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# Engaging San Francisco's Western Addition in a Community Needs Assessment: A Field Work Report

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Engaging San Francisco's Western Addition in a Community Needs Assessment:  
A Field Work Report

Bridget Dahlberg

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August 26, 2015

Abstract:

San Francisco's Western Addition is a neighborhood steeped in a history of discriminative policies and actions. Today, while the Western is a vibrant community, it continues to feel the effects of the historic discriminatory practices. This is evident in the disparities seen across many indicators, including: educational success and attainment; health; employment; and housing opportunities. Engage San Francisco, an initiative born from the University of San Francisco's Leo T. McCarthy for Public Service and Common Good seeks to help improve the lives and success of children, youth and families in the Western Addition through community identified needs. Through campus-community relationships between the Western Addition and the University of San Francisco, Engage San Francisco hopes to engage students through service-learning opportunities that emphasize education, health, housing, and employment in the Western Addition. Currently, as a means of improving the health and healthcare availability in the Western Addition, Engage San Francisco and the USF School of Nursing and Health Professions is in the process of developing a integrated care clinic serving the health needs of the Western Addition. This paper will detail the 300-hour fieldwork experience working with both agencies to conduct a health needs assessment that will lay the foundation of the services that will be provided at the integrated care clinic.

## Engaging in a Community Needs Assessment in San Francisco's Western Addition

### I. Introduction

The Western Addition is nestled just north of the middle of San Francisco straddling three different zip codes and numerous census tracts (Appendix A). The history of Western Addition is no less fragmented due to historical events and their rippling effects. A once predominately upper middle class neighborhood composed of first generation European immigrants, the 1906 fire that destroyed downtown San Francisco and the South of Market neighborhood brought displaced working-class people to the Western Addition for refuge. The once single family homes were divided into rooms and flats to accommodate the new residents, and in doing so the neighborhood became more densely populated, impoverished and ethnically diverse. While large numbers of Filipinos and Mexican Americans populated the diversified Western Addition, it was the African American and Japanese whose lived experiences created today's Western Addition.

The Japanese population, who before the fire of 1906, had primarily resided in Chinatown, followed the movement of ethnic minorities to the Western Addition. By 1940 more than 5,000 Japanese lived in what is known as Japantown, owning properties, businesses, churches and schools. Following the attack on Pearl Harbor and President Roosevelt issuing Executive Order 9066 in 1942, which removed all people of Japanese ancestry from West Coast military zones, San Francisco's Japanese-American population were forced to desert their homes and businesses for government sanctioned internment camps. In their absence, the Western Addition saw an influx of African Americans who had recently migrated from the southern portion of the United States to find employment in the military industries that had emerged in the wake of World War II. In the ten years spanning from the 1940 to 1950, the black population of the Western Addition went from 2,144 to 14,888 (Kamiya, 2013). While the African American community residing in

the Western Addition developed a strong sense of community and thriving culture, the densely populated area was dealing with high unemployment due to the waning war industry, and saw a great increase in drug use and crime.

In light of the country's fiscal commitment to Urban Renewal following the conclusion of World War II, San Francisco's Board of Supervisors deemed the Western Addition a blighted area and it became designated for redevelopment, and as many have deemed ultimately "Negro removal" (Kamiya, 2013). The redevelopment promised a win-win situation, in which transformation of the Western Addition would allow for increased corporate development garnering higher taxes that would be used to pay for additional renewal projects. The promises made to Western Addition residents to compensate them for their losses and rehouse them in better housing were broken. Jordan Klein (2008), points out five major failings of the redevelopment process, beginning with the simultaneous demolition of the housing units, resulting in the scattering and beginning of outmigration of Western Addition African Americans. Additionally the planning committee held inaccurate perceptions of the turnover and vacancy rate of newly constructed buildings. The overestimated income of the displaced peoples and disregard of segregation and racial agreements Klein (2008) notes as additional failures of the Western Addition redevelopment.

