

## Human Health

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### Introduction

The Ottawa Charter for Health Promotion defines the fundamental conditions and resources for health as "peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity." This vantage point expresses the unavoidable connections between all aspects of society and the natural world.

In order to focus this broad understanding toward creating social change that leads to a healthy urban environment, this section focuses primarily on those aspects of the environment that can directly lead to improvement in people's physical, mental and emotional well-being. This goal depends on social and environmental change that leads to better health. It may be pursued by reducing negative aspects of life, such as violence, drug abuse, disease, and pollution; and by increasing attributes that lead to health, such as personal responsibility, appropriate medical care, and access to green spaces and fresh, organically grown food. Clean air for exercise, physical education, and recreational opportunities all have a role to play. (Please see the Air Quality, Energy, and Transportation sections for further discussion of clean air.) While the issue of homelessness is beyond the defined scope of this planning effort, it is recognized that this condition has an important impact on human health, and should be addressed in a plan independent of this document.

To achieve a sustainable society, environmental, cultural, and institutional barriers to good health must be removed and appropriate health care services must be equitably distributed throughout the city. A primary value underlying these goals is that no individual or group should bear a disproportionate health burden or abridge another group's health. Care-providers themselves should reflect the diversity of San Francisco, and the types of care available should include therapies that reflect the diverse traditions of the community. This approach will insure an environment for health and care of illness that is appropriate to the human spirit as well as the human body.

Perhaps most importantly, public awareness must be increased about resources, rights and responsibilities related to health maintenance. Health professionals and educators must provide the information and motivation that can help people take more responsibility for their own health. Insurers must provide the economic context that makes it possible for people to secure preventative guidance. The focus of achieving public health should shift very strongly to prevention, while maintaining and improving the remediation services that will be needed during and after the long transition toward a more healthful society.

The following goals, objectives and actions address some of the factors that have an impact on human health. Since "human health" is a topic of very wide scope, the intention in this section is to highlight the connection between human health and the health of the environment. A collaboration between environmentalists and health professionals is critical to the implementation of this plan.

Many of the data on existing conditions and the objectives proposed in the following material came from the federal government's health-promotion report, Healthy People 2000. However, some of the specifics of this plan have not been researched for the local area, and objectives are based on the best judgment of the group drafting this section. References noted in the text follow the matrix. Numbers for which references are not given, (which have been cited to the nearest digit) come from San Francisco SB 697 Community Needs Assessment, the Indicator Data Report [ref 4].

### Sustainability Strategy

GOALS		
<p>To minimize environmental factors that create health risks and illnesses.</p> <p>To promote personal and community responsibility in maintaining a healthy lifestyle in both public and private arenas that minimizes damage to non-human parts of the ecosystem.</p> <p>To promote adequate health care access for all.</p> <p>To create an environment for community members which maximizes their physical, spiritual, mental, and emotional health and well-being.</p> <p>To ensure broad access to family planning information and techniques, which not only maintains the integrity of individual families but protects the environment through minimized human population numbers.</p>		
LONG-TERM OBJECTIVES TO REACH SUSTAINABILITY	OBJECTIVES FOR THE YEAR 2002 (5-year plan)	ACTIONS
<b>1. Access to Health Care</b>		
<p>1-A. Language barriers to health-care access have been minimized.</p> <p>1-B. Cultural barriers to health-care access have been minimized.</p> <p>1-C. Transportation barriers to health care access have been minimized.</p> <p>1-D. Access to alternative forms of medical treatment, such as acupuncture, nutritional therapy, chiropractic, traditional Chinese medicine, herbal medicine and other traditional treatments exists for all community members.</p> <p>1-E. Health care resources and providers are equitably distributed throughout the City.</p>	<p>1-1. The number of signs in multiple languages at city health facilities has increased.</p> <p>1-2. A diverse population of health-care professionals that reflects the community they serve has been recruited.</p> <p>1-3. Financial barriers to clinical preventive services have been eliminated (through improvements in financing and delivery of screening, counseling, and immunization services).</p> <p>1-4. Access to mental health services has been improved:</p> <ul style="list-style-type: none"> <li>• Publicly-funded hospital days for mental illness has been reduced to 210 days per 1,000 persons.</li> <li>• No less than 15% of persons eligible for public mental health services receive non-hospital services.</li> <li>• The rate of involuntary detentions of mentally ill persons in danger to self or others or gravely disabled will not exceed 12 detentions per 1,000 persons.</li> </ul> <p>1-5. The proportion of all pregnant women who</p>	<p>1-a. Establish an ongoing, neighborhood-based health "circle" (incorporating the views of all interested local residents, non-governmental organizations, public agencies, and businesses) to identify significant health problems, prescribe corrective measures, and set up a timetable for achieving goals.</p> <p>1-b. Ensure that health care providers reflect the population served by:</p> <ul style="list-style-type: none"> <li>• Increasing internship opportunities at health care facilities, in recruitment and in hiring; and</li> <li>• Establishing hiring policies that result in staffs that reflect the population served. <i>(Suggested for health-care providers)</i></li> </ul> <p>1-c. Expand education about and respect for nuances of diverse cultural practices, customs, and beliefs. <i>(Suggested for health-care providers)</i></p> <p>1-d. Provide interpreters and public information material in different languages. <i>(Suggested for health care providers and</i></p>

