

# **Sustainable Communities Index (SCI)**

## **About the SCI**

The Sustainable Communities Index is a system of indicators for livable, equitable and prosperous cities. This site provides the methods and data sources required for collecting indicators in your city or region and resources for applying these metrics to planning, policy making and civic engagement.

## **Frequent Questions**

### **What is Sustainability?**

The most popular definition of sustainability can be traced to a 1987 United Nations conference on economic development. The conference defined sustainable developments as those that "meet present needs without compromising the ability of future generations to meet their needs." Sustainability requires meeting the fundamental needs that all people share, including those for sustenance, safety, participation, purpose, and autonomy. Sustainability exists when our society is meeting the basic needs of all people today while protecting and maintaining the environment for tomorrow. Sustainability thus requires balancing environmental, social equity and economic demands - the "three pillars" of sustainability.

### **What is the Sustainable Communities Index?**

The Sustainable Communities Index (SCI) is a comprehensive set of measurement methods for indicators of livable, equitable and prosperous cities. The SCI includes over 100 measures that can be used to track diverse sustainability objectives for the environment, transportation systems, community cohesion and civic engagement, public facilities, education, housing, and economic strength, and health systems. Where possible, the SCI methods try to represent indicators at the neighborhood scale.

### **What is the Value of Indicators?**

Indicators are measures of the state of something. We already use diverse social indicators to track progress towards various economic, environmental, or social conditions important to people. For example, the employment rate or the crime rate are examples of widely used and motivating social indicators. Indicators can allow for an informed public debate on social issues. Well designed social indicators can be powerful tools to stimulate collective action.

### **How were SCI Indicators Selected?**

The purpose of the SCI indicators is to improve the health and well being of people and the planet. The SCI team selected SCI indicators to comprehensively measure social, economic, environmental or cultural characteristics or conditions important to human needs and environmental protection. SCI indicators are proxies for substantive outcomes and not simply policies or strategies to achieve these outcomes. Measures are selected based on the following evaluation criteria:

1. Measurability
2. Appropriateness of scale
3. Relevance to human health and sustainability
4. Meaningful and motivating
5. Responsive to action

## What is the Connection between Sustainability and Health?

Sustainable places provide the resources for health. The resources necessary for optimal health and wellbeing include fundamental human needs such as adequate and good quality housing; access to public transit, good schools, and parks; safe routes for pedestrians and bicyclists; meaningful and productive employment with fair wages; unpolluted air, soil, and water; and, cooperation, trust, and civic participation. Better access to these resources increases the chance of living healthy, fulfilling lives and avoiding preventable the diseases and injuries. On the other hand, differences in these resources which currently exist among neighborhoods, cities and countries are the greatest contributors to grave inequities in health and well-being.

## Who can use the SCI Indicators?

Citizens, community groups, government agencies, private businesses, and community organizations can all use the measures in the SCI. SCI measures, either alone or comprehensively, can be used to build community awareness about the needs for social and environmental sustainability in a locale. People will be able to compare the performance of their neighborhoods against others in their city or region and recognize and prioritize conditions that need to improve. Advocates and neighborhood groups can use information in the SCI to make evidence-informed arguments to policy makers.

Private developers and public agencies responsible for planning, community and economic development, transportation, and education, can all collect and use SCI measures to select, design, and prioritize their investments. The spatial resolution of the SCI makes it particularly relevant for urban planners.

The [case studies page](#) on this site provides examples of and links to real world applications of the SCI.

## News

- November 19<sup>th</sup>, 2012
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### Open Data

Data for most SCI measures for San Francisco are now available through the City's data portal, DataSF, as part of its open data initiative.

**Data sets now available for download [here!](#)**

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# Economy

## Summary

The Economy element of the SCI includes measures of economic sufficiency, opportunity and equality. A secure livelihood, whether through employment or other means, is a fundamental human need and one of the strongest and most consistent predictors of health and disease in public health research.

- Unemployment is associated with premature mortality, cardiovascular disease, hypertension, depression, and suicide.
- Sufficient income is needed for basic material needs such as food, clothing, transportation and shelter.
- Insufficient income is associated with premature death.
- Among the offspring of low-wage workers, higher wages are associated with improved educational outcomes and a reduced risk of early childbirth.

## Objectives & Indicators

EC.1. Increase high-quality employment opportunities for local residents

EC.1.a. Jobs paying at least self-sufficiency wage

EC.1.b. Worker residents

EC.1.c. Job density

EC.1.d. Job openings and educational requirements

EC.2. Increase jobs that provide healthy, safe and meaningful work

EC.2.a. Health insurance coverage

EC.2.b. Occupational non-fatal injury rates

EC.2.c. Paid sick days

EC.3. Increase equality in income and wealth

EC.3.a. Income inequality

EC.3.b. Employment

EC.3.c. Bank or credit union access

EC.3.d. Minority and women owned businesses

EC.4. Protects and enhances natural resources and the environment

EC.4.a. Green businesses

# Indicator EC.1.a Jobs paying at least self-sufficiency wage

## Cities

- [San Francisco](#)

**Descriptive Title:** Jobs paying wages greater than or equal to the self-sufficiency wage

## Why Is This An Indicator Of Health and Sustainability?

Income is one of the strongest and most consistent predictors of health and disease in the public health research literature. Nationally, individuals with average family incomes of \$15-20,000 are three times more likely to die prematurely as those with family incomes greater than \$70,000.<sup>a</sup> Low income is also a risk factor for low birth weight babies, for suffering injuries or violence, for getting most cancers, and for getting most chronic conditions. The relationship between income and health is mediated through nutrition, employment conditions, parenting resources, leisure and recreation, housing adequacy, and neighborhood environmental quality, community violence, and stress.<sup>b,c,d,e,f</sup>

## Methods

The table was developed using occupational estimates from the Bureau of Labor Statistics's 2010 Occupational Employment Statistics (OES) survey by major Standard Occupational Classification (SOC) code – those ending in XX-000 to provide an overview of all major occupational categories. The geography selected was the San Francisco – San Mateo- Redwood City Metropolitan Division, which represents Marin, San Francisco and San Mateo counties.

The bar graph was developed using the occupational projection estimates from the California Employment Development Department's Labor Market Information. Due to space constraints, we showed only the top 20 of the 50 occupations listed with the most projected job openings by 2018.

The self-sufficiency standard is an alternative to the Federal Poverty Line for measuring income adequacy. Unlike the Federal Poverty Line, the self-sufficiency standard demonstrates how much income is needed for a family of a certain composition in a given place to adequately meet its minimal basic needs. In contrast, the Federal Poverty Line is based on the cost of a single item: food. It does not vary by the local cost of living, and it relies on the outdated assumption that food represents one-third of a family's budget. For a family of four—whether in a high cost market like San Francisco, CA or a more affordable market like Baton Rouge, LA—the 2012 poverty line is \$23,050 in annual household earnings. For details on the methodology for creating the county-specific self-sufficiency estimates, please visit:

[http://www.insightccd.org/uploads/cfes/2011/MethodologyAppendix\\_2011.pdf](http://www.insightccd.org/uploads/cfes/2011/MethodologyAppendix_2011.pdf)

## Limitations

Although San Francisco's minimum wage is one of the highest in the nation at \$10.24 per hour and substantially higher than the state (\$8.00) or national (\$7.25) minimum wage, the average cost of living in the San Francisco metropolitan region is also higher than other cities. For example, the average San Francisco rental housing costs

are up to double the costs in other metro regions. The costs of transportation, food, energy, and childcare also tend to be higher than other metro regions.

Although the self-sufficiency standard accounts for variation in the costs of living by county and by family type, it does not address differential access to public or private assistance. Individuals who have independent wealth or financial support from families or friends may be better able to weather financial turmoil than those without that additional support. Financially secure homeowners may be able to borrow money from the equity in their homes to help pay high medical bills, car accidents, college tuition, or other large financial burdens; whereas homeowners facing mortgage foreclosures may have additional financial burdens not accounted for in the self-sufficiency standard. Individuals with good medical insurance coverage may be less impacted by health emergencies than those with no or poor coverage. Financial stability and access to a self-sufficiency wage are impacted by many different factors including educational attainment, race/ethnicity, class, languages spoken, access to financial institutions, job training, financial literacy, inter-generational wealth or poverty, etc.

The self-sufficiency standard addresses costs of living by family size for those family members living with the income-earner. However, it does not account for providing financial support to other family members who don't live in the home but may be dependent upon the income earner, for example family abroad that receive remittances. As illustrated in Indicator D13, (<http://www.SustainableSF.org/indicators/view/172>), roughly one of every five households in San Francisco have at least one person under the age of 18. Certain neighborhoods have much higher numbers of families with children than other neighborhoods, which impact the average self-sufficiency wages needed for those households.

The mean wages stated above for various occupations represent the average wage for all people employed in that occupation in the San Francisco metro region. Therefore a significant number of individuals employed in those occupations earn less than or equal to that wage amount. Some low-wage occupations are more likely to experience wage theft, or non-payment of wages earned (see <http://www.nelp.org/page/-/brokenlaws/BrokenLawsReport2009.pdf?nocdn=1>) than other occupations, which further limits the workers' ability to obtain a self-sufficiency wage.

Finally, the occupational projections developed for 2008 occurred prior to the major economic recessions of 2008-2010. Certain occupations, including those in the construction/buildings and trades and services industries, were particularly impacted by the recession and may have resulted in changes to occupational projections moving forward. Significant layoffs resulting in major unemployment and increased competition for jobs may further impact occupational projections for the coming decade.

- a. Sorlie PD, Backlund E, Keller JB. US mortality by economic, demographic, and social characteristics: the National Longitudinal Mortality Study. *Am J Pub Health*. 1995;85(7):949-56.
- b. Duncan GJ, Yeung WJ, Brooks-Gunn J, Smith JR. How much does childhood poverty affect the life chances of children? *American Sociological Review* 1998; 63: 406-423.
- c. Morris JN, Donkin AJ, Wonderling D, Wilkinson P, Dowler EA. A minimum income for healthy living. *J Epidemiol Community Health*. 2000;54(12):885-9.
- d. Alaimo K, Olson CM, Frongillo EA, Briefel RR. Food insufficiency, family income, and health in US preschool and school-aged children. *Am J Pub Health*. 2001;91(5): 781-786.
- e. Haan M, Kaplan GA, Camacho T. Poverty and health. Prospective evidence from the Alameda County Study. *Am J Epidemiol*. 1987;125(6):989-98.
- f. Chandola T, Brunner E, Marmot M. Related Chronic stress at work and the metabolic syndrome: prospective study. *BMJ*. 2006;332(7540):521-5. Epub 2006 Jan 20.

# Indicator EC.1.b Worker residents

## Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of residents who both live and work in San Francisco

## Why Is This An Indicator Of Health and Sustainability?

Residence in the city of employment creates health benefits through reducing commuting times and through the use of public transit and more "active" commutes. Shorter commuting times allow for increased time for physical activity, family interactions, community engagement, and leisure/rest. Active commutes, via walking or bicycling, help meet requirements for physical activity, and reduce the environmental consequences of driving.

## Methods

To calculate the percent of San Francisco residents that work in San Francisco, the number of employed San Franciscans who report that they carry out their occupational duties in San Francisco was divided by the total number of workers who live in San Francisco. Civilian and members of the Armed Forces, 16 years of age and older, are included.

The ACS is a sample survey, and thus, data are estimates rather than counts. Estimates have accompanying margins of error that indicate the span of values that the true value could fall within. Margins of error should be subtracted from and added to the value to determine the range of possible values. If the margin of error is too big relative to the value, data are not shown because they are statistically unstable. A coefficient of variation of 30% was used to determine statistical instability.

## Limitations

Various factors impact whether an individual works in the same city or neighborhood that she or he lives. One of the most important factors is the availability and quality of jobs available to the resident, which is impacted by educational attainment, race/ethnicity, class, languages spoken, job training, gender, disability status, age, and other factors that impact employment. Individuals employed in the service sector will likely have a significantly lower income and subsequently fewer housing options than individuals employed in the financial or managerial sectors (see Indicator HE.1.d).

The availability of affordable and quality housing is also a strong determinant of housing choice for many workers. San Francisco has one of the highest housing costs for both rental and owner-owned housing in the nation. Despite various efforts to increase the amount and availability of affordable housing in the City, a significant proportion of residents continue to pay more than 30% of their income on housing (<http://www.SustainableSF.org/indicators/view/119>).

Other factors affecting housing choice include the quality of schools, the proximity of basic services, transportation options, social cohesion, and perceived safety and trust of neighbors.

The data presented above is from 2005-2009. In 2008, the United States began to experience a significant economic recession, which led to increasingly layoffs and competition for jobs over the subsequent years. Thus the data presented above may not accurately represent the current number, percentage and distribution of workers across San Francisco. During this time, San Francisco has also undergone significant development growth in certain neighborhoods, notably Mission Bay, the South of Market and the Financial District, all of which are very closely located to regional transit and major freeway entrances to head east or south towards other employment centers. It is not known how the increased availability of market-rate and other housing in these neighborhoods has impacted worker density and the proportion of workers that live and work in the same city.

