

# Black/African American Health Initiative Health Data and Health Action

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Data drawn from SFHIP CHNA, Our Children Our Families Council, SFUSD

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# The Black/African American Health Initiative (BAAHI)

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## **2014 BAAHI Charter:**

**PHD and SFHN** agree to work together to improve the health of the African American residents of San Francisco, focusing on 4 health indicators. Two additional workforce factors were soon added.



Heart Health

Behavioral Health

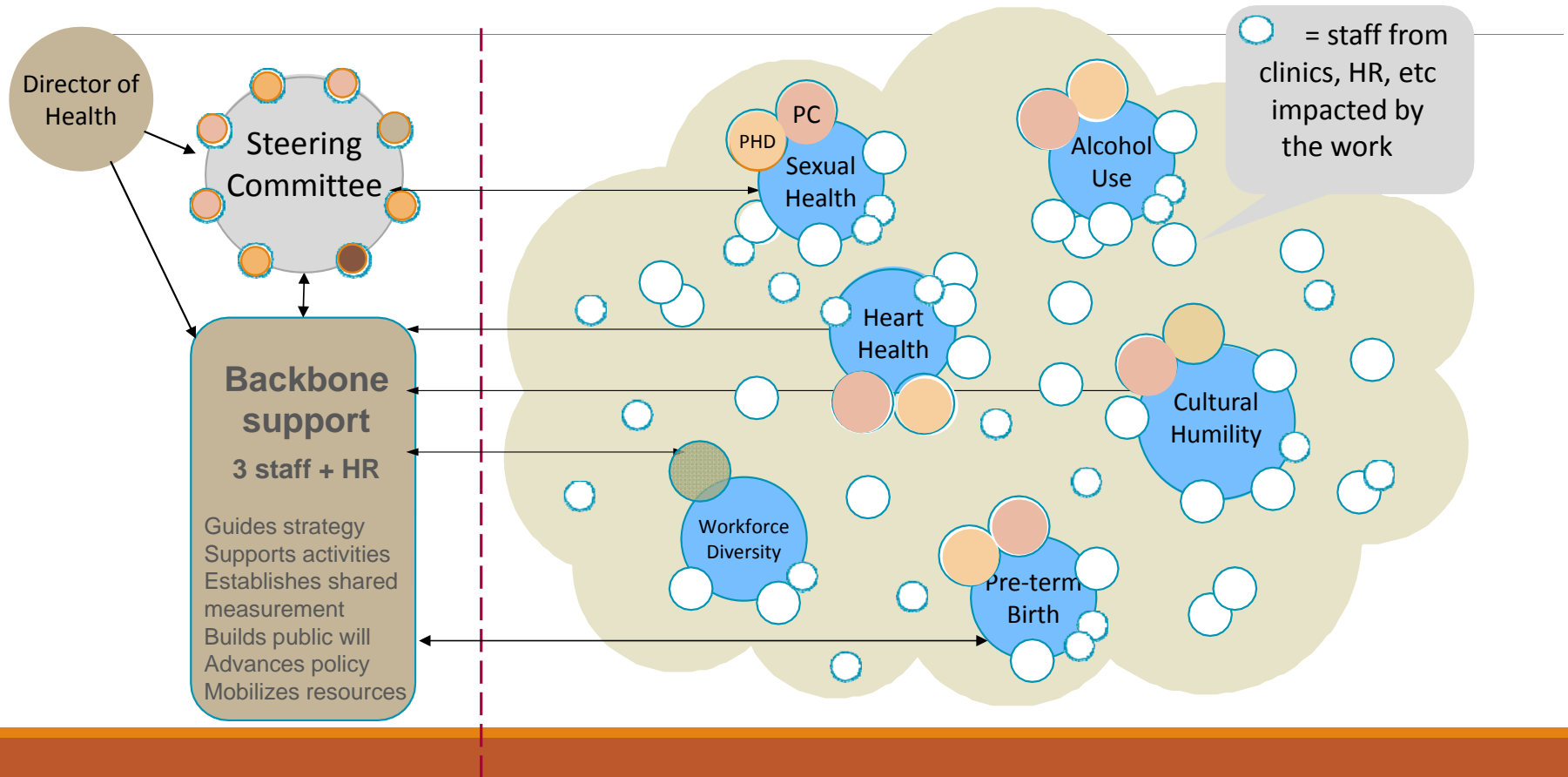
Women's Health

Sexual Health

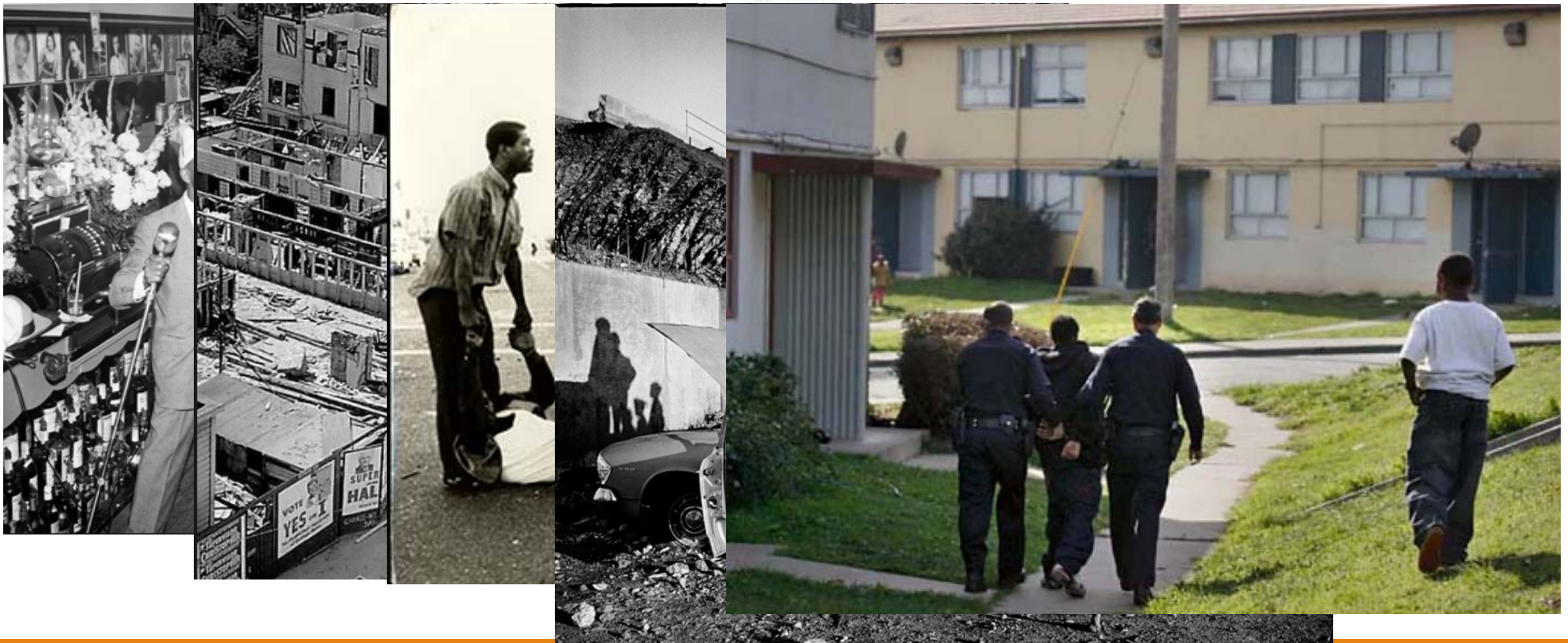
Cultural Humility

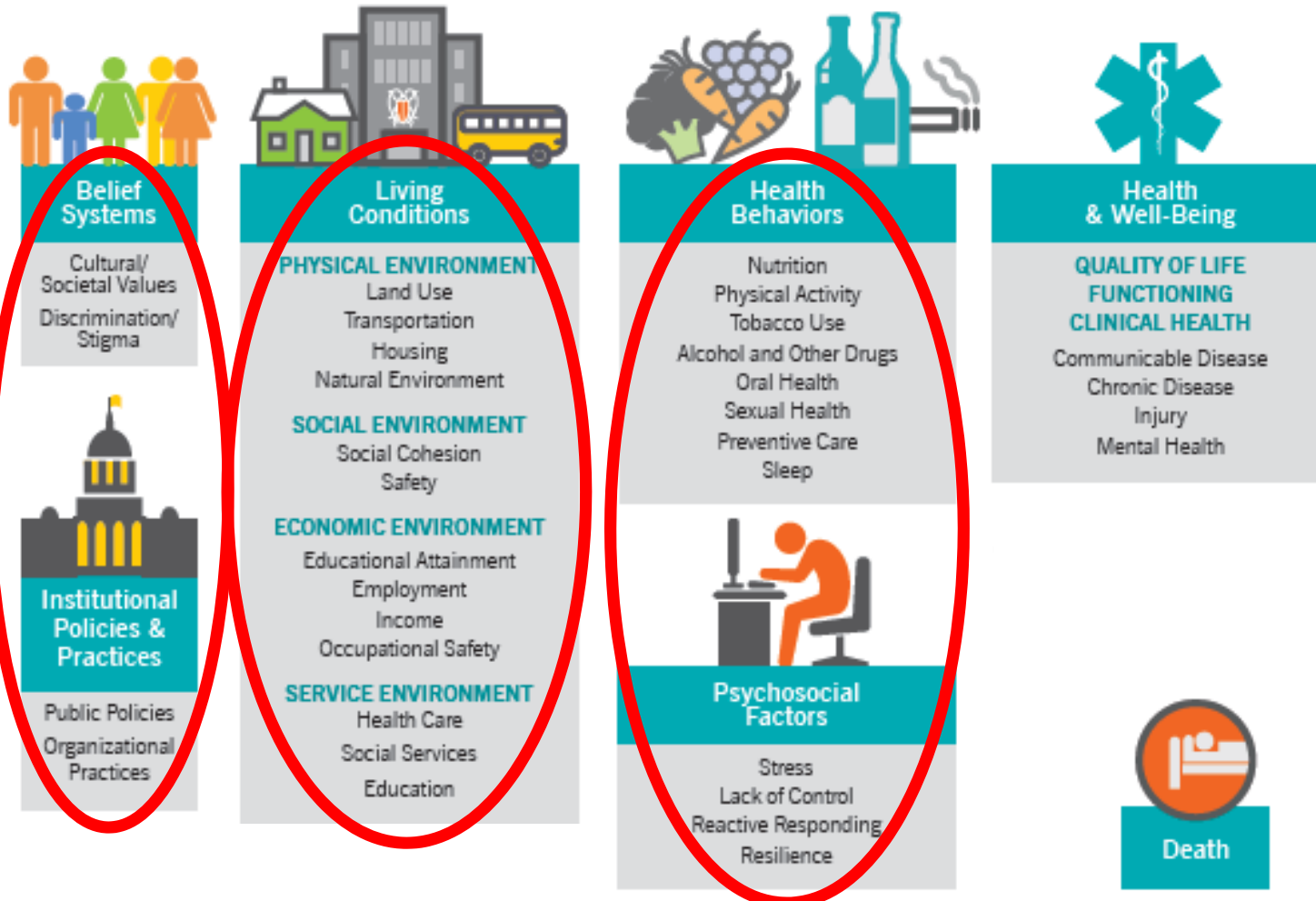
Workforce Development

# BAAHI Structure



# What happened to our Black/African American communities?





## What's "Upstream"

Belief Systems = Racism

Institutional Policies =  
Mass incarceration +  
housing policy exclusions

Living Conditions =  
Public housing and  
homelessness

Health Behaviors =  
Substance use

Psychological Factors =  
Trauma and stress

