact (Common Agenda, Shared Measurement, Mutually Reinforcing Activities, Communications and a Backbone organization). The structure of SFHIP consists of a Steering Committee and a Backbone team comprised of staff from three organizations: SFDPH, UCSF, and San Francisco Hospital Council consultants).

SFHIP meets on a monthly basis. Updates on activities to advance the CHIP in this report were taken from meeting information. This Report is our First Annual Report and provides an update on progress to implement the CHIP including data indicators, strategies, areas of collective action, and recommendations for next steps.

## Methods and Data Sources

To better understand the areas of potential synergy and expanded collective action, SFHIP Steering Committee members reported on the areas of the CHIP that their organization or network has committed to work on through an online survey.

This report provides an update on the following components of the CHIP:

- CHIP indicators
  - The 2012 CHIP outlined 10 goals and 21 objectives, each with an indicator to track progress toward meeting the objective. Baseline data was at the city wide-level, as well as at a more granular level to monitor progress towards health equity. Targets were developed to achieve a 5% rate of improvement by 2016 and 10% by 2020. Data for the 21 indicators represents a wide range of data sources. Updates to the data were obtained through contacting the original data source.
  
- Strategies
  - The 2012 CHIP identified a list of strategies and lead organizations to advance the key health priorities. Updates to these strategies were obtained through reaching out to the lead organizations identified in the 2012 CHIP and requesting an update on their progress to advance those strategies. Additionally, information was obtained from websites and public reports.

## Results to Date and Next Steps

The results listed in this section are a summary of data collected to date. We continue to build on this information through regular reports and will provide updates on an annual basis.

Summary of 2012 CHIP indicator data updates					
Priority Area	# of goals	# of indicators	# of Indicators no new data	# of Indicators with new data	# of indicators moving in the right direction
Ensure Safe + Healthy Living Environments	3	9	5	4 (equity data not available)	1
Increase Healthy Eating + Active Living	3	7	4	3	1
Access to High Quality Health Care + Services	4	5	0	5	5 of 5

- CHIP indicators
  - Appendix A provides an update on new data. Some of the indicators could not be updated at this time because the original data source was no longer available, the data is unstable or the methodology changed.
    - New data available: 12 indicators
    - No new data available: 9 indicators
- CHIP Strategies
  - Appendix B provides an update on strategies identified to advance the CHIP.
  - Appendix C provides examples of strategy reports received from lead organizations.

Summary of CHIP strategies with status updates		
Priority Area	# of strategies listed in the 2012 CHIP	# of updates received
Ensure Safe + Healthy Living Environments	12	10
Increase Healthy Eating + Active Living	15	13
Access to High Quality Health Care + Services	8	7

### Analysis and Recommendations

- SFHIP Steering Committee has reviewed and discussed the data. As the Community Health Assessment (CHA) that provided the data for development of these Indicators is being updated, the Steering Committee will address any problem indicators after completion of the update (projected to be completed by late 2015/early 2016).
- As part of the analysis and review, they will determine whether new data from the revised CHA indicates that Indicators, Goals, Objectives and/or Strategies should be changed.

### Report of SFHIP Activities and Accomplishments

- SFHIP goals include building a long term collective impact initiative around systemic health planning and improvement processes, as well as collective action.
- SFHIP developed a framework for collective action that includes: Building partnerships, Supporting policy and legislation, Facilitating linkages and networking, and Spearheading major initiatives. Appendix D provides a brief summary of SFHIP's work in both areas.
- Based on the responses received through the online survey completed in September 2015, SFHIP Steering Committee members and their organizations contribute to the collective work in the following amounts:
  - 56% work on Priority 1 – Ensure Safe + Healthy Living Environments
  - 81% work on Priority 2 – Increase Healthy Eating + Active Living
  - 69% work on Priority 3 – Increase Access to Quality Health Care + Services

### Next steps

- Data from the survey of Steering Committee members will be further analyzed and presented to SFHIP to inform the development of work plans.
- City wide health assessment – In early 2015 SFHIP formed a Community Health Assessment (CHA) Subcommittee to work collectively to guide the CHA process. The workgroup has been and will continue meeting throughout 2015. The CHA Health Assessment is managed by a DPH Epidemiologist, and members of the SFHIP Steering Committee and Backbone. More information about the CHA process is available at [www.sfhip.org](http://www.sfhip.org)
- SFHIP has developed partnerships with Alcohol Policy Working Group, Children's Oral Health Initiative, and Tenderloin Health Improvement Partnership. For more information about SFHIP's partners, see: [www.sfhip.org](http://www.sfhip.org).
- Major initiative – SFHIP has adopted a major initiative focused on working collectively with a key coalition, SHAPE UP SF, to reduce sugar sweetened beverage consumption and water promotion. A joint workgroup has been established to drive collective measurement, as well as aligned action.

# APPENDIX A



**PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS**

GOAL	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE DATA and TARGETS (from 2012 CHIP)				CURRENT DATA (2015)		NOTES
			EQUITY	CITYWIDE	2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)	EQUITY	CITYWIDE	
a. Improve safety and crime prevention	↓ violent injury (SFGH) <sup>1</sup>	Annual SFGH violent injury incident rate per 100,000 population (SFGH Trauma Registry)	<u>Black/African American:</u> 453.8 <u>Latino:</u> 121.1  <u>Best-performing Asian:</u> 18.9	75.1  (606/year = actual number)	71.3	67.6	No new data available.		Data not tracked regularly.
	↑ feelings of safety at night (SF City Survey/SCI)	Perceived safety at night among adult residents (SF City Survey/City Controller)	<u>94107:</u> 33.9% <u>94112:</u> 32.8% <u>94102:</u> 31.4% <u>94134:</u> 22.9% <u>94124:</u> 13.1 %  <u>Best-performing:</u> <u>94114:</u> 75%	51.1%	53.6%	56.1%	Breakout Data not available by Zip Code	57%	
	↓ severe and fatal pedestrian injuries (SF Pedestrian Safety Task Force)	Severe and fatal pedestrian injuries per 100 road miles, annually (SWITRS via SCI)	<u>District 3:</u> 22.8 <u>District 6:</u> 19.6 <u>District 5:</u> 14.0 <u>District 1:</u> 10.3 <u>District 11:</u> 10.2  <u>Best-performing:</u> <u>District 7:</u> 5.4	8.3	6.2 <sup>2</sup>	4.2 <sup>3</sup>	No new data available.		Data not tracked regularly.

<sup>1</sup> "Violent injury" refers to stab wounds, gunshot wounds, and injury from assault with blunt force.  
<sup>2</sup> Represents a 25% reduction in alignment with the San Francisco Pedestrian Safety Action Plan (PSAP).  
<sup>3</sup> Represents a 50% reduction in alignment with the San Francisco PSAP.  
 \* Statistically unstable due to small subpopulation sample size; best data available.



**PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS**

GOAL	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE DATA and TARGETS (from 2012 CHIP)				CURRENT DATA (2015)		NOTES
			EQUITY	CITYWIDE	2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)	EQUITY	CITYWIDE	
b. Reduce exposure to environmental hazards	↓ exposure to air pollution (SCI)	Proportion of population living in area with 10 ug/m3 or higher 2.5 concentration (SFDPH and Bay Area Air Quality Management District via SCI)	<u>Mission Bay:</u> 15.80% <u>Fin.I District:</u> 7.10% <u>SOMA:</u> 6.10% <u>Bayview:</u> 4.40% <u>Excelsior:</u> 4.00% <u>Best-performing:</u> <i>X neighborhoods are at 0%</i>	1.20%	1.14%	01.08%	No new data available.		Data no longer being tracked.
	↓ exposure to traffic noise (SCI)	Percent of population living within an area with average daytime and nighttime noise levels greater than 60 decibels (SFDPH via SCI)	<u>Downtown/Cvc Center:</u> 99% <u>Western Addition:</u> 98% <u>Fin. District:</u> 97% <u>Haight Ashbury:</u> 96% <u>SOMA:</u> 95% <u>Best-performing:</u> <i>Seacliff: 1%</i>	70%	67%	63%	No new data available.		Data no longer being tracked.
	↓ housing violations (SFDPH)	Annual number of housing violations per 1,000 residents (SFDPH and Department of Building Inspection via SCI)	<u>Downtown/Civic Center:</u> 24.5 <u>Nob Hill:</u> 13.2 <u>SOMA:</u> 11.5 <u>Mission:</u> 10.3 <u>Russian Hill:</u> 9.8 <u>Best-performing:</u> <i>Pacific Heights: 1.2</i>	5.4	5.1	4.9	Breakout Data not available	5.9	Data methodology changed between baseline and current year.

\* Statistically unstable due to small subpopulation sample size; best data available.



**PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS**

GOAL	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE DATA and TARGETS (from 2012 CHIP)				CURRENT DATA (2015)		NOTES
			EQUITY	CITYWIDE	2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)	EQUITY	CITYWIDE	
Reduce exposure to environmental hazards (continued)	↓ exposure to second-hand smoke (HP 2020)	Percent of adults who smoke (CHIS)	<u>Black/African American</u> : 28.5%* <u>Adults 18-24</u> : 26.7%*	11.5%	11.0%	10.4%	<u>Hawaiian/Pacific Islander</u> : 100%* <u>Black/African American</u> : 21.3%*	14.0%	
			<u>Best-performing</u> : <u>Asian</u> : 6%* <u>Seniors</u> : 2.3%*				<u>Best-performing</u> : <u>Asian</u> : 11.4%* <u>Latino</u> : 11.8%*		
c. Foster safe, green, "active" public spaces	↑ park/play-ground safety (CHIS)	Percent of San Francisco playgrounds scoring an "A" or "B" for infrastructure quality and condition, cleanliness, and upkeep (San Francisco Playground Report Card)	Subpopulation disparity data unavailable.	61.0%	64.1%	67.1%	Subpopulation disparity data unavailable.	65.0%	
	↑ access to open spaces and natural areas (SCI)	Percent of land that is open space (SF Planning Department via SCI)	<u>Treasure Island + Yerba Buena Isl</u> : 0.0% <u>Crocker Amazon</u> : 0.6% <u>SOMA/ Nob Hill</u> : 1.3% <u>Mission + Presidio Heights</u> : 2.0% <u>Outer Richmond</u> : 2.9% <u>Best-performing</u> : <u>Seacliff</u> : 70.4%	22.8%	23.9%	25.1%	No new data available.		Data no longer being tracked.

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**PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY**

GOAL	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE DATA and TARGETS (from 2012 CHIP)				CURRENT DATA (2015)		NOTES
			EQUITY	CITYWIDE	2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)	EQUITY	CITYWIDE	
a. Increase physical activity	↑ fitness in children (LGHC)	Percentage of physically fit children within the San Francisco Unified School District who score 6 of 6 on the California Fitness-gram test (CDE and SFUSD)	<u>5<sup>th</sup> Grade (African American): 11.5%</u> <u>7<sup>th</sup> Grade (African American): 12.9%</u> <u>9<sup>th</sup> Grade (Native Hawaiian/ Pacific Islander): 5.1%</u>  <u>Best-performing:</u> <u>5<sup>th</sup> Grade (White): 27.3%</u> <u>7<sup>th</sup> Grade (Asian): 41.5%</u> <u>9<sup>th</sup> Grade (Asian): 44.2%</u>	<u>5<sup>th</sup> grade: 20.3%</u> <u>7<sup>th</sup> grade: 30.4%</u> <u>9<sup>th</sup> grade: 34.8%</u>	<u>5<sup>th</sup> grade: 21.3%</u> <u>7<sup>th</sup> grade: 31.9%</u> <u>9<sup>th</sup> grade: 36.5%</u>	<u>5<sup>th</sup> grade: 22.3%</u> <u>7<sup>th</sup> grade: 33.4%</u> <u>9<sup>th</sup> grade: 38.3%</u>	<u>5<sup>th</sup> Grade (Latino): 11.0%</u>  <u>7<sup>th</sup> Grade (Native Hawaiian/ Pacific Islander): 10.4%</u>  <u>9<sup>th</sup> Grade (Native Hawaiian/ Pacific Islander): 9.6%</u>  <u>Best-performing:</u> <u>5<sup>th</sup> Grade (White): 28.7%</u> <u>7<sup>th</sup> Grade (White): 41.2%</u> <u>9<sup>th</sup> Grade (Asian): 39.4%</u>	<u>5<sup>th</sup> grade: 21.3%</u> <u>7<sup>th</sup> grade: 31.6%</u> <u>9<sup>th</sup> grade: 31.7%</u>	
	↑ time spent walking and/or biking daily (SCI)	Minutes per day residents spend walking and/or biking for non-leisure, utilitarian trips (SFCTA via SCI)	<u>Outer Mission, Bayshore, Hill Districts, and Sunset: &lt; 20 min.</u>  <u>Best-performing:</u> <u>SOMA: 43.3 min.</u>	27.6 min.	29.0 min.	30.4 min.	No new data available.		Data not tracked regularly.
b. Increase healthy eating	↑ access to healthy, diverse food resources (SCI)	Food Market Access Score (SCI)	<u>Treasure Island: 0</u> <u>Visitacion Valley: 25</u> <u>Lakeshore: 29</u> <u>Bayview: 33</u> <u>Ocean View: 45</u>  <u>Best-performing:</u> <u>Downtown/Civic Center: 93</u>	56	59	62	No new data available.		Data not tracked regularly.

\* Statistically unstable due to small subpopulation sample size; best data available.



**PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY**

Increase healthy eating (continued)	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE DATA and TARGETS (from 2012 CHIP)				CURRENT DATA (2015)		NOTES
			EQUITY	CITYWIDE	2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)	EQUITY	CITYWIDE	
			↑ daily consumption of fruits and vegetables (CHIS)	Percent of children and teens (ages 2-17) who consume five or more servings of fruits and vegetables daily (CHIS)	<u>Black/African American: Not Available</u> <u>White: 17.6%*</u> <u>Asian: 17.2%*</u>	18.3%*	19.2%	20.1%	
		<u>Best-performing: Latino: 26.7%*</u>							
↓ consumption of sugar-sweetened beverages (LGHC)	Percent of children and adolescents who consumed two or more glasses of soda or sugary drink yesterday (CHIS)	<u>Asian: 24.2%*</u> <u>Latino: 33.9%*</u>	17.2%	16.3%	15.5%	No new data available.		Baseline and current data are unstable.	
		<u>Best-performing: White: 4.4%*</u>							

\* Statistically unstable due to small subpopulation sample size; best data available.



**PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY**

GOAL	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE DATA and TARGETS (from 2012 CHIP)				CURRENT DATA (2015)		NOTES
			EQUITY	CITYWIDE	2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)	EQUITY	CITYWIDE	
c. Increase number of residents who maintain a healthy weight	↓ youth obesity (LGHC/HP 2020)	Percent of youth (San Francisco students in Grades 5, 7, and 9) who score within the “High Risk” category (obese) for body composition on the Fitnessgram physical fitness test (CDE via Kaiser Permanente)	<u>American Indian/Alaska Native:</u> 42.6% <u>Latino:</u> 37.7% <u>Black/African American:</u> 32.8%  <u>Best-performing: Asian:</u> 15.3%	24.2	23.0%	21.8%	<u>American Indian/Alaska Native:</u> 22% <u>Latino:</u> 25.7% <u>Black/African American:</u> 22.5%  <u>Best-performing: White:</u> 2% <u>Asian:</u> 11.3%	24.6%	
	↓ adult obesity (HP 2020)		<u>Latino:</u> 56.9% <u>Black/African American:</u> 33.4%*  <u>Best-performing: Asian:</u> 7.1%*				17.2%		

\* Statistically unstable due to small subpopulation sample size; best data available.



**PRIORITY 3: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE + SERVICES**

GOAL	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE DATA and TARGETS (from 2012 CHIP)				CURRENT DATA (2015)		NOTES
			EQUITY	CITYWIDE	2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)	EQUITY	CITYWIDE	
a. Improve integration + coordination of services across the continuum of care	100% of San Franciscans enrolled in either health insurance or Healthy San Francisco (HP 2020/Community Target)	Percent of currently insured (CHIS) + percent enrolled in Healthy San Francisco (HSF)	Subpopulation data unavailable.	94%	99%	100%	Subpopulation data unavailable.	96.8%	
b. Increase connection of individuals to the health services they need	↓ barriers to medical care (HP 2020)	Percent of persons who delayed or did not obtain medical care (CHIS)	<u>White: 23.5%</u> <u>Black/African American: 19.7%*</u> <u>Best-performing: Asian: 2.5%*</u>	15.1%	14.3%	13.6%	<u>White: 16.8%</u> <u>Black/African American: 15.1%*</u> <u>Best-performing: Asian: 7.0%*</u>	12.2%	
	↓ preventable hospital stays among seniors and persons with disabilities (Community Target)	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (CHR)	Subpopulation data unavailable.	49	47	44	Subpopulation data unavailable.	40	

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**PRIORITY 3: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE + SERVICES**

GOAL	OBJECTIVE (Source)	INDICATOR (Source)	SF BASELINE DATA and TARGETS (from 2012 CHIP)				CURRENT DATA (2015)		NOTES
			EQUITY	CITYWIDE	2016 CITYWIDE TARGET (5% Improvement)	2020 CITYWIDE TARGET (10% Improvement)	EQUITY	CITYWIDE	
c. Ensure services are culturally + linguistically appropriate	↓ cultural and linguistic barriers to care (Community Target)	Percent of adults who speak a language other than English at home who have difficulty understanding their doctor (CHIS)	<u>Spanish: 29.9%*</u> <u>English &amp; Spanish: 9.9%*</u> <u>Chinese: 5%*</u>	2.1%	2.0%	1.9%	<u>Spanish: 1.8%</u> <u>Chinese: 14.9%*</u>	1.6%*	
			<u>Best-performing: English: 0.6%</u>				<u>Best-performing: English: 0%</u> <u>English &amp; Spanish: 0%</u>		
d. Ensure San Franciscans have access to a health care home	↑ number of residents with a primary care provider (HP 2020/Community Target)	Percent of persons who have a usual place to go when sick or need health advice (CHIS)	<u>Asian: 85.4%</u> <u>Latino: 86.8%*</u> <u>White: 88.1%*</u>	86.8%	91.1%	95.5%	<u>Asian: 90.0%</u> <u>Latino: 86.7%*</u> <u>White: 89.2%</u>	88.8%	
			<u>Best-performing: Black/African American: 97.8%*</u>				<u>Best-performing: Black/African American: 91.7%*</u> <u>Hawaiian/Pacific Islander: 100.0%*</u>		

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# APPENDIX B



**PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )
HOPE SF, Mayor’s Office	Implement recommendations of HOPE SF program, an initiative that seeks to transform eight of San Francisco’s most distressed public housing sites into vibrant, thriving communities through holistic revitalization.	<p><b>The Partnership for HOPE SF</b> ("The Partnership") was formed on the belief that addressing intractable issues of generational poverty and isolation requires intentional and coordinated efforts from multiple sectors, a commitment to meet individuals where they are, and data to support systems change. The Partnership leverages the expertise of business and philanthropic leaders and flexible funding to maximize opportunities to experiment, learn and adopt the best thinking in the field. Funds support pilot programs (focused on human development) with the goal of stimulating innovation in program delivery, thus catalyzing change in the public systems serving these communities for the long term.</p> <p><b>ACCOMPLISHMENTS</b></p> <p><b>2011: FEASIBILITY</b> •Construction began at Hunters View •Enterprise launched the Partnership for HOPE SF / Multicity tour of public housing• Cross-sector leadership table• Task Forces• Baseline Evaluation• Early Investors</p> <p><b>2012: START UP</b> •TSFF housed Partnership for HOPE SF• Human capital funding strategy developed •Choice Neighborhood Implementation Award at AliceGriffith•107 families (mixed income) moved into new homes at Hunters View</p> <p><b>2013: IMPLEMENTATION</b> •Over hall of SFHA •Launch and evaluation of Human Development Strategies •Expanded fundraising •Choice Planning Grants at Potrero and Sunnydale</p> <p><b>2014: LEARNING</b> •Construction began at Alice Griffith •HOPE SF staff in Mayor's office •Launched HOPE SF Learning Center •Established (RBA) data outcomes •Transformation plans completed for Potrero and Sunnydale</p> <p><b>2015: COLLECTIVE IMPACT</b> •Pre-development at Potrero Hill and Sunnydale •City's budget reflective of strategy integration •Pay for Success exploration •HOPE SF: Mayor's flagship antipoverty program</p> <p><b>For more information see Appendix C</b></p>
Kaiser Permanente	Promote public-private partnerships to support community gardening projects, which promote individual and neighborhood health and wellbeing.	Kaiser has supported community gardens at 35 parks throughout San Francisco since 2009. They have also supported seven school gardens, nine community gardens, and one senior center garden.
Mayor’s Office, Department of Children Youth and Their Families (DCYF)	Fully implement San Francisco’s Violence Prevention Plan.	<p>The Juvenile Justice Coordinating Council, led by DCYF, issued the Youth Violence Prevention Initiative Local Action Plan in July 2011. The plan defines six strategies for prevention, enforcement, and re-entry services, including alternative education, secondary prevention, diversion, detention alternatives, detention-based services, aftercare/reentry services, and gender and cultural specific services across all other strategies. These services are provided by 39 community-based organizations and cover every neighborhood in San Francisco. Under Mayor Lee's administration a new violence prevention strategy was launched in 2012. The initiative reflected upon the VPS plan, as well as others, to develop the strategy designed to promote long-term public safety in San Francisco. See language below if you think it is appropriate to include it in this evaluation.</p> <p>In July 2012 Mayor Edwin M. Lee announced a new violence prevention and intervention public safety initiative called “Interrupt, Predict, and Organize for a Safer San Francisco” (IPO). The vision of the IPO is to create a safer city by outlining public safety goals and objectives that interrupt gun violence, predict where crime is most likely to occur and organize services and community awareness efforts to effect long term reductions in violence. Since October 2012 the Mayor’s Office has successfully convened city agencies departments, supported the partnership and linkages with law enforcement and community-based agency partners and have been instrumental in directing immediate services and support to families impacted by violence.</p>



**PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )
SF Department of Environment	Implement recommendations of the Healthy Homes Project, a collaboration to develop a plan to transform the community’s vision of healthy homes and neighborhoods into achievable goals and actions with a particular focus on San Francisco’s southeastern neighborhoods.	<ul style="list-style-type: none"> <li>• Healthy Home Peer to Peer Trainings of 16 peers with Hope SF Leaders to become Peer Educators at Huntersview, Sunnydale and Alice Griffith neighborhoods. Door to door outreach conducted and provided toolkits to residents in these communities. Spanish, Mandarin, Cantonese education provided in door to door outreach.</li> <li>• Other strategies implemented to meet the goal               <ul style="list-style-type: none"> <li>○ <b>Integrated Pest Management Pilot Project</b> services in 136 @ Westside Courts, 198 @ Plaza East in the Western Addition. Expected all these units, inspected them and treated them safely to remove cockroaches. By the time the 6 month pilot ended no cockroaches were visible. What made this so effective they went in and inspected EVERY SINGLE UNIT to know exactly how to treat each unit. This way they removed the ALL PEST, with the bait and they didn’t run to their neighborhoods unit. This safe way controlled and removed the cockroaches.. In addition, education was provided to share why the aerosol sprays don’t work; and at the end of the pilot surveys were provided and the majority of the residents reported that 5 out of 5 stated that this method was much more effective. It also showed the Housing Authority how important it is to spray all units.</li> <li>○ <b>California Department of Pesticide Regulation partnership</b> with SF Environment Pilot currently pending to implement integrated pest management in Chinatown Multi-unit bldgs (2) a total of 40 units. Outreach, education beginning in October, 2015.</li> <li>○ Working with the Mayor’s Office of Housing of Community Development to work with non-profit Develop to rehab 3500 throughout San Francisco which include 29 public housing sites. Currently working with developers to include pest-prevention as they are rehabbing these sites. (i.e. Bed bugs in multiple unit to show that bed bugs were traveling to other units next door) Developers were provided pest prevention constructions SPECS with recommendations to incorporate with their inspection plans moving forward. In addition, as people are being moved out during rehab process, they must do through inspections pre moving as well as post inspections to make sure that all bed bugs are treated and not just following residents as they are being relocated.</li> </ul> </li> </ul>
SF Department of Public Health	Increase number of low-income households receiving free healthy homes assessments and, as needed and as funds are available, supporting physical improvements to the home environment.	<ul style="list-style-type: none"> <li>• 624 low-income households have received healthy homes assessment over a two-year period, from 7/1/13 through 6/30/15.</li> <li>• Additionally, 62 low-income Children's Environmental Health Promotion Program-referred households had physical improvements to the home environment supported, i.e. lead hazards remediated by the Department of Housing and Urban Development (HUD) grant, through our partnership with the Mayor's Office of Housing and Community Development.</li> </ul>
SF Department of Public Health, Community Transformation Grant Team	<ul style="list-style-type: none"> <li>• Reduce exposure to second hand smoke in multi-unit housing.</li> <li>• Engage San Francisco Housing Authority to adopt smoke-free housing policy</li> <li>• Engage building management, staff, and residents of supportive and low-income housing of DPH’s Housing and Urban Health Direct Access to Housing Program (DAH) to adopt smoke-free housing policies for new and existing buildings through education, tenant surveys, and providing technical assistance and support</li> <li>• Require managers of multi-unit housing to designate units as smoking or smoke-free, disclosing information to their tenants.</li> </ul>	<ul style="list-style-type: none"> <li>• 4 smoke-free multi-unit housing complex policies passed</li> <li>• Disclosure ordinance impacts approximately 36,000 buildings in San Francisco and should affect all units/tenants</li> <li>• 2 Direct Access to Housing complexes impacts 183 units housing at-risk or homeless veterans and elderly</li> <li>• San Francisco Housing Authority passed policy to make all new leases for units smoke-free.</li> <li>• Cessation services offered to 150 low income tenants at 1180 4th building and may be expanded as needed</li> <li>• Surveyed 259 tenants from 4 DAH buildings (Mary Helen Rogers, Edith Witt, Mission Creek and Arlington) on smoking status, experience of second-hand smoke, and support towards smoke-free housing policy. Engaged and informed tenants and management of buildings on results of the survey and benefits of voluntary smoke-free policy.</li> </ul> <p><b>For more information see Appendix C</b></p>



**PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )
<p>SF Department of Public Health, Community Transformation Grant Team</p>	<ul style="list-style-type: none"> <li>• Facilitate creation of joint use agreements through creation of an online reservation system that will allow community groups to reserve school play yards during non-school hours (Evidence-Based).</li> <li>• Develop an user-friendly online MOU and permitting form and data-base, new organizational processes, and fee system that streamline school facility permitting process and increases community access to school facilities during non-school hours</li> <li>• Collect and analyze baseline of facility use permits among San Francisco Unified School District;</li> <li>• Communicate and promote new online system for permits and MOUs to community organizations, school staff and faculty</li> </ul>	<p>Database launched in 2015 and is available at <a href="http://www.sfusdpermits.org/">http://www.sfusdpermits.org/</a> and includes extensive resources on the permitting process.</p> <p><b>For more information see Appendix C</b></p>
<p>SF Health Improvement Partnerships, SF Department of Public Health</p>	<p>Assess Deemed Approved Uses Ordinance (DAO) enforcement and implementation.</p>	<ul style="list-style-type: none"> <li>• The Alcohol Policy Partnership Workgroup is assessing DAO.</li> <li>• Additional accomplishments include:               <ul style="list-style-type: none"> <li>○ Collaborating with others in DPH/CHEP as part of broader healthy retail project in educating community about DAO and other healthy retail initiatives in community, and resources available to them</li> <li>○ Developing database to better track and report on outcomes of DAO activities</li> <li>○ Partnering closely with SFPD Alcohol Licensing Unit (ALU) to improve systems for compiling information from their IMPACT enforcement</li> <li>○ Working with SFPD ALU leadership to identify additional opportunities to improve enforcement and education in the community about DAO</li> <li>○ Working with Tax Collector office to improve processes in collecting fees from vendors</li> </ul> </li> </ul>
<p>SF Human Services Agency – Department of Aging and Adult Services</p>	<p>Implement recommendations of the Age and Disability-Friendly San Francisco Work Group.</p>	<ul style="list-style-type: none"> <li>• The Aging and Disability Friendly San Francisco Work Group (ADF-SF), a subcommittee of the Long term Care Coordinating Council, applied for and achieved membership, with the support of Mayor Lee, in the World Health Organizations global network of Age Friendly Cities, in February 2014.</li> <li>• The Work Group meets each month to learn about and discuss aspects of San Francisco life, government and service system that effect older adults, seniors and adults with disabilities. The meetings bring together older adults, seniors and people with disabilities, service providers, advocates, business members and professionals, among others.</li> <li>• The meetings represent a main avenue for creating our baselines assessment and the topics followed the WHO suggested domains: transportation, housing, outdoor spaces and buildings, social participation, respect and social inclusion, civic participation and employment, communications and information, and community support and health services.</li> <li>• ADF-SF work group was admitted to the AARP Network of Age friendly cities, the first large California City to do so.</li> <li>• This summer ADF-SF conducted several focus groups with seniors and people with disabilities seeking constituent input and feedback. This too will be part of our baseline assessment.</li> <li>• We created the Friendly SF website: <a href="http://www.friendlysf.org">www.friendlysf.org</a></li> <li>• On October 23, 2015, Aging and Disability Friendly is the theme for a community wide “Party with a Purpose” event celebrating the tenth anniversary of the Long term Care Coordinating Council. We will have an Aging and Disability Friendly keynote speaker. John Feather, four WHO domain specific feedback sessions and a reception. The additional community input will further enhance our assessment and provide action items that will fuel our recommendations.</li> <li>• Our final report is due in 2016 highlighting our assessment findings and recommendations for further action.</li> </ul>



**PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )
SF Planning Department	Implement San Francisco Better Streets Plan, which creates a unified set of standards, guidelines, and implementation strategies to govern how San Francisco designs, builds, and maintains its pedestrian environment.	<p>San Francisco’s policies encourage a ‘complete streets’ approach to the design and management of public right-of-ways that considers the multiple roles that streets play.</p> <p>The City’s <b>Better Streets Policy</b> (San Francisco Administrative Code Section 98.1), adopted in 2006, states that streets are for all types of transportation, particularly walking and transit, and requires City agencies to coordinate the planning, design and use of public rights-of-way to carry out the vision for streets contained in the policy.</p> <p>The <b>Better Streets Plan</b>, adopted by the city in December 2010, provides a comprehensive set of guidelines for the design of San Francisco’s pedestrian realm. The Plan seeks to balance the needs of all street users, with a particular focus on the pedestrian environment and how streets can be used as public space.</p> <p>The <b>Complete Streets Policy</b> (Public Works Code Section 2.4.13) directs the City to include pedestrian, bicycle, and streetscape improvements as part of any planning or construction in the public right-of-way.</p> <p>The City is also required to comply with <b>National Pollutant Discharge Elimination System (NPDES) Permits</b> for storm water and wastewater management. One of the ways the City complies with these permits is through implementing low impact design based storm water management (LID) which reduces pollution caused by storm water runoff. See SFPUC Storm water Design Guidelines page at <a href="http://www.sfwater.org/sdg">www.sfwater.org/sdg</a></p> <p>These policies provide strong direction to property owners, developers, communities, and City agencies to design streets that realize multiple benefits, use streets as centers of public life, and promote walking, bicycling and public transit over the needs of private automobiles. For additional info refer to: <a href="http://www.sfbetterstreets.org">www.sfbetterstreets.org</a> for a complete list of information, guidance documents and requirements to ensure that the Better Streets Plan is understood and requirements are explicit.</p>
SF Planning Department	Completion of first phase, Green Connections grant program, which will result in a Citywide network of green streets that can be built over time, improving pedestrian and bicycle access to parks, open space, and the waterfront.	<ul style="list-style-type: none"> <li>• <b>Green Connections Network:</b> A map of 24 routes, totaling 115 miles of streets across the City that will be improved to better connect people to parks and open spaces.</li> <li>• <b>Design Toolkit:</b> A set of 18 design typologies for street intersections and blocks that could be applied to routes based on local conditions and priorities.</li> <li>• <b>Green Connections Community Resource List:</b> A guide for community members who want to get involved in designing and implementing Green Connections routes, which includes examples of programs, grants, and other resources available to help.</li> <li>• <b>Green Connections Ecology Guides:</b> A narrative describing each route and providing recommendations for plants that promote target species and habitats – plants and animals that serve an important ecological function and are ideally suited to the area.</li> <li>• <b>Neighborhood Concept Designs:</b> Preliminary designs for routes in Bayview-Hunters Point, Chinatown, Potrero Hill, Tenderloin, Visitacion Valley, and Western Addition.</li> </ul> <p>For additional info refer to: <a href="http://www.sf-planning.org">www.sf-planning.org</a></p>



**PRIORITY 1: ENSURE SAFE + HEALTHY LIVING ENVIRONMENTS**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )
SF Recreation and Parks	Offer athletic programs to reduce violence.	<p>The San Francisco Recreation and Parks Department believes that athletic activities foster stronger communities and healthier community members. When we provide an opportunity to participate in sports activities, our participants unite and share in the outcomes of their time together. Sports encourage team work, sportsmanship, leadership and responsibility and through these values, we feel the opportunities for violence are diminished.</p> <p><b>Fall:</b></p> <ul style="list-style-type: none"> <li>• Youth Basketball Fundamentals Classes/4 Recreation Centers/Average 70 kids ages 7-13</li> <li>• Girls Youth Basketball /4 Recreation Centers/Average 100 girls/Ages 5-14</li> <li>• Boxing at Mission Rec Center/Average 20 participants– all ages/Flag Football League/10 Teams/Average 75 kids/Ages 8-11</li> <li>• Tasters Choice-Girls Hoop &amp; Health Summit @ Hamilton Rec Center/Average 60 girls/Ages 5-17</li> </ul> <p><b>Winter:</b></p> <ul style="list-style-type: none"> <li>• Jr Warriors Youth Basketball Teams/Average 35 teams/Average over 400 kids /Grades 1-8</li> <li>• Girls Youth Basketball /4 Recreation Centers/Average 100 girls/Ages 5-14</li> <li>• Boxing at Mission Rec Center/Average 20 participants– all ages</li> <li>• Tasters Choice Girls In Sports Winter Extravaganza @ Kezar Sports Complex/Average - 100 girls /Ages 5-17</li> </ul> <p><b>Spring:</b></p> <ul style="list-style-type: none"> <li>• SFYBL Recreation &amp; Parks Department Baseball Teams/Average 35 teams/Average of over 500 kids ages 4-12 each year</li> <li>• Youth Basketball Fundamentals Classes/6 Recreation Centers/Average of 75 kids Ages 7-13</li> <li>• Girls Youth Basketball /4 Recreation Centers/Average 100+ girls/Ages 5-14</li> <li>• Boxing at Mission Rec Center/Average 20 participants– all ages</li> <li>• Girl’s Volleyball League/3 Teams/Average 45 girls/Ages 10-14</li> </ul> <p><b>Summer:</b></p> <ul style="list-style-type: none"> <li>• Summer Sports Camps/Over 20 different locations offered 8-11 weeks during the summer/Average of 30 kids each week at each camp (6,000+ registrations each summer)/Ages 5-13</li> <li>• Late Night Basketball /Palega &amp; Hamilton Rec Center/Average 150 Adults</li> </ul> <p><b>For more information:</b>  <a href="http://www.sfreconline.org/Activities/ActivitiesAdvSearch.asp">www.sfreconline.org/Activities/ActivitiesAdvSearch.asp</a></p>



**PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )
American Heart Association	Support healthy food procurement and healthy food retail incentives.	Data Not Available
Boys and Girls Club of SF	Implement Power Play, 30 minutes of daily fun, non-competitive physical activity at each of San Francisco’s nine Boys and Girls Clubs.	<p>Boys and Girls Club of SF is continuing to implement Power Play. As a result, the percentage of youth participating in at least 30 minutes of daily physical activity has increased 22% from 2010.</p> <p>See the following article for more information: <a href="http://newamericamedia.org/2015/08/put-your-phone-away-its-time-to-power-play.php">http://newamericamedia.org/2015/08/put-your-phone-away-its-time-to-power-play.php</a></p> <p><b>For more information see Appendix C</b></p>
Children’s Council of SF	Increase physical activity by developing and enforcing a physical activity policy for child care providers involved in the US Department of Agriculture’s Child and Adult Care Food Program.	<p>Children’s Council was not able to develop and enforce a physical activity policy for providers in the USDA Child and Adult Care Food Program. After investigating this strategy, it was determined that the Council did not have the authority to require or enforce this strategy because it was not part of the program’s federal requirements.</p> <p>Children’s Council, however, improved both nutrition and physical activity in child care settings by developing the Healthy Apple Program (<a href="http://www.healthyapple.org">www.healthyapple.org</a>). Healthy Apple is a voluntary program that assesses child care sites (using the evidence-based Nutrition and Physical Activity Self-Assessment for Child Care) and supports providers through coaching, technical assistance, resources and professional development to develop and maintain policies in nutrition and physical activities at their sites that meet or exceed evidence-based best practices. 31 providers participated in the Program in 2013, with 54 additional sites in 2015.</p>
SF Department of Public Health	Maintain Safe Routes to Schools programming (Evidence-Based).	<p>Continued to implement the strategies and indicators listed for Safe Routes to School. Conduct an annual evaluation measuring how school children travel to and from school, along with parent surveys. Results are posted online.</p> <p>Specific school site information is available at: <a href="http://sfsaferoutestoschool.org/">http://sfsaferoutestoschool.org/</a></p>



**PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )
<p>SF Human Services Agency, Department of Aging and Adult Services (DAAS)</p>	<p>Continue to support evidence-based preventive programs for adults with disabilities and seniors such as Chronic Disease Self-Management and Healthier Aging.</p>	<ul style="list-style-type: none"> <li>• DAAS continues to support two evidence-based health promotion programs: Always Active and the Chronic Disease Self-Management Program (CDSMP) in a total of 14 sites located in various neighborhoods. The CDSMP program is designed to help consumers learn how to better manage their on-going health conditions. In FY14-15, DAAS expanded partnerships to help implement this program. DAAS received a federal Supplemental Nutrition Assistance Program-Education (SNAP-Ed) grant and will use this grant to implement the following health promotion programs: Tai-Chi, Easy Urban Gardening and Nutrition Education.</li> <li>• DAAS created SF Connected, which provides free computer and broadband technology training to seniors and adults with disabilities. SF Connected provides an on-line support community for graduates of the evidence-based Chronic Disease Self-Management Program (CDSMP), which has over 731 members. This community was accorded first place honors at the 2014 N4A conference and named one of 10 most innovated programs by the City and County of San Francisco. SF Connected will build an additional technical lab to be located at the Seniors and People with Disabilities (SPD) Hub where there will be 8 computers configured in 6 languages for use by consumers. SF Connected is also working with the Digital Public Libraries of America (dp.la) to create a landing page to attract seniors and adults with disabilities to their free on-line library of over 8 million objects (images, video, documents, etc.).</li> </ul>
<p>SF Municipal Transportation Agency</p>	<p>Encourage more regular physical activity through a citywide network of Sunday Streets events (Promising Practice).</p>	<ul style="list-style-type: none"> <li>• Held 36 events between 2012 and 2015 in seven neighborhoods Embarcadero, Tenderloin, Bayview/Dogpatch, Sunset, Richmond, Mission, Western Addition, Excelsior, Mission</li> <li>• Six season sponsors, 10 city agencies involved</li> </ul>
<p>SF Municipal Transportation Agency, SF Bike Coalition</p>	<p>Connect emerging regional bike sharing project with HOPE SF projects and other city-funded development to ensure the presence of bike sharing at the new developments.</p>	<ul style="list-style-type: none"> <li>• Advocated the SFMTA and the regional Metropolitan Transportation Commission to establish a bike share program pilot in District 6 and 3. Continue to work with the SFMTA, MTC, and the bike share operator to ensure a significant expansion of the bike share program citywide over the next two years, with significant commitments to Communities of Concern, including many HOPE SF sites and a robust and inclusive reduced price membership model. The goal is 4,500 bicycles by the end of the expansion.</li> <li>• Developed and launched our Community Bike Build program, through which donated bicycles are distributed to communities around the city. Since the Program launched in 2012, 1,500 bicycles have been distributed, in collaboration with the Bayview HEAL Zone, Causa Justa :: Just Cause, PODER and POWER.</li> </ul>



**PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )																																				
SF Municipal Transportation Agency, SF Bike Coalition	Increase creation of new separated bikeways in San Francisco.	Data Not Available																																				
Shape Up SF	Promote physical activity through Shape Up SF's annual Walking Challenge	<table border="1"> <thead> <tr> <th>Year</th> <th>Total Participants</th> <th>Total # Teams</th> <th>Miles Collectively Walked</th> </tr> </thead> <tbody> <tr> <td>2007</td> <td>1,882</td> <td>121</td> <td>167,691</td> </tr> <tr> <td>2009</td> <td>2,672</td> <td>177</td> <td>232,478</td> </tr> <tr> <td>2010</td> <td>2,819</td> <td>246</td> <td>250,690</td> </tr> <tr> <td>2011</td> <td>2,997</td> <td>167</td> <td>347,737</td> </tr> <tr> <td>2012</td> <td>2,594</td> <td>147</td> <td>340,004</td> </tr> <tr> <td>2013</td> <td>2,090</td> <td>132</td> <td>382,795</td> </tr> <tr> <td>2014</td> <td>2,808</td> <td>147</td> <td>497,002</td> </tr> <tr> <td>2015</td> <td>3,036</td> <td>188</td> <td>505,381</td> </tr> </tbody> </table>	Year	Total Participants	Total # Teams	Miles Collectively Walked	2007	1,882	121	167,691	2009	2,672	177	232,478	2010	2,819	246	250,690	2011	2,997	167	347,737	2012	2,594	147	340,004	2013	2,090	132	382,795	2014	2,808	147	497,002	2015	3,036	188	505,381
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Shape Up SF	Increase education and awareness efforts regarding the health impacts of sugar-sweetened beverages	<ul style="list-style-type: none"> <li>• Shape Up SF, Bayview HEAL Zone and BANPAC worked with 15 organizations between 2012-15 to adopt wellness policies: BVHP Foundation, Children's Council of SF, YMCA of SF, BMAGIC, City of Dreams, Rafiki Coalition, Arthur Coleman Medical Clinic, Hunters Point Family, Bayview Opera House, Cornerstone Ministry, Bike Coalition, POWER.</li> <li>• DPH/Shape Up SF staff led development of the newly adopted (2015) SFUSD wellness policy, which included strict standards on sugary drinks.</li> <li>• In July 2015 SFGH banned sale and service of sugary drinks on campus and Director Garcia directed that sugary drinks no longer be purchased/served for DPH events, DPH contractors or at DPH venues.</li> <li>• Launched two awareness campaigns:             <ul style="list-style-type: none"> <li>• Choose Healthy Drinks Campaign: ran for 3 months in 2014                 <ul style="list-style-type: none"> <li>○ Total Estimated Media Campaign Impressions: 61,930,034</li> <li>○ Website unique visitors: 8,310</li> </ul> </li> <li>• The Open Truth Campaign: 5 months in 2015 Website unique visitors: 4,961</li> </ul> </li> <li>• Campaign materials are included in the Appendix.</li> </ul>																																				



