Welcome!

Thank you for joining us today. We will get started shortly.

Please change your display name to your first name, last name, and preferred pronouns (ex: Jane Doe, she/her).

- 1. To change your name, click on the "PARTICIPANTS" button at the top of the Zoom window
- 2. In the participants list, find and hover your mouse over your name and click the "Rename" button

San Francisco Planning is committed to creating a **safe and inclusive** environment free from disruption. Hateful speech or actions will not be tolerated. Respectful community participation is critical to a successful project.





Recording

Audio, video, and chat will be monitored and recorded.

This presentation will be transmitted live on our Youtube page.





Audio and Video

We respect all participants in this convening today and want to create a safe space for all.

By default, all participants will be muted, and video is disabled.

Video will be on for speakers only.



Chat

To participate in the chat, please select the Chat button at the bottom of your screen.





sfplanning.org/ general-plan





SPEAKERS



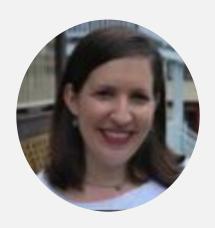
Mei Ling Hui

Urban Agriculture and Community Gardens Program Manager, SF Rec and Park



Meg Wall Shui

Senior Epidemiologist, SF Department of Public Health



Ryan Reeves

Senior Transportation Planner, SFMTA Vision Zero Program Manager



Shamsi Soltani

Vision Zero Epidemiologist, SF Department of Public Health

Interactive Poll

- 1. Who's in the room?
- 2. What issues do you care about?

PLANNING HEALTHY COMMUNITIES



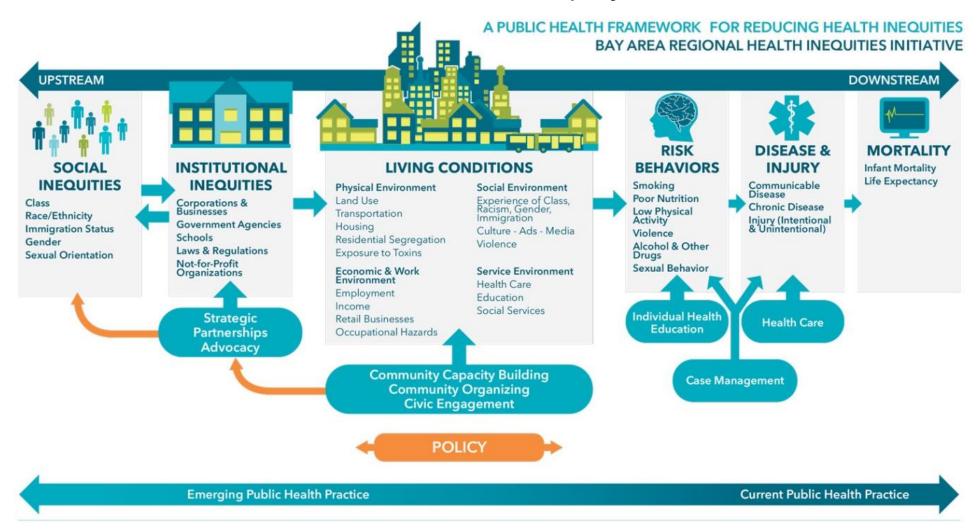
Health Equity and Healthy Communities

- From the American Public Health Association (APHA):
- "APHA is dedicated to creating health equity and healthy communities. A healthy community can be defined as one that:
 - Meets everyone's basic needs
 - Provides supportive levels of economic and social development
 - Promotes quality and sustainability of the environment
 - Places high value on positive social relationships



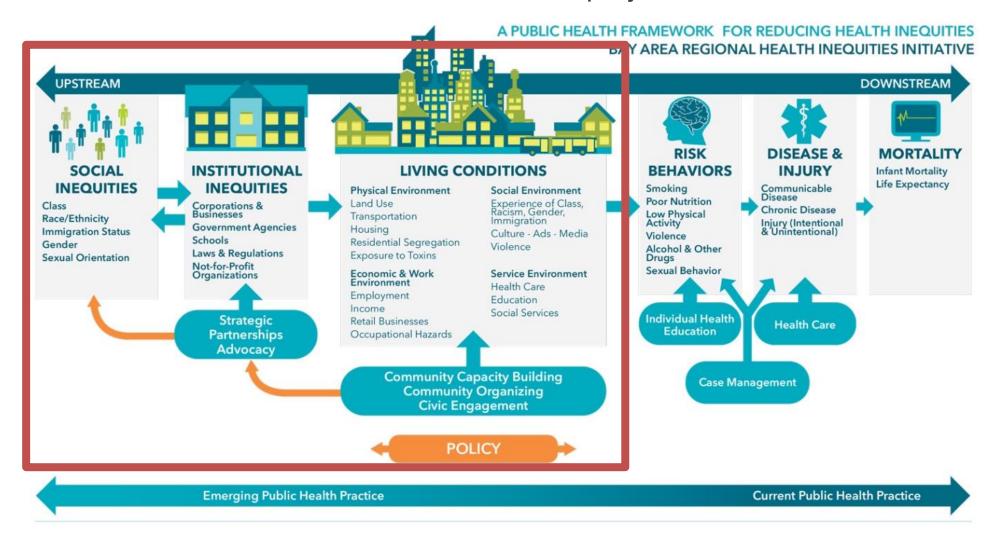
SOCIAL DETERMINANTS OF HEALTH

The conditions in which we live, learn, work, and play



SOCIAL DETERMINANTS OF HEALTH

The conditions in which we live, learn, work, and play



Source: BARHII

PLANNING'S ROLE IN AFFECTING LIVING CONDITIONS

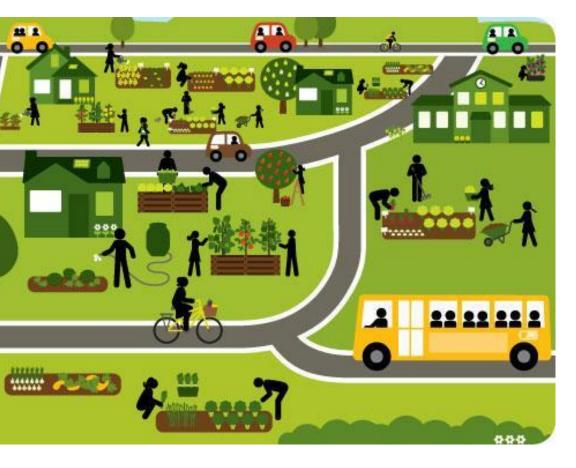


- Inclusionary affordable housing program
- Developing policies to promote housing opportunities for all income levels