<p>City.</p> <p>1-F. The number of uninsured has been decreased to zero.</p>	<p>1-5. The proportion of all pregnant women who receive prenatal care in the first trimester has increased to 90%. (SF = 79; CA 75)</p> <p>1-6. The proportion of low-birth-weight infants has been reduced to no more than 5% of live births. (SF = 7, CA = 6)</p> <p>1-7. Infant mortality in all segments of the community has been reduced to no more than 7 per 1000 live births. (SF = 7, with a range of 5-16) (The conditions described in items 1-6 and 1-7 are usually the result of inadequate prenatal care.)</p> <p>1-8. At least 80% of Medi-Cal and low-income (up to 200% of poverty) children receive periodic "well" exams as defined by Federal/State Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines.</p> <p>1-9. Access to alternative forms of medical treatment has been greatly increased.</p>	<p><i>public educators</i>)</p> <p>1-e. Provide public advocacy and ombudsman services for those who do not have access to such services.</p> <p>1-f. Enforce the standards set out in the Americans with Disabilities Act for building accessibility at health-care facilities.</p> <p>1-g. Publish pamphlets of all existing medical transportation services, rates, and time-schedules, including Muni wheelchair routes and time schedules.</p> <p>1-h. Expand coverage of alternative medical options. <i>(Suggested for providers of employee health insurance programs)</i></p> <p>1-i. Provide a minimum "safety net" for under-insured and uninsured residents of San Francisco.</p> <p>1-j. Provide fair access to medical equipment for all San Franciscans through low-cost rental services.</p> <p>1-k. Prescribe low-cost, generic drugs for all San Franciscans. <i>(Suggested for health care providers.)</i></p> <p>1-l. Create and distribute a multi-lingual directory of available health care resources and low-cost medical equipment rental programs.</p> <p>1-m. Create a reuse program for medical equipment, infant car seats, and other reusable medical products.</p>
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**2. Illness Prevention and Wellness**