**PRIORITY 2: INCREASE HEALTHY EATING + PHYSICAL ACTIVITY**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (feasibility and effectiveness of the strategies )
Shape Up SF, Kaiser Permanente, Healthy Eating Active Living (HEAL) Zone, Southeast Food Access Work Group, Tenderloin Healthy Corner Store Coalition, SF Department of Public Health, Community Transformation Grant Team	Conduct healthy retail assessments in the Bayview-Hunters Point and Tenderloin neighborhoods.	<ul style="list-style-type: none"> <li>• Since 2011, the Food Guardians have completed three extensive annual assessments of 22 Bayview corner stores               <ul style="list-style-type: none"> <li>○ 10 stores either improved their score or stayed consistent in rating over the three years. A significant portion of stores improved between the first and second year, and have retained their higher scores into 2014.</li> </ul> </li> <li>• The Tenderloin Healthy Corner Store Coalition complete 2 yearly assessments with over 50 stores.               <ul style="list-style-type: none"> <li>○ Results show an increase in the number of corner stores improving their ratings, which translated into improved ratings in the Coalition’s “Shopping Guide” for residents.</li> </ul> </li> </ul>
Shape Up SF/Physical Education Advocates, University of California-Berkeley, SF Unified School District	Increase amount of physical education for elementary school students by working with SFUSD administration and principals	As of fall 2014, there were 33 Physical Education (PE) Specialists. When the Shape Up SF PE Advocates started this work in 2010, there were 6 PE Specialists, an increase of 500% of elementary PE Specialists.
Southeast Food Access Work Group + Other Neighborhood-Specific Groups	Implement Food Guardian program in underserved neighborhoods	There are Food Justice Leaders through the Tenderloin Healthy Corner Store Coalition, and Food Guardians through the Southeast Food Access Working Group. These leaders conduct assessments of corner stores, and work directly with corner stores and also with the Healthy Retail SF program, to improve the quality and quantity of produce available in their stores.
YMCA of San Francisco	Develop and implement healthy eating and nutritional standards in all YMCA youth and out-of-school time programs in San Francisco	<ul style="list-style-type: none"> <li>• JNC Consulting conducted an audit to provide baseline status of YMCA facilities in 2012 and have since surveyed compliance in over 100 facilities and community-based sites in 2014. A survey will be conducted again in 2015.</li> <li>• In addition to the above, the YMCA has achieved the following:               <ul style="list-style-type: none"> <li>○ 48 staff received certified HEPA training</li> <li>○ 250+ camp staff received condensed HEPA training</li> <li>○ 6 staff certified as HEPA trainers</li> </ul> </li> </ul> HEPA binders including "Food and Fun" curriculum, targeted parent outreach, and staff engagement strategies provided at every youth serving site
YMCA of San Francisco	Develop and implement physical activity standards measuring minutes per day on age- and program-appropriate basis.	Physical Activity Standards are included in the HEPA standards. The "Food and Fun" curriculum, as well as the HEPA trainings, provides a variety of hands on activities for staff to engage youth in inclusive physical activity. Specific language on physical activity standards is as follows: Provide children with opportunities for moderate to vigorous physical activity for at least 60 minutes per day during a full-day program or 30 minutes per day for a half-day program. The time can be broken down into smaller increments. Include a mixture of moderate and vigorous activity (activity that increases the heart and breathing rate), as well as bone- and muscle- strengthening activities. Take play outdoors whenever possible.



**PRIORITY 3: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE + SERVICES**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (Feasibility and effectiveness of the strategies )
SF Department of Public Health	Implement the Medical Home Model at all SFDPH clinics (Evidence-Based)	Data not available.
SF Department of Public Health, Community Transformation Grant Team	↑ the number of primary care health systems in San Francisco that use community health workers to help patients manage chronic conditions (evidence-based).	<ul style="list-style-type: none"> <li>• 39 CHW students completed their CCSF program with expanded curriculum on chronic disease management</li> <li>• 6 CHW students were placed at 4 SFHN Health clinics</li> <li>• Google Group list serve created to for CHW students and alumni to share job opportunities; 152 job and training postings to date</li> <li>• Develop curriculum and tools to train Community Health Workers (CHW) students in chronic disease management through partnership with City College of San Francisco’s Community Health Worker Program (CCSF- CHW)</li> <li>• Place CHW students in community based organizations and San Francisco Health Network (SFHN) primary clinic as interns to provide chronic disease management and link patients to community resources</li> <li>• Expand and maintain City College of San Francisco (CCSF) CHW internship partnership with SFHN clinics to give students exposure and hands on experience at clinics</li> <li>• Inform CHW students and alumni of career opportunities at SFHN through a career list serve</li> </ul> <p><b>For additional information, see Appendix C.</b></p>
SF Department of Public Health; participating SF hospitals, community clinics, and medical groups	Maintain Healthy San Francisco (HSF) program.	<p>San Francisco Health Commission passed Resolution 14-12 indicating that Healthy SF expanded the age limit to 65 and older. See: <a href="https://www.sfdph.org/dph/files/hc/HCRes/Resolutions/2014/1412.pdf">https://www.sfdph.org/dph/files/hc/HCRes/Resolutions/2014/1412.pdf</a></p> <p>San Francisco Health Commission passed Resolution 15-12 indicating that SFDPH is committed to Healthy SF <a href="https://www.sfdph.org/dph/files/hc/HCRes/Resolutions/2015/1512.pdf">https://www.sfdph.org/dph/files/hc/HCRes/Resolutions/2015/1512.pdf</a></p>
SF hospitals	Provide Charity Care to qualified individuals.	<p>SF hospitals continue to provide charity care to qualified individuals. The 2013-14 Charity Care report provides additional details.</p> <p><a href="https://www.sfdph.org/dph/files/reports/PolicyProcOfc/CharityCareReport2013-2014.pdf">https://www.sfdph.org/dph/files/reports/PolicyProcOfc/CharityCareReport2013-2014.pdf</a></p>
SF hospitals	Provide medical financial assistance for those who qualify.	<p>SF hospitals continue to provide medical financial assistance for those who qualify. The 2013-14 Charity Care report provides additional details.</p> <p><a href="https://www.sfdph.org/dph/files/reports/PolicyProcOfc/CharityCareReport2013-2014.pdf">https://www.sfdph.org/dph/files/reports/PolicyProcOfc/CharityCareReport2013-2014.pdf</a></p>
SF Human Services Agency, Department of Aging and Adult Services (DAAS)	Increase access to long-term supports and services through better coordination of primary care and long-term supports and services.	<p>Long Term Care Integration Plan was developed and is being reviewed by a leadership group comprised of department heads and health plan providers. The group is focusing on increasing data-sharing to promote coordination of services between hospitals and agencies.</p>
SF Medical Society	Sustain a local health information exchange.	This effort is on hold.



**PRIORITY 3: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE + SERVICES**

PROJECT LEAD(S)	SELECTED STRATEGIES	PROGRESS (Feasibility and effectiveness of the strategies )
YMCA of San Francisco	Develop and implement with health care providers and insurers community-based chronic disease prevention programs, such as the CDC-approved diabetes prevention program.	<ul style="list-style-type: none"> <li>• Launched the YMCA’s Diabetes Prevention Program, which is a one-year lifestyle intervention program that helps adults at high risk for developing Type 2 diabetes reduce their risk. To date, this Program has served over 80 participants in three different languages (Spanish, English, and Cantonese) and at multiple sites throughout the county. Progress is measured by participant weight loss, minutes of physical activity, and food tracking on a weekly basis and surveys participants at week 8, 16 and end of year.</li> <li>• Secured a contract with the SF DPH's Healthy Hearts SF initiative to build out "clinic to community linkages" to the YMCA's Diabetes Prevention Program targeting primarily African American and Latino populations in low-income and high health risk communities.</li> <li>• Expanded the Living Strong Living Well (LSLW) Program to two new facilities. LSLW is a 12 week small-group strength and fitness training program designed for adult cancer survivors who have recently become de-conditioned or chronically fatigued from their treatment and/or disease. Progress is measured with a pre- and post-test evaluation along with a satisfaction survey at the end of the 12-week program.</li> </ul> <p><b>For additional Information, see Appendix C.</b></p>

# APPENDIX C

Memorandum

The Partnership for HOPE SF

August 10, 2014

To: HOPE SF Funders

From: Fred Blackwell, CEO, The San Francisco Foundation  
 Ellie Rossiter, Initiative Officer, HOPE SF, The San Francisco Foundation  
 Theodore B. Miller, Esq., Director, HOPE SF, Office of the Mayor  
 Rich Gross, Vice President, Enterprise Community Partners

RE: Five year report on HOPE SF. Please read this in preparation for the *Partnership for HOPE SF* meeting on August 14.

**EXECUTIVE SUMMARY**



**Background and structure.** The initiative known as “HOPE SF” is the nation’s first large-scale public housing transformation effort aimed at de-concentrating poverty and creating vibrant mixed-income communities without mass displacement of current residents. HOPE SF is pioneering a new approach to redevelopment, focused on the health of the whole community, not just its buildings and to setting a new standard for success, focused on creating better lives and promising futures for its most underserved families.

HOPE SF represents broad scale community development (four housing developments in San Francisco's southeast neighborhoods, home to over 4000 residents), high quality housing, and a change in the current system of services to adequately address the interrelated and complex issues associated with generational poverty.

Managed as a "collective impact" initiative and housed in the Mayor's office, HOPE SF draws on the expertise of public, private, non-profit and academic partners at all levels -- governance, strategy development and implementation. A comprehensive evaluation tracks our progress towards our goals.

**The Partnership for HOPE SF**<sup>1</sup> is managed by three organizations: The San Francisco Foundation (where it is housed), Enterprise Community Partners and the City and County of San Francisco to grow support for HOPE SF from local and national foundations, corporate institutions and individuals, who share the vision of HOPE SF and who want to be a part of the multi-sector learning community. Private funds raised through the Partnership for HOPE SF are essential to the initiatives because they allow for flexibility and responsiveness, promoting innovation and learning.

<sup>1</sup> The Partnership for HOPE SF was formerly known as "The Campaign for HOPE SF".

**Strategies** supported through funding by the Partnership for HOPE SF are outlined in this report. They draw on promising practices from experts, such as Nadine Burke-Harris (The Center for Youth Wellness), Hedy Chang (Attendance Works) and Elisabeth Babcock (Crittenton Women's Union), and resources such as Living Cities' Integration Initiative and Harvard's Social Impact Bond Lab. Examples include:

- The HOPE SF Peer Health Leadership (community health workers) program;
- An approach to Trauma-informed Community Building;
- Student attendance; and
- Employment readiness programs aimed at connecting residents to the employment ladder.

Baked into the initiative is a **commitment to learning and evaluation**. Examples include:

- The 2012 HOPE SF evaluation, which established the baseline for HOPE SF residents.
- Development and implementation of a Results Based Accountability (RBA) framework to track our progress towards outcomes on the program and system levels.
- The Harvard SIB Lab is developing feasibility for "Pay for Success" social impact bond strategy.

A list of initiative-wide **accomplishments** can be found on page 6. Highlights include:

- 107 families formerly of public housing moved into the first phase of the new mixed-income homes at Hunters View.
- Construction underway at Alice Griffith; Potrero and Sunnydale, advancing through pre-development phase and having been approved in City financing and capital plans.
- The Partnership for HOPE SF raised \$11,000,000 to support innovative approaches to breaking generational poverty.
- SFUSD identified and formed the HOPE SF schools, a cohort of 8 elementary schools tied to HOPE SF residents and identified for additional resources and institutional support.
- Mayor Lee adopted HOPE SF as his flagship anti-poverty initiative, increasing real estate and services related resources in two consecutive budgets.

**Lessons Learned and Next Steps**. After five years, we have identified innovative approaches to successfully serve HOPE SF residents, and we have re-structured ourselves to be more effective as a collaborative body.

HOPE SF residents experience significant barriers to upward mobility due to isolation, poverty and violence. As a result, they disproportionately access existing safety net systems but only marginally benefit from the current service models. Furthermore, despite abundant community based organizations in San Francisco, there is a lack of integration within the system of services. Solving these systemic challenges is not easy – it requires all sectors and organizations to work collaboratively. However, each participant in a collaborative comes to the table bringing separate organizational interests, resource limitations and regulatory constraints. To address these challenges, HOPE SF is developing decision-making structures that will allow public and private sector organizations to co-create, test and learn collectively in order to improve social and economic outcomes for HOPE SF residents.

## The Partnership for HOPE SF Five Year Report (2011-2015)

### BACKGROUND

San Francisco's southeast neighborhoods near the old Candlestick Park stadium are home to families who have been isolated and disconnected from the city's prosperity since the mass migration to San Francisco of shipyard workers in the 1950s. Decades later, four public housing developments, home to 1,500 families (over 4,000 residents), are considered among the most isolated and dilapidated public housing stock in the nation. These "HOPE SF" public housing sites in Bayview, Visitacion Valley, and Potrero Hill are home to the city's most vulnerable and disadvantaged families. A majority of HOPE SF residents are young, with limited formal education, disconnected from formal labor markets, and living in generational poverty. The 2012 HOPE SF baseline evaluation reported that for 4000 HOPE SF residents, 73% are unemployed, \$14,000 is the average annual income, and 53% of students are chronically absent from school.

To address the long-standing issues associated with poverty, isolation and violence, and by leveraging rapidly increasing land values in the region, the HOPE SF initiative is transforming neighborhoods by going beyond the singular focus of home construction to create healthy, thriving, economically mobile mixed income communities. HOPE SF represents San Francisco's first large-scale public housing revitalization project to invest in high-quality mixed income housing and broad-scale community development *without mass displacement of residents*. 1,500 units will be transformed into 6,000 mixed income units, representing 1/3 public housing replacement (no loss of public housing), 1/3 low income rental, and 1/3 for sale.

### STRUCTURE

HOPE SF is managed as a "collective impact" initiative, housed at the mayor's office with the private sector partnership ("The Partnership for HOPE SF") housed at The San Francisco Foundation and managed by three organizations: Enterprise Community Partners, The San Francisco Foundation and the City of San Francisco. The initiative centralizes its vision and strategies, which are shared by all stakeholders, including the City (overall responsibility for HOPE SF as well as the complex system of public services), the housing developers (construction and property management), The San Francisco Foundation (private funds management) and other private-sector funders, Enterprise Community Partners (a national organization with expertise in low income housing), and San Francisco State University (oversees evaluation and learning). A constellation of community based organizations and developers provide direct program and case management support onsite to HOPE SF residents.

The HOPE SF initiative was created as a place-based solution to the complex obstacles that prevent families from achieving economic self-sufficiency. At the systems level, public sector and private sector stakeholders achieve collective impact through a consolidated strategy design and decision making process that:

1. *Aligns* a range of projects and programs to common goals and metrics;
2. *Integrates* strategies across domains and disciplines; and

3. *Sustains* programming—secures long term public funding sources, builds the capacity of grassroots organizations and the community, and institutionalizes roles.