## Access to healthy, diverse food sources

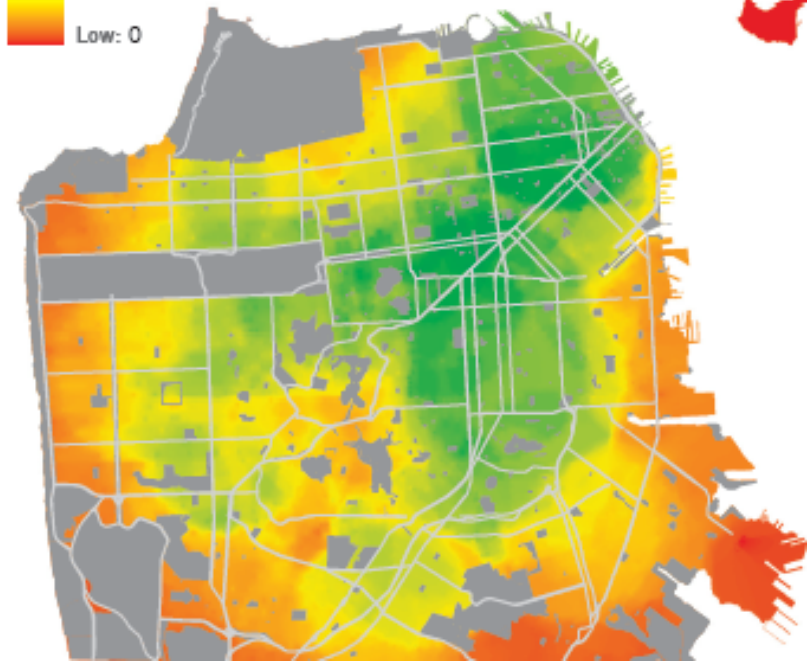
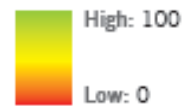
55% vs. 45%

Fast food eaten in the past week: B/AA residents vs all SF

82% vs. 69%

B/AA high-school students had a higher rate of soda consumption vs all students

**Map 3:** Food market score\*

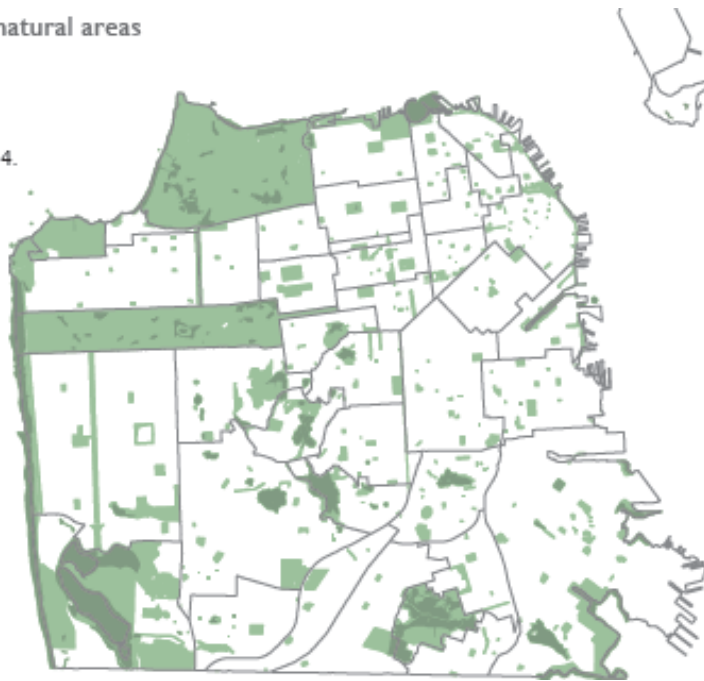


# Access to recreation/activity spaces

**Map 2:** Open space and natural areas

- Natural area
- Open space

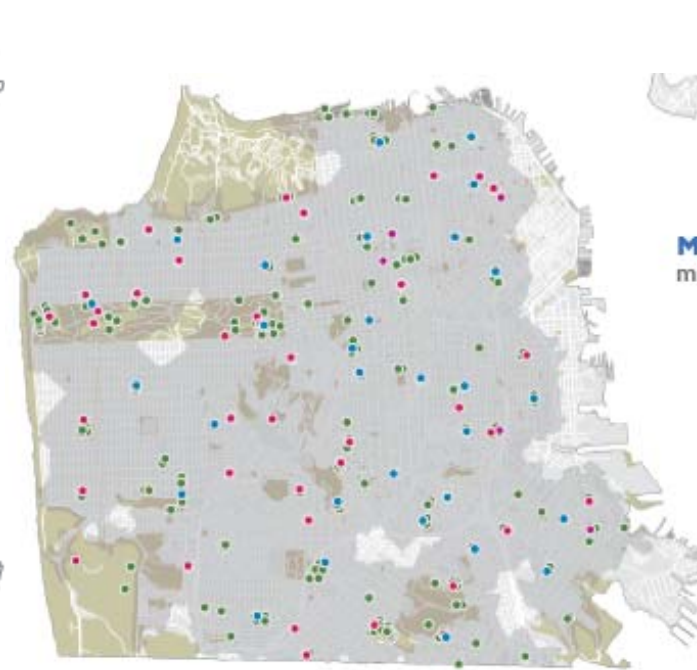
Data source: Presidio Trust, 2015.  
Recreation & Parks Department, 2014.  
U.S. Fish & Wildlife Service, 2014.