The Western Addition however failed to succumb to the gentrification of their neighborhood and rallied together forming the Western Addition Community Organization (WACO) in 1967. Together, both African American and Japanese community leaders organized to picket the San Francisco Renewal Agency, and block bulldozers. WACO was legally victorious and delayed redevelopment and succeeded in getting additional housing units built for its displaced residents. However, during this time, 833 businesses had closed, between 20,000 to 30,000 residents were

displaced, and 2,500 Victorian homes destroyed (Kamiya, 2013) In their wake grew housing projects that served to exacerbate poverty, crime, and drug use.

Today, the ghosts of the Western Addition's past continue to haunt them. While often overlooked as a priority in comparison to other San Francisco districts including: Bayview-Hunter's Point and the Tenderloin, the historical inequities seen in the Western Addition have left a deep impact on the health, and success of the community. Data on key indicators that serve to quantify the well being of certain communities reveal these startling inequities. However, as the Western Addition shares its zip codes and census tracts with some of San Francisco's most affluent neighborhoods such as Pacific Heights statistical averages often camouflage the plight of the Western Addition.

According to the City of San Francisco's Office of Housing and Community Development and Office of Economic and Workforce Development's 2015 Data, 61.67% of the Western Addition are of low to moderate income with 13.52% of the neighborhood living in poverty, with additional GIS mapping reporting areas of the Western Addition with poverty rates as high 26.08% (Appendix B) While informative, these statistics do not act as good indicators to the state of the Western Addition as they speak little of the trends and direction in which the community is moving. A great indicator has the ability to adapt a statistic to situate a trend line that focuses on community conditions and has the ability to anticipate community problems (Warner, 2014). Analysis of education, health and housing statistics of the Western Addition depict a true trend line indicating a disparity between those living in the Western Addition and the greater city of San Francisco, especially within the African American population.

## II. Agency Background

The University of San Francisco (USF), which lies just west of the Western Addition, has a relationship with the Western Addition that surpasses that of mere neighbors and one that they are continually trying to strengthen. As an urban university with an ethos grounded in the education and development of leaders “who will fashion a more humane and just world”, USF’s Leo T. McCarthy Center for Public Service and Common Good, developed the Engage San Francisco initiative. Engage San Francisco is systematically designed to achieve community-identified outcomes that support children, youth and families in the Western Addition through service -learning and community- based research. In conjunction with faculty, staff and students from five colleges at USF including: Management, Nursing and Health Professions, Law, Education and Arts and Sciences, Engage San Francisco uses an asset based approach to create and build lasting, transformative relationships between the university and Western Addition Community.

Evidence based research from established campus-community relationships at other universities has and continues to act as guideposts for Engage San Francisco. Successful partnerships rely on an agreed upon vision, mission, and set of goals between the university and community with a particular long term commitment from the University (Marullo & Edwards, 2010). Engage San Francisco extrapolated from these experiences to develop guiding principles for the Western Addition campus-community partnership including: critical engagement, development of transformational relationships, and the use of multifaceted and interdisciplinary approaches to address community needs. As Engage San Francisco is a campus-community collaborative its goal is two fold in that actions benefit that of the Western Addition residents as well as enhance student learning in the Jesuit tradition of social justice. Through community-identified needs Engage San Francisco identified education, health, housing and employment as

its four main areas of emphasis with stated objectives and suggested actions to reach them. A complete list of Engage San Francisco's goals, objectives and actions can be found in the appendix C.

As an aspect of the Engage San Francisco initiative to support a vibrant thriving community for children, youth, and families in the Western Addition, it is continually trying to improve upon the health care delivery and services available to the Western Addition ( see Goal #1, Strategy #2 in Appendix C). In this regard, the strategic action plan established two outcomes they hope to achieve through the campus-community collaborative, which include:

1. Increasing access for Western Addition residents to preventative healthcare, screening services, including mental health and prenatal care.
2. Addressing the chronic health outcome of Western Addition residents in an ongoing, systematic manner.