## Indicator EC.1.c Job density

### Cities

- [San Francisco](#)

**Descriptive Title:** Jobs per square mile

### Why Is This An Indicator Of Health and Sustainability?

For working age adults, employment is a fundamental resource for good health.<sup>a</sup> Employment is the primary source of income for working age adults and is necessary for material needs such as food, clothing, shelter, and leisure.<sup>b</sup>

Residence in the city of employment creates health benefits through reducing commuting times and through the use of public transit and more "active" commutes. Shorter commuting times allow for increased time for physical activity, family interactions, community engagement, and leisure/rest. Active commutes, via walking or bicycling, help meet requirements for physical activity, and reduce the environmental consequences of driving.

### Methods

Data was obtained from the Local Employment Dynamics (LED) Partnership of the US Census Bureau. The LED Partnership defines a job as a link between a worker and a firm at which the worker has been employed during the reference quarter *and* during the quarter *prior* to the reference quarter. The reference quarter is Quarter 2 (April-June) of the year of interest. This definition of "job" is sometimes called a "Beginning of Quarter" job because it is assumed that the worker was employed at that firm on the first day of the reference quarter.

The LED Partnership builds its data infrastructure based upon several core datasets provided by state partners. These include Unemployment Insurance wage data and the Quarterly Census of Employment in Wages.

Coverage under these datasets currently excludes several groups of workers. These include:

- Federal Civilian Employees
- Uniformed Military
- Self-Employed Workers
- Informally Employed Workers

Projects are currently underway to add Federal Civilian Employees and Self-Employed Workers to the LED data infrastructure. For further updates on these projects, please visit the main LED homepage <http://lehd.ces.census.gov/>.

If a worker is employed at more than one job during the referenced period and those jobs are covered by the core datasets, then all of those jobs will be captured in the dataset.

Numbers of jobs were obtained at the census block level. Blocks were aggregated to census tracts for mapping and to neighborhoods for the table. We used ArcGIS software and a 'centroids within' methodology to convert census blocks to geographic mean center points. We then assigned census blocks to planning neighborhoods based on the spatial location of those geographic mean center points and calculated the planning neighborhood totals for the table. Density was calculated by dividing the number of jobs in a tract or neighborhood by that geography's area in square miles.

## Limitations

Workers refers to all persons 16 years or older who was present at work during the reference quarter. This excludes employees who were absent due to illness, vacation, personal business or other reasons during this quarter and the prior quarter. The data also excludes federal civilian employees, uniformed military, self-employed workers, and informally employed workers.

The exclusion of self-employed workers is potentially a major limitation to the data source in San Francisco, given that 49,392 households in San Francisco reported earning self-employed income in 2009 (or 15.2% of all San Francisco households), according to the 2009 American Community Survey.

Jobs are reported by the employer's address, which may not necessarily be where the employee works. Certain types of jobs may be more likely to be accurately represented than others in this dataset. For example, financial, managerial, professional jobs are more likely to be accurately counted due to payroll tax records compared to service jobs which may be more likely to be paid under the table and undercounted in economic censuses.

Data is from 2009, which was amidst the economic recession. Unemployment for certain sectors may have increased while employment may have increased others. Finally, this map shows the location of jobs but does not address the quality of the jobs – e.g. wages or benefits associated with the jobs by location.

- a. The Solid Facts: Social Determinants of Health. World Health Organization. Europe 2004.
- b. Morris JN, Donkin AJ, Wonderling D, Wilkinson P, Dowler EA. A minimum income for healthy living. J Epidemiol Community Health. 2000; 54(12):885-9.

# Indicator EC.1.d Job openings and educational requirements

## Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of job openings available to individuals without a college degree

## Why Is This An Indicator Of Health and Sustainability?

For working age adults, employment is a fundamental resource for good health.<sup>a</sup> Employment is the primary source of income for working age adults and is necessary for material needs such as food, clothing, shelter, and leisure.<sup>b</sup> Educational attainment is directly related to employment status and income, with unemployment higher and income lower among those with lower educational achievement.

## Methods

Data presented are from the California Employment Development Department (CA EDD) and represent the March 2009 benchmark. Data is for the San Francisco- San Mateo-Redwood City Metropolitan Division, which represents San Francisco, San Mateo and Marin counties. Data was not available for San Francisco county alone.

The website offers data on the top 50 occupations for each category, however only the top 25 fastest growing occupations and top 25 occupations with most projected job openings are presented due to space constraints.

For the first table, total job openings were calculated by adding all occupations with a occupational education and training classification of 1, 2, 3, 4, 5, or 6 together (first professional degree through associate degree) to develop “college degree” level of training, and added all occupations with classification of 7,8,9,10, or 11 together (post secondary vocational training to short term on the job training) to develop a “no college degree” category.

Weighted median wages were calculated by multiplying the number of job openings and the projected wages, and then averaging the wages by the total number of job openings for the two categories (no college degree) or (college degree).

For the second table “Top 25 Occupations with the Most Projected Job Openings (2008-2018)” and the third table “25 Fastest Growing Occupations”:

[1] Total job openings are the sum of new jobs and replacement needs. Some occupations may have no growth (new jobs), however they have a substantial number of job openings due to the need for replacements.

Replacement needs estimate the number of job openings created when workers retire or permanently leave an occupation and need to be replaced.

[2] Median Hourly and Annual Wages are the estimated 50th percentile of the distribution of wages; 50 percent of workers in an occupation earn wages below and 50 percent earn wages above the median wage. The wages are from the 2010-1st quarter and do not include self-employed or unpaid family workers.

[3] The Bureau of Labor Statistics developed classifications for occupational training and education needed for each occupation. For more information on the classifications, please see the BLS Training Definitions: <http://www.labormarketinfo.edd.ca.gov/?PAGEID=172> In the tables above:

- 1 - First Professional Degree - LLD/MD
- 2 - Doctoral Degree
- 3 - Master's Degree
- 4 - Bachelor's Degree or Higher and Some Work Experience
- 5 - Bachelor's Degree
- 6 - Associate Degree
- 7 - Post-Secondary Vocational Education
- 8 - Work Experience in a Related Occupation
- 9 - Long-Term On-the-Job Training
- 10 - Moderate-Term On-the-Job Training
- 11 - Short-Term On-the-Job Training

[4] In occupations where workers do not work full-time all year-round, it is not possible to calculate an hourly wage.

## Limitations

The occupational projections developed for 2008 occurred prior to the major economic recessions of 2008-2010. Certain occupations, including those in the construction/buildings and trades and services industries, were particularly impacted by the recession and may have resulted in changes to occupational projections moving forward. Significant layoffs resulting in major unemployment and increased competition for jobs may further impact occupational projections for the coming decade. As noted by the Bureau of Labor Statistics, "To the extent that recessions can cause long-term structural change, they may impact the projections. However, BLS does not project recessions." ([http://www.bls.gov/emp/ep\\_faq\\_001.htm](http://www.bls.gov/emp/ep_faq_001.htm))

The occupational projections are based on estimates of both part-time and full-time employment, however do not provide information on the anticipated length of employment. For example, certain occupations may be more likely to hire seasonally and other occupations may be more or less likely to be hired during an economic recession. These differences are not addressed in the long term projections.

The current employment estimates and future projections in occupational growth are based on tax and employment data provided by employers. Occupations that employ individuals who are regularly characterized as independent contractors and/or who work in the informal sector are likely underrepresented in the occupational projections. Informal sector positions are often filled by less educated individuals who may or may not have legal status within the United States.

The American Community Survey estimates that between 2006 and 2010, 85.7% of San Franciscans over the age of 25 have a high school diploma, a GED, or a higher degree and 51.2% of San Franciscans have a bachelor's degree or higher. In contrast, 80.7% of Californians over the age of 25 are high school graduates or higher, and 30.1% of Californians have a bachelor's degree or higher. Given the high average educational attainment in San Francisco, individuals who did not graduate from high school may have a harder time competing for entry level jobs in San Francisco than in other parts of California.

The mean wages stated above for various occupations represent the average wage for all people employed in that occupation in the San Francisco metro region. Therefore a significant number of individuals employed in those occupations earn less than or equal to that wage amount. Some low-wage occupations are more likely to experience wage theft, or non-payment of wages earned (see <http://www.nelp.org/page/-/brokenlaws/BrokenLawsReport2009.pdf?nocdn=1>) than other occupations, which further limits the workers' ability to obtain a self-sufficiency wage.

- a. The Solid Facts: Social Determinants of Health. World Health Organization. Europe 2004.
- b. Morris JN, Donkin AJ, Wonderling D, Wilkinson P, Dowler EA. A minimum income for healthy living. J Epidemiol Community Health. 2000; 54(12):885-9.

## Indicator EC.2.a Health insurance coverage

### Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of the population covered by health insurance

### Why Is This An Indicator Of Health and Sustainability?

According to the Institute of Medicine, uninsured children and adults do not receive the care they need. Consequently, they suffer from poorer health and development, and are more likely to die prematurely than those with coverage. Annually, 18,000 premature deaths are attributable to lack of health coverage. A high proportion of uninsured individuals can adversely affect the overall health status of the community, the financial stability of its members, health care institutions and providers, and the access of its residents to certain services, such as emergency departments and trauma centers.<sup>a</sup>

### Methods

In San Francisco, PUMAs are geographically contiguous census tracts that contain a population of 100,000. PUMAs are used for this indicator because the lowest geographical level that the American Community Survey provides this data is the PUMA. We are unaware of any other data sources that present health insurance rates at the sub-county level.

For this indicator all members of the civilian non-institutionalized population were included. The Census Bureau defines health insurance coverage to include plans and programs that provide comprehensive health coverage. This includes both private and public plans, like MediCal and Medicare. Plans that provide insurance for specific conditions or situations such as cancer and long-term care policies are not considered coverage. Likewise, other types of insurance like dental, vision, life, and disability insurance are not considered health insurance coverage. People who had no reported health coverage, or those whose only health coverage was Indian Health Service, were considered uninsured.

## Limitations

As noted above, in 2009, the majority of insured residents (62.5%) obtained their health insurance from their employer while roughly one in three residents obtained health insurance from public programs. Since 2009, there have been significant layoffs and budget cuts to public programs which may have impacted the number of people covered through their employer and demand for public program participation. The 2010 passage of the Patient Protection and Affordable Care Act could result in increased funding for public programs, however the constitutionality of the proposed program is currently being debated in court.

Improved financial access to medical care is just one component of improved utilization of medical care services. Other factors such as transportation to and from the health facility, cultural competency or cultural humility of health care providers, hours of operation, length of reimbursement, cultural and linguistic competency of administrative and intake staff, availability of child care, employer requirements are among many factors impeding care.

- a. Institute of Medicine, 2004. Project on the Consequences of Uninsurance: An Overview.  
<http://www.iom.edu/Object.File/Master/17/736/Fact%20sheet%20overview.pdf>

## Indicator EC.2.b Occupational non-fatal injury rates

### Cities

- [San Francisco](#)

**Descriptive Title:** Occupational non-fatal injury rate by industry sector and employment size

### Why Is This An Indicator Of Health and Sustainability?

Occupational injuries represent adverse health outcomes that are preventable with proper engineering, equipment, and training.

### Methods

Industry classifications are based on the North American Industry Classification System (NAICS) Manual, 2007 Edition. Data were derived from a longer list of selected industries. Bolded rows represent major industrial classes, while non-bolded, italicized rows represent sub-categories within those industry categories. In accordance with the NAICS Classification, there are many industries within the sub-categories, however they were not included for brevity/readability.

Incidence rates represent the number of injuries and illnesses per 100 full-time workers and were calculated as:  $(N/EH) \times 200,000$  where

N	= number of injuries and illnesses
EH	= total hours worked by all employees during the calendar year
200,000	= base for 100 equivalent full-time workers (working 40 hours per week, 50 weeks per year).

Incidence rates presented are for all workers in California. Data from “Goods-Producing” Industries excludes farms with fewer than 11 employees. Data for mining is obtained from the Mine Health Safety Administration and data for railroad workers is from the Federal Railroad Administration in the Department of Transportation. Additional details about the injury and illness data is available at:

<http://www.dir.ca.gov/dlsr/Injuries/2010/Menu.htm>

For information about how the CA EDD projects industry employment estimates, visit:

<http://www.labormarketinfo.edd.ca.gov/Content.asp?pageid=1042>

## Limitations

Rates of occupational injury are a means of comparing the number of injuries in a given industrial classification to another. However, rates of occupational injury can differ within the same industrial classification, depending upon the size of the establishment, as measured by establishment employment size and by the types of safety practices utilized by the establishment.

The general type and severity of injuries differ significantly from job class to job class. For example, someone doing mostly administrative work in the construction industry would likely have less occupational risk of injury than someone who is regularly constructing houses or buildings within the same industry. Pain severity, cost and length of recovery, and associated time off from work vary substantially by individual as well.

The injuries and illnesses reported are employer reported accounts of non-fatal occupational injuries and illnesses that resulted in days off from work. Not all employers are required to submit injury and illness records, and not all injuries and illnesses result in days off from work. Cumulative and longer term injuries that create pain and discomfort – e.g. repetitive stress injuries and back pain - but do not require immediate days off from work are likely undercounted in these estimates. Individuals employed during a short term and contractual basis, often classified as independent contractors, are also likely to be undercounted.