<p>2-A. A broadly accepted preventative-health-promoting ethic has minimized the need for remedial health care.</p>	<p>2.1 The proportion of schools with preventive health-care training has increased, specifically:</p> <ul style="list-style-type: none"> <li>• Elementary and secondary schools that provide planned and sequential in kindergarten through 12th grade quality school health education.</li> <li>• Post-secondary institutions with institution-wide health promotion programs for students, faculty, and staff.</li> </ul> <p>2-2. Hospitalizations due to asthma have been reduced to no more than 160 per 100,000 people. (SF = 178) (Asthma itself is not generally preventable, but with proper care, hospitalization is rarely necessary.)</p> <p>2-3. Basic immunization among children under two years of age has increased to at least 90%. (SF = 49%; CA = 49%)</p> <p>2-4. The number of births to adolescents has been reduced in all segments of San Francisco's population to no more than 50 per 1,000 adolescents. (SF: Range is from 11 to 94 depending on year and ethnic/racial group.)</p>	<p>2-a. Establish more diagnostic testing clinics, public education campaigns, and "healthy neighborhood" fairs, for all the City's communities.</p> <p>2-b. Administer a health census to randomly measure the self-reported health status of 500,000 people.</p> <p>2-c. Educate the community on disease-prevention and wellness-promotion practices.</p> <p>2-d. Offer and promote preventive health classes, programs and practices for members and non-members. <i>(Suggested for health insurance companies and health-maintenance organizations)</i></p> <p>2-e. Increase access to educational programs addressing nutrition, exercise, and stress by extending program hours, providing more classes in more neighborhoods, increasing the safety of facilities, and increasing the diversity of programs.</p> <p>2-f. Prevent falls among seniors through education of medical providers, senior</p>
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	<p>2-5. There is a greater understanding among local government, residents, non-governmental organizations and businesses about the new medical field of clinical ecology, which seeks to reduce or eliminate food allergies and chemical sensitivities (particularly common among urban residents) that are specifically linked to chemical pollution, degradation of food and increased environmental stresses.</p>	<p>agencies and seniors themselves on ways to make the home safer.  2-g. Set up an incentive program for vaccinations.  2-h. Expand the capacity and services of family shelters.  2-i. Expand the amount of readily accessible family planning education and support.  2-j. Educate health care providers on environmental protection and the environmental causes of illnesses.</p>
<p><b>Infectious Disease</b>  2-B. The incidence of communicable diseases caused by environmental factors has been minimized.</p>	<p>2-6. Reduce Viral Hepatitis A to 16.1 per 100,000 people. (SF = 293; SF rate is very high and related to a great extent to large numbers of people with HIV and related illnesses.)  2-7. Reduce Viral Hepatitis B to 6 per 100,000 people. (SF = 71)  2-8. Reduce the number of new cases of tuberculosis by 5% annually, or 30 per 100,000 people (by year 2000). (SF: 1993 = 47; CA = 17)  2-9. New AIDS cases have been reduced to 40 per 100,000 people. (SF: 1993-4 = 210; 1994-5 = 131)  2-10. Reduce the incidence of new cases of AIDS.  2-11. Reduce gonorrhea to an incidence of no more than 100 cases per 100,000 people. (SF = 229)  2-12. Chlamydia incidence has been reduced to 170 cases per 100,000 people. (SF = 298)  2-13. Syphilis incidence has been reduced:</p> <ul style="list-style-type: none"> <li>• Noncongenital (adult symptomatic) syphilis infections to no more than 10 per 100,000 people.</li> <li>• Congenital syphilis to zero.</li> </ul>	<p>2-k. Establish ongoing, neighborhood-based health circles to identify salient problems, prescribe corrective measures, and set up timetables for achieving goals, incorporating advice from all interested local residents, non-governmental organizations, public agencies, and businesses.</p>
<p><b>Food and Nutrition</b>  2-C. Urban agriculture is widespread and uses only organic techniques.  2-D. Produce purchased by government, institutions, schools, restaurants, and all food-related establishments is all organically grown:</p> <ul style="list-style-type: none"> <li>• 50% regionally produced, and</li> <li>• At least 45% from other California sources.</li> </ul>	<p>2-14. The number of people using locally grown organic food has increased by 10%.  2-15. Acreage in San Francisco managed by urban land trusts has increased.  2-16. Dietary intake for San Franciscans has increased to 5 or more daily servings for vegetables and fruits.  2-17. Iron deficiency among children has been reduced to less than 3%  2-18. Breast-feeding has increased: *  To at least 75% of mothers for those who breast-feed their babies in the early postpartum period, and</p> <ul style="list-style-type: none"> <li>• To at least 50% of mothers for those who continue breast-feeding until their babies are 5-6 months old.</li> </ul> <p>2-19. The proportion of parents who use feeding practices that prevent baby bottle tooth decay has increased to at least 75%. *</p>	<p>2-l. See community garden actions in the <i>Food and Agriculture</i> section.  2-m. Increase community garden space and accessibility to space.  2-n. Establish educational programs explaining the benefits of:</p> <ul style="list-style-type: none"> <li>• Participation in urban farming,</li> <li>• Using undeveloped urban land for agriculture, and</li> <li>• Improving the soil using organic amendments.</li> </ul> <p>2-o. Improve San Francisco school lunches to:</p> <ul style="list-style-type: none"> <li>• Increase their nutritional value with higher vitamin and fiber content from food choices, and higher mineral content by</li> </ul>