- Supporting vibrant neighborhoods
- Improving streets and the public realm

EXAMPLES OF HEALTHY PLANNING STRATEGIES



POLICIES

- General Plans
- Complete Streets Policies
- Active Design Guidelines

PROGRAMS

- Healthy corner store programs
- Grocery store attraction
- Shared Use of Schools

PRACTICES

- "Health in All Policies" Approach
- Health Impact Assessment
- Advisory Groups (ex: Food Policy Councils, Bike/Ped Commissions)

What Public Health Stakeholders can bring to Planning

- Data
- Breaking down of silos
- New community perspectives
- A focus on equity & health disparities





Green Connections Plan

- Plan to increase access to parks, open spaces & the waterfront
- Focus on active transportation, urban ecology, public art, community stewardship
- SFDPH conducted a walkability analysis for 6 Economically Disadvantaged Communities using Pedestrian Environmental Quality Index (PEQI)



Meg Wall Shui, Senior Epidemiologist, SFDPH

SFDPH COMMUNITY HEALTH NEEDS ASSESSMENT



SFDPH COMMUNITY HEALTH NEEDS ASSESSMENT





Megan Wall Shui

Planning for Healthy Communities Brownbag Session – 3/17/2021



San Francisco Department of Public Health's HIA^{Slide 20} History



1999

Health Benefits Analysis of 1999 San Francisco Living Wage Law Preventing Residential Displacement with HIA-Trinity Plaza, SF







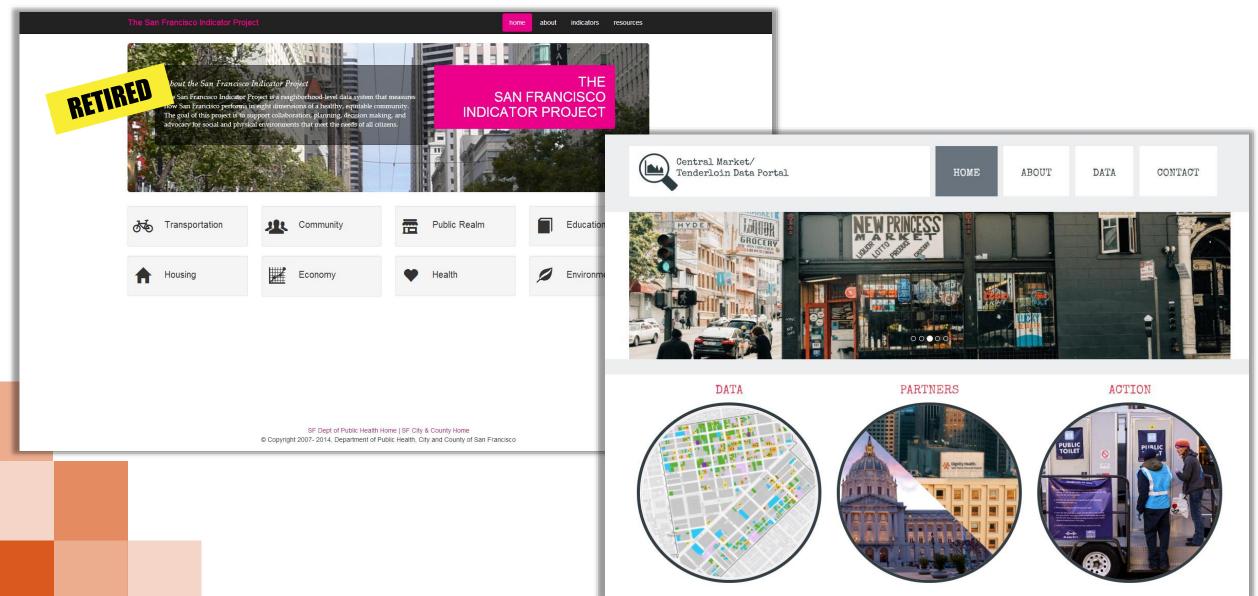


Eastern Neighborhoods Community Health Impact Assessment (ENCHIA)

20



Community Indicator Development

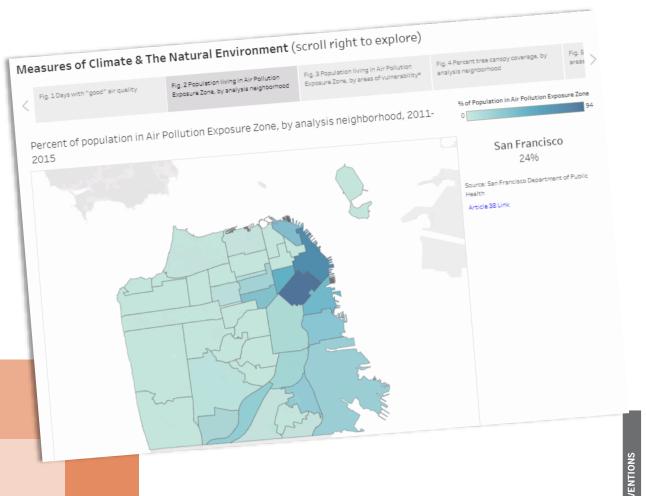


CHNA Quick Overview

- Identifies and describes the health status of San Franciscans and the factors which influence health status through systematic, comprehensive data collection and analysis.
- Completed every 3 years in collaboration with San Francisco Health Improvement Partnership
- Required for DPH Accreditation and Hospital's IRS non-profit status. Informs the Community Health Improvement Plan and the Hospitals' Community Benefits Plans.
- Process includes:
- Community Health Status Assessment
 Review of Existing Assessments
 Community Engagement

 POPULATION HEALTH DIVISION SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Community Health Status Assessment



SAN FRANCISCO FRAMEWORK FOR ASSESSING POPULATION HEALTH AND EQUITY

UPSTREAM Root Causes

DOWNSTREAM Consequences



Systems

Cultural/ Societal Values Discrimination/ Stigma



Policies & **Practices**

Public Policies Organizational Practices



Living Conditions

PHYSICAL ENVIRONMENT

Land Use Transportation Housing Natural Environment

SOCIAL ENVIRONMENT

Social Cohesion Safety

ECONOMIC ENVIRONMENT

Educational Attainment Employment Income Occupational Safety

SERVICE ENVIRONMENT

Health Care Social Services Education



Health **Behaviors**

Nutrition Physical Activity Tobacco Use Alcohol and Other Drugs Oral Health Sexual Health Preventive Care Sleep