**The Partnership for HOPE SF** ("The Partnership") was formed on the belief that addressing intractable issues of generational poverty and isolation requires intentional and coordinated efforts from multiple sectors, a commitment to meet individuals where they are, and data to support systems change. The Partnership leverages the expertise of business and philanthropic leaders and flexible funding to maximize opportunities to experiment, learn and adopt the best thinking in the field. Funds support pilot programs (focused on human development) with the goal of stimulating innovation in program delivery, thus catalyzing change in the public systems serving these communities for the long term.

**Partnership highlights include:**

- Major gifts were made to the Partnership, bringing the total raised to \$11,000,000 through gifts from 18 funders. (Please see fundraising report).
- Advocated for the mayor to hire a director of HOPE SF and house the initiative in his office (moved from the Office of Housing).
- Three subject matter task forces made up of representatives from multiple sectors and organizations developed funding recommendations in the areas of education, health and economic mobility. These, along with the baseline evaluation, served as the foundation for developing HOPE SF human development strategies.
- HOPE SF was awarded for exemplary public-private partnership by HUD and USDA in 2014.
- HOPE SF/San Francisco became part of the Living Cities Integration Initiative—a multi-city initiative supporting cities that are reshaping programs, policies and resource allocation to achieve enduring change that benefits low-income people.
- Private funds raised enabled up to \$2,000,000 in grants and contracts each year to support economic mobility, education, and health programs as well as robust evaluation.

## **CORE PRINCIPLES AND STRATEGIES**

At its core, HOPE SF supports current public housing residents in setting the vision for mixed income communities that are integrated within San Francisco, connected to neighborhood services and amenities, and are recognized as having the hallmarks of good communities – safe streets, quality schools, and healthy families with living wage jobs.

Underlying the HOPE SF theory of change are the following core overarching principles:

1. **Resident voice and community engagement.** A tenant of HOPE SF is to lift up residents as change agents in their communities. To that end, HOPE SF leverages residents' leadership skills, grass-roots community organizations, and social ties to support cohesion and resiliency and create a sense of belonging and ownership within the HOPE SF community and San Francisco's greater community.

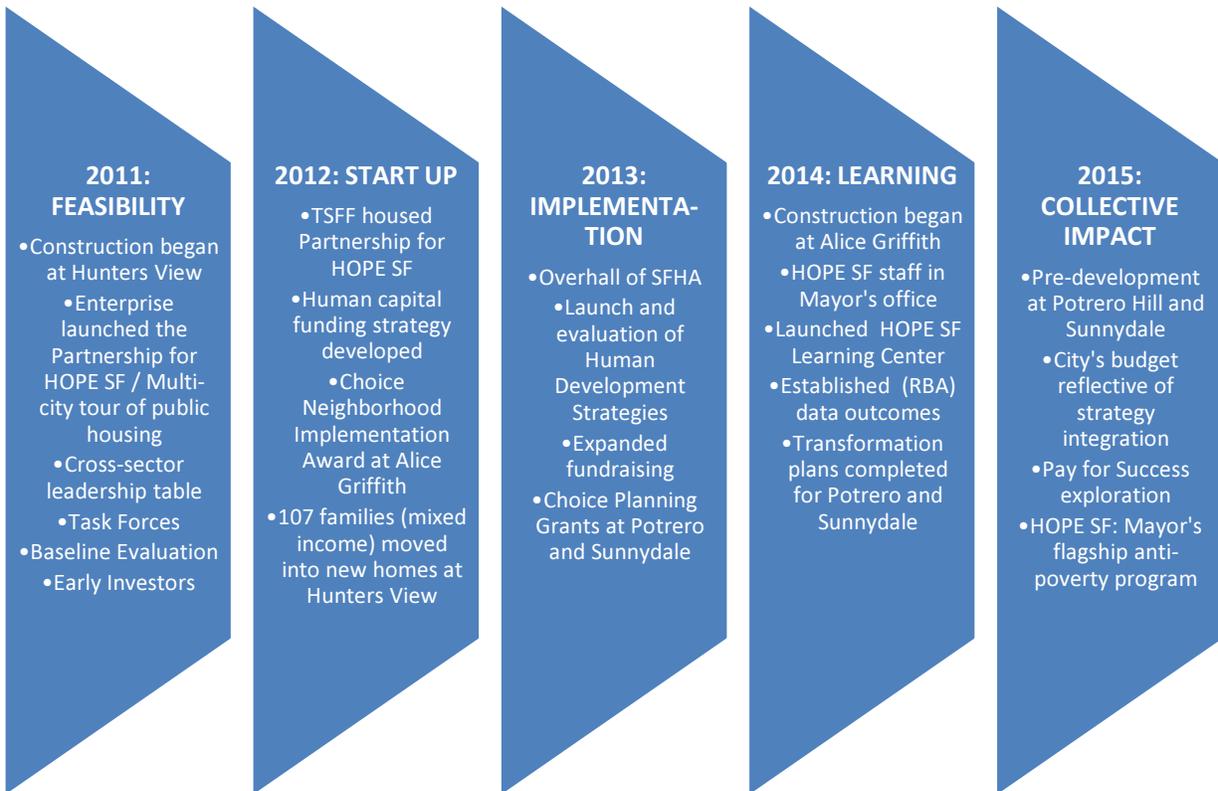
2. **Trauma-Informed systems change.** Services working teams apply trauma-informed approaches to HOPE SF’s community building and service delivery models, thereby addressing families with the recognition that the current system may be escalating experiences of toxic stress and trauma. Under this empirically driven framework that aims to de-escalate chaos and stress, build trust and resiliency, and implement culturally responsive services over time, families will require less intensive case management and better be able to utilize their existing support system for improved outcomes in economic mobility, education, health and safety.
3. **Public system reform.** Despite the abundance of services in San Francisco, the fact is, services to do not adequately address the interrelated and complex issues related to generational poverty. HOPE SF partners address this challenge by:
  - Taking a family-centered approach—linking and coordinating programs and services for all generations at once to ensure that poverty is not “transmitted” to children.
  - Utilizing rigorous evaluation strategies to measure and improve outcomes for residents, and hold public systems more accountable for resources.
  - Requiring a cross-agency commitment across the City and County of San Francisco to sustain the anti-poverty initiative.
  - Improving social and economic outcomes for residents by focusing on education, economic mobility and health, not in a fragmented and siloed fashion, but integrated and all at once. (see details below).

In transforming once isolated and disconnected public housing families and their neighborhoods into vibrant, healthy and integrated communities, HOPE SF has advanced the following key strategies:

1. **Family-focused community building activities.** At each neighborhood, we support trauma-informed community building activities for families and children, all intended to increase social cohesion, housing retention and overall neighborhood/civic participation.
2. **Early education supports for all HOPE SF families.** From targeted outreach for universal pre-K to the family engagement teams of parent and educational liaisons, HOPE SF takes an intensive and coordinated focus on early education focused to increase school attendance, promote school engagement, and improve educational achievement among HOPE SF students.
3. **Neighborhood-based health and wellness supports for families.** Leveraging the peer health leadership model, HOPE SF utilizes on-site health and wellness centers to tie residents to sustainable medical homes, increase healthy behaviors and social cohesion, and decrease stress and chronic diseases.
4. **Intensive economic mobility pathways for opportunity youth.** HOPE SF takes a targeted approach to low levels of labor market participation by engaging disconnected young adults in intensive project-based employment pathways, each enhanced with wraparound support and case management. Financial empowerment, family relocation support and mobility mentors overlay this core strategy.

## ACCOMPLISHMENTS

The diagram below represents initiative-wide accomplishments:



The Partnership has directly contributed to the following strategies and accomplishments:

**Education goal:** Increase school attendance, promote school engagement, and improve educational achievement among HOPE SF students. With an initial focus on elementary education, programs focus on educational attainment of children and on parenting support for adults. Accomplishments include:

- Established and trained “Family Engagement Teams” (school principals and staff plus HOPE SF staff and families) as part of a cohort of 8 “HOPE SF elementary schools” working to increase student attendance, family engagement and academic achievement.
- Facilitated collaboration between schools and home. Hired HOPE SF education liaisons to support and advocate for student success in the home environment through parent education and peer support.
- Aligned the school district's data to support student attendance.

**Economic Mobility goal:** Engage disconnected young adults in the multi-year process of attaining employment through a 4-tier continuum of paid economic mobility activities: 1) Residents engage in on-site work, enhanced with wraparound support and case management; 2) Once engaged, they connect to a nonprofit for on-the-job training and academic skill-building; 3) Once they've gained work experience

and education skills, they connect to certification programs/sector academies; 4) Once employed, they're supported in reducing debt and developing assets. Accomplishments include:

- Launched onsite project-based employment programs (“Tier 1”) to support 75 young adult residents who desire employment but lack the skills or experience.
- Built capacity of “Tier 2” programming by supporting the San Francisco Conservation Corps to increase accessibility, programmatic retention, and behavioral health services to address chronic trauma among HOPE SF young adults.
- Prepared (removed barriers such as fees and union dues) residents for employment in construction and other industries.

**Health and Community Wellness goal:** Reduce the impact of chronic illness through healthy lifestyle changes and counseling, improved access to health services, and linking people to ongoing primary care. Accomplishments include:

- The HOPE SF Peer Health Leadership program established 20 HOPE SF residents across the four sites as community health workers. The Peer Health Leadership Program is linked to the pilot Health and Wellness Center (staffed by a registered nurse and located inside a vacant housing unit at Sunnydale) to address health needs. As a result of the success, the peer-to-peer model is being expanded to support education and workforce strategies.
- 100% of HOPE SF staff and volunteer leaders were trained by the Center for Youth Wellness (CYW) to recognize and confront the effects of trauma. The CYW also developed a tool kit for HOPE SF staff and volunteer leaders to ensure ongoing support.
- HOPE SF’s “Trauma-Informed Community Building” framework was developed to de-escalate the chaos, increase community engagement, and prepare residents for services. Evaluation of the model is currently underway.

**Evaluation and learning accomplishments include:**

- Four years of community based participatory assessments (peer strategies, mental health, youth, and art) informed strategy development.
- Conducted program-level evaluations of the Peer Health Leadership Program, the Project Based Employment Programs, and the trauma training.
- The 2012 HOPE SF baseline evaluation matched resident data from 12 city departments with the housing authority records to achieve individual level data. The report was complemented by safety, service connection and workforce reports and household surveys.
- Launched the HOPE SF Learning Center, housed at San Francisco State University to integrate evaluation activities into a formal structure to institutionalize and maximize HOPE SF’s efforts and ensure they have significant impact.
- Applying the *Results Based Accountability (RBA) framework* (community level indicators and performance measures) to the collective impact approach.

- Awarded a Harvard Social Impact Bond Technical Assistance Lab fellow to develop feasibility for a neighborhood-wide pay for success strategy for HOPE SF.

## LESSONS LEARNED

**The HOPE SF Initiative Assets:** Stakeholders across the board are committed to HOPE SF and bring strong intellectual capital across public and private sectors. The Mayor has made HOPE SF a priority, and he hired a Director of HOPE SF, who reports directly to him. The Partnership has been an effective forum for a public-private partnership. Stakeholders are committed to using data to track progress.

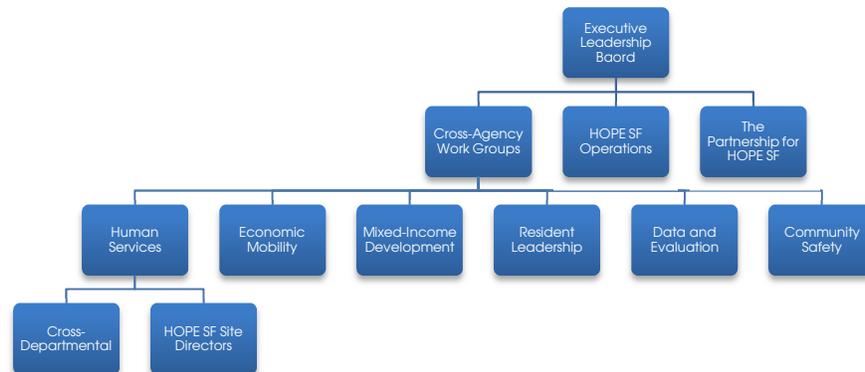
**Changes in Leadership:** HOPE SF began under the joint leadership of three agencies -- the Mayor's Office of Housing and Community Development (MOHCD), the SF Housing Authority (SFHA), and the SF Redevelopment Agency (SFRA). Over time, roles in this group evolved. The SFHA is still a partner, but has been undergoing its own organizational transition; the SFRA was dissolved in 2012 (the governor dissolved all redevelopment agencies across CA); MOHCD is still a partner, but no longer houses the initiative because the Mayor hired the HOPE SF Initiative Director, who reports to him.

**A Focus on Equity and Systems Change:** San Francisco's greatest challenge is to close the "equity gap" and create a city of residents who represent diverse ethnic and economic backgrounds and who share in the economic opportunity. Despite the City's booming economy and record low unemployment, residents living in HOPE SF represent the part of the system where the largest inequities lie. To combat these inequities, the collaborative nature of the HOPE SF initiative has been elevated by the Mayor as a model for public-private partnerships and cross-organizational collaboration in the face of extreme economic growth and widening disparities. Specifically, Mayor Lee is requiring department level commitments and structural changes, representing a "leadership innovation" with a committed executive board and working groups, increased staff and financial resources, as well as a laser focus on equity. This larger focus on equity demands an asset-based approach to HOPE SF families that elevates the dreams and talents of the most underserved, and utilizes tools and disaggregated data to minimize systematic barriers like implicit bias and racism.

**The HOPE SF Initiative Challenges:** Engaging partners and developing processes and structures that foster a culture of alignment and integration presents a set of complex issues. Because stakeholders bring their own organizational interests, resource limitations, and regulatory constraints, they cannot easily offer sufficient resources to HOPE SF, nor can they easily change the design of the programs they manage. Given these practical obstacles, HOPE SF stakeholders and leaders have experienced an institutional bind, offering their general support for HOPE SF, while adhering to the fundamental core priorities and routines of their own daily processes and structures.