Due to a lack of sufficient data, occupational injury rates are not available for most establishments with 10 or fewer employees. Smaller size establishments may be less likely to be aware of and to utilize personal protective equipment and practices that promote occupational health and safety.

## Indicator EC.2.c Paid sick days

### Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of public- and private-sector workers with paid sick days

### Why Is This An Indicator Of Health and Sustainability?

Workers without of sick leave benefits are more likely to come to work sick because they need the money or feel vulnerable in their jobs. This increases the risk of communicable disease transmission to co-workers, and in some occupations such as food service, increases disease transmission risks to the general public. The lack of

sick leave benefits also makes employees less able to take the time needed to recover from illness or to care of sick relatives and children. Many of the admissions to hospitals for chronic illnesses such as asthma, hypertension, and diabetes are avoidable with timely and effective outpatient and primary care. The provision of sick day benefits would reduce hospitalizations for such conditions along with their high economic costs. Overall, the provision of sick days provides the following significant benefits to employees:

- Ability to promptly access health care and recover from illness without being fired
- Ability to take care of children, parents, or partners when needed
- Increased ability to access preventative health care
- Reduced likelihood of infecting others (i.e., at work, school, or childcare)
- Ability to take care of sick children at home, rather than in child-care center
- Decreased mental stress/anxiety about sick family members
- Increased financial stability and improved quality of life
- Decreased length of recovery times

For more research on the relationship between paid sick days and health, visit:

<http://www.sfpbes.org/elements/22-elements/work/138-paid-sick-days>

## Limitations

It is important to note that there remain many San Francisco workers who do not receive paid sick days benefits, either because employers have not implemented the law or because workers do not realize they are eligible. While there is an enforcement mechanism, resources for enforcement are limited and is currently based on complaints about employers. Employers must post a notice informing employees of their rights in a location where employees can read it easily. Employers must retain records documenting hours worked by employees and paid sick leave taken by employees, for a period of four years, and shall allow Office of Labor Standards Enforcement access to such records. Finally, employees who are denied their rights under the law may file a complaint with the Office of Labor Standards Enforcement.

More details about the Paid Sick Leave Ordinance are available at:

[http://www.sfgov.org/site/olse\\_index.asp?id=49389](http://www.sfgov.org/site/olse_index.asp?id=49389)

## Indicator EC.3.a Income inequality

### Cities

- [San Francisco](#)

**Descriptive Title:** Income inequality

### Why Is This An Indicator Of Health and Sustainability?

Numerous studies have shown that income inequality, a measure of the distribution of income, is strongly and independently associated with decreased life expectancy and higher mortality, as well as reduced self-rated health status.<sup>a</sup> The effects of income inequality are likely mediated via public investments in shared goods and services and socially via social cohesion, intrapersonal trust, and reciprocity. Accordingly, places with relatively

more egalitarian distributions of income would have a higher average expectancy irrespective of the average level of income.<sup>b</sup>

## Methods

The “Gini Coefficient” measures the distribution of income relative to the distribution of people--how much income does the poorest 10% of the population control, the poorest 20%, and so on. The Gini coefficient ranges from 0 to 1, with larger values indicating greater inequality.

The "80/20 percentile ratio" illustrates the ratio of income at the 80th percentile cutpoint to income at the 20th percentile cutpoint. Calculating the 80/20 percentile ratio for household incomes involves arranging household incomes from lowest to highest income, and then dividing the list of all incomes into five categories (quintiles) with equal numbers of households in each category. The income figure at the 80 percent cutpoint is divided by the income figure at the 20 percent cutpoint to generate a percentile ratio. The larger the percentile ratio, the greater the inequality.

## Limitations

This indicator attempts to provide different methods of assessing income inequality by income level, ethnicity and household type, yet each of the methods rely upon reported household income, which is a widely used though limited measure of access to wealth and material resources.

Household incomes do not necessarily account for differential access to public or private assistance. Individuals who have independent wealth or financial support from families or friends may be better able to weather financial turmoil than those without that additional support. Financially secure homeowners may be able to borrow money from the equity in their homes to help pay high medical bills, car accidents, college tuition, or other large financial burdens; whereas homeowners facing mortgage foreclosures may have additional financial burdens that further deplete current and later household incomes. Individuals with good medical insurance coverage may be less impacted by health emergencies than those with no or poor coverage. Financial stability and access to a self-sufficiency wage are impacted by many different factors including educational attainment, race/ethnicity, class, languages spoken, access to financial institutions, job training, financial literacy, inter-generational wealth or poverty, etc.

The data above provides an average of a five year time-span (2006-2010) during which there was a major economic recession. The impacts of the recession upon household incomes today may not be accurately reflected in the data presented above. Certain populations and industries were more impacted by the recession, layoffs, and the mortgage foreclosure crisis than other populations, which would further impact the income inequalities described above.

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# Indicator EC.3.b Employment

## Cities

- [San Francisco](#)

**Descriptive Title:** Geographical, ethnic, and annual variations in employment rates

## Why Is This An Indicator Of Health and Sustainability?

Unemployment has been consistently linked to poor health,<sup>a</sup> and has been associated with higher mortality rates, especially from heart disease and suicide.<sup>b</sup> Women who are unemployed have higher rates of anxiety and depression and lower self rated health status.<sup>a</sup> A French study showed that unemployed men had higher rates of smoking, alcohol consumption, psychoactive drug use and depression than their employed counterparts.<sup>c</sup> Finally, in a large scale study involving over 600,000 residents in Sweden, the neighborhood unemployment rate predicted coronary heart disease risk for the neighborhood's residents, even after controlling for individual demographic and socioeconomic measures.<sup>d</sup>

## Methods

### *Employment rate*

For this indicator, the employment rate, rather than the unemployment rate, was calculated because figures for unemployment were statistically unreliable. This is because a relatively small number of people are unemployed versus employed, and it is generally difficult to generate reliable estimates for small populations from sample surveys like the American Community Survey (ACS).

According to the ACS, civilians 16 years old and over are classified as employed if they are either (1) "at work," that is, they did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as an unpaid worker on a family farm or in a family business; or (2) were "with a job but not at work", that is, they did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons. Excluded from the employed are people whose only activity consisted of work around the house or unpaid volunteer work for religious, charitable, and similar organizations; also excluded are all institutionalized people and people on active duty in the United States Armed Forces.

The equation used to calculate the employment rate is therefore: (persons 16+ years old in the civilian labor force and employed) / (persons 16+ years old in the civilian labor force).

Because data for the ACS are collected continuously over a five year period, this indicator does not describe the employment rate at a single point in time. The current economic crisis began in late 2008 and thus, ACS data spanning 2005-2009 likely underestimate the true impact of unemployment in San Francisco. November of 2005-2007, unemployment rates in San Francisco were below 5%, while in 2008-2009 they were 6% and 9.2%. As of November 2011, San Francisco's unemployment rate was 7.8%. The state unemployment rate in November of 2011 was listed as 10.9%, which is also lower than the previous two years (<http://www.bls.gov/lau/>).

The ACS is a sample survey, and thus, data are estimates rather than counts. Estimates have accompanying margins of error that indicate the span of values that the true value could fall within. Margins of error should be subtracted from and added to the value to determine the range of possible values. If the margin of error is too big relative to the value, data are not shown because they are statistically unstable. A coefficient of variation of 30% was used to determine statistical instability.

### ***Unemployment rate trends over time***

To develop the unemployment over time chart, we downloaded 2001-2011 data from the Local Area Unemployment Statistics from the US Census Bureau. Specifically the following series ID were downloaded LAUPS06090003 (San Francisco county), and LAUST06000003, LAUST06000004, LAUST06000005, LAUST06000006 (California statewide). Data was transposed onto an excel spreadsheet to linearly order the monthly data points over time and allow comparison of San Francisco and California estimates. Excel was then used to chart the unemployment estimates.

### ***Unemployment by race/ethnicity***

To develop the unemployment rates by ethnicity chart, we downloaded the five year sample American Community Survey data from 2006-2010 on employment status by ethnicity. Data presented does not include mixed race and other. Excel was used to chart the unemployment estimates and include error bars to illustrate the margin of error.

## **Limitations**

Unemployment rates may not provide an accurate reflection of those unemployed. Unemployment figures indicate how many are not working for pay but seeking employment for pay. Therefore, critics believe that current methods of measuring unemployment may be underestimates. Examples of classes of people who are excluded include the following:

- The 2% of the available working population incarcerated in U.S. prisons (who may or may not be working while incarcerated).
- Those who have lost their jobs and have become discouraged over time from actively looking for work.
- Those who are self-employed or wish to become self-employed, such as tradesmen or building contractors or IT consultants.
- Those who have retired before the official retirement age but would still like to work (involuntary early retirees).
- Those on disability pensions who, while not possessing full health, still wish to work in occupations suitable for their medical conditions.
- Those who work for payment for as little as one hour per week but would like to work full-time. These people are "involuntary part-time" workers.
- Those who are underemployed, e.g., a computer programmer who is working in a retail store until he can find a permanent job.

It is important to note that the Hispanic / Latino category is not a mutually exclusive race category. In the American Community Survey, race and Hispanic origin are treated as separate concepts with a separate question asking about Hispanic origin. Hispanics or Latinos are people who classified themselves in at least one of the specific Spanish, Hispanic, or Latino census categories. People of Hispanic origin may also be of any race, and are asked to answer a race question by marking one or more race categories, including: White, Black or

African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Some Other Race.

The data by neighborhood and by ethnicity provides an average of a five year time-span (2005-2009 and 2006-2010) during which a major economic recession began. The impacts of the recession upon household incomes today may not be accurately reflected in the data presented above. More recent data is available at the CA Employment Development Department (EDD) for San Francisco:

<http://www.labormarketinfo.edd.ca.gov/Content.asp?pageid=164>

Certain populations and industries were more impacted by the recession and job layoffs than other populations, which would further impact the unemployment rates described above. Employment status is impacted by many different factors including educational attainment, race/ethnicity and related racial discrimination, class and inter-generational wealth or poverty, languages spoken, access to social networks, job training, and various other social and economic factors.

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## Indicator EC.3.c Bank or credit union access

### Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of population within ½ mile of a savings bank or credit union

### Why Is This An Indicator Of Health and Sustainability?

Access to affordable, healthy credit and freedom from high-interest loans are essential for community health. Credit is often used to fill the financial gap by families that do not have enough income to cover basic living expenses and households impacted by unexpected economic burdens, such as an illness, emergency or job loss. Studies have shown that low-income and minority neighborhoods lack physical proximity to fair financial services and have disproportionate access to fringe financial services such as check cashers, payday lenders, and pawn shops that have high fees attached to their services (equivalent to 500% APR or more) and no savings account options.<sup>b</sup>

According to a 2007 report by the Federal Reserve, one in four families in the bottom 20% of earners spends 40% of their income in debt payments alone. These costs commonly result in reduced spending on food in general (and healthy food specifically), reduced access to health care, and reduced time spent in recreation, all of

which lead to increased obesity and stress, leading to increased heart disease, stroke, cancer, depression and anxiety, among other health problems.<sup>a</sup>

Being within walking distance of neighborhood goods and services, such as banks and credit unions, promotes physical activity, reduces vehicle trips and miles traveled, and increases neighborhood cohesion and safety.<sup>c</sup> By reducing vehicle trips and miles traveled, dense neighborhoods with diverse and mixed land uses can also reduce air and noise pollution, which subsequently impacts associated respiratory and noise-related health conditions. According to the US Green Building Council, research has shown that "living in a mixed-use environment within walking distance of shops and services results in increased walking and biking, which improve human cardiovascular and respiratory health and reduce the risk of hypertension and obesity."<sup>d</sup>

## Methods

Savings banks and credit unions were defined using Standard Industry Classification (SIC) definitions: 60199902 – 60820000. Savings banks include the following SICs: 60199902, 60210000, 60219901, 60220000, 60229901, 60290000, 60350000, 60359901, 60359902, 60360000, 60369902, 60819901, and 60820000. Credit unions include SICs: 60610000, 60620000, and 60629901.

The residential lot file was used to illustrate the location of San Francisco housing relative to savings institutions.

To measure the percent of residents within ½ mile of a savings institution, bank and credit union addresses were mapped using ArcGIS 10.0. Half mile buffers were drawn around each institution. The number of residents living within each residential lot in the city was estimated using Census data and a dasymetric mapping technique (see Data Sources section for more information). We then selected the residential lots that fell within each buffer and summed the number of residents within those lots. The number of residents living within the buffers was then divided by the total number of residents living within the neighborhood to calculate neighborhood savings institution access.

## Limitations

Proximity is just one limited dimension of accessibility. Access to financial services is also impacted by the cost of services, hours of operation, waiting times, languages spoken and cultural accessibility of staff, financial literacy of residents, available transportation options, size and topography of the neighborhood, and other similar factors.

Some credit unions and banks are certified as Community Development Financial Institutions (CDFIs) by the federal or state government, which means that their primary mission is to promote community development in underserved areas.<sup>a</sup> For more information, visit the U.S. Treasury's CDFI Fund website at <http://www.cdfifund.gov/>.