	<p>has increased to at least 75%. *</p> <p>* [Data for these objectives is currently available for low-income people only.]</p>	<ul style="list-style-type: none"> <li>• organic growing, and</li> <li>• Decrease the amount of residual pesticides on food.</li> </ul> <p>2-p. Develop techniques for cleaning contaminated property to levels safe for community gardening.</p> <p>2-q. Establish an audit to determine the accessibility of open space and community garden space. Establish an action plan for increasing accessibility to open and community garden space.</p> <p>2-r. Promote exercise to reduce ill health and promote a healthier lifestyle.</p>
<p><b>Preventable, Degenerative Diseases</b></p> <p>2-E. Deaths due to preventable, degenerative diseases have been minimized.</p>	<p>2-17. Diabetes-related hospitalizations have been reduced to less than 8,500 per 100,000 persons. (SF = 9,010; CA = 9,017, est.)</p> <p>2-18. Diabetes-related deaths have been reduced to no more than 34 per 100,000 persons. (SF = 72, est.)</p> <p>2-19. Deaths due to coronary heart disease have been reduced to no more than 100 per 100,000. (SF = 107; CA = 107)</p> <p>2-20. Stroke deaths have been reduced to no more than 20 per 100,000 people. (SF = 30; CA = 27)</p> <p>2-21. The incidence of death due to chronic obstructive pulmonary disease has been reduced to 25 per 100,000. (SF = 32)</p> <p>2-22. The rate of cancer deaths has been reduced to no more than 130 per 100,000. (SF = 167; CA = 162)</p> <p>2-23. The incidence of newly diagnosed cancer cases has been reduced to 350 per 100,000. (SF = 449; CA = 380)</p>	<p>2-s. Increase screening and early detection for preventable degenerative diseases.</p> <p>2-t. Increase public education on the value of calcium in the diet.</p> <p>2-u. Expand programs to encourage walking and discourage driving.</p>
<p><b>Mental health</b></p> <p>2-F. Unhealthy mental conditions that are preventable or curable have been minimized.</p>	<p>2-24. Suicide deaths have been reduced to 11 per 100,000 people. (SF = 16; CA = 11)</p>	<p>2-v. Expand suicide hot-line hours and the number of counselors available.</p> <p>2-w. Include workplace-related stress in surveys of the health of San Franciscans. <i>(Suggested for managers of the City of San Francisco Health Census)</i></p> <p>2-x. Initiate a study on:</p> <ul style="list-style-type: none"> <li>• The nature and causes of stress to San Franciscans, and</li> <li>• The reasons people may not take steps to reduce or control their stress.</li> </ul> <p>2-y. Decrease job-related stress by:</p> <ul style="list-style-type: none"> <li>• Improving working conditions (including well-lit, well-ventilated, ergonomically designed workplaces, and work-breaks)</li> <li>• Encouraging "mental health"</li> </ul>

		<p>days, and</p> <ul style="list-style-type: none"> <li>• Offering employers incentives to provide stress-management classes.</li> </ul> <p>2-z. Establish more sex education and self-esteem programs for youths.  2-aa. Increase access to more interpersonal skill training.  2-bb. Provide better access to volunteer opportunities more closely tied to the community, using outreach mechanisms such as volunteer fairs.  2-cc. Establish more affordable individual and group counseling programs.  2-dd. Provide public education to de-stigmatize mental health problems and treatment.</p>
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**3. Environmental Factors**

