CITY & COUNTY OF SAN FRANCISCO

Office of the Controller

City Services Auditor

City Services Benchmarking:

Population Health

March 26, 2015

REVISED

City Services Benchmarking: Population Health

CITY AND COUNTY OF SAN FRANCISCO

OFFICE OF THE CONTROLLER *March 26, 2015*

Summary

The City and County of San Francisco Charter requires the City Services Auditor (CSA) to monitor the level and effectiveness of City services. Specifically, CSA shall review performance and cost benchmarks and conduct comparisons of the cost and performance of San Francisco City government with other cities, counties, and public agencies performing similar functions.

This report compares the general health of the population of San Francisco to that of thirteen other peer counties. Most metrics have been previously identified as strategic priorities by the Department of Public Health, Population Health Division. Where applicable, San Francisco's performance is also shown against national Healthy People public health goals.

Peer counties

California	Non-California
Alameda	Denver, CO
Los Angeles	District of Columbia
Orange	Hennepin, MN (Minneapolis)
Sacramento	King, WA (Seattle)
San Diego	Philadelphia, PA
Santa Clara	Suffolk, MA (Boston)
	Travis, TX (Austin)

Highlights

- San Francisco ranks best or among the best in its peer group at many measures of general health. It enjoys the lowest smoking, obesity, and breast cancer mortality rates among its peers and ranks among the best for level of physical activity, air quality, food security, and pre-term births.

- While the health of the general population is robust, San Francisco's African-American population shows higher mortality rates than most of its peers. On two of three measures of African-American health, San Francisco has the widest disparity between the health of its African-American and general populations.

- No California county diagnoses more new HIV cases than San Francisco. The rate of new HIV diagnoses is almost three times higher in San Francisco than in the second highest county, Los Angeles.

- San Francisco has a lower per capita rate than its peers in cycling fatalities but a higher rate of cycling injury and pedestrian fatalities and injuries.

- San Francisco performs as well as or better than at least half of its peers on 13 of the 21 performance measures examined in this benchmarking report.

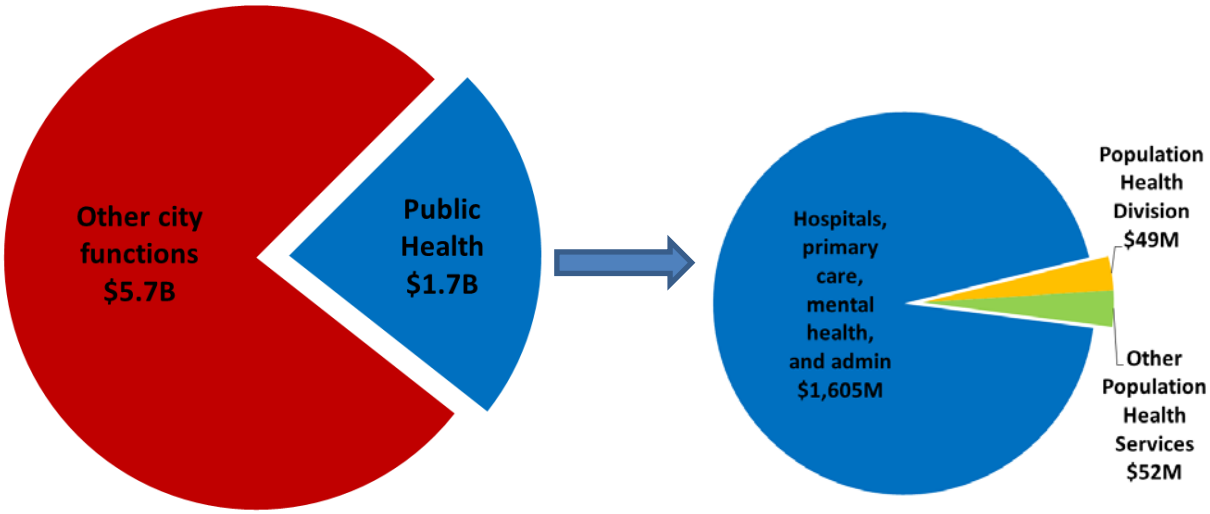
Contents

Agency profile: San Francisco Department of Public Health, Population Health Division

The mission of the San Francisco Department of Public Health (DPH) is to protect and promote the health of all San Franciscans. With an annual budget exceeding $1.7 billion, DPH is the City's largest department, representing 23% of the City's total expenditure. It is governed by the San Francisco Health Commission, whose members are appointed by the Mayor.

DPH's Population Health Division (PHD) is responsible for a wide spectrum of traditional public health services, including disease prevention and control, emergency preparedness, HIV research, health permitting and inspection, and health equity improvement. PHD had a FY2014 budget of $49 million, or 3% of DPH's total budget. The San Francisco Health Network (SFHN) receives most of DPH's budget to run the City's two hospitals, a network of primary care and mental health clinics, and managed care. SFHN also provides additional population health services on HIV and Maternal, Child, and Adolescent Health that total $52 million per year, for a total annual investment in population health of $101 million.

City and County of San Francisco **San Francisco Department of Public Health Total Budget**



Sources: Mayor's Budget Book 2014, Population Health Division self-reports

In June 2014, PHD published a Strategic Plan that identified seventeen Headline Indicators to track key results the department hopes to achieve in the following areas:

- Safe and Healthy Living Environments
- Healthy Eating and Physical Activity
- Access to Quality Health Care and Services
- Black/African-American Health
- Mother, Child, and Adolescent Health
- Health for People at Risk and Living with HIV

This benchmarking report compares San Francisco's performance on PHD's Headline Indicators to that of peer counties in California and the United States.

Population Health Division Mission

Drawing upon community wisdom and science, we support, develop, and implement evidence-based policies, practices, and partnerships that protect and promote health, prevent disease and injury, and create sustainable environments and resilient communities.

Healthy People 2020

The Healthy People initiative provides 10-year national objectives for improving the health of the United States as a whole. The program is led by the US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, and targets are set by a federal interagency workgroup. The current version of the program, Healthy People 2020, includes over 1,200 objectives in 42 topic areas (US Department of Health and Human Services).

Most of the metrics presented in this report map to one of the Healthy People objectives. Where possible, this report uses the same data source and definition as the federal objective. Graphs on the following pages display both national *baselines*, indicating the value of the indicator nationally in 2010, and national *targets*, indicating the national goal by 2020. Healthy People goals are for the United States as a whole, including rural and suburban areas with different strengths and challenges than San Francisco's.

More information about the Healthy People initiative is available at www.healthypeople.gov.

Peer jurisdictions

Benchmarking is a process in which an organization compares its performance to the performance of other similar agencies, or "peers." This section briefly describes how the City and County of San Francisco compares as a whole to the peers selected for this analysis.

Because most state and federal health data is reported at the county level, we compare San Francisco with other counties. The chart below shows the six California and seven non-California peer counties benchmarked. San Francisco is the only joint city-county government in California; three peers from outside California jointly provide city and county services.

Peer counties

	County	Principal city	Population 2013	Density 2013 pop per mi^2	Poverty rate 2008-12	Median household income 2008-12
California	**San Francisco***	**San Francisco**	837,442	17,867	13.2%	$73,802
	Alameda	**Oakland**	1,578,891	2,136	12.0%	$71,516
	Los Angeles	**Los Angeles**	10,017,068	2,469	17.1%	$56,241
	Orange	**Anaheim, Santa Ana**	3,114,363	3,939	11.7%	$75,566
	Sacramento	**Sacramento**	1,462,131	1,516	16.5%	$55,846
	San Diego	**San Diego**	3,211,252	763	13.9%	$63,373
	Santa Clara	**San Jose**	1,862,041	1,443	9.7%	$90,747
Non-California	**Denver, CO***	**Denver**	649,495	4,245	18.9%	$49,091
	District of Columbia*	**Washington**	646,449	10,589	18.5%	$64,267
	Hennepin, MN	**Minneapolis**	1,198,778	2,165	12.6%	$63,559
	King, WA	**Seattle**	2,044,449	966	10.9%	$71,175
	Philadelphia, PA*	**Philadelphia**	1,553,165	11,582	26.2%	$37,016
	Suffolk, MA	**Boston**	755,503	12,992	20.7%	$52,700
	Travis, TX	**Austin**	1,120,954	1,132	17.4%	$56,403

* indicates joint city-county government. The District of Columbia is neither a city nor county, but performs functions of both.
Source: US Census Bureau

Local health departments (LHDs) provide indirect benefits to the entire population. For example, monitoring and mitigating air pollution contributes to clean air, lower rates of respiratory disease, and general well-being. Inspection of food facilities potentially decreases disease among anyone who buys food in San Francisco. Unlike other reports in the Controller's benchmarking series, this report discusses the general health of all San Francisco residents, not direct service levels. The indicators benchmarked here show long-term outcomes that public health programs aim to affect. A future report could compare the types of services provided by the San Francisco Public Health Department with those provided by other LHDs.