**Map 3:** Population within half a mile of a public recreation facility

- City-operated recreation facilities
  - Recreation center/ community pool
  - Meeting spaces/ activity center
  - Performance spaces
  - Athletic fields
- Within a half mile walk

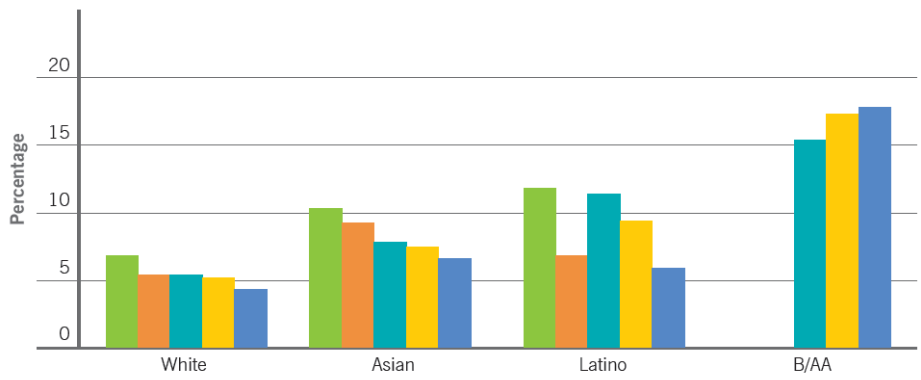
Data source: San Francisco Planning and Recreation & Parks Department, January 2015.



# Access to economic security

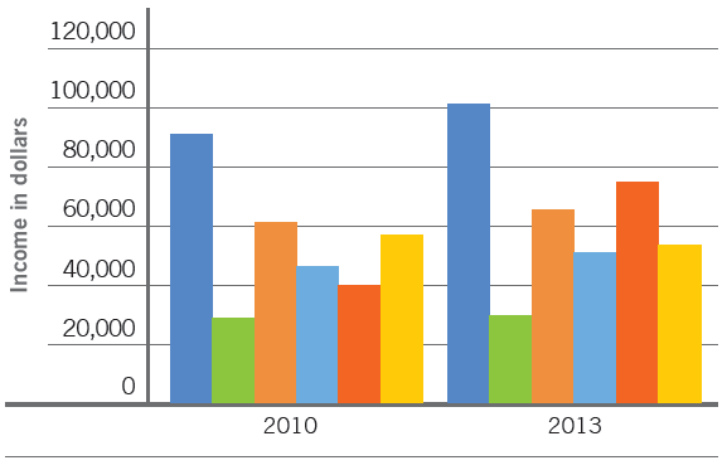
“Between 2010 and 2013, median household income increased for all race/ethnic groups except for Black/African Americans...in 2013, Whites earned more than three times the amount earned by Black/African Americans.”

**Figure D:** Unemployment by race/ethnicity



Statistically unstable data not shown. ■ 2010, ■ 2011, ■ 2012, ■ 2013, ■ 2014. Data source: ACS 2010-14.

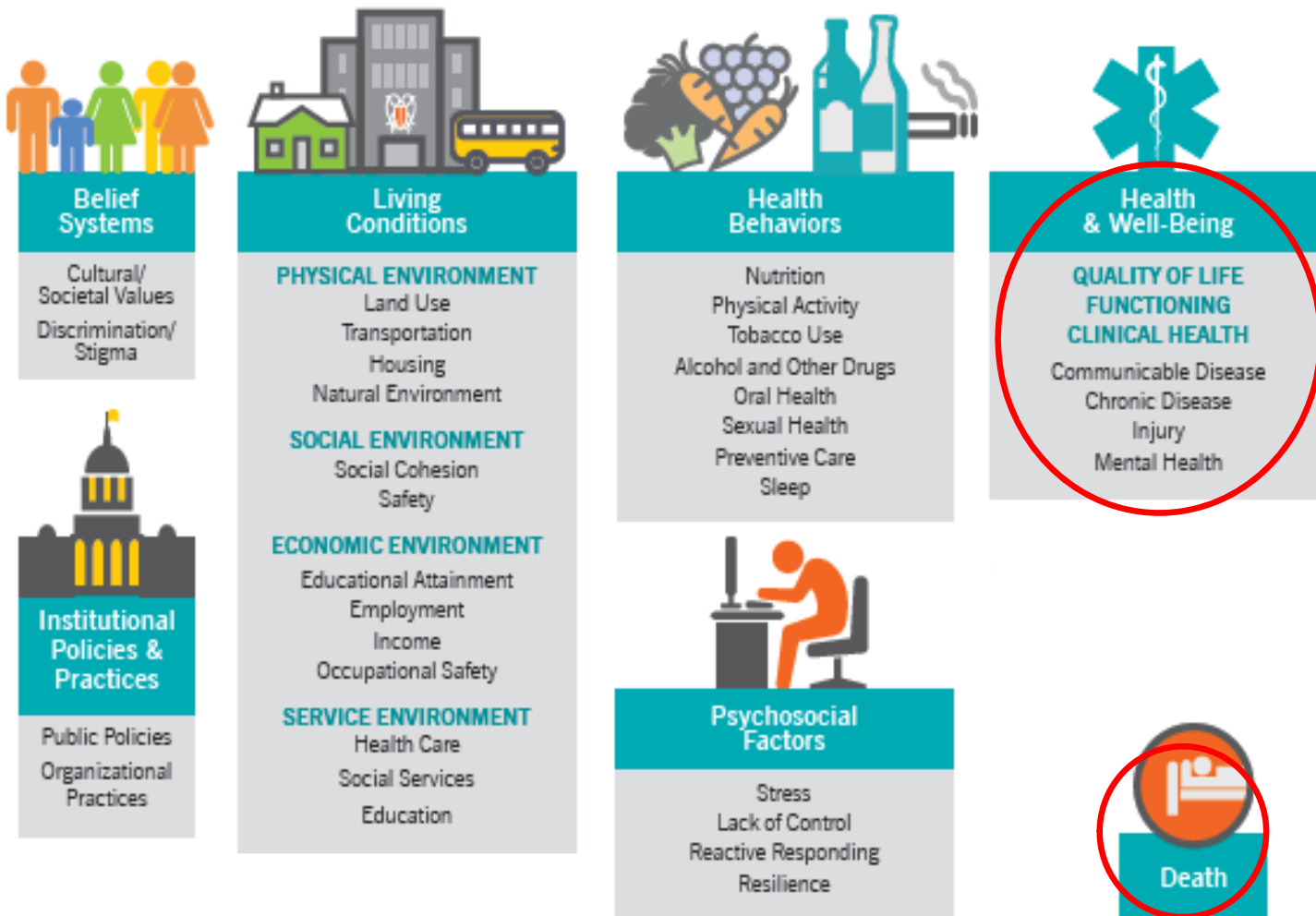
**Figure G:** Median household income, by race/ethnicity, 2010 and 2013



\*Some groups not included due to unstable data. ■ White, ■ B/AA, ■ Asian, ■ Other, ■ Multi-ethnic, ■ Latino. Data source: ACS.