Health & Well-Being

QUALITY OF LIFE FUNCTIONING **CLINICAL HEALTH**

Communicable Disease Chronic Disease Injury Mental Health



Psychosocial Factors

Stress Lack of Control Reactive Responding Resilience



Death

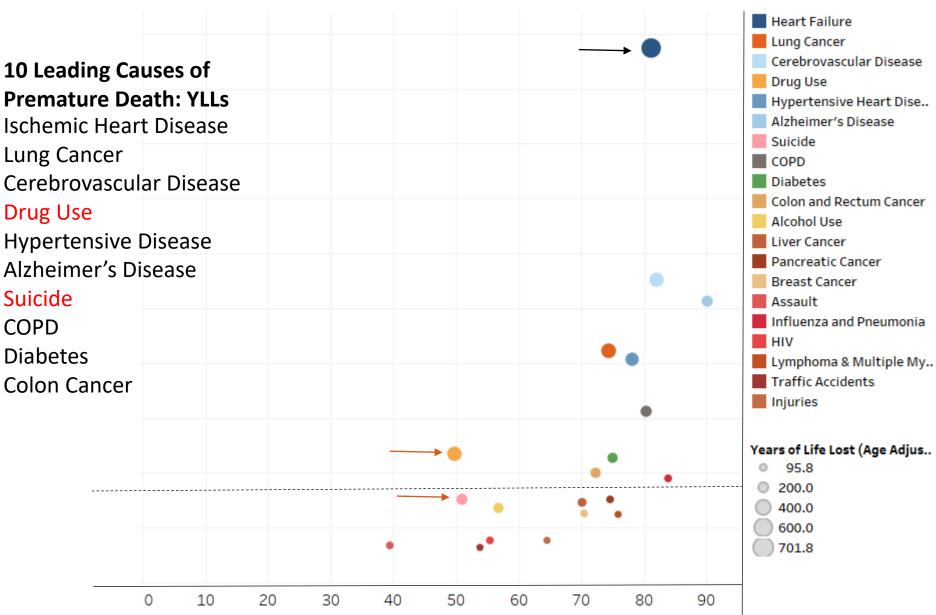
Community Capacity Building Strategic **Partnerships** Community Advocacy Organizing Civic Engagement

Health Promotion & Prevention

Case Management Medical Care

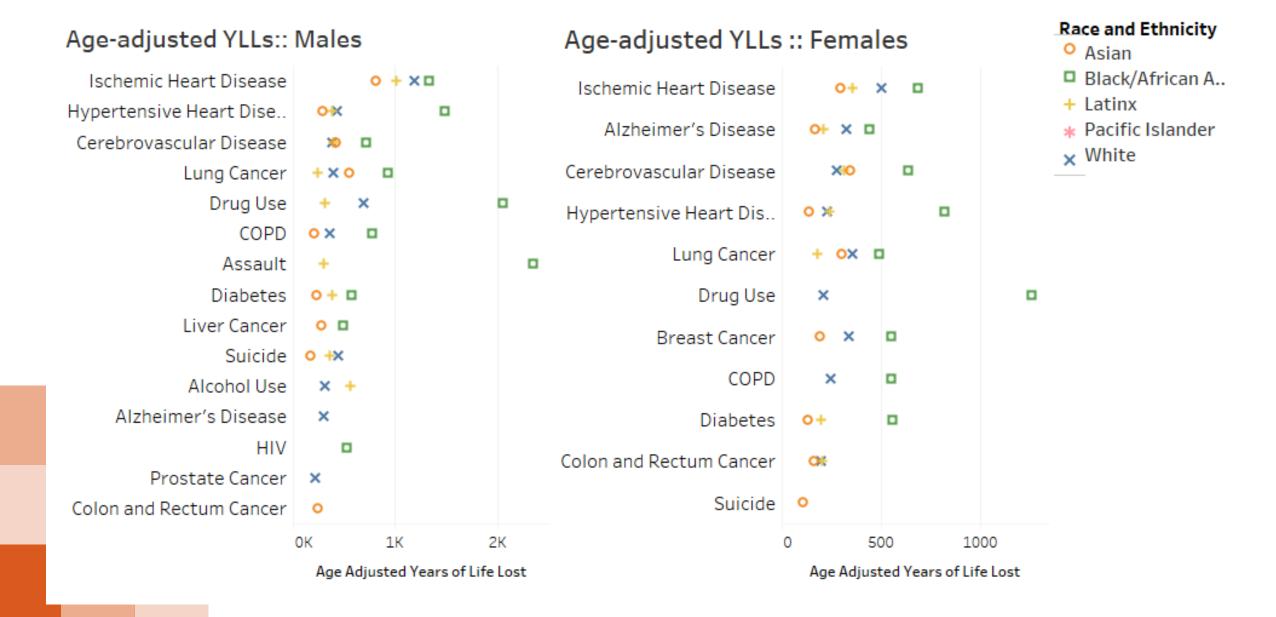
Leading Causes of Premature Death: 2015-2017

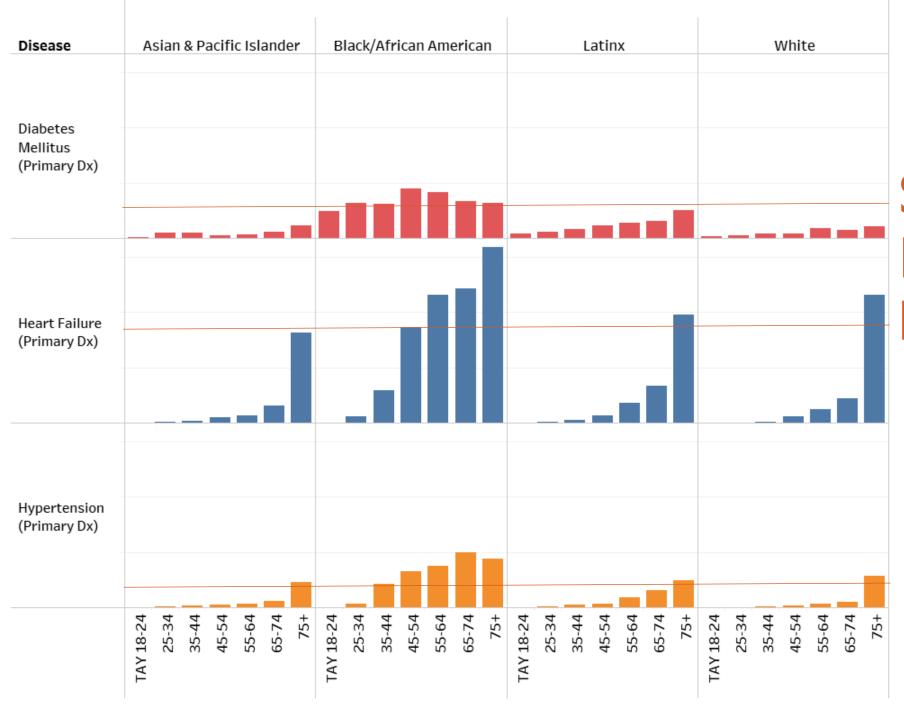
10 Leading Causes of
Death: # Deaths
Ischemic Heart Disease
Cerebrovascular Disease
Alzheimer's Disease
Lung Cancer
Hypertensive Disease
COPD
Drug Use
Diabetes
Colon Cancer
Influenza and Pneumonia