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## Indicator EC.3.d Minority and women owned businesses

### Cities

- [San Francisco](#)

**Descriptive Title:** Minority and women owned Local Business Enterprises

### Why Is This An Indicator Of Health and Sustainability?

Throughout history, discrimination against women and people of color has impacted their job and educational opportunities, career advancement, income and earning potential and many other factors that impact their health and economic well-being. The promotion of minority owned and women owned businesses in government contracting processes can help address past discrimination and current issues of equity. Studies have found that minority businesses are more likely to hire minority employees<sup>a</sup> and contribute more total dollars to charitable organizations than non-minority owned firms.<sup>b</sup> Local establishments help individuals gain equity through ownership. They also generate job opportunities for residents and recycle a larger share of their revenue back into the community.<sup>c</sup>

### Methods

In order to qualify as an LBE, a business must meet the following requirements:

1. An establishment's primary place of business must be located in San Francisco where all services for which LBE certification is sought are conducted on a regular basis.
2. The business must continuously operate in San Francisco and possess a current San Francisco Businesses License for at least six months prior to the time of certification.
3. The business must demonstrate that the majority of its principles are based in its San Francisco office.
4. The majority of the business's employees must be based in its San Francisco office.
5. The business must perform a commercially useful function.
6. Businesses must not exceed maximum economic thresholds.

For more information visit, <http://www.sf-hrc.org/index.aspx?page=86>

**Woman-Owned and Minority-Owned Designation:** Micro-, Small- and SBA-LBEs with either woman or ethnic minority ownership greater than or equal to 51% will be designated as being a "Woman-Owned" (WBE) or "Minority-Owned" (MBE) business in their certification letter. *The woman or minority owner(s) must be the license qualifier(s) and/or possess the credentials required for the category for which they seek certification....*

The following constitute ethnic minorities with respect to LBE certification: (i) African Americans, defined as persons whose ancestry is from any of the Black racial groups of Africa or the Caribbean; (ii) Arab Americans, defined as persons whose ancestry is from an Arabic speaking country that is a current or former member of the League of Arab States; (iii) Asian Americans, defined as persons with Chinese, Japanese, Korean, Pacific Islander, Samoan, Filipino, Asian Indian, and Southeast Asian ancestry; (iv) Iranian Americans, defined as persons whose ancestry is from the country of Iran; (v) Latino Americans, defined as persons with Mexican, Puerto Rican, Cuban, Central American or South American ancestry; and (vi) Native Americans, defined as any person whose ancestry is from any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

## Limitations

Although the designation of a business as woman-owned or minority-owned is intended to prohibit discrimination in the awarding of public contracts, this designation does not necessarily incentivize the hiring of women-owned or minority-owned businesses unless explicitly stated as such in the request for bids/proposals. Additionally, the designation of woman-owned business or minority-owned business is only applicable for businesses that may be hired through city contracts – for example contractors and construction suppliers; and does not apply to all businesses. Many businesses that may be majority woman-owned and/or minority-owned – for example beauty salons, restaurants, or car washes – are not eligible for local business enterprise certification. The list of goods and services eligible for LBE certification are available here: <http://www.sf-hrc.org/index.aspx?page=86>

The location of certified women-owned or minority-owned businesses should not serve as a proxy for the location of all women-owned or minority-owned businesses in San Francisco. Various factors may affect whether a business owner seeks certification from the city, including knowledge about the program and understanding of the city contract process, language and literacy barriers, availability of human resources support/staffing to apply for the designation, the perceived benefits of the program compared to perceived costs for submitting application, social networks that may encourage or discourage participation, the amount of time/availability to apply, etc.

## Indicator EC.4.a Green businesses

### Cities

- [San Francisco](#)

**Descriptive Title:** Distribution of green businesses

### Why Is This An Indicator Of Health and Sustainability?

The underlying goal of environmental laws and regulations, especially those targeting air quality, wastewater discharge, storm water management, chemical storage and handling, and hazardous waste management is to prevent human exposure to substances known to harm health. Recent studies reveal that buildings with good

overall environmental quality can reduce the rate of respiratory disease, allergy, asthma, sick building symptoms, and enhance worker performance. By taking steps to insure compliance with environmental regulations, businesses are protecting the health of their employees as well as customers who patron such goods and services.

## **Limitations**

Please note that the number of green businesses are increasing all the time. This indicator is only updated annually, and therefore does not represent the most up to date list of green businesses. As such, we recommend visiting: <http://www.sfgreenbiz.org> for the most up to date list of green businesses

Proximity to a green business does not mean that local residents will necessarily benefit for the business's sustainable business practices. Many of the certified green businesses offer services that are provided to other businesses and institutions across the city and regionally. Thus the certified green business's business practices help promote regional environmental sustainability but may not directly impact the local environmental quality.

Proximity to a green business also does not represent accessibility to local residents. Accessibility to local residents is impacted by many factors including the types of services offered, the costs of services, the hours of operation, the languages spoken and cultural competency of the staff, cultural preferences and income of the residents, the availability of and cost of other similar services in the neighborhood, access to transportation, topography, and perceived safety.

Although green business practices can reduce environmental exposures and burdens which may positively impact health, health is also impacted by the types of services or products offered and the treatment of the business's employees. For example, a green business may have sustainable business practices, but sell unhealthy foods or not provide their workers with minimum wage, overtime and paid sick days as required by law. Green business practices are just one of multiple dimensions of health that are impacted by businesses.

# Community Cohesion and Civic Engagement

## **Summary**

The Community Cohesion and Civic Engagement Element provides measures of social inclusion, cohesion, and support, civic engagement, and political participation.

## **Objectives & Indicators**

CC.1. Promote socially cohesive neighborhoods, free of crime and violence

CC.1.a. Violent crimes

CC.1.b. Property crimes

CC.1.c. Residential mobility

CC.1.d. Community center access

CC.1.e. Alcohol outlet density

CC.1.f. Likelihood of leaving San Francisco

CC.1.g. Neighborhood block parties

CC.1.h. Spiritual and religious centers

CC.1.i. Perceived safety

CC.2. Increase civic, social, and community engagement

CC.2.a. Voting rates

CC.2.b. Volunteerism

CC.2.c. Public meeting attendance

# Indicator CC.1.a Violent crimes

## Cities

- [San Francisco](#)

**Descriptive Title:** Number and rate of violent crimes

## Why Is This An Indicator Of Health and Sustainability?

Physical assaults, homicides and rapes/sexual assaults are direct and adverse health outcomes for a community. In many low income communities, homicides account for the largest number of years of avoidable life lost. Witnessing and experiencing community violence causes longer term behavioral and emotional problems in youth.<sup>a,b</sup> Finally, community violence also impacts the perceived safety of a neighborhood, inhibiting social interactions and adversely impacting on social cohesion.<sup>c</sup> Parental concerns about neighborhood crime strongly influence their willingness to allow their children to actively commute (e.g. walk or bike) to school, influencing children's levels of physical activity.<sup>d</sup>

## Methods

The data for this indicator comes from police incident reports. The map shows those incidents with addresses it recognizes, or where the location was known to the victim. Violent crimes include assault, forcible sexual assault, and robbery. Homicides are excluded, because police departments rarely make crime report data for homicides publically available. Locations of homicides are however, available for many cities through <http://www.crimemapping.com>.

Crimes are aggregated by census tract to present on the maps. Rates per thousand residents are calculated by dividing the number of incidents by the number of people residing in each census tract.

## Limitations

Measuring the incidence of crime is extremely difficult. Much crime goes undetected and some crimes are not reported to police. Crimes that go undetected and unreported cannot be counted. Finally, the police themselves may, for various reasons, not record something as a crime, or inaccurately report something as a crime when it is not.

Underreporting and statistical undercount influence the degree to which these data are reflective violent crimes, particularly rape and sexual assault. Victims may not file reports because of shame or fear of retribution, and/or insensitivity of law enforcement and court personnel. Underestimation may also occur because rape and sexual assault injuries may not always be captured by hospitalization and death statistics.

Some violent crimes are reported but without a specific location. Violent crimes without a location are not included on the maps and tables. Additionally, some violent crimes may have been committed outside of the city limits, but reported in the City.

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## Indicator CC.1.b Property crimes

### Cities

- [San Francisco](#)

**Descriptive Title:** Number and rate of property crimes

### Why Is This An Indicator Of Health and Sustainability?

Crime impacts the perceived safety of a neighborhood, inhibiting social interactions and adversely affecting social cohesion.<sup>a</sup> Residents' worries about safety in their neighborhoods can be a cause of chronic stress.<sup>b</sup> Fear of crime and feelings of vulnerability to crime can decrease residents' sense of control over their lives and their life satisfaction.<sup>c</sup> One study found that residents of neighborhoods with greater safety (as reported by other residents of the neighborhood) had less hypertension than residents of neighborhoods with less safety.<sup>d</sup> Residents' feelings about safety in their neighborhoods can also be a disincentive to engage in physical activity outdoors, particularly among women and older persons.<sup>e</sup>

A study in Baltimore, Maryland ranked 65 neighborhoods on the Neighborhood Psychosocial Hazards Scale, a combined measure of social disorganization, public safety, physical disorder, and economic deprivation. The researchers then linked the neighborhood measures with health data for a sample of residents. Regardless of age, gender, race, education, smoking or medical history (e.g. hypertension, diabetes), residents were more likely to have had a heart attack if they lived in the most hazardous neighborhoods compared to the least hazardous neighborhoods.<sup>f</sup> In a separate study using the same data, researchers found that living in the most hazardous neighborhoods increased the odds of being obese compared to living in the least hazardous neighborhoods of Baltimore. More importantly, this relationship could not be explained away by differences in resident demographics, wealth, education, alcohol consumption, tobacco use, diet, or physical activity.<sup>g</sup>

## Methods

The data for this indicator comes from police incident reports written by the San Francisco Police Department for crimes reported from 2010 to 2012. The types of crimes included are:

- Burglaries and attempted burglaries
- Thefts and attempted thefts, not including pickpocketing
- Stolen vehicles and attempted stealing of vehicles
- Shoplifting and attempted shoplifting
- Arson and attempted arson
- Malicious mischief, including vandalism

## Limitations

This indicator gives information about where property crimes take place. It does not provide information about where the perpetrators of the crimes lived. Some crimes may be committed by residents of the community where they take place, while others may not.

Some crimes will not be able to be included in the map and table. These include crimes that took place outside of the city, crimes whose location was listed as unknown, crimes for which the data source showed no location, crimes whose listed location could not be recognized by the mapping system, and crimes whose listed location was too imprecise to map.

Measuring the incidence of crime is extremely difficult. Many crimes go undetected or are not reported to police, and therefore cannot be counted. It is estimated that less than half of crimes in the U.S. are reported. In particular, property crimes are often less likely to be reported than violent crimes. There are many factors—such as gender, the advice of family and friends, and the value of the lost or stolen property— that can affect whether or not a person reports a property crime.<sup>a</sup>

While crime rates provide insight into patterns about where crimes occur, they do not explain the many factors that influence their occurrence. Very similar crimes may be committed for different reasons by different people or in different areas. Crime is rarely caused by a single risk factor, but rather by the presence of multiple risk factors and the absence of protective (or resiliency) factors. Risk factors are traits or characteristics that increase the chance of an individual or community being affected by or perpetrating crime. Community-level risk factors for property crime include poverty and high levels of unemployment.<sup>b</sup> Protective factors are traits or characteristics that protect an individual or community from crime. Social cohesion is one community-level protective factor against crime.<sup>i</sup> Taken alone, however, a low rate of property crime does not necessarily mean that a neighborhood is socially cohesive. Similarly, it is possible for a neighborhood to be socially cohesive even if it has a high rate of property crime.

The relationship between the built environment, social cohesion, and crime is complex. Being the victim of a crime or living in an area where there is a lot of crime can increase a person's fear of subsequent crime, which in turn can lead him/her to feel isolated and participate less actively in the community.<sup>c,i</sup> By inhibiting social interaction, therefore, crime can adversely affect social cohesion. This can create a vicious circle, as social cohesion can be a valuable tool in decreasing crime.<sup>j</sup> In addition, the level of crime perceived by residents of a

neighborhood may differ from the actual crime rate, and may be influenced by the residents' feelings of integration into the social fabric of the neighborhood or by other aspects of social cohesion.<sup>h,k</sup>

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## Indicator CC.1.c Residential mobility

### Cities

- [San Francisco](#)

**Descriptive Title:** Percent of population, 1 year and older, living in the same house as one year ago

### Why Is This An Indicator Of Health and Sustainability?

Households that are displaced often experience unhealthy situations due to the loss of social relationships within a community, the difficulties and stress associated with finding new housing that is affordable, as well as, the added time, energy and money needed to relocate. Frequent household moves have been linked with negative childhood events such as abuse, neglect, household dysfunction and increased likelihood of smoking and suicide in children.<sup>a</sup> Frequent family relocation also leads to children repeating grades, school suspensions, and emotional and behavioral problems.<sup>b</sup> Childhood residential instability has also been found to predict lifetime risk of depression.<sup>c</sup>

In contrast, residential stability in childhood has shown to have positive effects on health at midlife.<sup>d</sup> Creating opportunities for affordable and safe housing forms a stable and healthy household environment which has long-term positive health implications, particularly for children.