Many different factors drive population health outcomes: age, geography, state and local law, socioeconomic variables, social norms, and racial diversity, to name a few. A consistent challenge for the benchmarking program is that every county and municipality is unique: San Francisco is the smallest and densest county in the peer group, and it enjoys above-average income and below-average poverty. Nevertheless, each of the counties in the peer group bears similarities to San Francisco in terms of size, diversity, income and poverty, and other characteristics. For a full description of peer selection methodology, see the appendix.

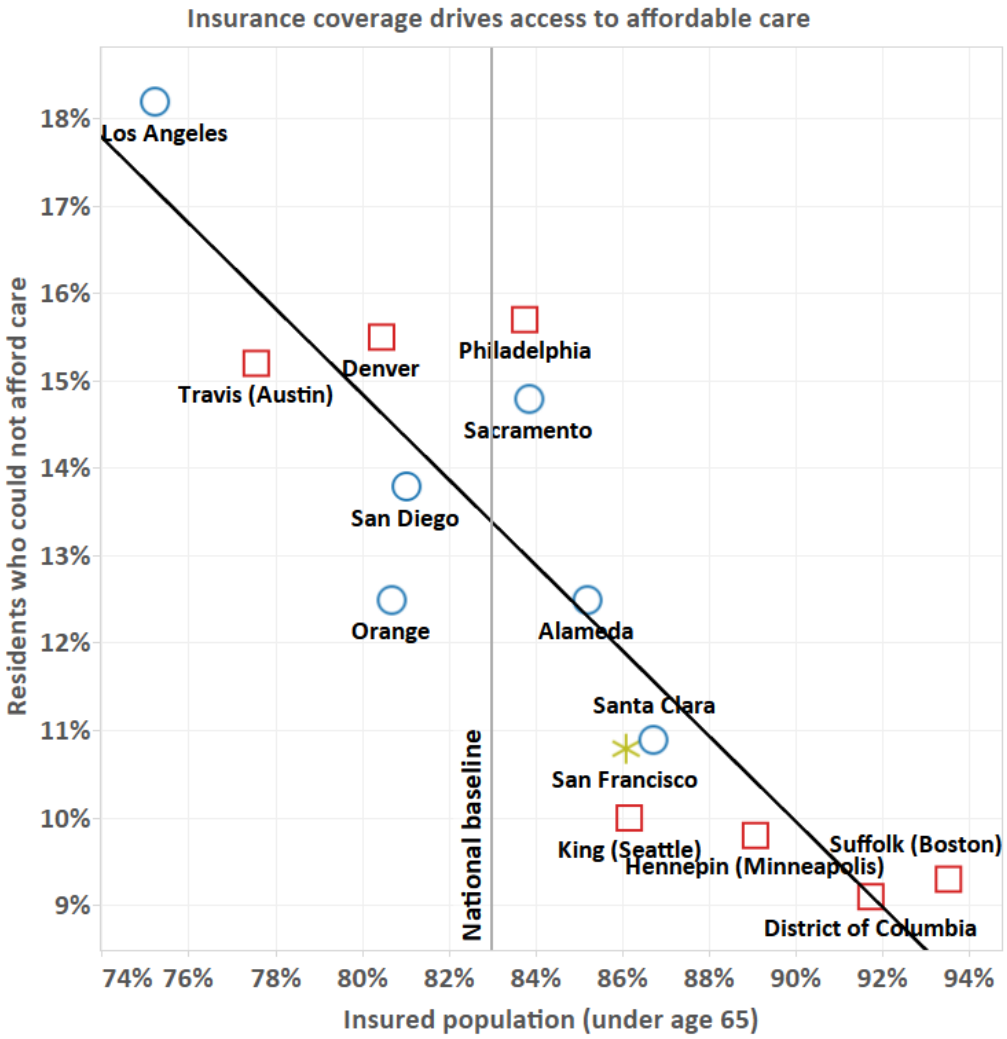
Comparisons are by county. Where non-California county names differ from the name of their principal city, the city's name is given in parentheses for clarity. California counties are presented in blue; non-California counties are presented in red; San Francisco is presented in yellow. Data sources are briefly indicated with each chart; the appendix maps benchmarked metrics to PHD Headline Indicators and gives fuller data definitions and source information.

National baselines and targets refer to Healthy People 2020. Note that these values are for the nation as a whole, including suburban and rural areas. Baselines were set in 2010, and targets are meant to be achieved by 2020. Unless otherwise noted, metrics use the same source data as Healthy People targets. In some instances, these data sources differ from those used by PHD in their strategic plan.

Citywide health

Health insurance coverage and cost of care

According to the US Census Bureau, 86% of San Franciscans below Medicare eligibility age had health insurance coverage in 2011, placing the county ahead of most California counties and the national average but well behind several other jurisdictions. The most recent data are from before full implementation of the Affordable Care Act (ACA), which requires most Americans to have health insurance coverage and has driven a rapid increase in insurance enrollment nationwide. Suffolk County, Massachusetts, leads the peer group in insurance enrollment. Massachusetts implemented health care reform similar to the ACA in 2006.



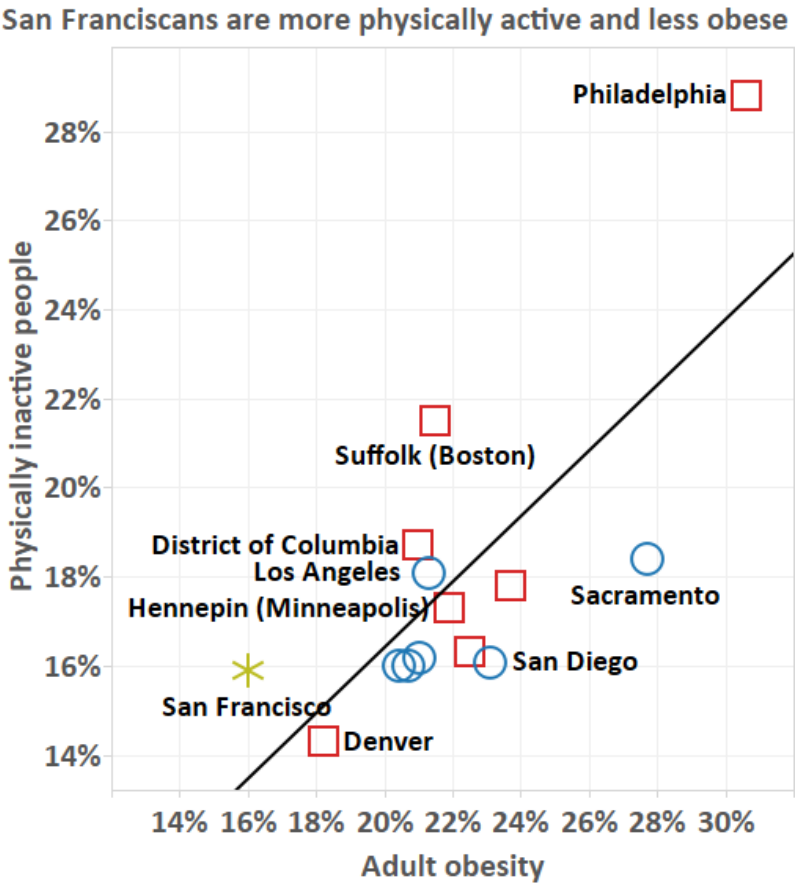
Sources: US Census Bureau, Small Area Health Insurance Estimates 2011; CDC Behavioral Risk Factor Surveillance System 2006-2012

Health insurance coverage is shown below on a scatterplot with the percentage of the population who reported that they were unable to visit a doctor due to cost. The high correlation between these two factors ($r^2 = 0.77$) shows that increased insurance coverage reduces financial barriers to care.

The San Francisco Department of Public Health administers a health care coverage program called Healthy San Francisco (HSF) that allows uninsured residents to access affordable health care in San Francisco. HSF is not health insurance. The primary difference between HSF and insurance is portability: HSF enrollees are not covered outside of San Francisco. HSF coverage is not shown on the graph; DPH estimates that 94% of San Franciscans were covered by either insurance or Healthy SF in 2011 (Strategic Plan).

Under the ACA, many HSF enrollees will purchase health insurance through Covered California, decreasing HSF enrollment. However DPH estimates that 20,000 San Franciscans will still lack insurance. HSF will continue to provide health services to those not covered by the ACA, such as undocumented immigrants.

Physical activity and obesity

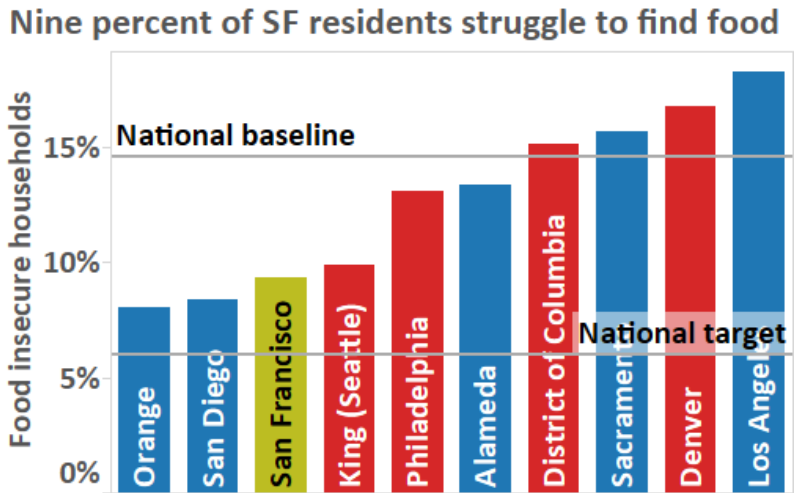


The graph at left shows the proportion of the population with no leisure time physical activity and the proportion that is obese (has a body mass index greater than 30 kg/m^2). These data come from a national telephone survey conducted by the CDC.