Average Age of Death

Leading Causes of Premature Death: 2015-2017





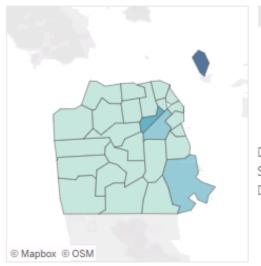
Select Hospitalizations by age and race

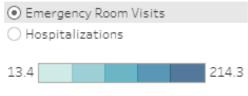
Modifiable Common Risk Factors for the Leading Causes of Premature Death

Leading Causes of Prermature Death In San francisco Downstream Common Risk Factors Lung Cancer Tobacco Use and Exposure COPD HIV **Drug and Alcohol** Use **Drug Use Assault** Safety/Violence **Suicide Physical Activity Breast Cancer Heart Disease Nutrition** Cerebrovascular Alzheimer's Disease **Hypertensive Disease Mental Health and** Wellbeing **Colon Cancer Diabetes Liver Cancer Prostate Cancer**

Substance Use

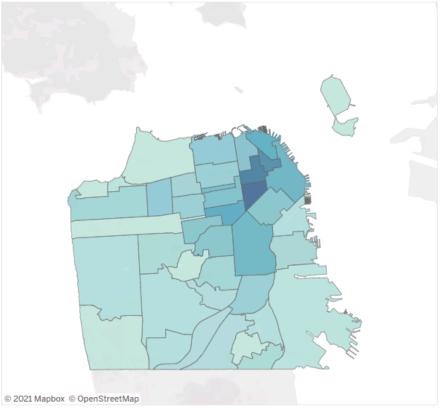
Map 3: Age-adjusted Rates of Hospitalizations and ER Visits due to Alcohol Abuse per 10,000 by Zip Code in San Francisco, 2012-2016





Data Source: California Office of Statewide Health Planning and Development.

Map 4: Number of Off-Sale Alcohol Outlets per Square Mile by Analysis Neighborhood, 2017





Outlet Density in San Francisco

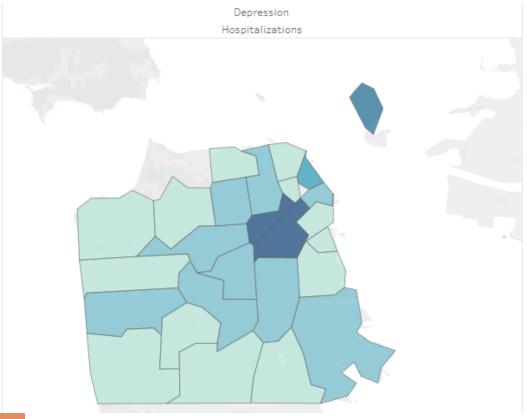
16.26

Off-sale alcohol licenses allow for the sale of alcoholic beverages for consumption off the premises in original, sealed containers (license types 20, 21, 85)



Mental Health

Map 5: Age-adjusted Rates of Hospitalizations and ER Visits due to Depression and Self Injury per 10,000 by Zip Code in San Francisco, 2012-2016



Depression

O Self Injury

O Emergency Room Visits

Hospitalizations

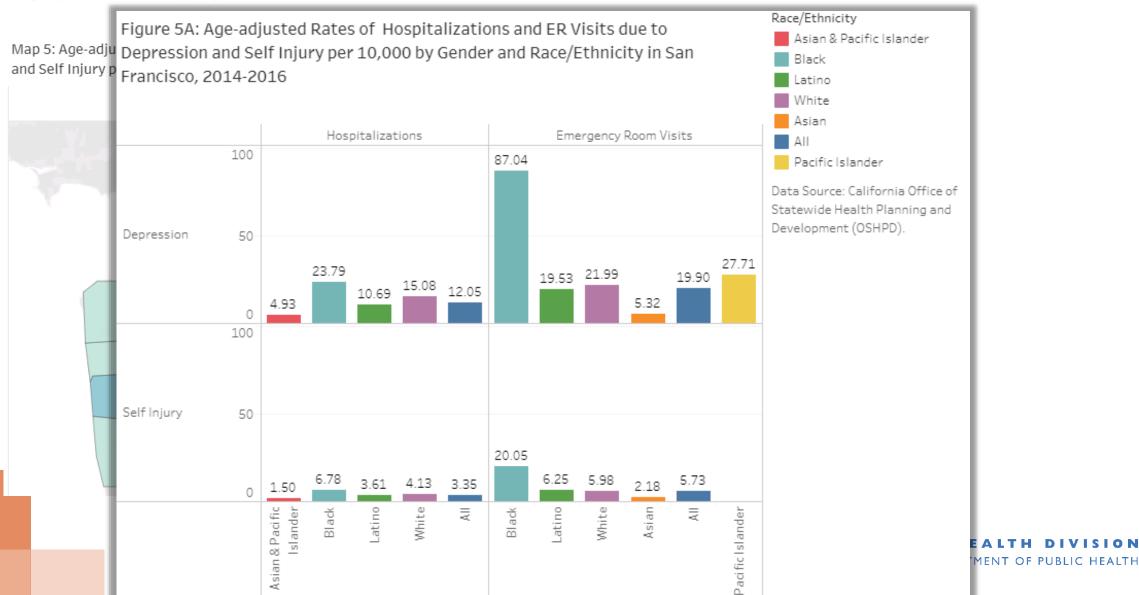
Age-adjusted Rate per 10,000

6.63 30.34

Data Source: California Office of Statewide Health Planning and Development (OSHPD).