For additional information on the connections between housing and health, visit: The Case for Housing Impacts Assessment by SFDPH, Program on Health Equity and Sustainability. Accessed online on October 19, 2006: [http://www.thehdm.org/etc/004\\_HIAR-May2004.pdf](http://www.thehdm.org/etc/004_HIAR-May2004.pdf)

## Methods

Data were collected from the American Community Survey 5-year estimates for 2005-2009. The estimated number of persons living in the same house they lived in one year ago was divided by the total population one year of age and older to calculate the percent who are still living in the same house.

The American Community Survey (ACS) is a sample survey, and thus, data are estimates rather than counts. Estimates have accompanying margins of error that indicate the span of values that the true value could fall within. Margins of error should be subtracted from and added to the value to determine the range of possible values. If the margin of error is too big relative to the value, data are not shown because they are statistically unstable. A coefficient of variation of 30% was used to determine statistical instability.

## Limitations

Data presented are from 2005-2009, which is just before the height of the mortgage foreclosure crisis. Although the southern neighborhoods of San Francisco have historically had higher rates of home ownership compared to other parts of San Francisco, recent reports have suggested that these neighborhoods are also experiencing more foreclosures than other neighborhoods, which may impact residential mobility not currently captured by the Census data available. One report by ACCE and the California Reinvestment Coalition stated that the three zipcodes with the highest number of foreclosures were 94124 (Bayview), 94134 (Visitacion Valley), and 94112 (Ocean View/Ingleside/Excelsior).<sup>†</sup> It is also not known where the individuals losing their homes move to, whether they are staying within the same neighborhood or moving to other areas in San Francisco or outside San Francisco.

Changes in residential mobility do not indicate the reasons for mobility. In some cases, such as Mission Bay, new housing is built where there formerly was little housing available. In other cases, rising housing costs contribute to lower income residents experiencing eviction or gentrification in the neighborhood.

One of the most significant effects of residential displacement is the erosion of social capital and social cohesion—factors associated with health, education, and neighborhood safety. Strong social relationships and community cohesion are protective of health in multiple ways. Neighbors, friends, and family provide material as well as emotional support. Support, perceived or provided, can buffer stressful situations, prevents damaging feelings of isolation, and contributes to a sense of self-esteem and value. The magnitude of the effect of social support on health is substantial and has been illustrated by several prospective long term studies in the United States. For example, in one study in Alameda County, those with fewer social contacts (e.g. marriage, family, friends, and group membership) had twice the risk of early death, even accounting for income, race, smoking, obesity, and exercise. Social support and cohesion also serve to nurture children's development, strengthen family ties, and build trust, reciprocity and collective efficacy.<sup>9</sup>

In contrast, the erosion of neighborhoods as a result of forced displacement results in the reduction of long-term residents who are most likely to invest in their communities. In areas where residents feel less invested because

of the continual threat of displacement, one can find depilated environmental conditions, such as broken windows on buildings, loitering and illegal disposing of hazardous substances, as well as higher high school drop out rates and higher crime rates. If displaced residents are forced to relocate outside of their neighborhood, valuable supportive family and community relationships can be lost both for those leaving and well as for those remaining behind.

- a. Dong M. 2005. Childhood residential mobility and multiple health risks during adolescence and adulthood. *Archives of Pediatrics and Adolescent Medicine* 159:11-4-1110.
- b. Cooper, Merrill. 2001. *Housing Affordability: A Children's Issue*. Ottawa: Canadian Policy Research Networks Discussion Paper.
- c. Gilman SE, Kawachi I, Fizmaurice GM Buka L. 2003. Socio-economic status, family disruption and residential stability in childhood: relation to onset, recurrence and remission of major depression. *Psychol Medicine* 33:1341-55.
- d. Bures RM. 2003. Childhood residential stability and health at midlife. *American Journal of Public Health* 93:1144-8.
- e. Report of the San Francisco Mayor's Task Force on African-American Out-Migration. 2009. <http://www.sfredevelopment.org/Modules/ShowDocument.aspx?documentid=292>
- f. Alliance for Californians for Community Empowerment and the California Reinvestment Coalition. *The Wall Street Wrecking Ball: What Foreclosures are Costing San Francisco Neighborhoods*. September 2011. [http://www.calorganize.org/sites/default/files/WreckingBall\\_SanFrancisco\\_web\\_0.pdf](http://www.calorganize.org/sites/default/files/WreckingBall_SanFrancisco_web_0.pdf)
- g. Berkman LF, Syme SL. Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology*. 1979;109(2):186-204.

## Indicator CC.1.d Community center access

### Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of the population within ½ mile from a community center

### Why Is This An Indicator Of Health and Sustainability?

Community centers can foster the development of social networks and social integration by providing places where neighborhood residents interact with each other. The programs and services that take place at community centers can also provide valuable information and skills to residents.

Social networks and social integration are beneficial to health: Healthy People 2010 asserts that the social environment—including interactions with family, friends, coworkers, and others in the community—has a "profound effect on individual health."<sup>a</sup> For example, social support can buffer people from the negative psychological effects of life stress.<sup>b</sup> One review of over 100 studies concluded that social support for pregnant women improves fetal growth.<sup>c</sup>

Other studies have found women who receive social support have healthier babies, fewer complications in pregnancy and birth, and less postpartum depression.<sup>d</sup> Emile Durkheim's work on suicide showed that the lowest rates of suicide occurred in societies with the highest degrees of social integration.<sup>e</sup> In Alameda County in 1979, researchers found that men and women who lacked ties to others were 1.9 to 3.1 times more likely to die during the follow-up period than those who had many contacts.<sup>f</sup> Other studies have linked specific health conditions—such as strokes, death from cardiovascular disease, and the common cold—to having fewer social ties.<sup>g,g</sup>

Seniors and persons with disabilities are particularly at risk of social isolation<sup>h</sup>; this risk can be mitigated by the availability of day programs and other services in their communities. Neighborhoods in which residents feel social cohesiveness toward their neighbors (through mutual trust and exchanges of aid) tend to have lower mortality rates compared to neighborhoods that do not have strong social bonds.<sup>i</sup>

## Methods

This indicator does not represent an exhaustive list of community centers: there are additional community centers in San Francisco. Given the subjective nature of what is considered a community center, we developed specific criteria for inclusion on the list of community centers used for this indicator. Facilities included on our list meet the following criteria:

- The center is a non-changing physical location where services/programs take place.
- The primary function of the center is the provision of services/programs for community members.
- The center is not-for-profit.
- The center offers services/programs for which participation is free or of nominal cost (not including scholarship programs).
- The center is listed on the aforementioned data sources.

Centers may be run by community members, community organizations, regional or national organizations, religious or faith-based organizations, or governmental agencies.

Our criteria reflect a broad interpretation of what constitutes a community center. A list using different criteria could exclude some of the centers included here. This indicator includes:

- Community/neighborhood facilities with multiple uses
- Culturally specific organization centers
- Arts and cultural centers
- Recreation centers
- San Francisco Recreation & Parks Department clubhouses
- Training & employment centers
- Resource centers
- Adult day & adult day health centers
- Senior centers
- Centers providing services to specific populations (e.g. homeless persons, seniors, persons with disabilities, immigrants, families, youth, children)

The following types of programs and facilities are NOT included in our list of community centers. A more comprehensive list, or a list using different criteria, could potentially include some or all of the facilities/programs listed as "not included" below.

- Programs/centers for workers in specific occupations
- Organizations whose addresses represent administrative offices, with services/programs taking place elsewhere in the community
- Facilities whose primary use is something other than a community center (e.g. schools, museums, churches, performance venues, clinics)
- Residential facilities whose services/programs are for facility residents
- Shelters
- Recreation facilities that offer no programming (e.g. playgrounds)
- Athletic fields and facilities (including pools, golf courses)
- Legal assistance agencies

## Limitations

The table shows the proportion of the total population of each neighborhood living within ½ mile of each type of community center. It does not provide information about the specific proportion of seniors, persons with disabilities, youth, or adults who live near each type of community center. More information about where youth and seniors live in San Francisco is available at: <http://www.thehdmt.org/indicators/view/171> .

One half mile is considered ten minutes walking distance. However, geographic proximity does not guarantee access. For example, topographical and transportation features, such steep hills or major highways or roads, and socio-cultural issues, such as violence and gang lines, may inhibit pedestrian access to community centers.

Neighborhood social cohesion is not a time-static concept; movement of residents, organizations, and businesses into and out of a neighborhood can impact the social dynamics among neighbors and other components of social cohesion. While this indicator provides a snapshot of one aspect of social cohesion, it does not provide any information about long-term trends.

The number of community centers is one among many possible indicators of social cohesion within a neighborhood. Taken alone, the existence of community centers does not necessarily mean that a neighborhood is socially cohesive. Similarly, it is possible for a neighborhood to be socially cohesive even if there are no community centers there.

In general, neighborhood-level indicators may obscure ethnic, class, or other differences among the neighborhood population. For example, community centers may indicate good social cohesion among some groups, but others may not be able to participate or may choose not to participate for a variety of reasons, such as the language(s) spoken, time of day, cultural or religious preferences, or physical accessibility. Thus social cohesion may be advanced for some groups while others may feel excluded.

- a. Healthy People 2010, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Available at: <http://www.healthypeople.gov/>
- b. Cohen S, Underwood LG, Gottlieb BH, eds. 2000. *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*. New York: Oxford University Press.
- c. Kawachi I, Colditz GA, Ascherio A, Rimm EB, Giovannucci E, Stampfer MJ, Willett WC. 1999. A Prospective study of social networks in relation to total mortality and cardiovascular disease incidence in men in the United States. Pp. 184-194 in *The Society and Population Health Reader. Volume I: Income Inequality and Health*, eds. I. Kawachi, BP Kennedy, RG Wilkinson. New York: The New Press.
- d. Berkman LF. 1999. The Role of social relations in health promotion. Pp. 172-183 in *The Society and Population Health Reader. Volume I: Income Inequality and Health*, eds. I. Kawachi, BP Kennedy, RG Wilkinson. New York: The New Press.
- e. Berkman LF, Kawachi I. 2000. A Historical Framework for Social Epidemiology. Chapter 1 in *Social Epidemiology*. New York: Oxford University Press.
- f. Berkman LF, Syme SL. 1979. Social networks, host resistance and mortality: a nine-year follow up study of Alameda County residents. *American Journal of Epidemiology* 109:186-204.
- g. Cohen C, Doyle WJ, Skoner DP, Rabin BS, Gwaltney JM. 1997. Social ties and susceptibility to the common cold. *JAMA* 277(24):1940-1944.
- h. San Francisco Department of Aging & Adult Services. 2006. *Community Needs Assessment*. Available at: <http://www.sfhsa.org/specialnotice.htm>
- i. Lochner KA, Kawachi I, Brennan RT, Buka SL. Social capital and neighborhood mortality rates in Chicago. *Social Science & Medicine*. 2003;56(8):1797-1805.

# Indicator CC.1.e Alcohol outlet density

## Cities

- [San Francisco](#)

**Descriptive Title:** Density of off-sale alcohol outlets per square mile

## Why Is This An Indicator Of Health and Sustainability?

Research strongly suggests that density of alcohol outlets is closely related to crime and violence. For example, one study in New Jersey found that neighborhoods with alcohol outlet density, controlling for age and poverty, had more violent crimes, including homicide, rape, assault, and robbery.<sup>a</sup> In Los Angeles, a higher density of alcohol outlets was also associated with more violence, even when controlling for unemployment, age, ethnic and racial characteristics, and other community characteristics.<sup>b</sup> In a six-year study of changes in numbers of alcohol outlets in 551 urban and rural zip code areas in California, an increase in the number of bars and off-premise places (e.g., liquor, convenience and grocery stores) was related to an increase in the rate of violence. These effects were largest in poor, minority areas of the state, those areas already saturated with the greatest numbers of outlets.<sup>c</sup> Finally, people who live near an abundance of fast-food restaurants and convenience stores compared to grocery stores and fresh produce vendors, have a significantly higher prevalence of obesity and diabetes.<sup>d</sup>

## Methods

List of alcohol outlets obtained from the California Department of Alcohol Beverage Control (ABC) in October 2011 from: [www.abc.ca.gov/datport/AHCityRep.asp](http://www.abc.ca.gov/datport/AHCityRep.asp). San Francisco businesses included have License Type 20 and 21.

## Limitations

As illustrated by the map, take-out alcohol outlets are not evenly distributed within neighborhoods. The clustering of outlets in certain locations means that certain areas of a neighborhood may be disproportionately impacted by proximity to multiple alcohol outlets whereas other areas in the same neighborhood have few outlets.

At the same time, not all take-out alcohol outlets are the same. The stores may vary in hours open, what types of other products or types of alcohol they sell, what languages are spoken, and what clientele they serve. The presence of a full-service grocery store likely has a very different impact on a neighborhood's access to healthy food resources than the presence of a package or liquor store.

Although there is officially a moratorium on new alcohol outlet licenses in San Francisco, the trading of licenses with another business owner does occur and may impact the distribution of alcohol outlets across the city.

Although various research studies have found that a higher concentration of alcohol outlets is associated with higher rates of violence in neighborhoods, the presence of alcohol outlets does not mean there definitely will be more violence, nor does their absence ensure there will be no violence.