What's "Downstream"

Chronic diseases related to health behaviors and stress

Infections related to housing conditions and access to care

Injury related to community violence and family stress

Early death related to poor access to care, early onset of chronic disease

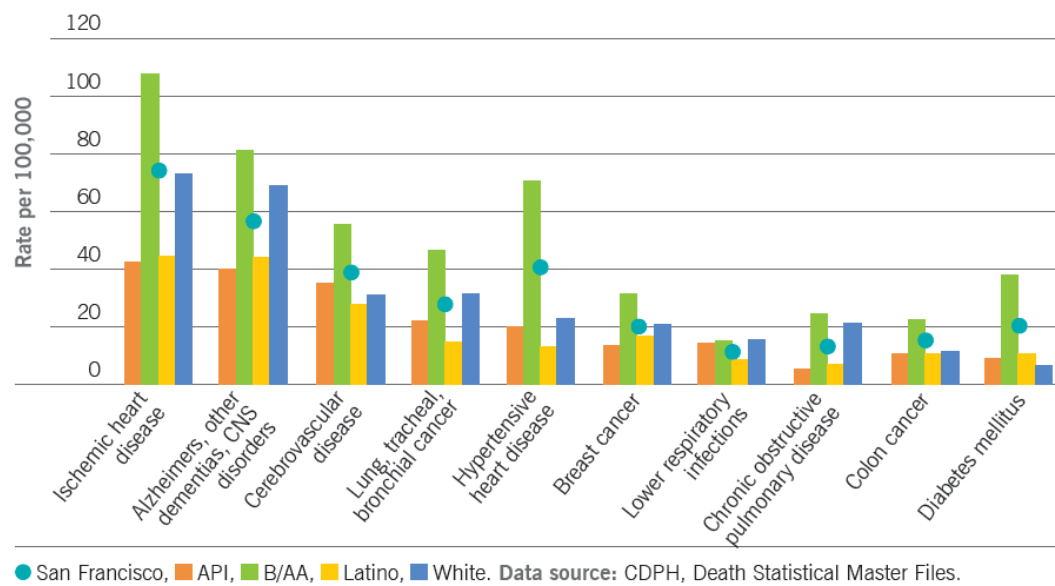


# B/AA Mortality

## 9 of 10

B/AA are 1<sup>st</sup> in leading causes on death in San Francisco

**Figure J:** Age-adjusted mortality rates by race/ethnicity and leading ten causes of death in San Francisco females, 2009–13



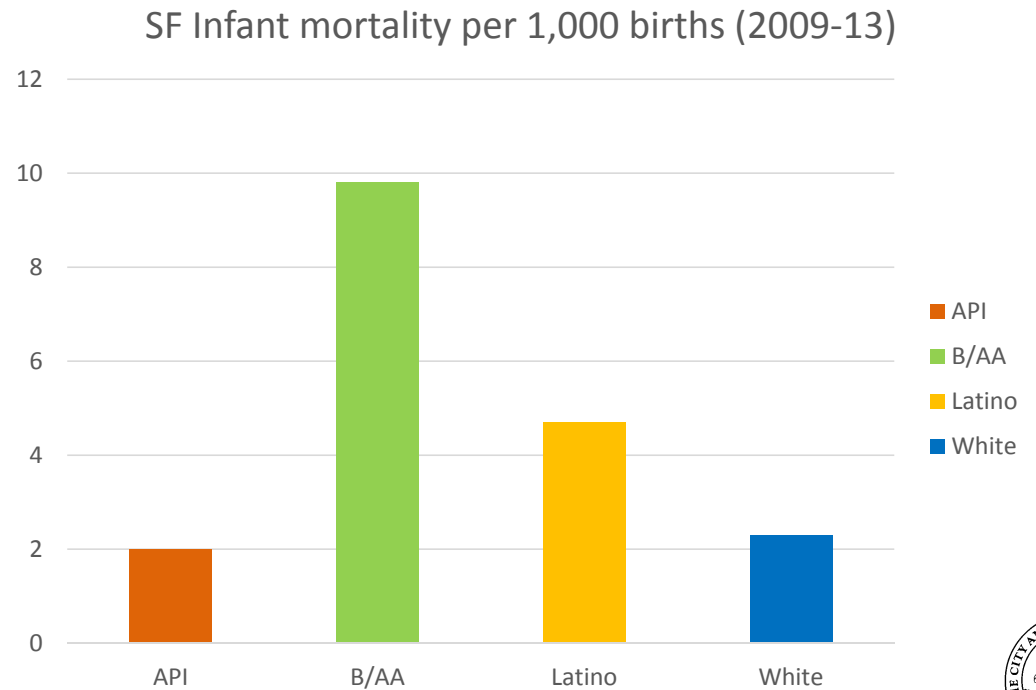
# Infant Mortality

5x higher

B/AA:white

This is partly explained by the high rate of preterm birth and low birth weight; African Americans have rates twice that for White infants in both measures.