San Franciscans were the least obese and second most physically active in the peer group. San Francisco's rate of physical activity puts it in line with neighboring counties Alameda and Santa Clara, but with a much lower corresponding obesity level.

All the peer counties except Philadelphia surpassed both the Healthy People targets (not shown) for physical activity (less than 32.6% inactive) and obesity (less than 30.5% obese).

Food insecurity



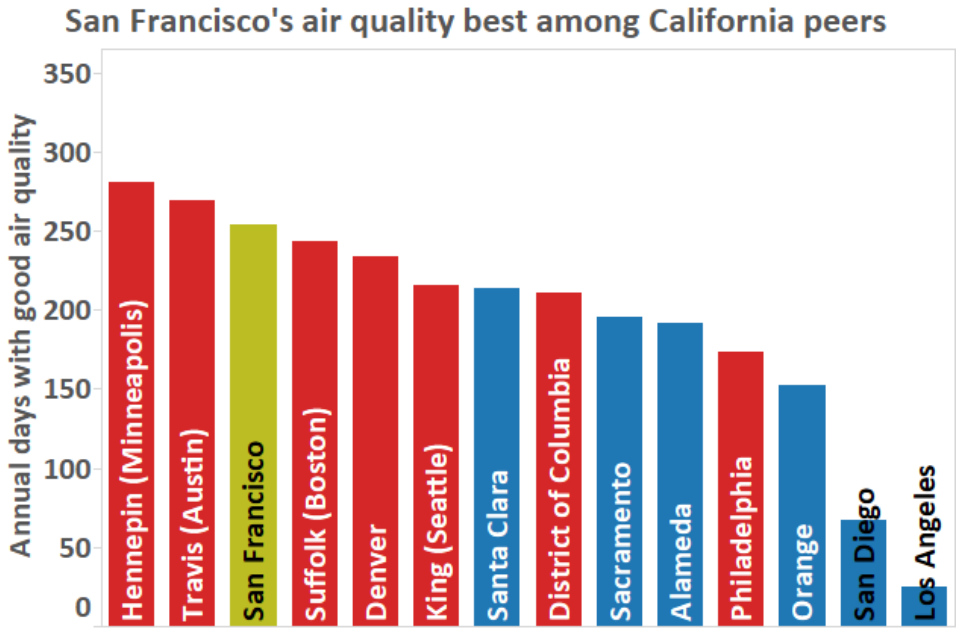
Sources: CDC Behavioral Risk Factor Surveillance 2010; US Census Bureau; Current Population Survey, Food Security Supplement 2013

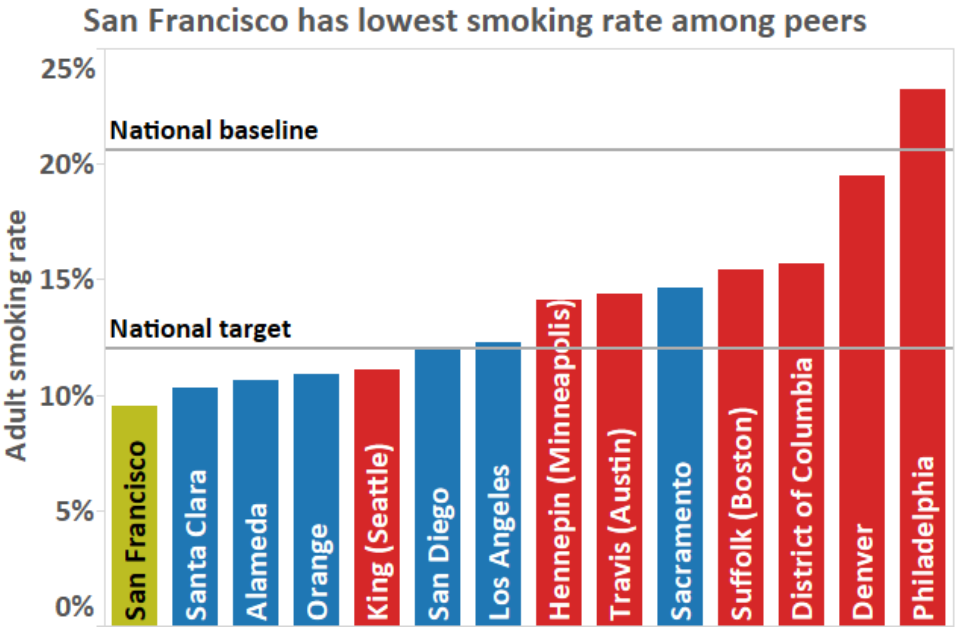
When a household cannot reliably secure adequate food, it is called food insecure. The graph at left shows households with "low" and "very low" food security, based on a survey by the US Census Bureau that asks about skipping meals, food affordability, hunger, and unwanted weight loss.

Food insecurity tracks closely with poverty. Orange, San Diego, San Francisco, and King counties all had among the lowest poverty rates and food insecurity in the data set (see page 6). At 9% food insecure, San Francisco still falls short of the ambitious Healthy People goal of 6% by 2020.

Food access is also impacted by state and local variation in implementation of federal programs like the Supplemental Nutrition Assistance Program (food stamps) as well as the availability of community-based free food resources like food pantries.

Smoking and air quality





Sources: US EPA Air Quality Index 2013; Behavioral Risk Factor Surveillance System 2006-2012

PHD's Environmental Health department includes the Air Quality, Smoking, and Tobacco program, charged with limiting air-based pollutants, enforcing local restrictions on tobacco sales and public smoking, and working with other local agencies to control stationary sources of air pollution. San Francisco has passed and subsequently expanded many laws to restrict smoking over the past two decades.

The US Environmental Protection Agency publishes the daily level of air pollutants around the country; the graph at left shows the number of days in 2013 that each county's Air Quality Index rating was "good" (the best on a five-point scale). San Francisco had "good" quality air more than two-thirds of the time – considerably more often than any of its California peers.

The overall Air Quality Index may mask variation in air quality within a county. For example, although San Francisco's air quality is generally better than that of peer counties, the Bay Area Air Quality Management District identified the eastern half of the city, particularly Bayview-Hunter's Point, as especially vulnerable to air pollution (Martien).

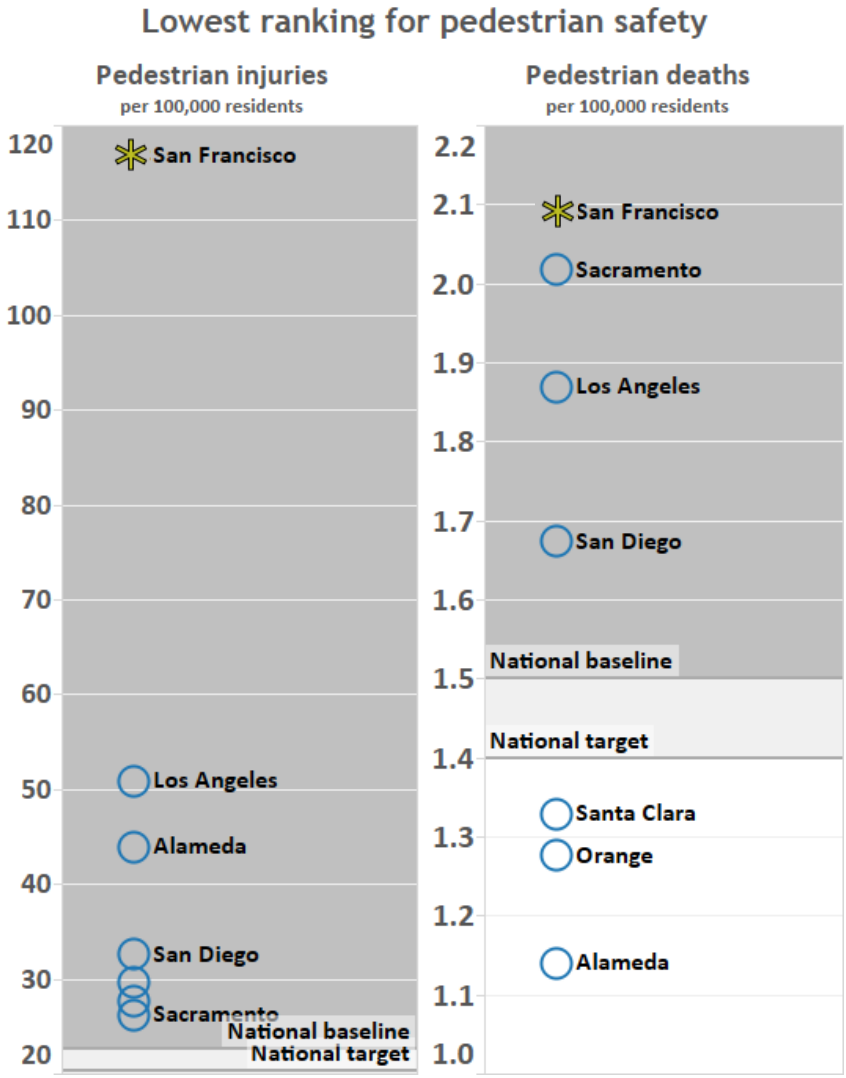
Smoking and secondhand smoke also affect the quality of a city's environment. In general, benchmarked counties in California showed much lower smoking rates than other US counties. With an adult smoking rate of 9.5%, San Francisco was the lowest among all its peers.