<p>3-A. Injury and illness due to environmental factors in all neighborhoods has been reduced to zero.  3-B. Air, water and soil pollution are negligible. [For additional information, please see the <i>Air Quality, Water and Wastewater</i>, and <i>Hazardous Materials</i> sections.]  3-C. San Francisco parks and recreational facilities are safe and attractive.  3-D. Stress and ill-health caused by particulants produced by industry have been minimized.  3-E. Hazardous waste sites have been cleaned up and new discharges eliminated.</p>	<p>3-1. Historical and existing environmental contamination has been identified.  3.2 Children's risk from environmental lead has been reduced:</p> <ul style="list-style-type: none"> <li>• The prevalence of blood lead levels exceeding 15 micrograms per deciliter and 25 micrograms per deciliter among children aged 6 months to 5 years has been reduced to no more than 500,000 and zero, respectively.</li> <li>• High-risk lead-exposure neighborhoods and populations have been identified.</li> <li>• The number of children aged 6 months to 5 years receiving lead screening and counseling within high-risk neighborhoods and populations has increased.</li> </ul> <p>3-3. The percentage of children who have blood levels of lead greater than 15 micrograms per deciliter has been reduced to zero. (SF = 4%)  3-4. San Francisco's score on the report card issued by Coleman Advocates for Youth has been increased from C- (1996) to B or better. (The report card is an assessment of conditions in 45 of the City's 150 parks.)</p>	<p>3-a. Ensure that there is a current assessment of all contaminated sites in the city.  3-b. Establish a database of information related to contaminated areas city-wide.  3-c. Increase public and private community awareness of the need for recycling and reduction of toxics use in the home.  3-d. Increase the priority given to public health consequences over economic impact in decisions on the use and disposal of chemicals.  3-e. Minimize local use of industrial chemicals, and encourage use of non-toxic biodegradable alternatives.  3-f. Decrease pollutants causing respiratory ailments.  3-g. Compile information on the health impacts of:</p> <ul style="list-style-type: none"> <li>• Routine, repeated, low-level exposure to toxic chemicals over time, and</li> <li>• Interacting industrial chemicals and air pollution on immune functions in residents and workers subject to multiple exposures.</li> </ul> <p>3-h. Conduct a survey of the health levels in various areas of the City; analyze the data to determine which environmental factors may contribute to the outcome.  3-i. Expand the number of household hazardous-waste collection days.</p>
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		<p>3-j. Route commercial vehicles and trucks carrying hazardous materials away from neighborhoods.</p> <p>3-k. Increase the amount of green space in San Francisco.</p> <p>3-l. Increase access to community centers and after-school programs.</p> <p>3-m. Identify measures and resources to maximize environmental clean-up and restoration.</p>
<p><b>Public Sanitation</b></p> <p>3-F. Public sanitation standards have increased beyond state and federal standards.</p>	<p>3-5. The number of garbage containers stored outside which can create unsanitary conditions has been reduced by 50%.</p> <p>3-6. The number of citizen complaints regarding rodents has been reduced by 40% from 721 to 431 per year. (1995 data)</p>	<p>3-n. Find solutions to the illegal placement of garbage containers. <i>(Suggested for businesses and enforcement agencies)</i></p> <p>3-o. Store garbage and dispose of food waste properly to reduce the number of rodents in sewers. <i>(Suggested for businesses)</i></p>
<p><b>Noise</b></p> <p>3-G. The environment is sufficiently quiet that human health and the quality of life are not impaired.</p>	<p>3-7. The mean Muni motor-coach fleet noise level has been reduced by 5 dB.</p> <p>3-8. Noise complaints have been reduced by 25%.</p>	<p>3-p. Enforce noise emission standards for vehicles.</p> <p>3-q. Limit City purchase of vehicles to models with the lowest noise emissions; reduce unnecessary noise on Muni and BART vehicles.</p> <p>3-r. Increase by 10% the number of electrically powered vehicles.</p> <p>3-s. Improve the existing community noise regulation and enforcement program.</p> <p>3-t. Update the existing noise control ordinance and coordinate enforcement procedures between the Health, Police, Building, and Public Works Departments.</p> <p>3-u. Examine ways of reducing noise nuisance from car alarms.</p>
<p><b>Vehicles</b></p> <p>3-H. Accidents, injury and pollution due to vehicles have decreased to very low levels.</p> <p>3-I. The number of private vehicles has been minimized, and viable, dependable alternative methods of transportation are available to all.</p>	<p>3-9. Deaths caused by motor vehicle crashes are reduced (from 8 per 100,000 people).</p> <p>3-10. Hospitalization of pedestrians due to injuries by motor vehicles has been reduced by 20% (to 38 per 100,000).</p> <p>3-11. The number of vehicles in violation of the State Motor Vehicle Code has been reduced by 25%.</p>	<p>3-v. Increase traffic signs or signals on neighborhood streets, and install more cameras to catch red-light runners.</p> <p>3-w. Utilize more traffic-calming mechanisms, such as speed bumps, and expand the posting of speed-limit signs in all neighborhoods.</p> <p>3-x. Increase the availability of public transportation and increase facilities for bicycle use within the city.</p> <p>3-y. Decrease air pollution by automobiles and other toxic emissions.</p>
<p><b>Unintentional Injuries</b></p> <p>3-J. Unintentional injuries have been minimized.</p>	<p>3-12. Deaths due to unintentional injuries have decreased to 29 per 100,000 people. (SF = 33; CA = 28)</p> <p>3-13. Non-fatal hospitalizations due to unintentional injuries have been reduced to less than 650 per 100,000 persons.</p> <p>3-14. Deaths from falls and fall-related injuries have been reduced to no more than 2 per 100,000 people. (SF = 11, est.)</p>	<p>3-z. Reduce pedestrian injury through law enforcement, public education, city planning and intersection design (such as timing of lights) to make crosswalks safer.</p>