***10 maternal deaths in 10 years, 5 of them were B/AA women***

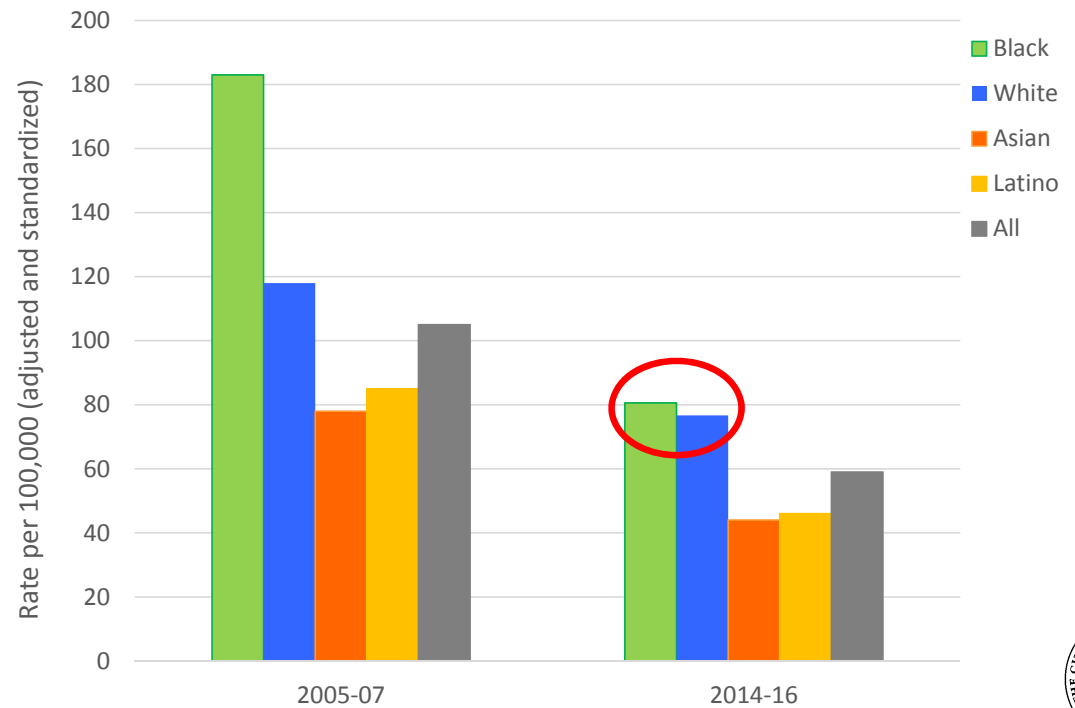


# B/AA deaths from heart attacks

## Down by >50%

The adjusted rate of death for ischemic heart disease for blacks between 2005-2007 and 2014-2016 decreased by more than a half.

Nationally, overall B/AA death rate down by 25%, mostly due to



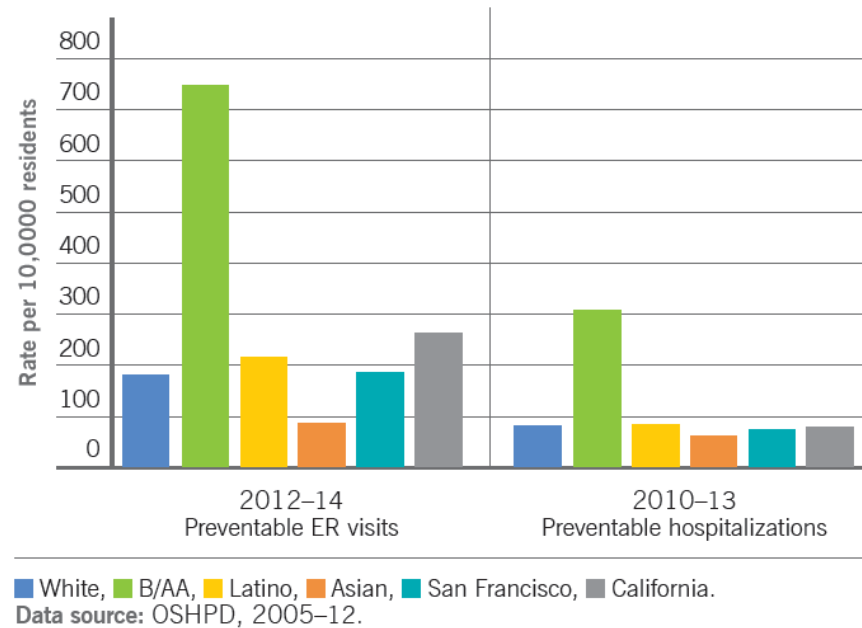
# Access to Healthcare

## 98% vs 86%

B/AA:citywide

San Francisco has a very low rate of uninsured compared to national rates, including in the Black/African American community. However, insurance coverage has not eliminated all barriers to access and delayed care and unnecessary emergency room use persist.