Pedestrian injury and death

Cars, bicycles, and pedestrians share close quarters in urban areas. In San Francisco, DPH shares responsibility for traffic safety with many other city agencies, including the Department of Public Works, the Municipal Transportation Agency, and the Police Department. In 2014, San Francisco formally adopted Vision Zero as City policy with a goal of eliminating traffic fatalities by 2024.

According to California Highway Patrol data, 16 pedestrians were killed in San Francisco traffic in 2012. The charts below show per capita traffic death and injury rates for pedestrians but do not account for the number of walking trips taken or traffic volume and speed. San Francisco's pedestrian death rate places it well above the national average and above all other benchmarked counties. Neighboring Alameda County has half as many pedestrian deaths per capita as San Francisco.

In non-fatal pedestrian injuries, San Francisco's rate was the highest in the peer group of California counties and more than double that of the second-highest county. DPH reports that San Francisco's level of pedestrian injury has remained relatively stable in recent years. All peer counties in California exceed the national baseline level of pedestrian injury. The rate of pedestrian injury may be affected by local variations such as infrastructure, policy, and the number of citizens routinely travelling by foot or motor vehicle.



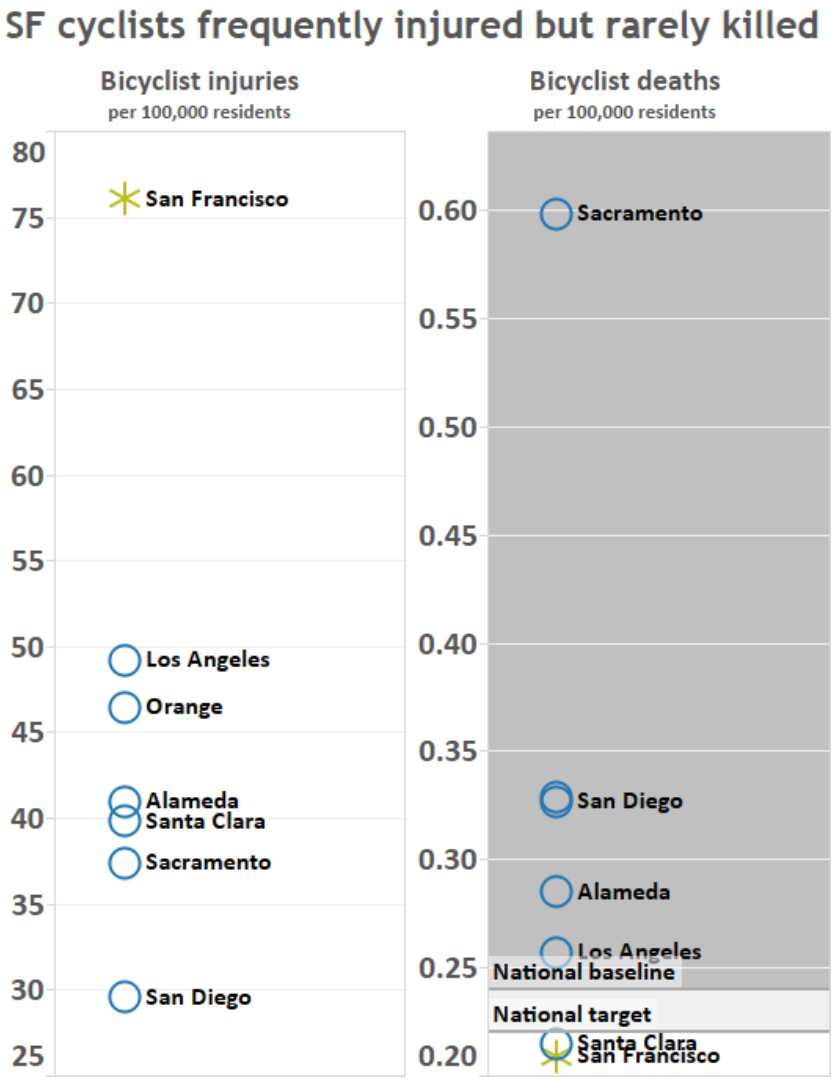
Source: California Highway Patrol Integrated Traffic Records System.
Injuries: 2012; deaths:2009-2012

Cyclist injury and death

The charts below show per capita traffic death and injury rates for cyclists. According to California Highway Patrol data from 2009 to 2012, between one and three cyclists are killed in San Francisco traffic each year.

San Francisco paradoxically appears both at the top and bottom of the peer group for cycling safety: San Franciscans were the most likely to be injured cycling but the least likely to be killed; contributing factors may include urban density and a high rate of cycling in San Francisco. The ranking of counties on non-fatal cycling injuries mirrors that on pedestrian injuries from the previous page; San Francisco has the worst rate by a wide margin, followed by Los Angeles. DPH reports that rates of cyclist injury and death have been increasing in recent years, together with the number of cyclists on San Francisco streets.

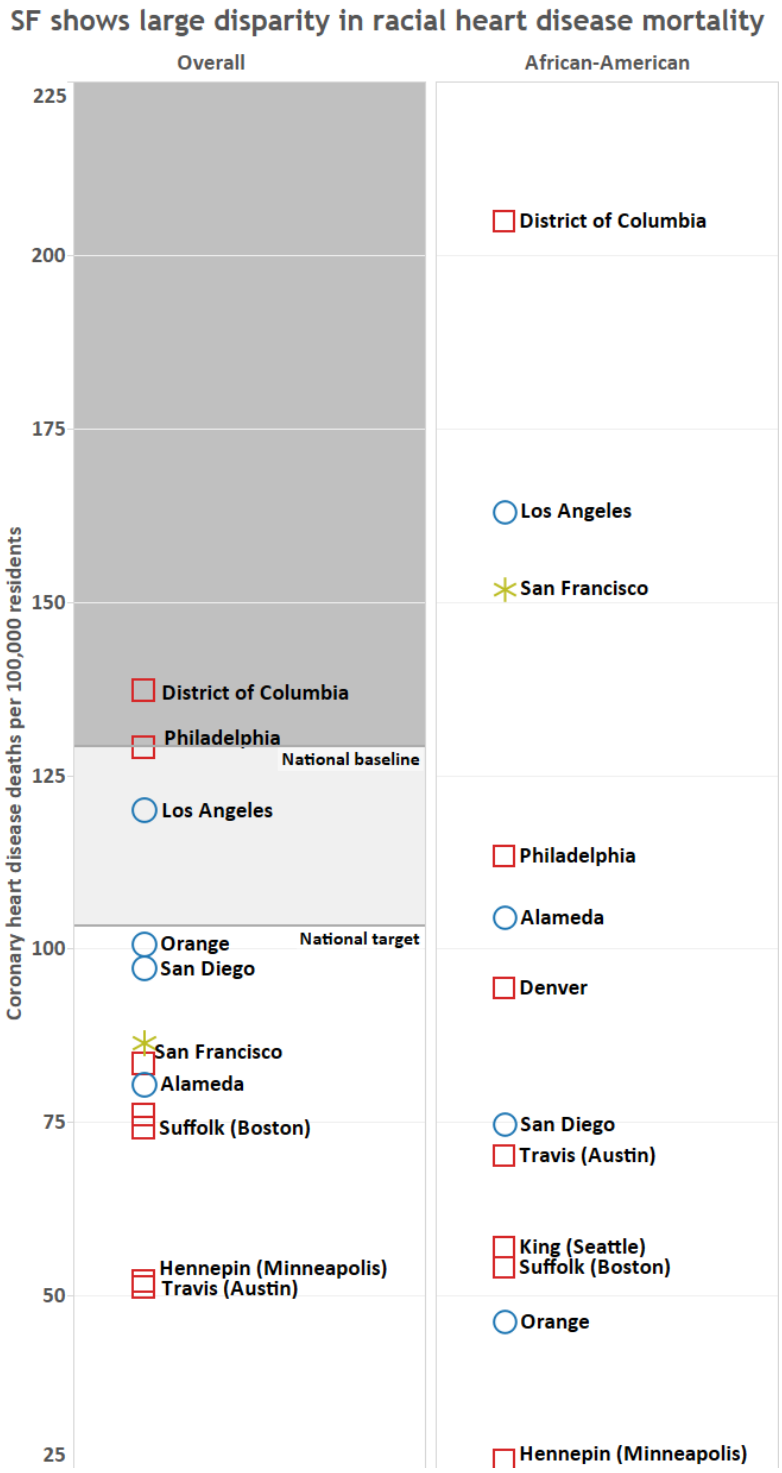
Only San Francisco and Santa Clara counties already exceed Healthy People targets for reducing cycling death. A fundamental principal of Vision Zero – whose goal is zero traffic deaths – is that mistakes on the road should not lead to death. Future research might untangle where the causes and circumstances of cycling injury differ from those of cycling death, taking into account factors including each community's traffic volume and speed, cycling infrastructure, and cycling prevalence.