	3-15. Hospitalizations due to injuries from falls have been reduced to 315 per 100,000 people. (SF = 351, est.; goal signifies a 10% reduction)	
<b>4. Substance Abuse and Violence</b>		
<b>Substance Abuse</b> 4-A. Injury and death due to substance abuse is virtually zero. 4-B. The rate of lung cancer deaths has been reduced to no more than 42 per 100,000. (Incidence [not mortality] for SF = 82; CA = 77)	4-1. The prevalence of smoking among adults has been reduced to no more than 15% of the population. (SF = 21; CA = 20)	4-1-a. Provide smoking cessation services to the diverse populations of San Francisco through direct service and promotion of a statewide smokers' help-line in six languages. 4-1-b. Adopt policies that prohibit sponsorship of events by the tobacco industry, including art-museum and performing arts exhibits.
	4-2. Smoking by teens has been reduced: <ul style="list-style-type: none"> <li>Teens' smoking has been reduced to 5% of the population.</li> <li>Teens' susceptibility to take up smoking has been reduced to 38%.</li> <li>Tobacco purchases by youths have been reduced to 20%.</li> </ul>	4-2-a. Prohibit tobacco self-service displays and require vendor-assisted sales only. 4-2-b. Establish a local tobacco license, revocable if the retailer sells to minors.
	4-3. Exposure to environmental tobacco has been reduced: <ul style="list-style-type: none"> <li>The percentage of the population exposed to environmental tobacco smoke at work has been reduced to less than 5% (excluding bars).</li> <li>The percentage of children exposed to smoke at home has been reduced to 30%.</li> </ul>	4-3-a. Actively enforce Labor Code 6404.5 and Article 19F which prohibit smoking in workplaces, including restaurants. 4-3-b. Pass and enforce a local ordinance prohibiting smoking in bars to protect bar workers from environmental tobacco smoke if the state law does not go into effect on January 1, 1997. 4-3-c. Educate parents on the health effects of environmental tobacco smoke on children.
	4-4. The average number of tobacco ads at point-of-purchase in retail stores has been reduced by 25% (from 24 to 18 ads per store). [ref. 1]	4-4-a. Prohibit outdoor and point-of-purchase advertising of tobacco and alcohol products within 2,000 feet of schools and playgrounds. 4-4-b. Actively enforce current laws regarding signs that: <ul style="list-style-type: none"> <li>Prohibit more than one-third a window's area to be covered by signs;</li> <li>Prohibit more than one banner sign;</li> </ul> 4-4-c. Require a police department sidewalk encroachment permit for sandwich-board signs. 4-4-d. Increase the number of advertisements <i>against</i> tobacco and drug