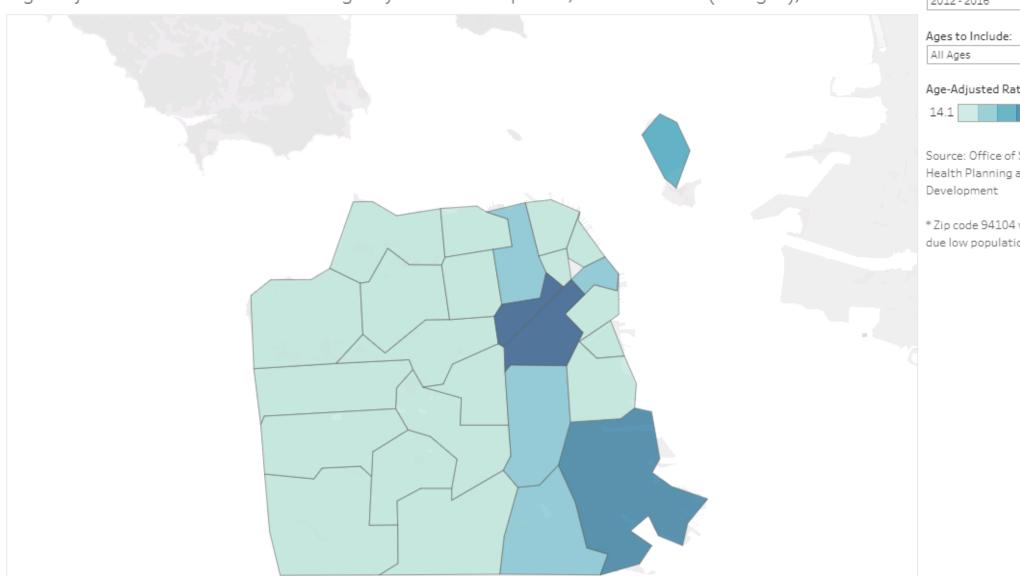


Mental Health



Crime and Violence

Age-Adjusted Rates of Assault Emergency Room Visits per 10,000 Residents (All Ages), 2012 - 2016



Years to include:

2012 - 2016

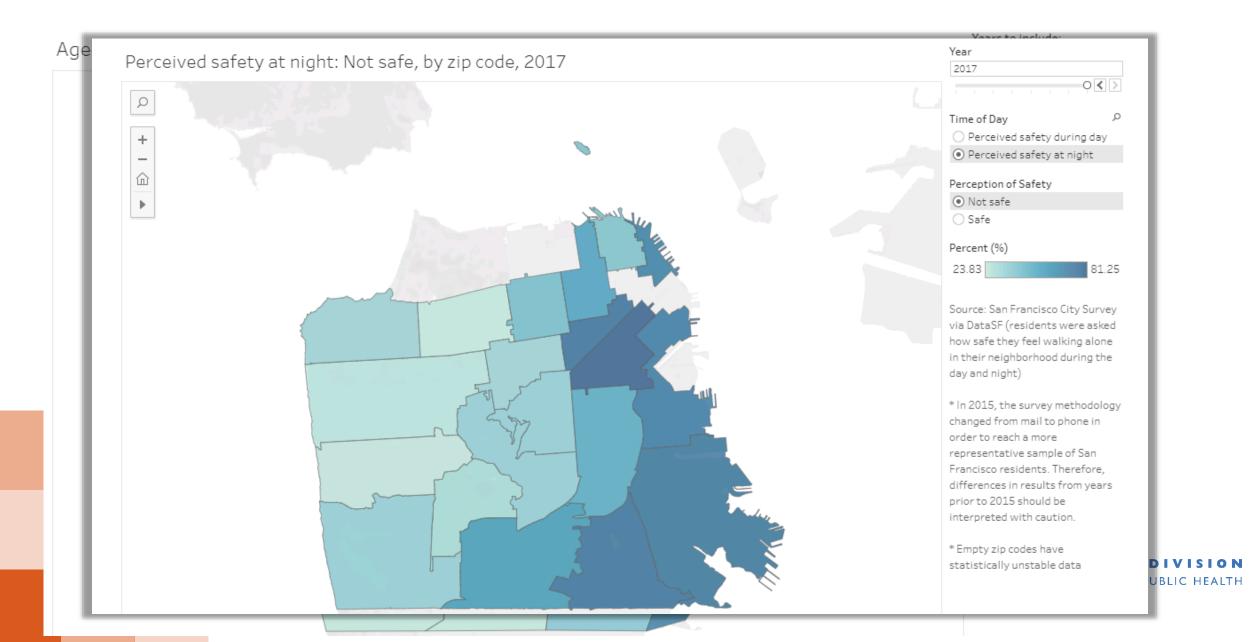
Age-Adjusted Rate per 10,000

Source: Office of Statewide Health Planning and

* Zip code 94104 was excluded due low population

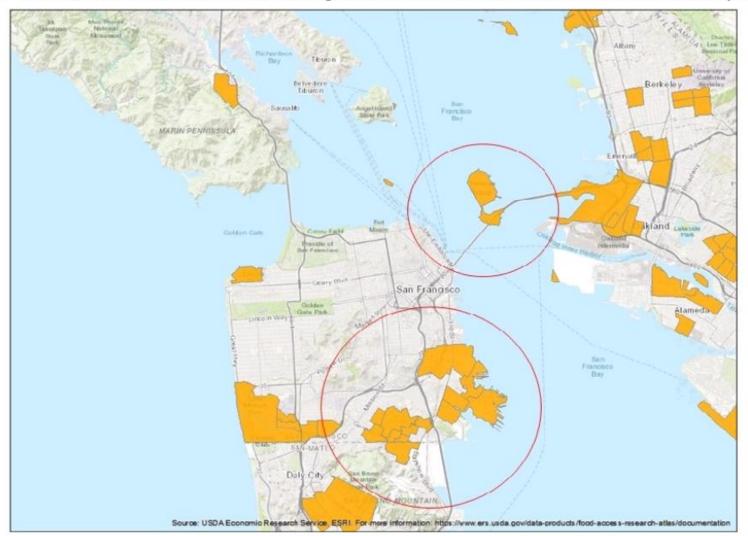


Crime and Violence



Healthy Eating

Southeast San Francisco and Treasure Island were designated as low income areas with low food access by the USDA





NCISCO DEPARTMENT OF PUBLIC HEALTH

Healthy Eating



I HEALTH DIVISION

PEPARTMENT OF PUBLIC HEALTH

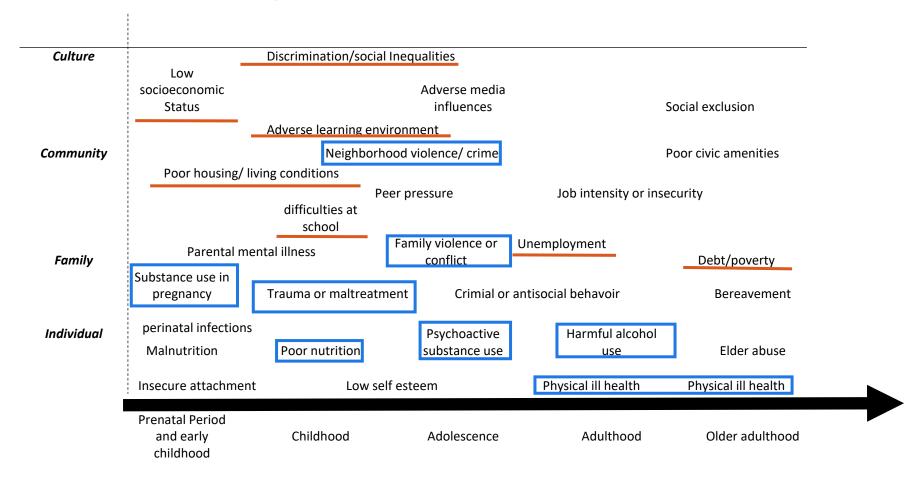
Healthy Eating

Map 3: Age-adjusted Rates of Hospitalizations and ER Visits due to Diabetes Primary per 10,000 by Zip Code in San Southeast San FSoutheast Sar Francisco, 2012-2016 C Emergency Room Visits Hospitalizations Age-adjusted Rate per 10,000 32.00 Data Source: California Office of Statewide Health Planning and Development (OSHPD).