Source: California Highway Patrol Integrated Traffic Records System.
Injuries: 2012; deaths:2009-2012

Vulnerable populations

African-Americans



Sources: CDC National Center for Health Statistics, Compressed Mortality File 2010-2012, US Census Bureau 1970-2010

African-American heart disease

Over the past several decades, African-Americans have migrated out of San Francisco, dropping from 13% of the population in 1970 to about 6% of the population in 2010 (US Census Bureau). Over that time, middle- and upper-income black households have left at a higher rate than low-income households. Today, San Francisco's black residents face more than double the poverty and unemployment rates of non-black residents (Mayor's Task Force).

African-Americans leaving San Francisco

Year	Black San Franciscans	As a % of population
1970	96,000	13.4%
1980	86,000	12.7%
1990	79,000	10.9%
2000	61,000	7.8%
2010	49,000	6.1%

In response to large health disparities between the black population and general population, PHD has a focus on African-American health. The data show not only that African-Americans suffer from poorer health than the general population, but also that the size of the disparity (i.e., the gap between black and non-black rates) is greater in San Francisco than in peer jurisdictions. (In the graphs that follow, baselines and targets are shown in dark and light grey and are only available for the overall population.)

The graph at left shows the rate of death from heart disease. While San Francisco's overall mortality rate is better than HP2020 targets, our rank in African-American heart disease is the third worst.

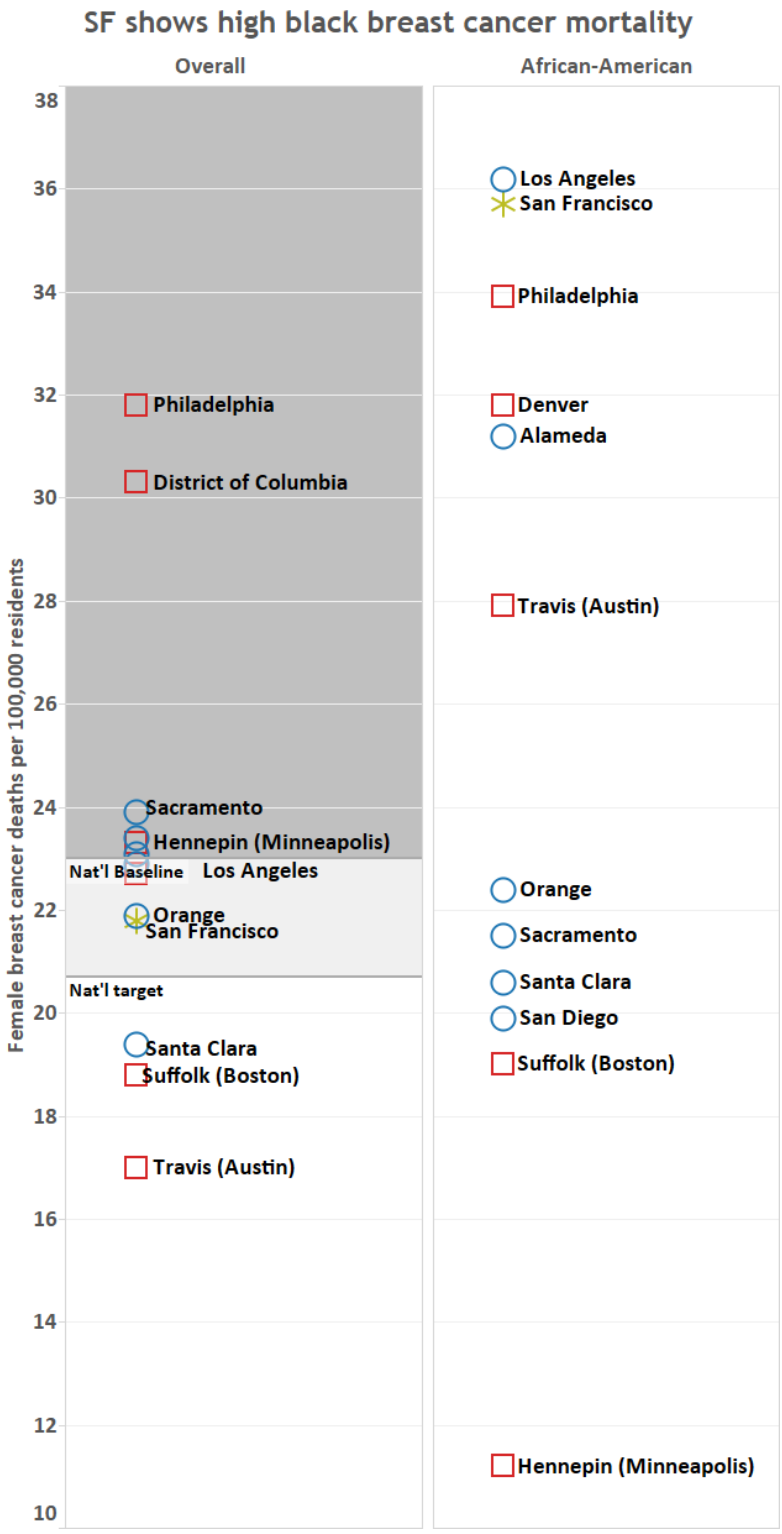
Only Washington, D.C. has a bigger disparity between general and black heart disease rates. In contrast, about half of the benchmarked counties show lower heart disease in the black population.

African-American breast cancer

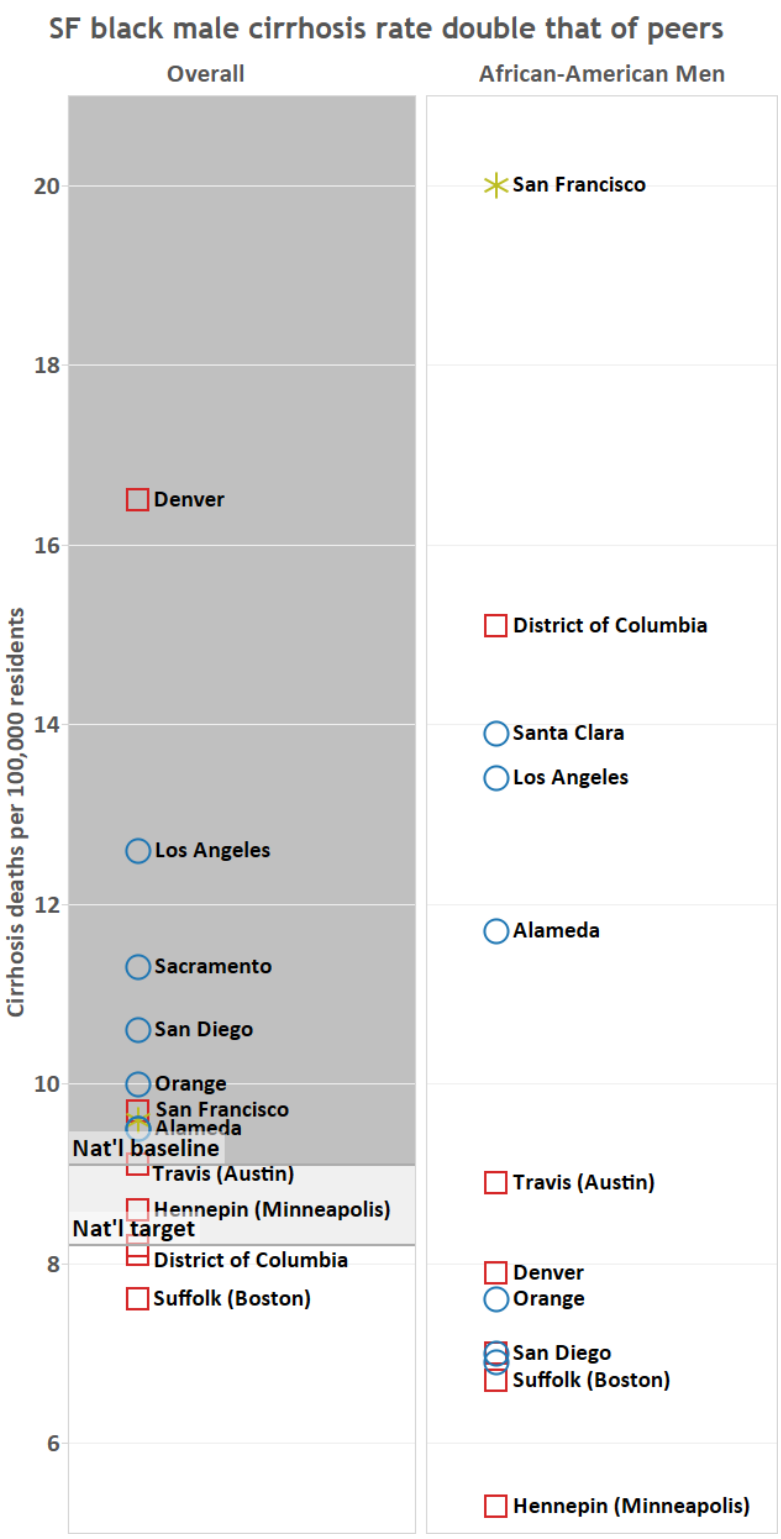
African-American women die of breast cancer at a much higher rate than the general population.