**Figure G:** Preventable hospitalizations and emergency room visits by race/ethnicity



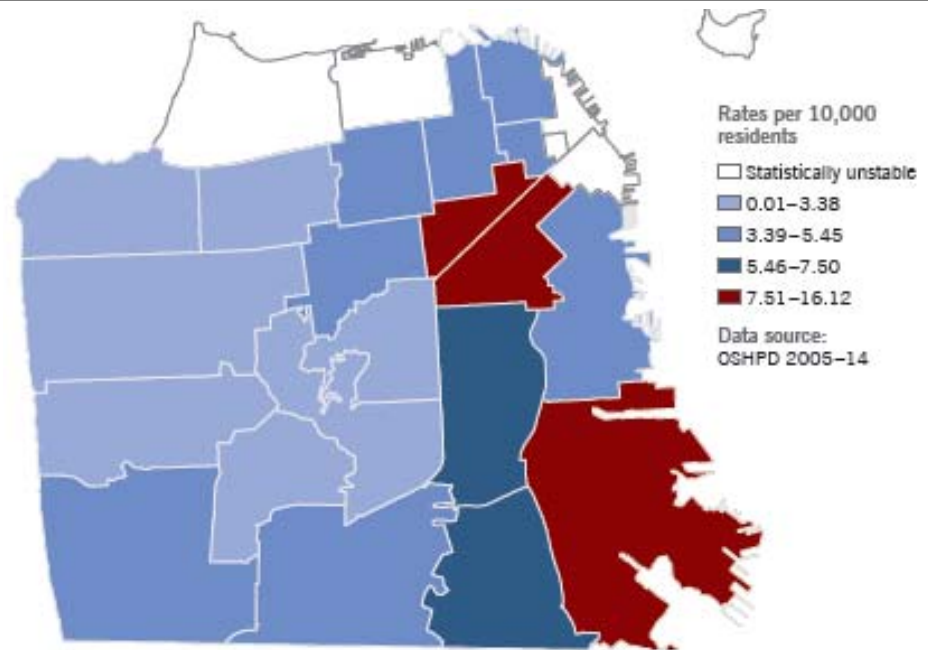
# Asthma

**5:1**

B/AA vs. citywide adult asthma hospitalizations

**3.25:1**

B/AA vs. citywide child asthma hospitalizations



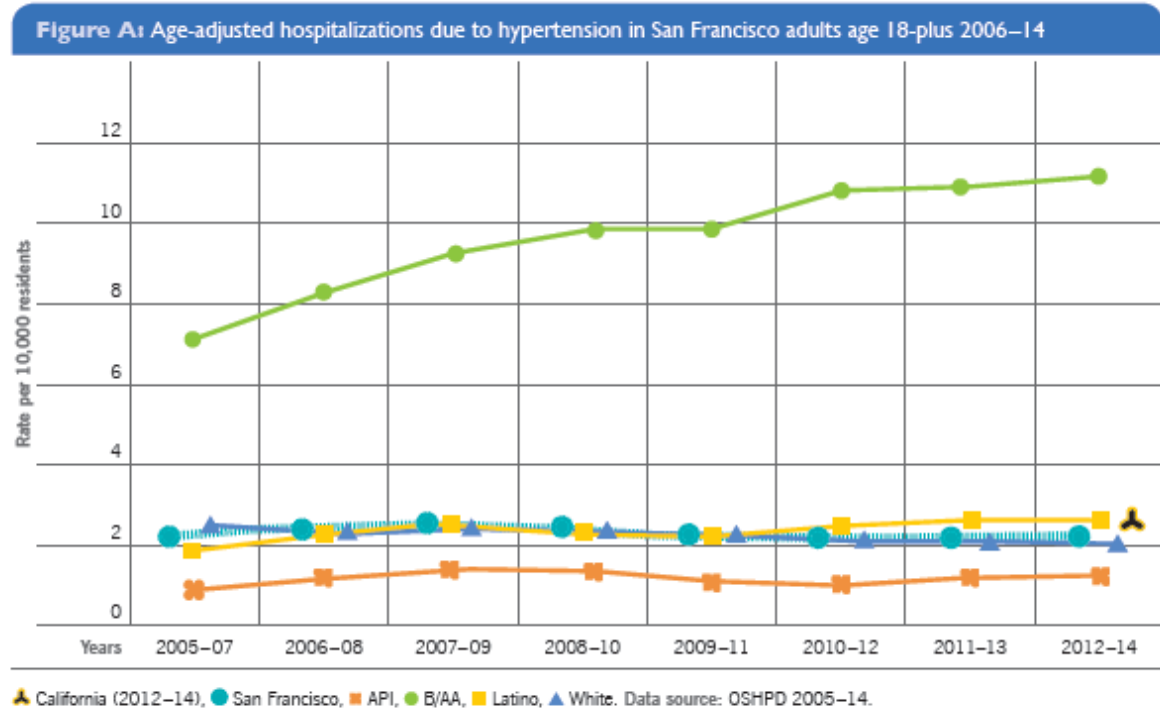
# Hypertension and Heart Disease

**5:1**

B/AA vs. citywide  
hypertension  
hospitalization

**3.9:1**

B/AA vs. citywide  
heart disease  
hospitalization



# Sexual Health

**2.5:1**

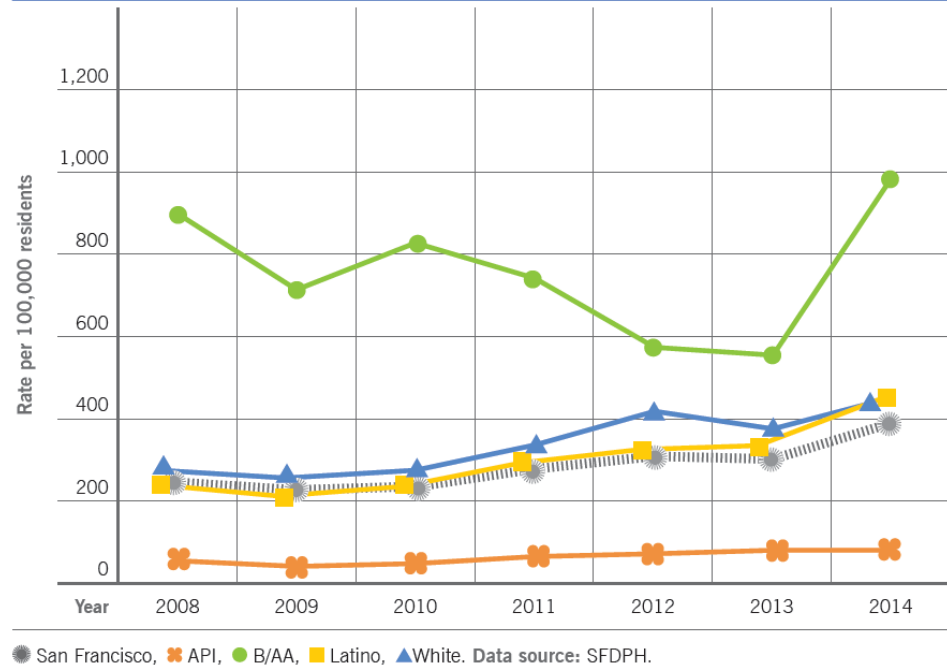
B/AA vs. citywide gonorrhea rates

**6:1**

B/AA vs. citywide youth chlamydia rates

Black/African Americans have higher rates of chlamydia, gonorrhea, early syphilis and HIV than other San Francisco residents.