- a. Gorman, D, Speer P, Gruenewald P, and Labouvie E. Spatial dynamics of alcohol availability, neighborhood structure and violent crime. *Journal of Studies on Alcohol*. 2001;62:628-636.

- b. Scribner R. et al. The risk of assaultive violence and alcohol availability in LA County. *Am J Pub Health*. 1995;85:335-340.
- c. Gruenewald PJ, Remer L. Changes in outlet densities affect violence rates. *Alcoholism: Clinical and Experimental Research*. 2006;30:1184-1193.
- d. PolicyLink, the [UCLA Center for Health Policy Research](#), and [California Center for Public Health Advocacy](#). *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*. April 2008.

## Indicator CC.1.f Likelihood of leaving San Francisco

### Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of households likely to move away from San Francisco in the next three years

### Why Is This An Indicator Of Health and Sustainability?

Residents' plans to stay in their communities may reflect social networks and feelings of belonging among community members. Neighborhoods that experience less residential mobility are more likely to develop lasting, supportive social networks among residents than neighborhoods with high residential mobility.

Social networks and social integration are beneficial to health: Healthy People 2010 asserts that the social environment—including interactions with family, friends, coworkers, and others in the community—has a "profound effect on individual health."<sup>a</sup> For example, social support can buffer people from the negative psychological effects of life stress.<sup>b</sup> One review of over 100 studies concluded that social support for pregnant women improves fetal growth.<sup>c</sup> Other studies have found that women who receive social support have healthier babies, fewer complications in pregnancy and birth, and less postpartum depression.<sup>d</sup>

Emile Durkheim's work on suicide showed that the lowest rates of suicide occurred in societies with the highest degrees of social integration.<sup>e</sup> In Alameda County in 1979, researchers found that men and women who lacked ties to others were 1.9 to 3.1 times more likely to die during the follow-up period than those who had many contacts.<sup>f</sup> Other studies have linked specific health conditions—such as strokes, death from cardiovascular disease, and the common cold—to having fewer social ties.<sup>g</sup>

### Methods

The City Survey is conducted annually by the San Francisco Controller's Office in order to measure residents' opinions about the quality and level of City services. 1000 residents were randomly selected from each supervisorial district and 3,979 mail, phone, and web surveys were completed for a response rate of 37% when accounting for undeliverable surveys. The survey was available in English, Spanish, and Chinese. The overall distribution of survey respondents' demographics was determined to be similar to the most recent census estimates and so no additional sampling was conducted.

The question used to construct this map and table was, "In the next three years, how likely are you to move out of San Francisco?" The possible answers were "very likely," "somewhat likely," "not too likely," or "not at all likely." A total of 3979 respondents answered this question. The table shows the percent of respondents in each

zipcode who gave each answer. The map shows the percent of respondents in each zipcode who answered that they were either "very likely" or "somewhat likely" to move out of San Francisco in the next three years.

For more information, the City Survey Report 2011—including information about the survey responses and methodology and a sample survey questionnaire—is available at: <http://co.sfgov.org/webreports/details.aspx?id=1343>.

## Limitations

Since each zip code may contain one or more neighborhoods, it is not possible compare the answers given by people living in different neighborhoods within the zip code. It is also important to remember that different respondents may have given the same answers, but for different reasons: for example, some residents may plan to stay in the same community because they are happy there, while others may feel they lack the resources to move. This indicator does not give any information about residents' plans to move within the city of San Francisco.

Neighborhood social cohesion is not a time-static concept; movement of residents, organizations, and businesses into and out of a neighborhood can impact the social dynamics among neighbors and other components of social cohesion. While this indicator provides a snapshot of one aspect of social cohesion, it does not provide any information about long-term trends. Residents' plans to stay in their communities represent one among many possible indicators of social cohesion within a neighborhood.

Taken alone, the fact that residents do not think they are likely to leave San Francisco does not necessarily mean that a neighborhood is socially cohesive. Similarly, it is possible for a neighborhood to be socially cohesive even if residents do not plan to stay in San Francisco. In general, neighborhood-level indicators may obscure ethnic, class, or other differences among the neighborhood population. For example, residents' plans to stay in San Francisco may indicate good social cohesion among some groups, but others may not feel integrated into the social fabric for a variety of reasons, such as the language(s) spoken, cultural or religious preferences, or physical accessibility. Thus social cohesion may be advanced for some groups while others may feel excluded.

- a. Healthy People 2010, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Available at: <http://www.healthypeople.gov/>
- b. Cohen S, Underwood LG, Gottlieb BH, eds. 2000. Social Support Measurement and Intervention: A Guide for Health and Social Scientists. New York: Oxford University Press.
- c. Kawachi I, Colditz GA, Ascherio A, Rimm EB, Giovannucci E, Stampfer MJ, Willett WC. 1999. A Prospective study of social networks in relation to total mortality and cardiovascular disease incidence in men in the United States. Pp. 184-194 in *The Society and Population Health Reader. Volume I: Income Inequality and Health*, eds. I. Kawachi, BP Kennedy, RG Wilkinson. New York: The New Press.
- d. Berkman LF. 1999. The Role of social relations in health promotion. Pp. 172-183 in *The Society and Population Health Reader. Volume I: Income Inequality and Health*, eds. I. Kawachi, BP Kennedy, RG Wilkinson. New York: The New Press.
- e. Berkman LF, Kawachi I. 2000. A Historical Framework for Social Epidemiology. Chapter 1 in *Social Epidemiology*. New York: Oxford University Press.
- f. Berkman LF, Syme SL. 1979. Social networks, host resistance and mortality: a nine-year follow up study of Alameda County residents. *American Journal of Epidemiology* 109:186-204.
- g. Cohen C, Doyle WJ, Skoner DP, Rabin BS, Gwaltney JM. 1997. Social ties and susceptibility to the common cold. *JAMA* 277(24):1940-1944.
- h. Report of the San Francisco Mayor's Task Force on African-American Out-Migration. 2009. <http://www.sfredevelopment.org/Modules/ShowDocument.aspx?documentid=292>

# Indicator CC.1.g Neighborhood block parties

## Cities

- San Francisco

**Descriptive Title:** Number of neighborhood block party permits

## Why Is This An Indicator Of Health and Sustainability?

Neighborhood block parties provide an opportunity for residents to spend time together and build social ties. Social networks and social integration are beneficial to health: Healthy People 2010 asserts that the social environment—including interactions with family, friends, coworkers, and others in the community—has a "profound effect on individual health."<sup>b</sup>

For example, social support can buffer people from the negative psychological effects of life stress.<sup>c</sup> One review of over 100 studies concluded that social support for pregnant women improves fetal growth.<sup>d</sup> Other studies have found women who receive social support have healthier babies, fewer complications in pregnancy and birth, and less postpartum depression.<sup>e</sup> Emile Durkheim's work on suicide showed that the lowest rates of suicide occurred in societies with the highest degrees of social integration.<sup>f</sup> In Alameda County in 1979, researchers found that men and women who lacked ties to others were 1.9 to 3.1 times more likely to die during the follow-up period than those who had many contacts.<sup>g</sup> Other studies have linked specific health conditions—such as strokes, death from cardiovascular disease, and the common cold—to having fewer social ties.<sup>c,h</sup>

Neighborhoods in which residents feel social cohesiveness toward their neighbors (through mutual trust and exchanges of aid) tend to have lower mortality rates compared to neighborhoods that do not have strong social bonds.<sup>i</sup>

## Methods

This indicator represents permits issued by the Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT) for neighborhood block parties during 2010. The permit allows for the closure of a section of a street to traffic during a neighborhood block party, which ISCOTT defines as a one-block closure with no intersection closures. The closure must be "sponsored by a neighborhood organization or an individual who lives on the block to be closed."<sup>a</sup> There is a fee for the permit, but it is lower than the fees for other types of street closures. More information, including the application for temporary street closures, is available at:

<http://www.sfmta.com/cms/vclos/strclos.htm>.

Larger street fairs, which require a different permit for street closure, are not included in this indicator. Because the permits are required only for street closures, any neighborhood parties that took place without street closures are also not included.

## Limitations

Neighborhood social cohesion is not a time-static concept. Residents moving into and out of a neighborhood can impact the social dynamics among neighbors as well as the momentum behind block party coordination. While

this indicator provides a snapshot of the block parties held in San Francisco in a single year, it does not provide any information about long-term trends in the frequency and locations of block parties.

The organization of block parties depends upon motivated individuals or organizations that are able not only to devote time to planning them, but also to raise adequate funds. It is not possible to tell from the information in this indicator who was responsible for organizing the various block parties.

The number of neighborhood block parties is one among many possible indicators of social cohesion within a neighborhood. Taken alone, the existence of neighborhood block parties does not necessarily mean that a neighborhood is socially cohesive. Similarly, it is possible for a neighborhood to be socially cohesive even if no block parties take place there.

In general, neighborhood-level indicators may obscure ethnic, class, or other differences among the neighborhood population. For example, block parties may indicate good social cohesion among some groups, but others may not be able to participate or may choose not to participate for a variety of reasons, such as the language(s) spoken, food provided, time of day, cultural or religious preferences, or physical accessibility. Thus social cohesion may be advanced for some groups while others may feel excluded.

- a. ISCOTT. 2005. Temporary Street Closure Filing Information. Available at: <http://www.sfmta.com/cms/vclos/documents/SpecialEventStreetClosureInfo.pdf>. Retrieved 7/29/2008.
- b. Healthy People 2010, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Available at: <http://www.healthypeople.gov/>
- c. Cohen S, Underwood LG, Gottlieb BH, eds. 2000. Social Support Measurement and Intervention: A Guide for Health and Social Scientists. New York: Oxford University Press.
- d. Kawachi I, Colditz GA, Ascherio A, Rimm EB, Giovannucci E, Stampfer MJ, Willett WC. 1999. A Prospective study of social networks in relation to total mortality and cardiovascular disease incidence in men in the United States. Pp. 184-194 in The Society and Population Health Reader. Volume I: Income Inequality and Health, eds. I. Kawachi, BP Kennedy, RG Wilkinson. New York: The New Press.
- e. Berkman LF. 1999. The Role of social relations in health promotion. Pp. 172-183 in The Society and Population Health Reader. Volume I: Income Inequality and Health, eds. I. Kawachi, BP Kennedy, RG Wilkinson. New York: The New Press.
- f. Berkman LF, Kawachi I. 2000. A Historical Framework for Social Epidemiology. Chapter 1 in Social Epidemiology. New York: Oxford University Press.
- g. Berkman LF, Syme SL. 1979. Social networks, host resistance and mortality: a nine-year follow up study of Alameda County residents. American Journal of Epidemiology 109:186-204.
- h. Cohen C, Doyle WJ, Skoner DP, Rabin BS, Gwaltney JM. 1997. Social ties and susceptibility to the common cold. JAMA 277(24):1940-1944.
- i. Lochner KA, Kawachi I, Brennan RT, Buka SL. Social capital and neighborhood mortality rates in Chicago. Social Science & Medicine. 2003;56(8):1797-1805.

# Indicator CC.1.h Spiritual and religious centers

## Cities

- [San Francisco](#)

**Descriptive Title:** Number of spiritual and religious centers per 10,000 people

## Why Is This An Indicator Of Health and Sustainability?

Spiritual and religious centers may foster social cohesion is by facilitating the development of social networks among their constituents. Social networks and social integration are beneficial to health: Healthy People 2010 asserts that the social environment—including interactions with family, friends, coworkers, and others in the community—has a "profound effect on individual health."<sup>a</sup>

For example, social support can buffer people from the negative psychological effects of life stress.<sup>b</sup> One review of over 100 studies concluded that social support for pregnant women improves fetal growth.<sup>c</sup> Other studies have found women who receive social support have healthier babies, fewer complications in pregnancy and birth, and less postpartum depression.<sup>d</sup> Emile Durkheim's work on suicide showed that the lowest rates of suicide occurred in societies with the highest degrees of social integration.<sup>e</sup> In Alameda County in 1979, researchers found that men and women who lacked ties to others were 1.9 to 3.1 times more likely to die during the follow-up period than those who had many contacts.<sup>f</sup> Other studies have linked specific health conditions—such as strokes, death from cardiovascular disease, and the common cold—to having fewer social ties.<sup>g</sup>

Spiritual and religious organizations may also encourage volunteerism and philanthropy, both by serving as charitable organizations themselves and by encouraging their constituents to donate individually.<sup>h</sup>

Spiritual and religious centers may increase civic participation by providing opportunities for their constituents to gain experience in civic skills such as giving speeches, organizing and running meetings, or bearing administrative responsibilities.<sup>h</sup> Civic participation has been associated with better health. In one study, people involved in electoral participation were 22% less likely to report being in poor or fair health.<sup>i</sup> In another study, people had 52% higher odds of reporting poor health if political engagement in their neighborhood was low.<sup>j</sup>

Neighborhoods in which residents feel social cohesiveness toward their neighbors (through mutual trust and exchanges of aid) tend to have lower mortality rates compared to neighborhoods that do not have strong social bonds.<sup>k</sup>

## Methods

This indicator does not represent an exhaustive list of spiritual and religious organizations, centers, and places in San Francisco. The list represents organizations classified by our data source as "religious organizations" (code 813110) by the North American Industry Classification System (NAICS). According to the NAICS Association, this classification code comprises "(1) establishments primarily engaged in operating religious organizations, such as churches, religious temples, and monasteries and/or (2) establishments primarily engaged in administering an organized religion or promoting religious activities."<sup>l</sup> The corresponding index entries for this code are:

- Bible societies
- Churches
- Convents (except schools)
- Missions, religious organization
- Monasteries (except schools)
- Mosques, religious
- Places of worship
- Religious organizations
- Retreat houses, religious
- Shrines, religious
- Synagogues
- Temples, religious

These index entries provide insight into some of the types of organizations included in this list of spiritual and religious centers, but they are not exhaustive. Our list of spiritual and religious centers comes from 2010 Dun and Bradstreet data, which was queried in October 2011. Because NAICS codes were not included in this data set, SIC codes ranging from '86610000' to '8610202' were used to extract religious centers. The results were then manually cleaned by internet checking questionable organization names. The centers were mapped using their address and were then assigned to a 2010 census tract and neighborhood based on their location to calculate the number of centers per 10,000 residents.