Mental Health and Substance Use Determinants

(Upstream Risk Factors)

Schematic overview of individual, social and environmental risks to mental health over a life course



Adapted from WHO: Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors. August 27, 2012

^{*}Preconception and prenatal period: The mental health of an individual can be influenced by circumstance occurring before birth. Unwanted pregnancies can raise the chance of risky behaviors during pregnancy and mental health problems later in childhood. Malnutrition, low birth weight, micronutrient deficiencies increase the risk of poor brain development as do the use of tobacco, alcohol and drugs during pregnancy.



SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP

The San Francisco Health Improvement Partnership (SFHIP) is a cross-sector collaboration designed to improve the health and wellness of all San Franciscans. SFHIP combines into one aligned framework the efforts of three successful community health improvement collaborators: San Francisco's non-profit hospitals and their Community Benefits Partnership (CBP) and Building a Healthier San Francisco (BHSF) projects; the Clinical and Translational Science Institute at the University of California, San Francisco, which supported the first phase of SFHIP; and the San Francisco Department of Public Health and its community health improvement process.



COMMUNITY HEALTH NEEDS ASSESSMENT

Once every three years the San Francisco Health
Improvement Partnership completes a Community
Health Needs Assessment (CHNA). The CHNA is the
foundation for each San Francisco non-profit hospital's
Community Health Needs Assessment and is one of the
requirements for Public Health Accreditation. While
the CHNA informs large-scale city planning processes,
the intent of this website is to inform the work of all
organizations, teams and projects that impact the people
of San Francisco. Gaining an understanding of why health
outcomes exist here in San Francisco can help gear our
efforts towards addressing root causes and developing
better interventions, policies and infrastructure.

Go To the Report
Go to the Community Health Data Pages

The San Francisco 2019 CHNA is now online at www.sfhip.org



Ryan Reeves, Vision Zero Program Lead, SFMTA

Shamsi Soltani, Vision Zero Epidemiologist, SFDPH

VISION ZERO SF



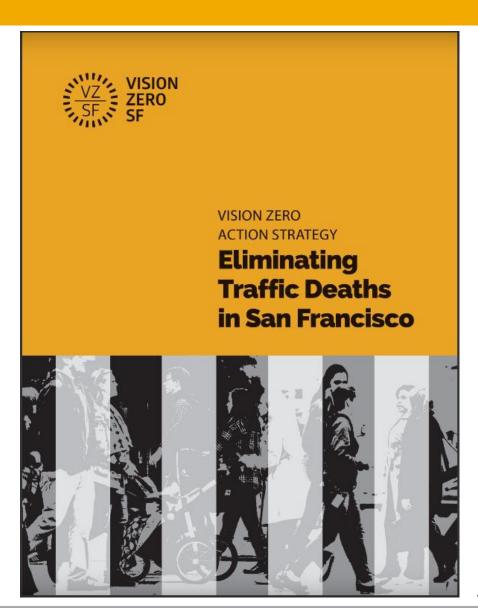
Through Vision Zero SF we commit to working together to prioritize street safety and eliminate traffic deaths in San Francisco.