Among the general population, San Francisco's breast cancer mortality was lower than most peers and the national baseline, though still in excess of the HP2020 target.

San Francisco's African-American breast cancer death rate, on the other hand, is among the worst. The health disparity – the difference between the overall and African-American rates – is greater in San Francisco than in any peer jurisdiction. Contrast San Francisco to nearby Santa Clara, whose overall rate is similar, but whose African-American rate was hardly worse than the national baseline for the general population. Several peer counties, notably Hennepin, showed substantially lower cancer rates in the black community.



Source: CDC National Center for Health Statistics, Compressed Mortality File 2010-2012



Source: CDC National Center for Health Statistics, Compressed Mortality File 2009-2012

African-American alcohol-related death

The graph at left shows the rate of death by cirrhosis, a liver condition frequently caused by alcoholism, among the general population versus black men.

In San Francisco, black men die of cirrhosis at more than double the rate of the general population. While the City's overall cirrhosis rate lies just above the national average, its African-American male rate far exceeds all peers.

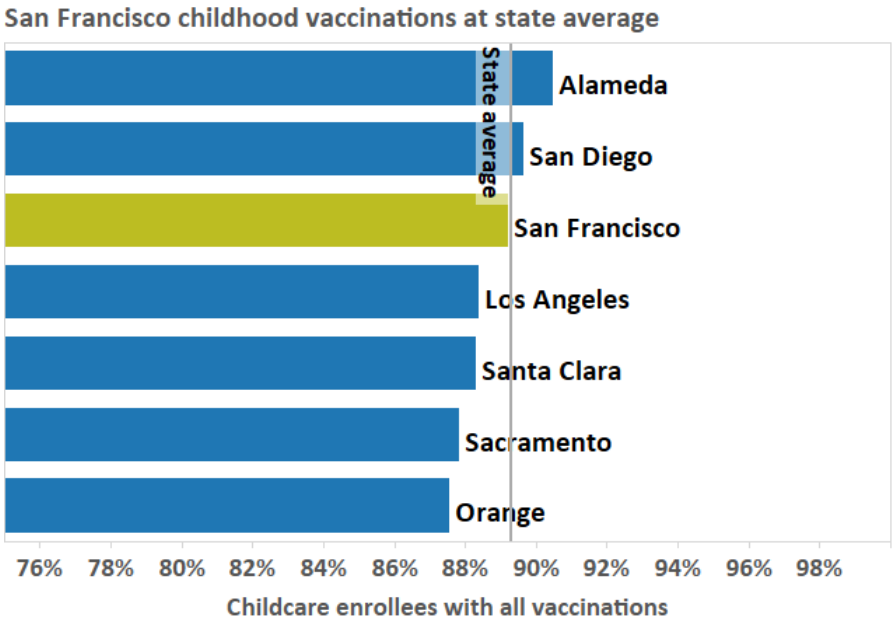
Here again, San Francisco has the worst disparity among all the peers (a difference of 10.4 deaths per 100,000 residents). The county with the second-largest gap, Washington D.C., has a disparity of only seven. Neighboring Santa Clara County has the third biggest disparity, but at 4.4, Alameda's gap is less than half the size of San Francisco's.

In about half of peer counties, black men enjoy a lower rate of cirrhosis than the general population. While Denver's overall cirrhosis mortality is by far the highest in the group, cirrhosis death among black men is lower than the HP2020 target.

A fuller analysis of racial disparities would take into account differences in the size and socioeconomic status of the black community in each county.

Children

Vaccination and child maltreatment

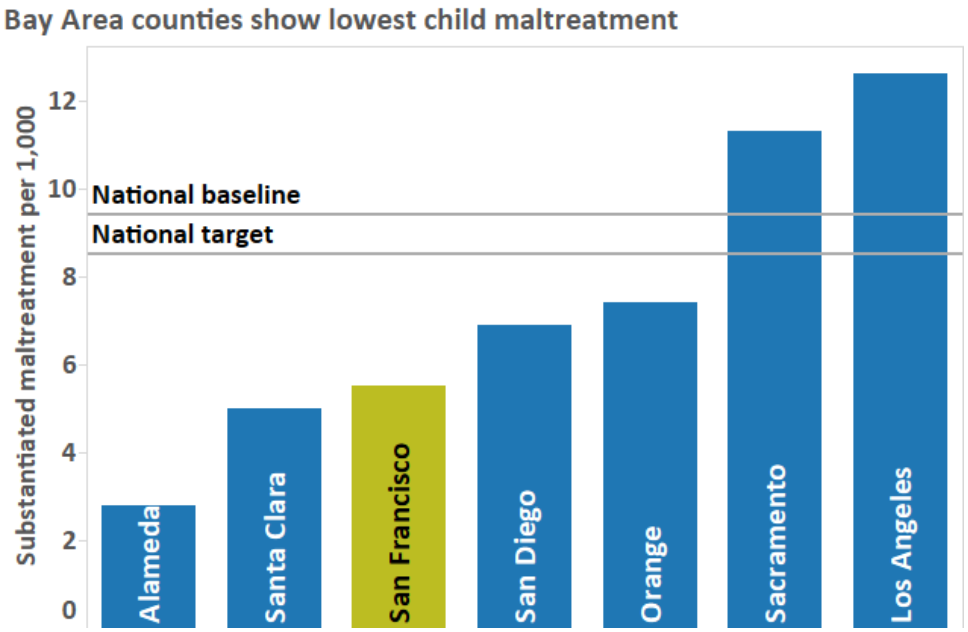


Source: California DPH 2013-14

These graphs show two different measures of childhood health. In both measures, neighboring Alameda County posts the best numbers in the state.

San Francisco ranks third among the seven California counties in the percent of all childcare-enrolled children who have all required immunizations. Approximately a third of children age 2 to 5 attend state licensed childcare facilities, which are required by state law to assess whether each child has received a standard set of childhood immunizations. Statewide, 89.3% of childcare enrollees were fully vaccinated. San Francisco's vaccination rate of 89.2% places it just shy of the state average but ahead of most of its urban peers (California DPH).

San Francisco also shows the third lowest rate of substantiated child maltreatment among its peers. These data are compiled by a team at UC Berkeley from the California Child Welfare System, which investigates reports of physical, sexual, or emotional abuse against children. In 2013, about one of every 200 children in San Francisco was found by the state to have been mistreated – that rate is about half the national average, though still higher than the two other Bay Area counties in the analysis.