		use.
	<p>4-5. Substance abuse-related deaths have been reduced:</p> <ul style="list-style-type: none"> <li>To no more than 16 per 100,000 drug-caused deaths.</li> <li>Homeless deaths due to substance abuse (drugs and/or alcohol) have been reduced 25% to 54 annual deaths.</li> </ul> <p>4-6. Annual drug abuse-related hospital emergency department visits have been reduced by 20%:</p> <ul style="list-style-type: none"> <li>Heroin (from 2,133 to 1,706);</li> <li>Speed (from 593 to 474);</li> <li>Cocaine (from 1,155 to 924).</li> </ul> <p>4-7. Alcohol-related motor vehicle deaths and injuries have been reduced by 20%.</p> <p>4-8. Injuries caused by alcohol-related motor vehicle crashes have been reduced to no more than 100 per 100,000 people. (SF: 1988-93 average = 127)</p> <p>4-9. The number of people on waiting lists for publicly-funded substance abuse treatment services has been reduced by 60%.</p> <p>4-10. The proportion of young people who have used alcohol, marijuana, and cocaine in the past month has been reduced.</p> <ul style="list-style-type: none"> <li>Alcohol/aged 12-17: 12.6%</li> <li>Alcohol/aged 18-20: 29%</li> <li>Marijuana/aged 18-20: 7.8%</li> <li>Cocaine/aged 18-25: 2.3%.</li> </ul>	<p>4-e. Provide lab analysis of street drugs from anonymous users to test injectable drugs for toxicity to prevent unintentional poisonings among substance abusers.</p>
<p><b>Violence</b> 4-C. The incidence of death and injury due to violence has been reduced to zero.</p>	<p>4-11. Homicides have been reduced by 5% annually.</p> <p>4-12. Homicides among black men aged 15-34 have been reduced to 72.4 per 100,000.</p> <p>4-13. Aggravated assaults have been reduced to less than 550 per 100,000 people. (SF: 1993 = 600, 1989 = 644; CA: 1993 = 611, 1989 = 600.)</p> <p>4-14. The percentage of battered women and children who are turned away from shelter for lack of space has been reduced by 5% annually.</p> <p>4-15. The incidence of maltreatment of children younger than age 18 has been reduced to less than 25.2 per 1,000 children.</p> <p>4-16. Elder abuse has been reduced by 25%. (Difficult to measure, but approximately 900 reports per year)</p> <p>4-17. The incidence of robberies has been reduced to less than 700 per 100,000 people. (SF: 1993 = 1,140, 1989 = 694; CA: 1993 = 398, 1989 = 355)</p>	<p>4-f. Set policies and implement strategies that increase the constructive use of entertainment media to de-glamorize violence and promote nonviolent social norms.</p> <p>4-g. Establish a public-education campaign on the effects of institutional and cultural racism within the communities of San Francisco. [ref. 3]</p> <p>4-h. Create a climate of social change that makes violence unacceptable behavior by:</p> <ul style="list-style-type: none"> <li>Including violence-related topics in public and professional education and</li> <li>Including violence as a public health issue addressed by the Public Health Department. [ref.</li> </ul>

	<p>4-18. Rape and attempted rape of women aged 12 and older has been reduced to no more than 108 per 100,000.</p> <p>4-19. The rate of hospitalizations due to self-inflicted injury has been reduced to 51 per 100,000 people. (SF = 57, est.)</p> <p>4-20. The incidence of weapon-carrying by adolescents aged 14 - 17 has been reduced by 20%. (SF = 19%)</p> <p>4-21. Robberies have been reduced to less than 700 per 100,000 people. (SF: 1993 = 1140, 1989 = 694; CA: 1993 = 398, 1989 = 335)</p>	<p>Public Health Department. [ref. 3]</p> <p>4-i. Increase employment opportunities and address other core problems associated with violence. [ref. 3]</p> <p>4-j. Initiate a media campaign addressing sexist, racist and violent imagery. [ref. 3]</p> <p>4-k. Enact local ordinances that restrict gun sales and transfer related revenue to public health purposes.</p> <p>4-l. Advocate for state and federal legislation that taxes gun sales and uses a percentage of the taxes for violence-prevention projects. [ref. 3]</p> <p>4-m. Advocate on a national level for an increase in gun control.</p> <p>4-n. Increase education programs on the causes and prevention of violence.</p>
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**References**

1. Operation Storefront Data = 1995, (California Department of Health Services, Tobacco Control Section, 1995) [Call The Department of Public Health at 554-9151 for a copy of this report]
2. Tobacco Use in California: Regional vs. State Level Changes, 1990-1993, San Francisco County (University of California, San Diego)
3. African American Task Force, Year 2000 Health Promotion Objectives and Recommendations for California (1992). [Call The Department of Public Health at 554-2741 for a copy of this report]
4. San Francisco SB 697 Community Needs Assessment, The Indicator Data Report (City of San Francisco, 1996).