**Changes in Structure:** Until recently, The Partnership Steering Committee, made up of city partners, corporate and philanthropic representatives, was overseeing the Partnership's programmatic, communication, and fundraising goals. The Partnership had structural independence from the HOPE SF City structure, and other than the three city representatives who participated on the Partnership Steering

Committee, City stakeholders participated in HOPE SF through separate meetings. Moreover, a bit of friction has sometimes occurred between the public sector and the Partnership. Philanthropic and private sector partners want to catalyze deep change in service delivery through innovative programming, but their desire for change does not always sit well with the public sector. Additionally, establishing new philanthropic-supported programs is sometimes seen as “one-off, standalone” programming that contributes to system fragmentation, rather than increasing alignment and system coherence. City department representatives have sometimes felt that foundation representatives do not really understand public sector constraints, and so have some unrealistic ideas about what can get done.



## NEXT STEPS

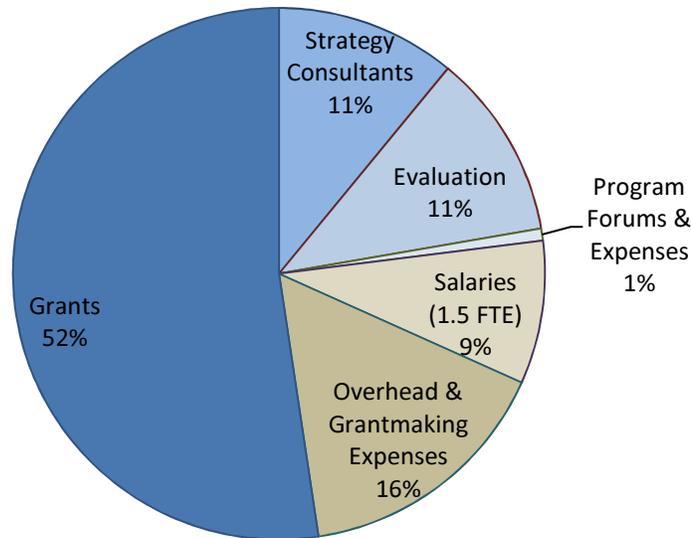
Early in 2015, HOPE SF governance structures were reorganized into one public-private structure, designed to be more engaging for attendees as well as productive for the initiative. The current structure is more unified, with Partnership representatives pulled into HOPE SF’s unified organizational structure. Subject matter working groups, based on the successful task force model, have formed to oversee the development and implementation of strategies. Through this new multi-layered, cross sector, cross-agency structure, HOPE SF partners are working on:

- **Advancing measurable, agreed upon, specific goals according to the RBA model.**
- **Co-designing strategies** with multiple city departments, philanthropy, housing developers, academic institutions and community organizations to get buy-in and maximize implementation and sustainability.
- **Identifying a plan for sustained funding** at the beginning stages of program design to avoid re-traumatization and mis-trust that occurs when funding ends and programs stop.
- **Empowering the community** to feel ownership by embedding leadership development and community engagement across all programs.
- **Building capacity** of organizations and their staff members to better equip them to manage chronic stress and trauma, reduce burn out and turnover and to support a culture of learning and evaluation.

## FUNDRAISING SUMMARY

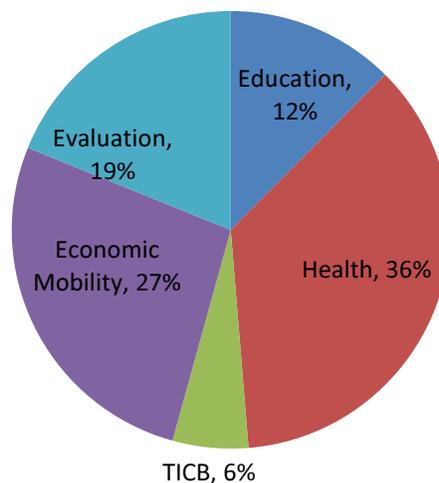
- \$11,000,000 in funding has been committed through 2018 to support HOPE SF. Six organizations have donated over \$1,000,000. The largest donor is Kaiser Permanente at \$3,000,000 over three years.
- More than \$6,000,000 has been spent through 2015 to support the strategy development, program implementation, evaluation and partnership administration.

## 2011 - 2015 Expenditures



- We will spend approximately \$2,700,000 in 2016 to support program, evaluation and administrative costs.

## 2015 – 2016 Program Spending



## Thank you to Our Generous Donors

\$1,000,000 or more

- The Annie E Casey Foundation
- JP Morgan Chase
- Kaiser Permanente
- Salesforce.com Foundation\*
- The San Francisco Foundation
- Anonymous donors

\$500,000 – \$999,000

- Bank of America
- Walter and Elise Haas Fund

\$100,000 – \$499,000

- David Friedman & Paulette Meyer
- Hellman Foundation
- Living Cities
- Metta Fund
- Wells Fargo Foundation

Under \$100,000

- SH Cowell Foundation\*
- The California Healthcare Foundation\*
- Haas Jr. Fund\*
- John and Marcia Goldman\*
- Many individuals and family foundations

(\*) Funding cycle has ended

# SMOKE-FREE HOUSING REPORT FOR CHIP 2011-14

## CHIP PRIORITY: REDUCE EXPOSURE TO SECOND-HAND SMOKE IN MULTI-UNIT HOUSING

### STRATEGIES IMPLEMENTED THROUGH COMMUNITY TRANSFORMATION GRANT & TOBACCO FREE PROJECT FROM 2011-14

- Engage San Francisco Housing Authority to adopt smoke-free housing policy
- Engage building management, staff, and residents of supportive and low-income housing of DPH's Housing and Urban Health Direct Access to Housing Program (DAH) to adopt smoke-free housing policies for new and existing buildings through education, tenant surveys, and providing technical assistance and support
- Require managers of multi-unit housing to designate units as smoking or smoke-free, disclosing information to their tenants.

### INDICATORS

- Findings regarding smoke-free housing from apartment owners, tenant rights groups via surveys & focus groups etc
- Smoke-free multi-unit housing complex policies adopted by building managers

### ACCOMPLISHMENTS

Year	Accomplishment	Partners *
2012	San Francisco Housing Authority passed policy to make all new leases for units smoke-free.	San Francisco Tobacco Free Coalition
2013	San Francisco Ordinance requiring landlords to disclose to current and prospective tenants whether units are Smoke-Free or Smoking Optional; TFP disseminated educational mailers to 24,000 building owners citywide.	San Francisco Tobacco Free Coalition
2013	Veteran's Commons, a new Direct Access to Housing supported building of Swords to Plowshare and Chinatown Community Development Center, adopts smoke-free policy. 76 units, serves at-risk homeless or homeless veterans. SF Tobacco Free Project provided technical assistance to implement policy.	Housing and Urban Health Direct Access to Housing
2013-14	Surveyed 259 tenants from 4 DAH buildings (Mary Helen Rogers, Edith Witt, Mission Creek and Arlington) on smoking status, experience of second-hand smoke, and support towards smoke-free housing policy. Engaged and informed tenants and management of buildings on results of the survey and benefits of voluntary smoke-free policy.	Bay Area Community Resources; HUH-DAH
2014	Edith Witt Senior Community, of Mercy Housing, adopted voluntary smoke-free housing policy with support of Bay Area Community Resources. 107 units, at-risk homeless or homeless elders. BACR provided technical assistance to implement policy and continues to work with Mercy Housing as they adopt more smoke-free policies. The social service provider (Episcopal Family Services) at a Mercy new facility for low income and formerly homeless residents opened 150 units and requested support in training case managers and staff to deliver tobacco cessation. Engaged a cessation consultant to develop a toolkit and provide training.	Bay Area Community Resources; HUH-DAH; cessation consultant

\*San Francisco Department of Public Health's Community Transformation Grant & Tobacco Free Project provided technical assistance and support

## IN NUMBERS

### 4 smoke-free multi-unit housing complex policies passed

- Disclosure ordinance impacts approximately 36,000 buildings in San Francisco and should affect all units/tenants
- 2 Direct Access to Housing complexes impacts 183 units housing at-risk or homeless veterans and elderly
- San Francisco Housing Authority impacts any new leases
- Cessation services offered to 150 low income tenants at 1180 4<sup>th</sup> building and may be expanded as needed

### Key Survey Results from Direct-Access to Housing Survey

How often has smoke entered the home?		
Response	N	%
At least sometimes	110	43%
Never	145	57%
Total	255	100%

**43% of respondents  
experience smoke entering  
their home**

Would you prefer to live in a building where smoking is limited or not allowed?		
Response	N	%
Allowed inside all apts	39	15%
Limited to certain apts	41	16%
NOT allowed inside all apts	122	49%
I have no preference	49	20%
Total	251	100%

**65% of residents would  
prefer a building where  
smoking is limited or not  
allowed**

## DOCUMENTATION

- Disclosure of Smoke-Free and Smoking Optional Ordinance
- San Francisco Housing Authority Policy
- Veteran Common's Policy
- Healthy Lifestyles Survey 2014 Report

**CHIP Healthy Homes Assessments Strategy, submitted by Karen Cohn, 8/18/2015**

SF Department of Public Health, Population Health Division, Environmental Health Branch, Children's Environmental Health Promotion Program

PROJECT LEAD(S)	SELECTED STRATEGIES	POSSIBLE INDICATOR(S)	#FAMILIES SERVED/ACTIVITY	CUMULATIVE #FAMILIES SERVED
<b>Children's Environmental Health Promotion Program (CEHP)</b>	<b>Number of low-income households receiving free healthy homes assessments and, as needed and as funds are available, supporting physical improvements to the home environment.</b>	<b>Documentation that at least 100 low-income households have received free healthy homes assessment by 2016</b>	See below	See below
CEHP-Childhood Lead Prevention Program Coordinator, Joe Walseth	Strategy: Low-income households receive free healthy homes assessments, offered to families with children < six years old with suspected lead hazards or with documented child lead exposure	In FY 2013-14, CEHP staff completed <b>179</b> lead hazard inspections and issued 123 lead hazard NOVs  In FY 2014-15, CEHP staff completed <b>224</b> lead hazard inspections and issued 136 lead hazard notices of violations	<b>179 + 224 = 403</b>	403
CEHP-Childhood Lead Prevention Program Coordinator, Joe Walseth	Strategy: Low-income households receive physical improvements to the home environment, specifically remediating lead hazards in the homes of HUD low-income-eligible families with children < six years old	<b>62</b> CEHP-Childhood Lead Prevention Program referrals to Mayor's Office of Housing & Community Development Lead Hazard Remediation Program for HUD grant abatement of identified lead hazard violations, from 1/13-6/15	(62 included in #s above)	403
CEHP Program Manager, Karen Cohn	Strategy: Low-income households receive free healthy homes assessments, offered by mailing to WIC-enrolled families citywide	In FY 2013-14, CEHP staff completed <b>67</b> WIC-referred healthy homes assessments and issued 141 NOVs (separate NOVs issued for lead and non-lead hazards)	<b>67 + 27 = 94</b>	497

**CHIP Healthy Homes Assessments Strategy, submitted by Karen Cohn, 8/18/2015**

SF Department of Public Health, Population Health Division, Environmental Health Branch, Children's Environmental Health Promotion Program

PROJECT LEAD(S)	SELECTED STRATEGIES	POSSIBLE INDICATOR(S)	#FAMILIES SERVED/ACTIVITY	CUMULATIVE #FAMILIES SERVED
	(pregnant women and women with children < six years old)	In FY 2014-15, CEHP staff completed <b>27</b> WIC-referred healthy homes assessments and issued 28 NOVs (11 lead hazard and 17 non-lead NOVs)		
CEHP Program Manager, Karen Cohn	Strategy: Low-income households, with children < six years old living in SF Housing Authority's Sunnydale Family Development, receive free healthy homes assessments	In FY 2014-15 newly initiated program, CEHP staff completed <b>41</b> healthy homes assessments and issued 47 NOVs (13 lead hazard and 34 non-lead NOVs)	<b>41</b>	538
CEHP Program Manager, Karen Cohn and Lead Hazard Inspector, Luz Agana	Strategy: Low-income households, with new mothers and infants served by two DPH Maternal Child Health public health nursing programs, receive free healthy homes assessments	In FY 2014-15 newly initiated program, CEHP staff completed <b>17</b> healthy homes assessments referred by Public Health Nurses and issued 8 NOVs (2 lead hazard and 6 non-lead NOVs)	<b>17</b>	555
CEHP Program Manager, Karen Cohn and Health Educators, David Lo and Cynthia Melgoza	Strategy: Low-income households with asthma patients (children, youth and adults), referred by medical providers, receive free healthy homes assessments	In FY 2013-14, CEHP staff completed <b>31</b> home visits for asthma environmental risk factor assessment  In FY 2014-15, CEHP staff completed <b>38</b> home visits for asthma environmental risk factor assessment for 15 adult and 23 child cases	<b>31+38 = 69</b>	<b>624</b>

# JOINT USE AGREEMENTS REPORT FOR CHIP 2011-14

## PRIORITY 1: ENSURE SAFE & HEALTHY LIVING ENVIRONMENTS

**CHIP STRATEGY:** FACILITATE CREATION OF JOINT USE AGREEMENTS THROUGH CREATION OF ONLINE RESERVATION SYSTEM THAT WILL ALLOW COMMUNITY GROUPS TO RESERVE SCHOOL PLAY YARDS DURING NON- SCHOOL HOURS

### STRATEGIES IMPLEMENTED THROUGH COMMUNITY TRANSFORMATION GRANT & SFUSD THROUGH 2014

- Collect and analyze baseline of facility use permits among San Francisco Unified School District;
- Develop an user-friendly online MOU and permitting form and data-base, new organizational processes, and fee system that streamline school facility permitting process and increases community access to school facilities during non school hours
- Communicate and promote new online system for permits and MOUs to community organizations, school staff and faculty

### INDICATORS

- Existence of single online database and reservation system

### ACCOMPLISHMENTS

Year	Accomplishment	Partners *
2013	<ul style="list-style-type: none"> <li>• Baseline data from facility permits issued in July 2012-April 2013 based on old paper system</li> <li>• Identified challenges and weaknesses of existing MOU and permit process based on input from principals, SFUSD leadership, SFUSD Real Estate, and community groups through focus groups; gained buy-in from stakeholders</li> <li>• Online MOU services agreement form developed, tested and launched for community groups to use</li> </ul>	SFUSD Family & Community Partnership
2014	<ul style="list-style-type: none"> <li>• 4-tier fee and user category system developed to simplify fee system and ensure coverage of facility maintenance costs</li> <li>• Online permit application form and data-base launched before Fall 2014 school year at SFUSD.EDU (<a href="http://www.sfusdpermits.org/">http://www.sfusdpermits.org/</a>); online form calculates fees and ensures user fills out all necessary forms for using school facility; accounting software for SFUSD Real Estate Office aligned with new system</li> <li>• Info-graphics and communication materials developed to promote new online forms and data base</li> </ul>	SFUSD Family & Community Partnership; UC Berkeley Center for Cities and Schools; Rise-and Shine Design