## Limitations

Religion and spirituality are broad concepts that are emotionally charged and difficult to define. For the purpose of this discussion, religion refers to "an organized system of beliefs, rituals, practices, and community" that are "oriented toward the sacred"; spirituality refers to "personal experiences of or searches for ultimate reality or the transcendent."<sup>m</sup> An individual's spirituality may or may not be connected to religion or another institution. Although the centers on our list are classified as "religious organizations" by the NAICS, we classify them as "spiritual and religious centers" to reflect the range of activities that take place in them.

This information about spiritual and religious centers is included in the HDMT because of the potential for such centers to foster social cohesion in their communities. While there is evidence that individual spirituality or religiosity can affect health—for example, by influencing health-related behaviors such as diet, use of medical care, or how people cope with problems<sup>n</sup>—these processes are outside the scope of the HDMT.

One way spiritual and religious centers may foster social cohesion is by facilitating the development of social networks among the people who use them, which in turn become sources of social support. They may also encourage volunteerism and philanthropy, both by serving as charitable organizations themselves and by encouraging their constituents to donate individually.<sup>h</sup> Many centers offer food banks, senior centers, youth programs, or other community services. Finally, spiritual and religious centers may provide opportunities for their constituents to gain experience in civic skills such as giving speeches, organizing and running meetings, or bearing administrative responsibilities.<sup>h</sup>

As with any organizations, spiritual and religious organizations also run the risk of negatively affecting social cohesion. Just as organizations facilitate social connections between their members, they may create divisions by excluding some members of the community or by encouraging norms and beliefs that are intolerant, prejudicial, or otherwise detrimental to the community's social cohesion.<sup>h,o</sup>

While the centers on this list represent places where people may congregate to express or share spirituality or religion, the list provides no information about the size or make-up of the populations using the centers. It also provides no information about the specific programs and services offered by the centers. Centers may differ in many ways, such as the populations they serve or the number and types of programs they offer for community members.

The number of spiritual and religious centers is one among many possible indicators of social cohesion within a neighborhood. Taken alone, the existence of spiritual or religious centers does not necessarily mean that a neighborhood is socially cohesive. Similarly, it is possible for a neighborhood to be socially cohesive even if there are no spiritual or religious centers there.

Social cohesion is not a time-static concept; movement of residents, organizations, and businesses into and out of a community can impact the social dynamics among neighbors and other components of social cohesion. While this indicator provides a snapshot of one aspect of social cohesion, it does not provide any information about long-term trends.

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# Indicator CC.1.i Perceived safety

## Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of residents who feel safe walking alone in their neighborhood during the day and night

## Why Is This An Indicator Of Health and Sustainability?

Community violence decreases the safety of a neighborhood, inhibiting social interactions and adversely affecting social cohesion.<sup>a</sup> This can create a vicious circle, as social cohesion can be a valuable tool in decreasing crime.<sup>b</sup> Studies have found a negative relationship between neighborhood residents' levels of mutual trust/willingness to take action and levels of violent crime.<sup>c,d</sup> In addition, the level of safety perceived by residents of a neighborhood may differ from objective measures of the level of safety (e.g. crime rates), and may be influenced by the residents' feelings of integration into the social fabric of the neighborhood or by other aspects of social cohesion.<sup>e,f</sup>

Witnessing and experiencing community violence causes longer term behavioral and emotional problems in youth.<sup>g</sup> Residents' worries about safety in their neighborhoods can be a cause of chronic stress.<sup>h</sup> One study found that residents of neighborhoods with greater safety (as reported by other residents of the neighborhood) had less hypertension than residents of neighborhoods with less safety.<sup>i</sup>

Residents' feelings about safety in their neighborhoods can also be a disincentive to engage in physical activity outdoors, particularly among women and older persons.<sup>j</sup> In a large scale study involving over 600,000 residents in Sweden, the rate of violent crime in an individual's neighborhood predicted their risk for coronary heart disease, regardless of individual demographic and socioeconomic measures.<sup>k</sup>

Encouraging students to walk or bicycle to school can help combat the rising rates of childhood obesity by encouraging regular physical exercise. However, parental concerns about neighborhood crime strongly influence their willingness to allow their children to actively commute to school.<sup>l</sup>

## Methods

The City Survey is conducted annually by the San Francisco Controller's Office in order to measure residents' opinions about the quality and level of City services. For the 2011 City Survey, 1,000 residents were randomly selected from each supervisorial district and 3,979 mail, phone, and web surveys were completed for a response rate of 37% when accounting for undeliverable surveys. The survey was available in English, Spanish, and Chinese. The overall distribution of survey respondents' demographics was determined to be similar to the most recent census estimates and so no additional sampling was conducted.

The questions used to construct these maps and tables were, "How safe do you feel walking alone in your neighborhood during the day?" and "How safe do you feel walking alone in your neighborhood at night?" The possible answers were "very safe," "safe," "neither safe nor unsafe," "unsafe," or "very unsafe." The tables were collapsed to conserve space, showing "very safe or safe," "neither safe or unsafe," and "unsafe or very unsafe" for day and night time responses. Because of rounding, some of the rows may not add to 100%. The two maps

show the percent of respondents in each supervisorial district who answered that they felt either "safe" or "very safe" walking alone in their neighborhood during the day/night.

Data were mapped by zip code and represent the responses of only those residents who responded the survey, as the data were not adjusted to compensate for non-response bias.

## Limitations

Different people may report different levels of perceived safety in the same situation, or the same level of perceived safety for different reasons. For example, one person's concerns about safety may reflect his/her knowledge of crimes that have taken place in the neighborhood, while another's may reflect physical characteristics of the neighborhood, such as poor lighting. One person may feel safer when police are seen patrolling the neighborhood, others may feel less safe. This survey was conducted in the Spring of 2011. Levels of perceived safety may vary during the year – for example, some people may feel safer during warmer months because they see more people on the streets, whereas others may feel less safe because they see more people on the streets. Similarly, levels of perceived safety may be impacted by how recently certain events – such as a homicide or a neighborhood block party – occurred.

The City Survey is a random sample of residents across San Francisco, however residents who complete the survey may differ from those who do not. Although a 36.6% response rate is fairly high for general surveys, it is not necessarily reflective of the opinions and perceptions of all San Francisco residents.

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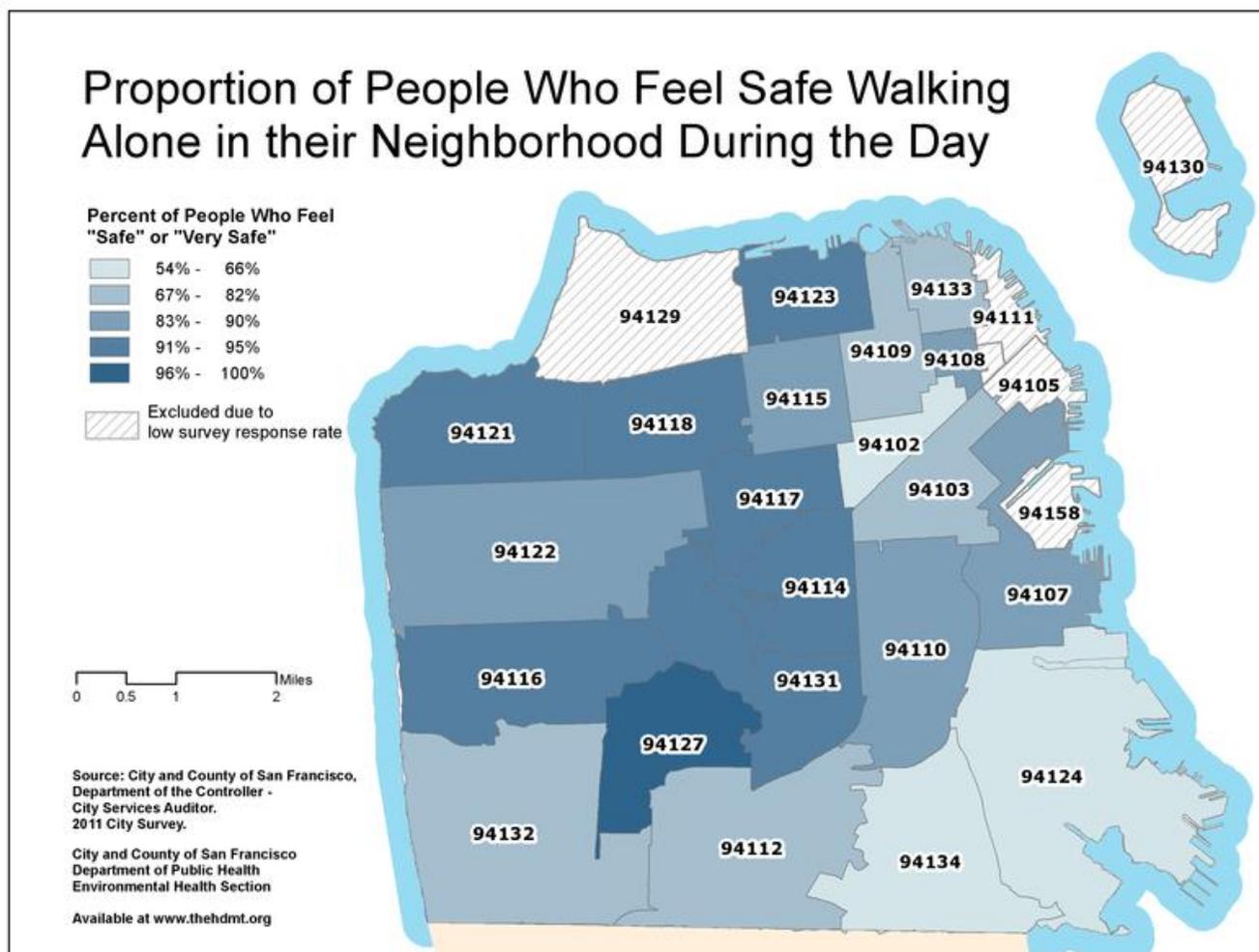
# San Francisco

**Indicator:** CC.1.i Perceived safety

**Descriptive Title:** Proportion of residents who feel safe walking alone in their neighborhood during the day and night

**Geographic Unit of Analysis:** Zip code

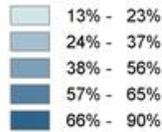
[See Method](#)



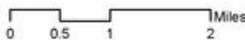
 [Download PDF map.](#)

# Proportion of People Who Feel Safe Walking Alone in Their Neighborhood at Night

Percent of People Who Feel "Safe" or "Very Safe"



Excluded due to low survey response rate



Source: City and County of San Francisco, Department of the Controller - City Services Auditor, 2011 City Survey.

City and County of San Francisco Department of Public Health Environmental Health Section

Available at [www.thehdm.org](http://www.thehdm.org)



[Download PDF map.](#)

Residents' Perceived Safety During the Day and Night (2011)							
Zipcode	Neighborhoods	During the Day			During the Night		
		Very Safe or Safe	Neither Safe nor Unsafe	Very Unsafe or Unsafe	Very Safe or Safe	Neither Safe nor Unsafe	Unsafe or Very Unsafe
All	San Francisco	84%	10%	5%	51%	24%	25%
94102	Downtown Civic Center	66%	17%	17%	31%	24%	45%
94103	SOMA	78%	11%	10%	37%	29%	34%
94104	Financial District	--	--	--	--	--	--
94105	Financial District	--	--	--	--	--	--
94107	Potrero Hill, SOMA	84%	11%	5%	34%	23%	44%
94108	Nobb Hill, Financial District	89%	8%	2%	64%	23%	13%
94109	Downtown Civic Center, Nob Hill, Russian Hill	81%	12%	7%	50%	24%	26%

94110	Mission, Bernal Heights	87%	10%	3%	46%	23%	31%
94111	Financial District, North Beach	--	--	--	--	--	--
94112	Outer Mission, Ocean View, Crocker Amazon	74%	18%	8%	33%	30%	37%
94114	Castro, Noe Valley	95%	4%	2%	75%	18%	7%
94115	Western Addition, Pacific Heights	87%	10%	2%	59%	23%	19%
94116	Parkside, Outer Sunset	92%	7%	1%	63%	25%	13%
94117	Haight Ashbury	94%	3%	3%	64%	20%	16%
94118	Inner Richmond, Presidio Heights	92%	7%	1%	63%	24%	13%
94121	Outer Richmond, Seacliff	93%	4%	2%	65%	22%	14%
94122	Outer / Inner Sunset, Golden Gate Park	90%	8%	3%	55%	31%	14%
94123	Marina, Russian Hill	93%	5%	2%	61%	31%	9%
94124	Bayview	54%	20%	26%	13%	22%	65%
94127	West of Twin Peaks, Ocean View	97%	3%	0%	71%	20%	9%
94129	The Presidio	--	--	--	--	--	--
94130	Treasure Island	--	--	--	--	--	--
94131	Diamond Heights / Glen Park, Twin Peaks, Inner Sunset	94%	4%	1%	65%	18%	16%
94132	Lakeshore, Ocean View	82%	14%	4%	47%	27%	27%
94133	Russian Hill, North Beach	82%	14%	4%	49%	28%	23%
94134	Visitacion Valley, Excelsior	66%	22%	12%	23%	22%	55%
94158	Mission Bay	--	--	--	--	--	--
-- excluded because of low survey response rate							

## Interpretation and Geographic Equity Analysis

This indicator illustrates residents' perceived safety in their neighborhoods, as measured by responses to the City's annual city survey questions. Residents are asked about their perceived safety both during the day and at night.