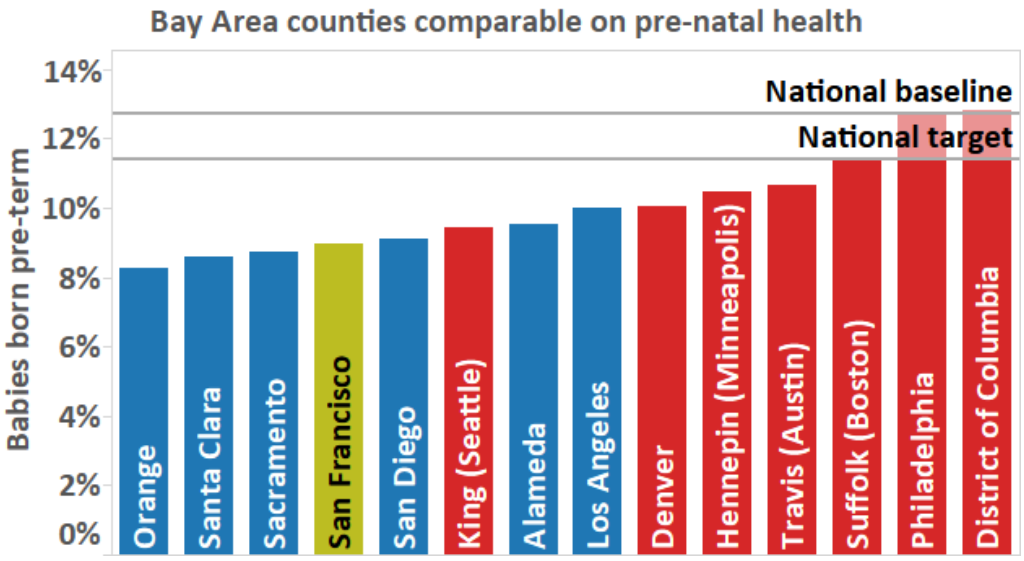


Source: California Child Welfare Services 2013

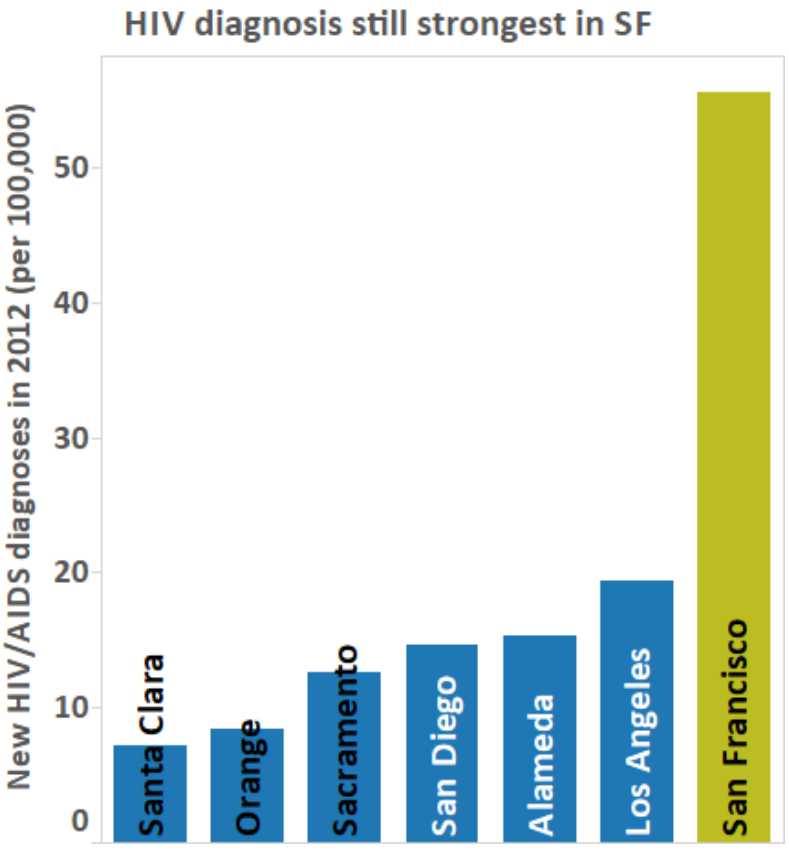
Pre-term infants

California counties showed much better infant health than other counties around the nation. The graph at right shows the number of babies born early (before 37 weeks), as reported by the Centers for Disease Control. All California counties far exceed the national target.

In San Francisco, 9% of all births were pre-term. That figure places San Francisco in line with other Bay Area counties.



Source: CDC National Center for Health Statistics, Compressed Natality File 2007-2012



Source: California DPH, Immunization Branch 2012

People living with HIV/AIDS

New HIV diagnoses

People in San Francisco continue to be disproportionately affected by HIV, compared to people in other California counties. The graph at left shows HIV or AIDS cases newly diagnosed in 2012, as reported to the California DPH. Health care providers are required by law to report new HIV or AIDS cases to the California Office of AIDS for monitoring.

San Francisco diagnosed 465 new cases of HIV or AIDS in 2012. When adjusted for population size, the rate of new diagnoses in San Francisco is nearly triple that of the next highest county in the state. San Francisco's high rate could be due in part to greater efforts at identifying undiagnosed HIV.

PHD estimates that 85% of those newly diagnosed with HIV are linked to care within three months, and that just under 70% of new HIV cases are virally suppressed within a year (PHD Strategic Plan). These two headline indicators were not available for other counties

Future research

This report examined health indicators for both the general San Francisco population and specific at-risk sub-groups, compared to the health of peer counties. A future report in the Controller's office benchmarking series could compare the types of services provided by the San Francisco Public Health Department with those provided by other local health departments.

Benchmarking methodology

Data sources

Metric	Agency	Data Source	Year	Headline indicator?	HP 2020 target (baseline)	Definition and description
Insured population	US Census Bureau, via County Health Rankings	Small Area Health Insurance Estimates (SAHIE)	2011	YES (if including Healthy SF)	100% (83%)	The proportion of the population under age 65 (below Medicare age) with health insurance. The SAHIE program uses a statistical model based on several federal data sources to estimate health insurance coverage at the state and county level.
Could not afford care	Centers for Disease Control, via County Health Rankings	Behavioral Risk Factor Surveillance System (BRFSS)	2006-2012	NO	--	The proportion of respondents who indicated that they could not see a doctor because of cost in the past year. The BRFSS is a nationwide telephone survey that assesses health behaviors.
Physical inactivity	Centers for Disease Control, via County Health Rankings	Behavioral Risk Factor Surveillance System (BRFSS)	2010	YES (different data source)	32.6% (36.2%)	The proportion of the population aged 20 and older who reported no leisure time physical activity. On BRFSS, see above.
Obesity	Centers for Disease Control, via County Health Rankings	Behavioral Risk Factor Surveillance System (BRFSS)	2010	NO	30.5% (33.9%)	The proportion of the population aged 20 and older with a body mass index (BMI) greater than or equal to 30 kg/m^2. On BRFSS, see above.
Food insecurity	US Census Bureau	Current Population Survey, Food Security Supplement (CPS-FSS)	2013	YES (different data source)	6.0% (14.6%)	The proportion of the population without access to a reliable source of food in the past year. These data were collected in a supplement to the CPS sponsored annually by the United States Department of Agriculture (USDA) and conducted by the Census Bureau.

Metric	Agency	Data Source	Year	Headline indicator?	HP 2020 target (baseline)	Definition and description
Days with good air quality	US Environmental Protection Agency	Air Quality Index	2013	YES	--	The AirData system publishes daily Air Quality Index values for US counties. Each day is given an overall rating of "Good," "Moderate," "Unhealthy for sensitive groups," "Unhealthy," or "Very Unhealthy."
Adult smoking rate	Centers for Disease Control, via County Health Rankings	Behavioral Risk Factor Surveillance System (BRFSS)	2006-2012	YES (different data source)	12.0% (20.6%)	The proportion of the population aged 20 and over that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime. On BRFSS, see above.
Traffic injury data	California Highway Patrol	Statewide Integrated Traffic Records System (SWITRS)	2012	YES (pedestrian data only)	Ped injury 20.3 (22.6) (Cyclist injury N/A)	Pedestrian and cyclist non-fatal injury rates were calculated by taking the number of cyclists and pedestrians injured in 2012 and dividing by the county's population. The Statewide Integrated Traffic Records System (SWITRS) collects data from collision scenes.
Traffic mortality data	California Highway Patrol	Statewide Integrated Traffic Records System (SWITRS)	2009 - 2012	YES (pedestrian data only)	Ped death 1.4 (1.5) Cyclist death 0.22 (0.24)	Pedestrian and cyclist traffic mortality rates were calculated by taking the average annual number of cyclists and pedestrians killed from 2009 to 2012 and dividing by the county's population. The Statewide Integrated Traffic Records System (SWITRS) collects data from collision scenes.

Metric	Agency	Data Source	Year	Headline indicator?	HP 2020 target (baseline)	Definition and description
Coronary heart disease mortality, age-adjusted	Centers for Disease Control	National Vital Statistics System, Compressed Mortality File	2010-2012	YES	103.4 (129.2)	Death due to ischemic heart diseases – that is, coronary artery disease, including heart attack (ICD-10 codes I20-I25). Mortality data from the National Vital Statistics System (NVSS) are a fundamental source of demographic, geographic, and cause-of-death information. This is one of the few sources of health-related data that are comparable for small geographic areas and are available for a long time period in the United States. These figures are adjusted to account for differences in the age and size of the population.
Female breast cancer mortality, age-adjusted	Centers for Disease Control	National Vital Statistics System, Compressed Mortality File	2010 - 2012	YES	20.7 (23)	Death due to malignant neoplasm of the female breast (ICD-10 code C50). On NVSS, see above.
Cirrhosis mortality, age-adjusted	Centers for Disease Control	National Vital Statistics System, Compressed Mortality File	2009 - 2012	YES	8.2 (9.1)	Deaths due to cirrhosis (ICD-10 codes K70, K73-K74). On NVSS, see above.
Childhood vaccination rate	California Department of Public Health	Immunization Levels in Child Care and Schools	2013-14	NO	--	The percent of children enrolled in California licensed child care facilities with all required immunizations: diphtheria/tetanus/pertussis, polio, measles/mumps/rubella, Hib, hepatitis B, and varicella. The California Health and Safety Code requires students to provide proof of immunization for school and child care entry and requires all schools and child care facilities to assess and report annually the immunization status of their enrollees.