\*San Francisco Department of Public Health's Community Transformation Grant and ShapeUp San Francisco staff provided coordination, technical assistance and support

## IN NUMBERS

### Baseline Report for SFUSD School Facilities between July 2012- April 2013

- 967 permits issued for use of district facilities; 107 different school sites
- Half of facility use were for 1 day use
- Top two purposes for facility use: Comprehensive Out of School Time Programs and Physical Activities
- Majority of use (~80%) were for school-based or district events or nonprofit community

Data for the new school year is most likely available from SFUSD; however, due to end of CTG they are no longer a subcontractor

## DOCUMENTATION & ONLINE

**New online Permit system:** <http://www.sfusdpermits.org/> (Note: Can be accessed through the “Community Tab” at SFUSD.EDU; FAQs and support materials are found here: <http://www.sfusd.edu/en/doing-business-with-sfusd/using-or-renting-sfusd-facilities.html>)

**New MOU Database:** <https://www.youthservices.net/sfusdforms/index.asp> (Note: Tutorials and FAQs located here: <http://www.sfusd.edu/en/doing-business-with-sfusd/applying-for-a-memorandum-of-understanding.html>)

PROJECT LEAD(S)	SELECTED STRATEGIES	2015 Outcomes
YMCA of San Francisco	Develop and implement healthy eating and nutritional standards in all YMCA youth and out-of-school time programs in San Francisco.	<p>The Y has developed and committed to working towards 100% compliance with the Healthy Eating and Physical Activity standards (a full list of the standards is available in the attached document).</p> <p>We have supported the standards with a variety of strategies to aide implementation and compliance including:</p> <ul style="list-style-type: none"> <li>- 48 Staff received certified HEPA training</li> <li>- 250+ camp staff received condensed HEPA training</li> <li>- 6 Staff certified as HEPA trainers</li> <li>- HEPA binders including "Food and Fun" curriculum, targeted parent outreach, and staff engagement strategies provided at every youth serving site</li> </ul> <p>We worked with JNC consulting to recieve a baseline status of our core Y facilities in 2012 and have since surveyed compliance in the fall of 2014 of over 100 Y facilites and community-based sites (outcomes can be shared upon request). We plan on surveying again in fall of 2015 to gauge progress towards 100% goal.</p>
YMCA of San Francisco	Develop and implement physical activity standards measuring minutes per day on age- and program-appropriate basis.	<p>Physical Activity Standards are included in the HEPA standards referenced above and in the attachment. They were also included on the surveys listed above. The "Food and Fun" curriculum as well as the HEPA trainings outlined above provides a variety of hands on activities for staff to engage youth in inclusive physical activity.</p> <p>Specific language on physical activity standards is as follows:</p> <p>Provide children with opportunities for moderate to vigorous physical activity for at least 60 minutes per day during a full-day program or 30 minutes per day for a half-day program. The time can be broken down into smaller increments. Include a mixture of moderate and vigorous activity (activity that increases the heart and breathing rate), as well as bone- and muscle- strengthening activities. Take play outdoors whenever possible.</p>

PROJECT LEAD(S)	SELECTED STRATEGIES	2015 Outcomes
<p>YMCA of San Francisco</p>	<p>Develop and implement with health care providers and insurers community-based chronic disease prevention programs, such as the CDC-approved diabetes prevention program.</p>	<p>We have launched the YMCA's Diabetes Prevention Program - a one year lifestyle intervention program that helps adults at high risk for developing type 2 diabetes reduce their risk. To date we have served over 80 participants to date in three different languages (Spanish, English, and Cantonese) and at multiple sites throughout the county. This includes 3 Y facilities and an offsite launch at the San Francisco General Hospital Wellness Center.</p> <p>To further this work, the Y has recently secured a contract with the SF DPH's Healthy Hearts SF Project to build out "clinic to community linkages" to the YMCA's Diabetes Prevention Program targeting primarily African American and Latino populations in low-income and high health risk communities.</p> <p>The Y also expanded the Living Strong Living Well (LSLW) program to two new SF Y facilities. LSLW is a 12 week small-group strength and fitness training program designed for adult cancer survivors who have recently become de-conditioned or chronically fatigued from their treatment and/or disease.</p> <p>Sample flyers for each of these programs are attached. Success is measured through a variety of tools. The YMCA's Diabetes Prevention Program, for example, measures participant weight loss, minutes of physical activity, and food tracking on a weekly basis and surveys participants at week 8, 16 and end of year. LSLW, on the other hand, provides a pre- and post-test evaluation along with a satisfaction survey at the end of the 12 week program.</p> <p>While we are currently focused on these two programs, we are exploring a number of programs around healthy lifestyle development/management and childhood obesity.</p>

*Selected updates from Shape UP SF*

**2.**

Shape Up SF	Promote physical activity through Shape Up SF's annual Walking Challenge.	Data from Walking challenge website + database
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SHAPE UP SF Walking Challenge				
Year	Total # Participants	Total # Teams	Miles Collectively Walked	Equivalent Times Around the Earth
2007	1,882	121	167,691	6
2009	2,672	177	232,478	8.4
2010	2,819	246	250,690	9.1
2011	2,997	167	347,737	12.6
2012	2,594	147	340,004	12.3
2013	2,090	132	382,795	13.9
2014	2,808	147	497,002	20
<b>2015</b>	<b>3,036</b>	<b>188</b>	<b>505,381</b>	<b>20.3</b>

*Selected updates from Shape UP SF*

**3.**

Shape Up SF	↑ education and awareness efforts regarding the health impacts of sugar-sweetened beverages.	<input type="checkbox"/> Organizations adopting wellness policies <input type="checkbox"/> Copies of awareness campaign materials
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**Wellness policies**

Shape Up SF, Bayview HEAL Zone and BANPAC worked with 15 organizations between 2012-15 to adopt wellness policies. BVHP Foundation, Childrens Council of SF, YMCA of SF, BMAGIC, City of Dreams, Rafiki Coalition, Arthur Coleman Medical Clinic, Hunters Point Family, Bayview Opera House, Cornerstone Ministry, Bike Coalition, POWER.

DPH/Shape Up SF staff led development of the newly adopted (2015) SFUSD wellness policy which included strict standards on sugary drinks. In July 2015 SFGH banned sale and service of sugary drinks on campus and Director Garcia directed that sugary drinks no longer be purchased/served for DPH events, DPH contractors or at DPH venues.

Together these organizational policies impact thousands of SF residents consistently.

**Public Education**

*Choose Healthy Drinks Campaign*



The Choose Healthy Drinks Campaign (2014) ran for approximately 3 months in the following settings:

Transit – approximately 68% of the buy; Outdoor – approximately 29% of the buy; Online (Facebook) – approximately 3.5% of the buy

**Total Estimated Media Campaign Impressions: 61,930,034**

### **Choose Healthy Drinks Website**

In addition to advertising on billboards, corner stores and buses/bus stops, an online media approach was used with Facebook and YouTube and was designed to direct traffic to the campaign website - [www.choosehealthydrinks.org](http://www.choosehealthydrinks.org). The website, which was launched in January 2014, was designed to provide information on healthy alternatives to sugary drinks, like water. It also provided resources and data about the health consequences of sugary drinks.

Website Traffic (January 1-June 13, 2014)

- Visits: 9,769
- Unique Visitors: 8,075
- Pageviews: 21,324

Spanish Traffic (Jan-June 2014)

- Visits: 266
- Unique Visitors: 235
- Pageviews: 583

Top Traffic Sources

- Facebook (mobile): 6,564 visits
- Direct: 2,002 visits
- YouTube: 322 Visits\*
- Facebook (desktop): 289 visits

Evaluation highlights include:

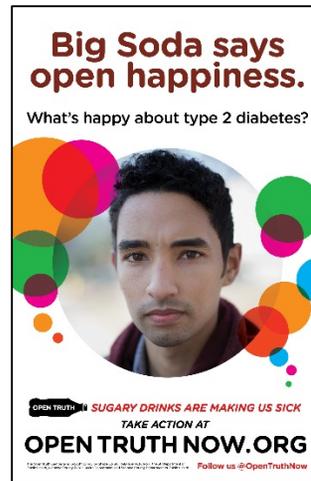
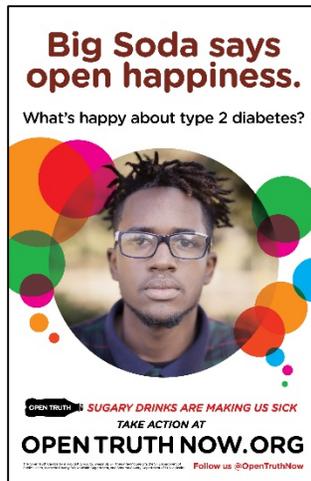
- Nearly 60% of evaluation respondents reported seeing the ads. Of those who did see the ad, 88% reported seeing the ad more than once.

- Only 1% of respondents knew that energy drinks contain 17 packets of sugar (as is reported in the ad). Four percent and 5% of respondents knew that sodas contain 22 packets of sugar and sports drinks contain 12 packets of sugar (as are reported in the ad), respectively. Respondents were best able to estimate the number of sugar packets in soda within the accurate range (30%) as compared to energy drinks (22%) or sports drinks (20%).
- Respondents who reported seeing the ads were 1.8 times more likely to report the number of sugar packs in soda within the accurate range as compared to people who had not seen the ads.
- The majority of respondents who saw the ads said they were likely to change their behaviors as a result of seeing the ads: 62% of respondents who drank SSBs reported being likely or very likely to reduce the number of sodas or other sugary drinks they drink per day; 74% of respondents who drank SSBs reported being likely or very likely to drink more healthy drinks like water or milk, instead of sugary drinks; and 82% of respondents reported being likely or very likely to tell their family and friends to cut down on sugary drinks.
- The majority of respondents said they were likely to support policies to reduce SSB consumption and access: 73% reported being likely or very likely to support policies that reduce access to sugary drinks for kids; 73% reported being likely or very likely to support policies that reduce advertising of sugary drinks to kids; and 83% reported being likely or very likely to support a warning label on sugary drinks about the risk for cavities, obesity and diabetes.
- There were demographic differences around SSB-related policy support: women were more likely than men (85% vs. 68%) and respondents who were overweight/obese were significantly more likely than underweight/normal weight respondents (82% vs. 69%) to support the 3 policies to reduce SSB access and advertising. Additionally, White respondents (72%) were significantly less likely than African Americans (89%) and Hispanics/Latinos (86%) to support a warning label on sugary drinks about the risk for cavities, obesity and diabetes.

*The Open Truth Campaign*

Open Truth (2015) offered public education about health impacts of sugary drinks and industry tactics. The campaign consisted of print ads, primarily in the Bayview Hunters Point (billboards, transit, corner stores), Muni Ads (inside and out), social media and a website ([www.opentruthnow.org](http://www.opentruthnow.org)).

Sample of materials:



**Preliminary Open Truth Evaluation results found that**

Evaluation respondents interviewed in the Bayview were significantly more likely to have seen an OTC ad than respondents interviewed in the Mission (51% vs. 36%, respectively). The OTC ad ran primarily in the Bayview.

Overall, the majority of respondents (91%) reported agreeing that drinking soda and other sugary drinks increases one’s risk of cavities, obesity, and diabetes. Respondents who saw the OTC ads were significantly more likely to agree or strongly agree than those who did not see the ads.

Overall, more than half of respondents (58%) had a negative opinion of soda companies.

Overall, two-thirds of respondents agreed or strongly agreed that “Soda companies target youth and communities of color to get them to drink their products (71%).

Of respondents who had seen an OTC ad, 36% reported that their opinions about sugary drinks became more negative after seeing the ad, and 38% reported that their opinions about soda companies became more negative after seeing the ad.

**Open Truth – social media**

Preliminary analysis of internet based key performance indicators show:

**Website** (www.opentruthnow.org): From February 1 - June 30, the campaign website had:

- 10,849 unique page views by 4,961 different viewers;

- 15% of viewers between the ages of 18-24; and
- An average of 1,93 pages viewed each session.
- The 3 top sources of traffic were 1) direct, 2) Google and 3) Twitter.

**Facebook** (Open Truth Now): From its launch on Feb 6 thru June 30 the Facebook page had:

- 409 “likes” (fans);
- A reach of 932 users with its top post;

**Instagram** (opentruthnow): From February 1 – June 25 the campaign Instagram account had:

- 39 posts, 153 followers, and weekly follower growth rate of 0.65%;

**Twitter** (OpenTruthNow): From 1/1/15 through 6/30/15, the campaign Twitter feed had:

- 203 Tweets, 39.4K impressions, 2852 profile visits, 192 mentions and 175 new followers in the first month, followed by a decline in each successive month; and
- A surge in impressions in June 2015, possibly related to legislative activity.

#### 4.

Shape Up SF, Kaiser Permanente, Healthy Eating Active Living (HEAL) Zone, Southeast Food Access Work Group, Tenderloin Healthy Corner Store Coalition, SF Department of Public Health, Community Transformation Grant Team	Conduct healthy retail assessments in the Bayview-Hunters Point and Tenderloin neighborhoods.	Store assessment data from Bayview and Tenderloin as well as retail assessments from other neighborhoods
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BVHP: Since 2011, the Food Guardians have completed three extensive annual assessments of 22 Bayview corner stores.

- no store has yet to achieve a three-apple rating,
- 10 stores either improved their score or stayed consistent in rating over the three years. A significant portion of stores improved between the first and second year, and have retained their higher scores into 2014.
- Lee’s Food Mart, the first store to make the change, increased produce sales from zero pieces in 2011, to its current rate of over 75 pieces a day. Consequently, the percentage of sales from unhealthy options is slowly decreasing.
- While 10 out of 22 stores either improved or stayed consistent in ratings between the first and third year assessments, eight stores decreased by a half or a full apple, while four had insufficient data - a reminder that there is still a lot of work to do.

TL: The Tenderloin Healthy Corner Store coalition complete 2 yearly assessments with over 50 stores there. Results show an increase in the number of corner stores improving their ratings on the FJLs’ annual store assessments, which translated into improved ratings in the Coalition’s “Shopping Guide” for residents.

- Between 2013 and 2014, the number of stores with just one star decreased from 12 to 3; the number with two stars declined from 31 to 24, while the number of three-star stores nearly doubled, from 12 to 23; and the number with all four stars increased from 1 to 2\*.
- An anticipated “ripple effect” was thus observed, as even many stores not participating in the healthy retail program made positive changes in their business practices to improve their scores, and hopefully their patronage, because of continued relationship building with and education by the FJLs and the larger Coalition

\* Although higher ratings may have been somewhat inflated due to several new questions on tobacco and e-cigarettes on the second assessment instrument, the magnitude of the changes seen over a single year was substantial

## 5.

Shape Up SF/Physical Education Advocates, University of California-Berkeley, SF Unified School District	↑ amount of physical education for elementary school students by working with SFUSD administration and principals.	University of California, Berkeley Physical Education Assessment
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As of fall 2014, there were 33 Physical Education Specialists. When the Shape Up SF PE Advocates started this work in 2010, there were 6 PE Specialists, an increase of 500% of elementary PE Specialists.