In general, perceived safety is highest in the western half of San Francisco and lowest in the eastern half, particularly the southeastern section of San Francisco. The highest percentage of residents reported feeling very safe or safe at both day and night in zipcodes 94127 (West of Twin Peaks/Ocean View), 94114 (Castro/Noe Valley), 94131 (Diamond Heights/Glen Park/Twin Peaks/Inner Sunset). The highest percentage of residents

reported feeling unsafe or very unsafe at both day and night in zipcodes 94102 (Downtown Civic Center), 94124 (Bayview), and 94134 (Visitacion Valley/Excelsior). Although there is not a direct correlation, neighborhoods with high rates of homicide, physical assault, and rape (as illustrated in SC.1 <http://www.SustainableSF.org/indicators/view/79>) are also the neighborhoods likely to be perceived as unsafe or very unsafe by residents.

Although not presented in the table above, the City Survey also provides resident responses by gender and race/ethnicity. Although there was very little difference by gender during the day, females were less likely to feel safe walking around their neighborhood at night compared to males (30.3% of females stated they felt “unsafe” or “very unsafe” at night compared to 21.1% males). In contrast, there was greater difference on feelings of safety at both day and night by race/ethnicity. Whereas 92.9% of Native American Indians and 91.2% of Whites/Caucasians reported feeling “safe” or “very safe” in their neighborhood during the day, only 79% of Asians/Pacific Islanders, 81% of Latinos/Hispanics, 82.8% of Blacks/African Americans, and 83.2% of Mixed Ethnicity/Other reported feeling “safe” or “very safe”. During the night, people of color were more likely to report feeling unsafe or very unsafe than whites (20.1% of Whites/Caucasians vs. 27.5% of Asians/Pacific Islanders, 29.1% of Blacks/African Americans, 30.2% of Mixed Ethnicity/Other, 38.3% of Latinos/Hispanics, and 46.2% of Native American Indians reported feeling “unsafe” or “very unsafe”).

## Data Source

Data from the San Francisco City Survey Report 2011 by the City and County of San Francisco, Office of the Controller. Available at: <http://co.sfgov.org/webreports/details.aspx?id=1343>

Map and table created by San Francisco Department of Public Health, Environmental Health Section using ArcGIS software.

Table data is presented by zipcode. Detailed information regarding census data and other technical notes can be found at the following link: [http://www.sustainablecommunitiesindex.org/data\\_map\\_methods.php](http://www.sustainablecommunitiesindex.org/data_map_methods.php)

## Indicator CC.2.a Voting rates

### Cities

- [San Francisco](#)

**Descriptive Title:** Proportion of registered voters that voted in the November 2010 election

## Why Is This An Indicator Of Health and Sustainability?

People involved in electoral participation were 22% less likely to report poor/fair health.<sup>a</sup> In a study about neighborhood environment, if political engagement was low, people had 52% higher odds of reporting poor health.<sup>b</sup>

## Methods

Data is from the November 2010 elections and were mapped using the voting precinct boundaries for that election. It is important to note that precinct boundaries can change slightly for each election.

## Limitations

Many interrelated factors impact whether individuals register to vote and participate in elections including: educational attainment, gender, income/class, race/ethnicity, family history of voting, age, language spoken, literacy, trust in government, historical denial of the right to vote, access to transportation and childcare, get-out-the-vote mobilization efforts, awareness of candidate and ballot initiatives, clarity (or lack of) ballot initiative language, etc. Individuals without U.S. citizenship, under 18 years of age, and/or currently incarcerated or on parole are denied the right to vote in San Francisco and in the United States generally.

In general, voter turnout for city, county and state elections on non-presidential election years tends to be lower than turnout for presidential elections. The November 2008 election had higher voter turnout (88% in San Francisco) than anytime in the previous forty years (November 2010 turnout was 61% in San Francisco). According to Census research by Pew Research Center, the electorate in the 2008 presidential election was the most racially and ethnically diverse in U.S. history, with nearly one-in-four votes cast by non-whites. The unprecedented diversity of the electorate last year was driven by increases both in the number and in the turnout rates of minority eligible voters. Accessed on April 4, 2012: <http://pewresearch.org/pubs/1209/racial-ethnic-voters-presidential-election>

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## Indicator CC.2.b Volunteerism

### Cities

- [San Francisco](#)

**Descriptive Title:** Volunteering behaviors of San Francisco and California residents 15 years and older

### Why Is This An Indicator Of Health and Sustainability?

Individuals who volunteer have been found to have lower mortality rates, greater functional ability and lower rates of depression later in life compared to those who do not volunteer.<sup>a</sup> One cross-sectional study of 4,000 adults found that there was a significant interaction between volunteering and chronic health conditions on positive affect and resilience.<sup>b</sup>

### Methods

Data is from the US Census Bureau's Current Population Survey. Due to the limited sample size within each individual state and error associated with annual estimates at the state level, the US Census Bureau recommends analyzing CPS data with multiple year samples. Therefore SFDPH used a three year sample – 2008, 2009, and 2010 – to complete the analysis. Data was extracted and manipulated using the Beta Data Ferrett in June 2012.

Volunteers are defined as persons who performed unpaid volunteer activities at any point during the 12-month period, from September 1 of the prior year through the survey week in September of the survey year. Volunteers who answered "yes" to one of the following questions were included in the data above: "Since September 1st of last year, have you done any volunteer activities through or for an organization?" (PES1) and "Sometimes people don't think of activities they do infrequently or activities they do for children's schools or youth organizations as volunteer activities. Since September 1st of last year, (have you/has he/has she) done any of these types of volunteer activities?" (PES2).

Other key indicators included San Francisco County and California (GESTFIPS = 06 AND GTCO = 075) under "Selectable Geographies"; Educational Attainment recoded in 4 categories (PREEDUCA4); Volunteer - Number of organizations (PES3); Volunteer - Annual Hours Volunteered - all orgs. (PRVLHRST); and Volunteer - Type of org. (main org.) (PRS4M1).

Individuals who were "Not in Universe" were excluded from the total population/denominator. Both individuals who answered yes to PES1 and who answered no to PES1 but yes to follow up question PES2 were included in the numerator for each of the calculations, with the exception of average annual hours. Average annual number of hours volunteered at all organizations only includes those individuals who answered yes to the first volunteer question (PES1) and does not include those individuals who answered yes to PES2 but had answered no to PES1.

Data is weighted for all variables using "PWSSWGT", the second stage/final weight used for most tabulations, to control for independent estimates for age, race, sex and origin. More details on weighting are available at: 2010 CPS Voluntary Supplement Data Book: <http://www.census.gov/apsd/techdoc/cps/cpssep11.pdf>.

## Limitations

Data is from the Current Population Survey which represents only a sample of the population, rather than the entire population. The sample surveyed in San Francisco and California may differ from the "true" population of San Franciscans. Like other sample surveys, CPS may not have sampled all segments of the population, respondents may have been unable or unwilling to provide correct information, and there may have been errors in data collection and processing.

The questions asked by CPS allow for some subjective interpretation/classification that may have varied from respondent to respondent. For example, individuals may have categorized an immigrant/refugee assistance organization or a children's educational group as a social and community service group. This may lead to a misclassification and under-reporting of certain types of organizations and over-reporting of others.

The CPS does not attempt to capture "informal volunteering" (such as giving a ride or mowing your neighbor's yard when they are unable to). Many individuals may informally volunteer with their neighbors and other community members, but because they do not volunteer through or in an organization, that effort is not captured in the CPS.

History has demonstrated that volunteering and giving can increase significantly following natural and major disasters, such as Hurricane Katrina and the 9/11/01 New York World Trade Center explosions. Although there can be spikes in the number of volunteers and donations following a disaster or emergency situation, the

Corporation for National and Community Service reports that disasters do not typically impact volunteer rates overall ([www.vaservice.org/uploads/word/volunteer\\_report\\_faq.doc](http://www.vaservice.org/uploads/word/volunteer_report_faq.doc)).

Data includes the non-institutionalized civilian population, so excludes individuals in institutions such as correctional facilities and nursing homes. Institutionalized individuals may be encouraged or required to do unpaid activities within their institution that may benefit others/society, however this time is not accounted for in the CPS data.

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## Indicator CC.2.c Public meeting attendance

### Cities

- [San Francisco](#)

**Descriptive Title:** Public meeting attendance by San Francisco and California residents

### Why Is This An Indicator Of Health and Sustainability?

- Group membership and political participation is associated with improved human health outcomes. For example, for one standard deviation increase in group membership in a community, mortality was illustrated to decrease by 83.2 individuals per 100,000.<sup>a</sup> In another study of neighborhood environment, if political engagement was low, people had 52% higher odds of reporting poor health.<sup>b</sup> Another study highlighted that people who were involved in electoral participation are 22% less likely to report poor/fair health.<sup>c</sup>
- Public participation in policy and the political process can have diverse impacts on the social and environmental conditions that affect health.<sup>d</sup> Examples include community and political organizing to prevent a power plant from opening<sup>e</sup> and efforts to impose limits on the hog industry<sup>f</sup>, and increasing access to abortion services.<sup>g</sup>

### Methods

Data is from the US Census Bureau's Current Population Survey. Due to the limited sample size within each individual state and error associated with annual estimates at the state level, the US Census Bureau recommends analyzing CPS data with multiple year samples. Therefore SFDPH used a three year sample – 2008, 2009, and 2010 – to complete the analysis. Data was extracted and manipulated using the Beta Data Ferrett in June 2012.

The Meeting Attendance variable (PES17) is from the September CPS Volunteer Supplement Survey of each year (2008-2010), which asks "Since September 1st, [of previous year], have you attended any public meetings in which there was discussion of community affairs?" Other key indicators included San Francisco County and California (GESTFIPS = 06 AND GTCO = 075) under "Selectable Geographies"; Educational Attainment recoded in 4 categories (PREEDUCA4); Demographics-Sex (PESEX); Earnings – Union member, y/n (PEERNLAB); Household – own/rent living quarters (HETENURE); Demographics – age topcoded at 85, 90 or 80 (PRTAGE); and Demographics – United States citizenship group (PRCITSHIP).

Individuals who were “Not in the Universe” were excluded from the total population/denominator. Data is weighted for all variables using "PWSSWGT", the second stage/final weight used for most tabulations, to control for independent estimates for age, race, sex and origin. More details on weighting are available at: 2010 CPS Voluntary Supplement Data Book: <http://www.census.gov/apsd/techdoc/cps/cpssep11.pdf>.

## Limitations

Data is from the Current Population Survey which represents only a sample of the population, rather than the entire population. The sample surveyed in San Francisco and California may differ from the “true” population of San Franciscans. Like other sample surveys, CPS may not have sampled all segments of the population, respondents may have been unable or unwilling to provide correct information, and there may have been errors in data collection and processing.

The questions asked by CPS allow for some subjective interpretation/classification that may have varied from respondent to respondent. For example, individuals may have different interpretations of what is a public meeting. Additionally, the question asks about participation in the past year, but there may be some differences in individuals recall memories over the entire past year.

Attendance at public meetings is just one method for informing public decision-making. For example, individuals may be very politically active in organizations, may regularly meet with or contact their elected officials, may be very vocal in media and communications activities, or may be involved in organizing others to inform decision-making. However, this indicator solely assesses attendance at public meetings.

Relatedly, attendance at public meetings does not necessarily reflect participation in public meetings. Some public meetings may solely provide opportunities for residents to become more informed about policies, but not offer space or time for residents to express their opinions about those policies. Even if time is made available for public opinion/statements, participation in public meetings may vary based on various factors like power, education, languages spoken, understanding of the political process, etc.

Data includes the non-institutionalized civilian population, so excludes individuals in institutions such as correctional facilities and nursing homes. Given their status, institutionalized individuals are unlikely to participate in public meetings held outside of their institution held for the general public.

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