VISION ZERO SF & HEALTHY COMMUNITIES

Planning for Healthy Communities Brownbag Session March 17, 2021



SAN FRANCISCO ADOPTED VISION ZERO IN 2014



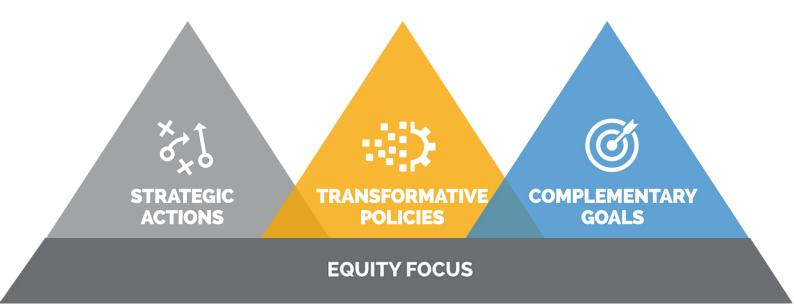












PEOPLE MAKE MISTAKES: NO ONE SHOULD DIE WHEN THEY DO

VS

TRADITIONAL APPROACH

Traffic deaths are INEVITABLE

PERFECT human behavior

Prevent COLLISIONS

INDIVIDUAL responsibility

Saving lives is **EXPENSIVE**

VISION ZERO

Traffic deaths are PREVENTABLE

Integrate HUMAN FAILING in approach

Prevent FATAL AND SEVERE CRASHES

SYSTEMS approach

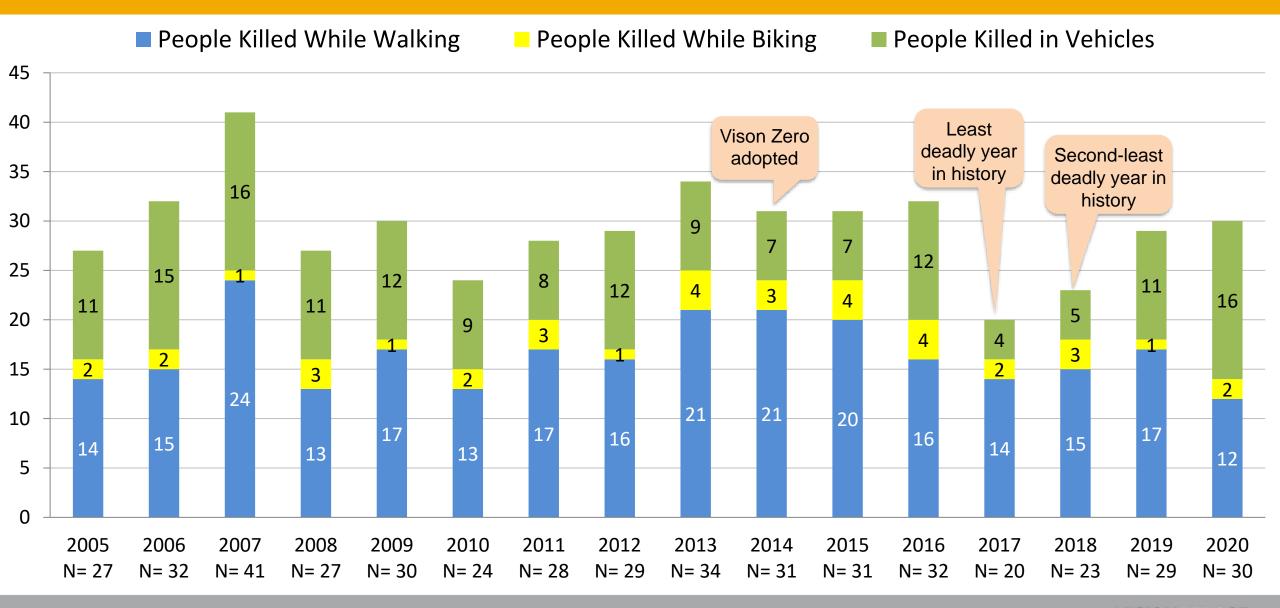
Saving lives is NOT EXPENSIVE

VISIOH44K/NETWORK

LOWERING SPEED SAVES LIVES



ONE IS TOO MANY: 30 TRAFFIC-RELATED DEATHS IN 2020



HIGH INJURY NETWORK

SEVERE AND FATAL INJURY BY DATA SOURCE

(2013-2015) **59%**

by/0 Linked Police and Hospital



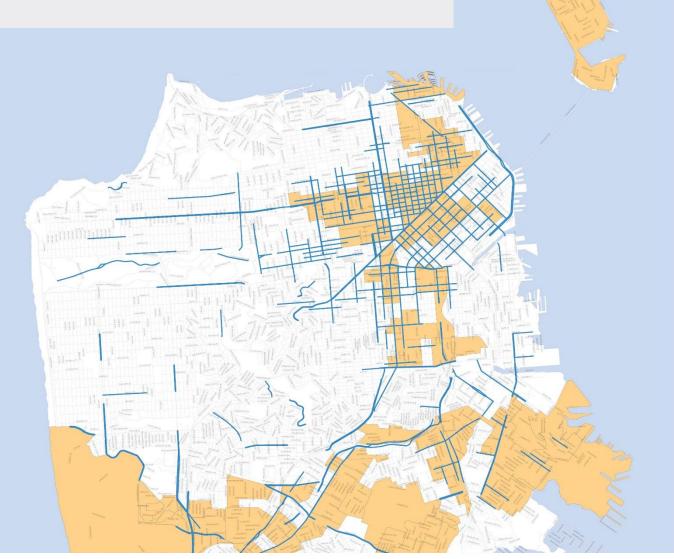
28% Hospital Only(N=411)



7%Police Only
(N=104)



6% Medical Examiner





13% of the city's street miles



75% of all severe and fatal injuries



77% of pedestrian severe and fatal injuries



71% of cyclist severe and fatal injuries



75% of vehicle severe and fatal injuries



61% of all transportationrelated injuries

N = 1,494 severe and fatal transportation-related injuries.

SFPD = San Francisco Police Department collision reports, 2013-2015.

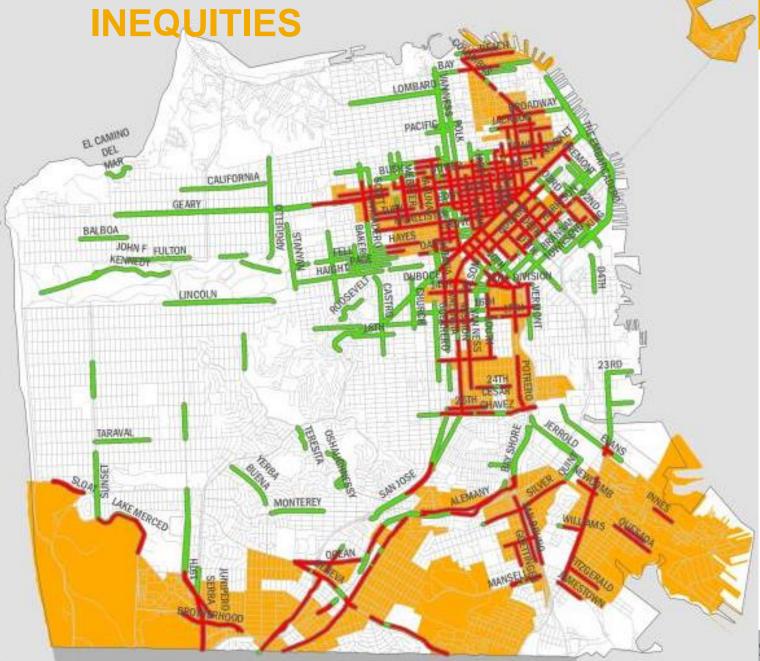
ZSFG = Zuckerberg San Francisco General Hospital data linked to Emergency Medical Services data, 2013-2015.

51% of the High Injury Network

31% of Surface

Streets





IDENTIFYING VULNERABLE COMMUNITIES AND

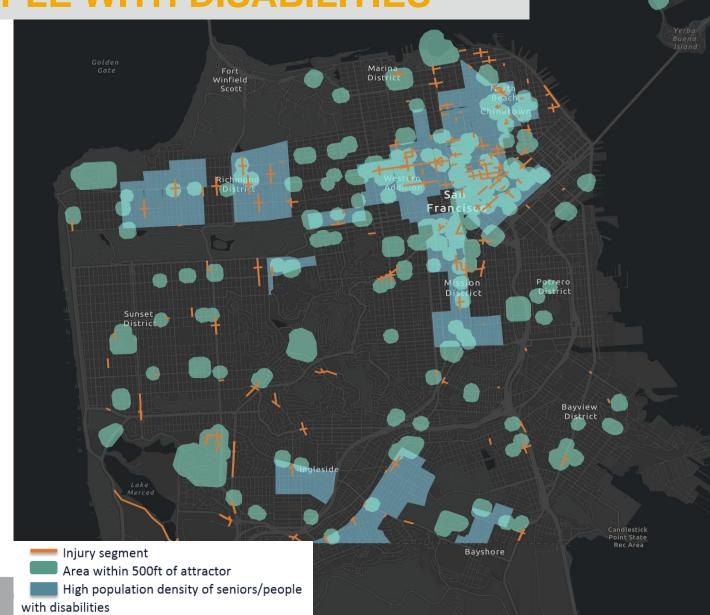
TARGETING INEQUITIES: SENIORS AND PEOPLE WITH DISABILITIES

Injury Segments in Priority Areas:

- 75% of severe/fatal injuries
- 57% on the VZ High Injury Network
- 35% on Traffic Calm-able Streets

Priority Areas: Where Seniors and People with Disabilities Live and Travel, e.g.:

- Census Tracts with the highest 1/3 of population density
- Senior Centers
- Public Libraries
- Paratransit Drop Off/Pick Up Locations
- Public Health Facilities



DEEPENING COMMUNITY ENGAGEMENT

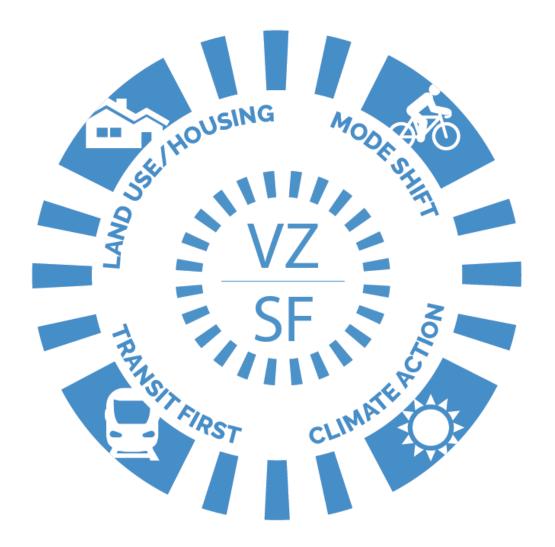




Share your ideas	s for new Vision Ze	ero action items.
This idea is for:		
O Safe People	O Safe Streets	O Safe Vehicles



COMPLEMENTARY CITY GOALS AND TRANSFORMATIVE POLICIES





Urban Speed Limit Setting



Pricing and Reducing Vehicle Miles Travelled



Speed Safety Cameras



Local Regulation
Of Transportation
Network Companies

PARTNERSHIP: CITY, COMMUNITY + REGIONAL, STATE









ACKNOWLEGEMENTS











Services of the San Francisco Public Utilities Commission























CONTACTS:

VISION ZERO CO-CHAIR
RYAN REEVES
VISIONZEROSF@SFMTA.COM

VISION ZERO EPIDEMIOLOGIST SHAMSI SOLTANI, MPH SHAMSI.SOLTANI@SFDPH.ORG **MORE INFORMATION:**

VISIONZEROSF.ORG
TRANSBASE.SFGOV.ORG

Mei Ling Hui, Urban Agriculture and Community Gardens Program Manager

URBAN AGRICULTURE PROGRAM



If you build it, they will come ... but will they stay?

Designing Community
Gardens for Social
Cohesion

Mei Ling Hui
Urban Ag and Community
Gardens Program Manager
San Francisco Rec and Park
communitygardens@sfgov.org













3 Squash plants

Dig in soil booster
Plant 2 tomate plants

I SI Pemove remaining bects
Improve soil.



Rule #1: The Zucchini Bread Rule

Rule #2: The dog poop rule.



SFRPD Community Gardens Program A change of focus . . .

Original Program 2004 -2017

- Landlord/Lessee relationship with gardens
- 10 gardens highly underutilized
- Broad stroke rules/policies
- Limited \$\$ resources
- .5 FTE with occasional intern support
- 10-15 public inquiries/month
- 3 Garden Resource Days served 425 people
- 8 workshops/year
- 1700+ people on just over 1,000 plots on fewer than 10 acres of land.



Revised Program 2017- present

- Repairs focused initially on safety and gathering spaces
- Rules based on site needs
- 3 full time and 3 part time staff; additional position to staff UARC in summer 2021.
- Program support leadership, education, conflict resolution, resource procurement, volunteer work groups
- 6 Garden Resource Days; 748 people, 79 yards of compost,
 24 yards of mulch, 997 plants and 96 tool care demos
- 18 workshops: composting, pruning, food preservation, tool care, propagation, gardening 101
- 2650 active gardeners; 3 new gardens opened
- 3,564 adults, 978 youth served for a total of 14,353 recreation hours provided
- Waitlist and weekly inquiries for resources growing



Looking ahead

- Urban Ag Resource Center
- Partnership with UCCE (Master Gardeners, Master Food Preservers, 4-H Youth Development)
- Grant funding for major repairs/rebuilds
- Expanded staffing UARC, garden liaisons
- New gardens opening
- Technical support for other agencies managing/planning community gardens













PANEL DISCUSSION

MODERATOR

SPEAKERS



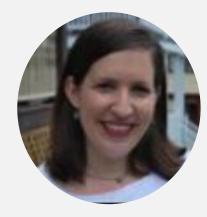
Lisa Chen
Senior Community
Development
Specialist, SF Planning



Mei Ling Hui
Urban Agriculture and
Community Gardens
Program Manager, SF
Rec and Park



Meg Wall Shui
Senior Epidemiologist,
SF Department of Public
Health



Ryan Reeves
Senior Transportation
Planner, SFMTA
Vision Zero Program
Manager



Vision Zero
Epidemiologist, SF
Department of Public
Health

Shamsi Soltani

General Plan Virtual Events



March 15-19 & March 22-26, 2021

https://sfplanning.org/general-plan

Two weeks of workshops on:

Housing Element

Environmental Justice Framework

Safety Element

Transportation Element

General Plan 101

Racial and Social Equity Plan

THIIRCDAY

FRIDAY

And more!

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	MONDAY	TUESDAY	WEDNESDA
	MARCH 15	MARCH 16	MARCH 17	MARCH 18	MARCH 19	MARCH 22	MARCH 23	MARCH 24
9:00 AM								
10:00 AM					Community Engagement	General Plan 101		
11:00 AM								
NOON	What Planning Does		Planning for Healthy Communities					Recovery Strate
1:00 PM								Workshop
2:00 PM		Workshop: Community Safety	Racial & Social Equity Action Plan	Workshop: ふんかん Transportation			Info Session: Housing Element	
3:00 PM	General Plan 101	Community Curoty	Equity Action Flam	Element			Troubling Element	
4:00 PM								
5:00 PM								
6:00 PM			Workshop: Environmental	Info Session: Housing Element		Recovery Strategies Workshop	Workshop: Transportation	Racial & Social Equity Action Pla
7:00 PM			Justice Framework				Traino portation	

MARCH 22	MARCH 23	MARCH 24	MARCH 25	MARCH 26
Seneral Plan 101				Drop In Office Hours
		Recovery Strategies Workshop		
	Info Session: Housing Element		Workshop: Environmental Justice	
	Workshop:	Racial & Social Equity Action Plan	Workshop:	