SFUSD also implemented a systematic approach to assigning PE Specialists to ensure equitable access to PE for its 72 elementary schools; such a process was not in place prior, resulting in schools with greater capacity (and often those that were already higher performing) utilizing this resource more than the lower performing schools (as measured by the API when that was used). PE advocates’ work resulted in SFUSD prioritizing the SFUSD Mission and Bayview HP ZONE elementary schools to get a PE specialist support.

Excerpts from the 2013 PE assessment (a follow up study to the 2011 PE assessment) found that at the elementary level:

- Between 2011 and 2013 the number of schools that met the California state PE mandate of 200 minutes of PE scheduled every 10 days increased from 4 (20%) to 6 (30%), based on 5<sup>th</sup> grade teachers PE schedules.
- On average, both 2<sup>nd</sup> and 5<sup>th</sup> grade classes achieved the national recommendation of at least 50% of class time in MVPA. Fifth grade students spent a slightly greater proportion of class time in MVPA (61%) than 2<sup>nd</sup> grade students (55%).
- **The number of minutes that 5<sup>th</sup> grade students participated in MVPA increased from 17 minutes per class in 2011 to 20 minutes per class in 2013. In 2013 2<sup>nd</sup> grade students participated in 16 minutes of MVPA per class.**

### *Selected updates from Shape UP SF*

- On average, 5<sup>th</sup> grade classes had more PE scheduled per week in 2013 (82 minutes/week) than 2<sup>nd</sup> grade classes (69 minutes/week).
- In both 2011 and 2013, 5<sup>th</sup> grade PE specialists spent a greater proportion of PE class time delivering skill development than other teacher types.
- Teachers overwhelmingly cited equipment and supplies as the greatest strength of the PE programs at their schools.
- In 2013, 70% of elementary schools were still not meeting the state PE minute mandate based on 5<sup>th</sup> grade schedules; 75% of schools were not meeting the mandate based on 2<sup>nd</sup> grade PE schedules.
- When asked, “What’s the number one thing that could be done to improve PE at your school,” teachers and principals requested hiring a full time PE teacher or specialist. Principals also suggested increasing professional development opportunities for classroom teachers.

Full report available upon request. Thompson HR, Madsen KA. San Francisco Unified School District Follow Up Physical Education (PE) Study Final Report. Funded by The California Obesity Prevention Program and the San Francisco Unified School District PE Department. UC Berkeley School of Public Health: Berkeley, CA, November Thompson HR, Madsen KA. San Francisco Unified School District Follow Up Physical Education (PE) Study Final Report. Funded by The California Obesity Prevention Program and the San Francisco Unified School District PE Department. UC Berkeley School of Public Health: Berkeley, CA, November 2013

We continue to work with SFUSD to increase resources and support for elementary school PE.

Work of PE Advocates is also highlighted through Salud America! Here: <http://www.communitycommons.org/groups/salud-america/heroes/community-leaders-team-with-schools-to-improve-pe-standards-for-san-francisco-students/>

# CTG -COMMUNITY HEALTH WORKERS REPORT FOR CHIP 2011-14

## PRIORITY 1: INCREASE ACCESS TO HIGH QUALITY HEALTH CARE & SERVICES

**CHIP STRATEGY:** INCREASE NUMBER OF PRIMARY HEALTH SYSTEMS IN SAN FRANCISCO THAT USE COMMUNITY HEALTH WORKERS TO HELP PATIENTS MANAGE CHRONIC CONDITIONS

### STRATEGIES IMPLEMENTED THROUGH COMMUNITY TRANSFORMATION GRANT & CITY COLLEGE OF SAN FRANCISCO- CHW PROGRAM THROUGH 2014

- Develop curriculum and tools to train Community Health Workers (CHW) students in chronic disease management through partnership with City College of San Francisco's Community Health Worker Program (CCSF- CHW)
- Place CHW students in community based organizations and San Francisco Health Network primary clinic as interns to provide chronic disease management and link patients to community resources
- Expand and maintain CCSF CHW internship partnership with San Francisco Health Network clinics to give students exposure and hands on experience at clinics
- Inform CHW students and alumni of career opportunities at SFHN through a career list serve

### INDICATORS

- Community Health Worker student interns at SFHN primary health clinic to manage chronic conditions
- Community Health Workers employed at SFHN primary health clinics to manage chronic conditions
- Post graduation placement data from CCSF Health Worker Program

### ACCOMPLISHMENTS

Year	Accomplishment	Partners *
2013	<ul style="list-style-type: none"> <li>• 1 CHW student was placed in SFHN clinic at Family Health Center</li> <li>• 19 CHW students completed their CCSF program with expanded curriculum on chronic disease management</li> <li>• Google Group list serve created to for CHW students and alumni to share job opportunities, including SFHN</li> </ul>	City College of San Francisco
2014	<ul style="list-style-type: none"> <li>• 5 CHW students were placed at 3 SFHN Health clinics; Maxine Hall and Curry Senior clinic took interns for the first time.</li> <li>• 25 CHW students completed their CCSF program with expanded curriculum on chronic disease management</li> <li>• 152 job and training postings to date on the CCSF Google Group list serve for CHW students and alumni to share job opportunities, including SFHN</li> </ul>	City College of San Francisco

\*San Francisco Department of Public Health's Community Transformation Grant and Newcomers Health Program staff provided coordination, technical assistance and support

### IN NUMBERS

- 5 Community Health Worker students from CCSF CHW program placed in semester long internship at 3 SFHN Clinics: Family Health Center, Maxine Hall and Curry Senior clinic.

# APPENDIX D

# SFHIP - Review and planning using Collective Impact Phases

Components for Success	PHASE I Initiate Action	PHASE II Organize for Impact	PHASE III Sustain Action
	<b>Timeframe: 6 months to 2 years</b>		<b>10+ years</b>
<b>Governance and Infrastructure</b>	<ul style="list-style-type: none"> <li>✓ <u>Identify champions and form cross-sector group</u> <ul style="list-style-type: none"> <li>✓ Formation of SFHIP 2.0 Steering Committee (11/13)</li> </ul> </li> </ul>	<p><u>Create infrastructure (backbone and processes)</u></p> <ul style="list-style-type: none"> <li>✓ Website Redesign</li> <li>✓ Communications Pilot</li> <li>○ Monthly reports</li> </ul> <p><i>Internal Processes</i></p> <ul style="list-style-type: none"> <li>✓ Articles of Collaboration</li> <li>✓ Criteria for Partnerships</li> <li>✓ Advocacy and Endorsement Request Form</li> <li>✓ <b>List of Considerations for SFHIP SC Agenda Topics (NEW)</b></li> <li>○ List of Linkage Opportunities and Draft Criteria for Connectivity Requests</li> </ul>	<p><u>Facilitate and refine</u></p>
<b>Community Involvement</b>	<ul style="list-style-type: none"> <li>✓ <u>Map the landscape and use data to make case</u> <ul style="list-style-type: none"> <li>✓ Community Health Status Assessment (7/12)</li> </ul> </li> </ul>	<p><u>Create common agenda (goals and strategy)</u></p> <ul style="list-style-type: none"> <li>✓ CHIP (Community Health Improvement Plan) goals</li> <li>✓ Four pronged approach to action</li> <li>✓ Partners (Children’s Oral Health; TLHIP; Alcohol Policy)</li> <li>○ Additional partners</li> </ul>	<p><u>Support implementation (alignment to goals and strategies)</u></p> <ul style="list-style-type: none"> <li>○ Alignment - internal SC resources w/CHIP</li> <li>○ SSB reduction activities</li> <li>○ Healthy Hearts SF/REACH</li> </ul>
<b>Evaluation and Improvement</b>	<ul style="list-style-type: none"> <li>✓ <u>Analyze baseline data to identify key issues and gaps</u> <ul style="list-style-type: none"> <li>✓ Community Health Improvement Plan (12/12)</li> <li>○ Community Health Assessment (2015 - ongoing)</li> </ul> </li> </ul>	<p><u>Establish shared metrics (indicators, measurement and approach)</u></p> <ul style="list-style-type: none"> <li>✓ CHIP objectives, indicators and targets</li> <li>○ Forming working group for Community Health Assessment (CHA)</li> <li>○ Tracking SSB reduction activities across SC members and development of goals</li> <li>○ Development of evaluation plan for SFHIP</li> </ul>	<p><u>Collect, track and report progress (process to learn and improve)</u></p>

**Review of 2014 & 2015 to date**



**Key for symbols**

- ✓ Completed
- Planning or in progress
- ? Need input

# CHIP Priority Area 1: Ensure Safe and Healthy Living Environments

		2014 SFHIP Activities	2015 SFHIP Plan	SFHIP Four Pronged Approach			
Goal	Objective			Facilitate linkages & networking	Spearhead major initiative	Build partnerships	Support policy and legislation
a. Improve safety and crime prevention	i. Decrease violent injury	- Presentations by Diana Oliva-Aroche/Mayor's Office and Jesus Yanez/Roadmap to Peace	o <b>UC Students conduct review of violence prevention work in SF</b>				
	ii. Increase feelings of safety at night	- Presentations by Paula Fleisher, /Alcohol Policy Partnership Working Group, Diana Oliva-Aroche/Mayor's Office and Jesus Yanez/Roadmap to Peace	o Same as above. ✓ Alcohol Policy presentation			X (2014)	X (2015)
	iii. Decrease severe and fatal pedestrian injuries	- Presentation by Megan Wier/DPH (Vision Zero) – Asks: sharing hospital injury data; funding for organizations working this issue.	No current plans.				
b. Reduce exposure to environmental hazards	i. Decrease exposure to air pollution	- Presentation by Karen Cohn/DPH re: updates to Article 38; Asks: linkages to Bayview Community; expert testimony	✓ Revisions to Article 38 passed. No current needs.	X (2014)			
	ii. Decrease exposure to traffic noise	- Presentation by June Weintraub DPH – NO SPECIFIC ASKS. Item connected to Vision Zero activities	No current plan.				
	iii. Decrease housing violations	- Presentation by Johnson Ojo/DPH – NEED stakeholder convening re: SRO issues/facilitate inter-agency cooperation, develop guidelines for SRO compliance	No current plan.				
	iv. Decrease exposure to second-hand smoke	- Presentation by Derek Smith DPH – Asks: connections to open cessation classes in private hospitals; support campaign on e-cig; CBOs working on smoke free housing policy in 2015	No current plan.	X (2014)			X (2014) Tobacco Density Ordinance
c. Foster safe, green, active public spaces	i. Increase park/playground safety	- Adopted Healthy Hearts SF (HHSF)	o (HHSF) identify physical activity opportunities in parks/open spaces for 211 (REACH).	X (2015)	X (2014-17)		
	ii. Increase access to open spaces/natural areas	- Adopted Healthy Hearts SF (HHSF)	o Same as above.	X (2015)	X (2014-17)		

**Review of 2014 & 2015 to date**



**Key for symbols**  
 ✓ Completed  
 o Planning or in progress  
 ? Need input

## CHIP Priority Area 2: Increase Healthy Eating and Physical Activity

Goal	Objective	2014 SFHIP Activities	2015 SFHIP activities	SFHIP Four Pronged Approach			
				Facilitate linkages and networking	Spearhead major initiative	Build partnerships	Support policy and legislation
a. Increase physical activity	i. Increase fitness in children	- Adopted Healthy Hearts SF (HHSF)	<ul style="list-style-type: none"> <li>(HHSF) identify physical activity opportunities in parks/open spaces for 211 (REACH).</li> </ul>	X (2015)	X (2014-17)		X (2015)
	ii. Increase time spent walking and/or biking	- Adopted Healthy Hearts SF (HHSF)	<p>(Note: These items <i>may fit into multiple CHIP goals</i>)</p> <ul style="list-style-type: none"> <li>(HHSF) Set priorities and give input into community subcontracts program (REACH)</li> <li>(HHSF) Give input on communication campaign (REACH).</li> </ul>	X (2015) X (2015)	X (2014-17)		
b. Increase healthy eating	i. Increase access to healthy, diverse food resources	<i>Not addressed yet</i>	No current plans.				
	ii. Increase daily consumption of fruits and vegetables	<i>Not addressed yet</i>	No current plans.				
	iii. Decrease consumption of sugar sweetened beverages	<ul style="list-style-type: none"> <li>Presentation on SSB reduction activities by Christina Goette/DPH &amp; Roberto Vargas/UCSF</li> <li>SC members track current activities and pledge future activities</li> </ul>	<ul style="list-style-type: none"> <li>Tracking SSB reduction activities across SC members and development of goals; continue to submit pledges and plans.</li> <li>Advance collective action</li> </ul>		X (2014-ongoing)		
c. Increase number of residents who maintain a healthy weight	i. Decrease youth obesity	<i>Not addressed yet</i>	No current plans.				
	ii. Decrease adult obesity	<i>Not addressed yet</i>	No current plans.				

### Key for symbols

- ✓ Completed
- Planning or in progress
- ? Need input

**Review of 2014 & 2015 to date**

## CHIP Priority Area 3: Increase Access to High Quality Health Care + Services

		2014 SFHIP Activities	2015 SFHIP plan	SFHIP Four Pronged Approach			
Goal	Objective			Facilitate linkages and networking	Spearhead major initiative	Build partnerships	Support policy and legislation
a. Improve integration + coordination of services across the continuum of care	i. 100% of San Franciscans enrolled in health insurance or Healthy San Francisco	-Steering Committee decided activity in this area not needed at this time	No current plan <i>Note: Healthy Hearts SF addresses this goal.</i>				
b. Increase connection of individuals to the health services they need	i. Decrease barriers to medical care	- Behavioral Health for Homeless raised as important issue	? Discussion/Activity in 2015				
	ii. Decrease preventable hospital stays among seniors and persons with disabilities	<i>Not addressed yet</i>	No current plan				
c. Ensure services are culturally + linguistically appropriate	i. Decrease cultural and linguistic barriers to care	<i>Not addressed yet</i>	No current plan				
d. Ensure San Franciscans have access to a health care home	i. Increase number of residents with a primary care providers	<i>Not addressed yet</i>	No current plan				

**Review of 2014 & 2015 to date**

**Key for symbols**

- ✓ Completed
- Planning or in progress
- ? Need input