Metric	Agency	Data Source	Year	Headline indicator?	HP 2020 target (baseline)	Definition and description
Substantiated child maltreatment	California Department of Social Services, via the California Child Welfare Indicators Project	California Child Welfare Services / Case Management System	2013	YES	8.5 (9.4)	Rate per 1,000 children under age 18 confirmed by California Child Welfare Services to be victims of non-fatal abuse or neglect. Substantiation rates for a given year are computed by dividing the unduplicated count of children with a child maltreatment substantiation by the child population and then multiplying by 1,000. The California Child Welfare Indicators Project (CCWIP) is a collaborative venture between the University of California at Berkeley (UCB) School of Social Welfare and the California Department of Social Services (CDSS).
Rate of pre-term births	Centers for Disease Control and Prevention	National Vital Statistics System, Natality (Birth) Data	2007 - 2012	YES	11.4% (12.7%)	The percent of infants born before completing the 37th week of gestation. The NVSS contains counts and rates of births occurring within the United States to U.S. residents and non-residents. State and county are defined by the mother's place of residence recorded on the birth certificate.
New HIV diagnoses	California Department of Public Health	HIV/AIDS Surveillance	2012	YES (different data source)	--	The number of new HIV or AIDS diagnoses in 2012, adjusted for population. Health care providers are required by law to report new HIV diagnoses to the California Office of AIDS, which implements a number of surveillance projects to track HIV infections (new and existing), people in HIV care, and those at elevated risk for becoming infected.
Demographic data	US Census Bureau	American Communities Survey (ACS)	2013			Data on population, population density, English proficiency, poverty, and race were taken from the American Communities Survey (ACS) via the Census Bureau's QuickFacts system.

Metric	Agency	Data Source	Year	Headline indicator?	HP 2020 target (baseline)	Definition and description
--	County Health Rankings	various	varies			The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The project measures vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. CHR's summary of data from other agencies was used in many of the comparisons in this report.
--	Office of Disease Prevention and Health Promotion	Healthy People 2020	Varies			Healthy People provides science-based, ten-year national objectives for improving the health of all Americans. For three decades, Healthy People has established health benchmarks and monitored progress over time. Where applicable, this report cites Healthy People 2020 benchmarks and targets and uses Healthy People data sources. Healthy People does not provide primary source data.

Peer selection

Because the purpose of the peer group is to provide a basis for comparison with a particular government of interest, the selection of an appropriate peer group is an important part of the benchmarking process. Applying objective criteria allows for unbiased peer selection.

Because most health data at the state and federal level is reported by county, we compared San Francisco to peer counties rather than cities. We restricted our search to counties with a population greater than 500,000 that were classified in the National Center for Health Statistics 2013 Urban-Rural Classification Scheme as a Large Central Metro county (Ingram), the most urban category.

We calculated "likeness scores" to determine the degree of similarity between San Francisco and potential peers with respect to total population, population density, poverty rate, English proficiency, household income, and the uninsured rate (Census Bureau QuickFacts and Census Bureau Small Area Health Insurance Estimates, via County Health Rankings). Likeness scores are based on the percentage difference between San Francisco and the candidate peers on each of the six factors. Potential peers included all California Large Central Metro counties, counties containing the 15 most populous cities in the United States, and other select counties. The individual percentage difference scores were averaged to yield a total likeness score between zero and one. Counties with lower scores were more similar to San Francisco.

We selected for comparison the five California counties with lowest likeness scores, plus Los Angeles (commonly used as a peer by the San Francisco Department of Public Health Population Health Division) as well as the seven non-California counties with the lowest likeness scores.

Peer county likeness scores

	County	Principal city	Likeness score
California	**San Francisco***	San Francisco	0.00
	Alameda	Oakland	0.31
	Orange	Anaheim, Santa Ana	0.35
	Santa Clara	San Jose	0.37
	Sacramento	Sacramento	0.40
	San Diego	San Diego	0.43
	Los Angeles	Los Angeles	0.46
Non-California	**Suffolk, MA**	Boston	0.30
	District of Columbia*	Washington	0.39
	Hennepin, MN	Minneapolis	0.39
	King, WA	Seattle	0.40
	Denver, CO*	Denver	0.40
	Travis, TX	Austin	0.40
	Philadelphia, PA*	Philadelphia	0.41

* indicates joint city-county government. The District of Columbia is neither a city nor county, but performs functions of both.

References

California Department of Public Health, Immunization Branch: "Immunization Levels in Child Care and Schools." 2013-14 School Year. Accessed November 24, 2014. <http://www.cdph.ca.gov/programs/immunize/pages/immunizationlevels.aspx>

California Department of Public Health, Office of AIDS. HIV Incidence Surveillance 2012. Data requested October 2014.

California Department of Public Health, Sexually Transmitted Diseases Control Branch. "California Guidelines for Chlamydia Screening and Diagnostic Testing Among Women in Family Planning and Primary Care Settings." October 2011. Online at <http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CT-Screening-Guidelines-Women-FP-PrimaryCare.pdf>.

California Department of Public Health, Sexually Transmitted Diseases Control Branch: "Sexually Transmitted Diseases (STD) Local Health Jurisdiction Data." 2013. Accessed November 24, 2014. <http://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx>

California Health Interview Survey. CHIS 2012 Adult Public Use File. Release 1 [computer file]. Los Angeles, CA: UCLA Center for Health Policy Research. Accessed October 31, 2014. <http://ask.chis.ucla.edu/main/default.asp>

California Highway Patrol: Statewide Integrated Traffic Records System (SWITRS). 2012 Report. Accessed November 24, 2014. <http://www.chp.ca.gov/switrs/>

Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006-2012.

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2012 on CDC WONDER Online Database, released October 2014. Data are from the Compressed Mortality File 1999-2012 Series 20 No. 2R, 2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed Nov 17, 2014 7:05:30 PM. < http://wonder.cdc.gov/cmf-icd10.html>

Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data on CDC WONDER Online Database, for years 2007-2012 published April 2014. Accessed November 17, 2014. <http://wonder.cdc.gov/natality-current.html>

County Health Rankings and Roadmaps. Dates vary. Accessed November 24, 2014. <http://www.countyhealthrankings.org/>.

Current Population Survey (CPS); U.S. Census Bureau and Department of Labor, Bureau of Labor Statistics (Census and DOL/BLS)

Environmental Protection Agency: AirData. 2013. Accessed November 24, 2014. <http://www.epa.gov/airquality/airdata/index.html>

Ingram DD, Franco SJ. 2013 NCHS urban–rural classification scheme for counties. National Center for Health Statistics. Vital Health Stat 2(166). 2014.

Lee, Mayor Edwin M. "Mayor's 2014-15 and 2015-16 Proposed Budget." San Francisco, Mayor's Office of Public Policy and Finance.

Martien, Philip, Virginia Lau, and David Fairley. "Improving Air Quality and Health in Bay Area Communities: Community Air Risk Evaluation (CARE) Program Retrospective and Path Forward (2004-2013)." Bay Area Air Quality Management District, April 2014.

Mayor's Task Force on African-American Out-Migration. "Report of the San Francisco Mayor's Task Force on African-American Out-Migration." San Francisco Human Rights Commission, 2009. <http://sf-hrc.org/sites/sf-hrc.org/files/migrated/FileCenter/Documents/Policy_Division/African_American_Leadership_Council/African_American_Out_Migration_2009.pdf>

National Association of City and County Health Officials (NACCHO). "2013 National Profile of Local Health Departments." January 2014. Accessed December 3, 2014. <http://nacchoprofilestudy.org/>

National Association of City and County Health Officials (NACCHO). "Operational Definition of a Functional Local Health Department." November 2005. Accessed December 3, 2014. <http://www.naccho.org/topics/infrastructure/accreditation/upload/OperationalDefinitionBrochure-2.pdf>.

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). CCWIP reports. Retrieved 11/24/2014, from University of California at Berkeley California Child Welfare Indicators Project website. <http://cssr.berkeley.edu/ucb_childwelfare>

San Francisco Department of Public Health. "Birth of the San Francisco Health Network." Presentation, October 2013.

San Francisco Department of Public Health, Population Health Division. "San Francisco Strategic Plan for Population Health." June 2014. Online at <https://www.sfdph.org/dph/files/hc/HCCommPublHlth/Agendas/2014/May%2020/SF%20Strategic%20Plan%20Draft%20May%2015%202014-1.pdf>.

"SF Population Health." Web site. Accessed December 3, 2014. <http://www.sfphd.org/>

U.S. Census Bureau: Current Population Survey, Food Security Supplement. Dec 2013. Accessed November 24, 2014, via DataFerret. <http://dataferrett.census.gov/>

U.S. Census Bureau: Small Area Health Insurance Estimates (SAHIE). 2011. Accessed November 24, 2014, via County Health Rankings. Online at <http://www.census.gov/did/www/sahie/>.

U.S. Census Bureau: State and County QuickFacts. 2013. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit

Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2020. Accessed November 24, 2014. <https://www.healthypeople.gov/>

CONTROLLER'S OFFICE
CITY SERVICES AUDITOR

The City Services Auditor was created within the Controller's Office through an amendment to the City Charter that was approved by voters in November 2003. Under Appendix F to the City Charter, the City Services Auditor has broad authority for:

- Reporting on the level and effectiveness of San Francisco's public services and benchmarking the city to other public agencies and jurisdictions.
- Conducting financial and performance audits of city departments, contractors, and functions to assess efficiency and effectiveness of processes and services.
- Operating a whistleblower hotline and website and investigating reports of waste, fraud, and abuse of city resources.
- Ensuring the financial integrity and improving the overall performance and efficiency of city government.

Project Team: Peg Stevenson, Director
Randle McClure, Project Manager
Ryan Hunter, Performance Analyst

For more information, please contact:

Ryan Hunter
Office of the Controller
City and County of San Francisco
(415) 554-7533 | ryan.hunter@sfgov.org