**Figure C: Gonorrhea incidence by race/ethnicity, 2008–14**





## Cancer in men

**70% higher lung CA rate**

B/AA vs. citywide

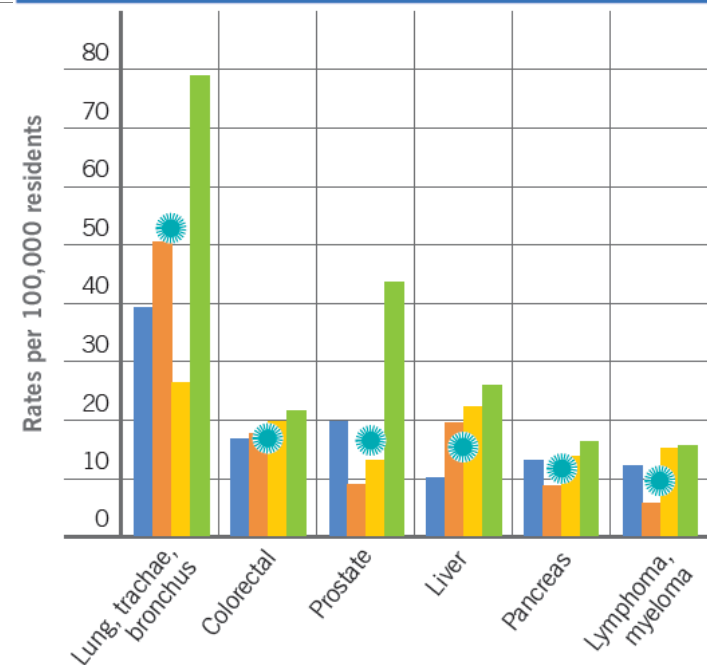
**160% higher prostate CA rate**

B/AA vs. citywide

Cancer incidence rates higher for many cancers.

Cancer death rates higher for all of the leading cancers.

**Figure E:** Age-adjusted mortality rate for males by cancer site, 2009–12



Francisco, White, API, Latino, B/AA.

Data source: CDPH Death Statistical Master Files.



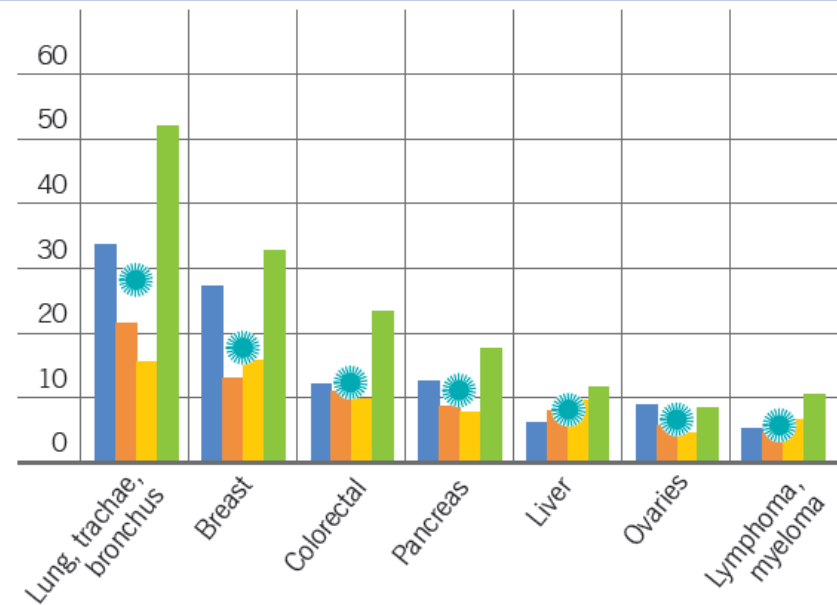
# Cancer in women

## 90 % higher mortality

B/AA vs. citywide mortality for most leading cancers

Death rates are elevated among Black/African American women even for cancers for which they do not have elevated incidence rates.

**Figure F:** Age-adjusted mortality rate for females by cancer site, 2009–12



Francisco, White, API, Latina, B/AA. Data source: CDPH Death Statistical Master Files.



# How is BAAHI addressing equity?

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Internal	External
<ul style="list-style-type: none"><li>• BAAHI Think Tank</li></ul>	Black African Wellness Peer Leadership
<ul style="list-style-type: none"><li>• Equity Learning Series</li></ul>	Food Pharmacies
<ul style="list-style-type: none"><li>• Cultural Humility Trainings</li></ul>	Health Promotion Events
<ul style="list-style-type: none"><li>• BAAHI Journal Club</li></ul>	Children's Clinics
<ul style="list-style-type: none"><li>• Support for Equity work within DPH</li></ul>	Black Health Talks
<ul style="list-style-type: none"><li>• Black Health Report</li></ul>	Coalitions – MBSK – BTF - HSE
<ul style="list-style-type: none"><li>• Black Health Talks</li></ul>	Implicit Bias Talks
<ul style="list-style-type: none"><li>• Implicit Bias Talks</li></ul>	

# What can we do to decrease disparities?

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➤ **Look at the data**

Are there disparities hiding in your data that you don't see? Do you know what health issues are facing the people you serve? - [sfhip.org](http://sfhip.org)

➤ **Be Trauma Informed and teach that racism is a trauma**

Train staff that the person they are talking to has likely had painful experiences racism in SF and in healthcare settings. Trust may need to be earned. Extra effort may be needed to make connections. Help make those connections between health providers and community.

➤ **Collaborate**

CBOs can help health providers connect to community, health providers can help bring health issues into the community services.

➤ **Look for ways to support upstream solutions**

Model healthy behavior and advocate for changes in the system that promote health.