In close partnership with staff, faculty and students from the University of San Francisco's School of Nursing and Health Professions, Engage San Francisco is driving many of the actions needed to meet these goals, including the USF School of Nursing and Health Professions Mobile Clinic events, and the systematic collection of community assets and needs. With success at events and the promise of a new building solely for the School of Nursing and Health Professions, the idea of a permanent integrated care clinic serving the Western Addition arose. As the idea of a community clinic that would serve both the community and provide service-learning experience for USF students developed, the need for a systematic health needs assessment grew. Data gathered would provide much of the foundational information needed to establish the services provided by the clinic to appropriately meet the needs of the population and additionally the development of student curricula.



### III. Learning Objectives:

Working in close partnership with Engage San Francisco and the USF's School of Nursing and Health Professions provided the opportunity to aid in the collection and development of primarily health data. This data will be used as foundational information for the development of all aspects associated with the creation of USF School of Nursing and Health Professions integrated care clinic, including services provided and curriculum taught. At the onset of the 300-hour field-work experience four overarching goals were established to guide the experience, and as the experience unfolded an additional goal was added to accommodate additional learning opportunities. The five goals were:

1. Produce a draft, part-of, or outline of a needs assessment of the Western Addition Community health.
2. Increase knowledge of community needs assessments.
3. Increase individual ability to collect, analyze and interpret different types of data.
4. Improve upon the development, collection and analysis of survey data.
5. Gain confidence and experience collaborating with additional researchers, community stakeholders, and community members.

Each goal has a set of established objectives to aid in reaching the overarching goal through activities and experiences. The complete list of goals, and their corresponding objectives can be found in the Appendix D.

### IV. Methodology

With the costs of health care rising resulting in limited resources, it is imperative that what resources are available are used both appropriately and effectively. Thus, it becomes increasingly

important, when planning and providing health service to avoid a top-down approach in which resources are allocated based on one's perception of community needs. Health needs assessments present a systematic approach that uses epidemiological, quantitative, and comparative methods to "describe health problems of a population; identify inequalities in health and access to services; and determine priorities for the most effective use of resources (Wright, William s & Wilkinson, 1998)." Health needs encompass more than that of healthcare needs as they include the social and environmental determinates of health. Identifying these needs allows one to look beyond the medical model of health services to identify and target the larger influences of health. Important questions to ask when conducting a health needs assessment include among others (Wright, et al., 1998):

- What is the problem?
- What is the size and nature of the problem?
- What are the current services?
- What do patients want?
- What are the most appropriate and effective (clinical and cost) solutions?

Health needs assessments can be approached from many different levels ranging from international to individual; the population characteristics will help determine the focus of the study and the methodological approach taken. Assessing health needs at a local level is best done through the systematic collection and analysis from a variety of information sources. Wilkinson, and Murraray (1998), put forth a five-staged approach for primary health needs assessments. Stages one and two focus on the collection of preexisting data from hospitals and other healthcare practices, as well as community trust and census data. Working to improve communities requires factual information on the conditions of neighborhoods and how they

change over time especially in relation to the greater city, county, state and nation. Until the 1980's information was limited to the U.S. census, an infrequent and relatively broad assessment tool that lacked indicators such as crime, and teen pregnancy. Local surveys could assess such indicators however as they are expensive therefore often were not conducted. Transactional data existed however it was often lost in the myriad of paperwork. Today's, technology has offered a solution. Geographic Information System (GIS) technology, and the ability to combine data sets have produced a wealth of rich data generated from administrative records, surveys and qualitative methods. The emergence of "big" and open data sets has advanced the use of data to make better decisions through situation analysis, policy and planning, and performance management and evaluation (Kingsley & Pettit, 2014).

Following the collection of existing data, stage three of the systematic needs assessment seeks to incorporate the views of the community as the perception of need may vary greatly between what researchers conclude and what community members experience. Incorporating the opinions of the community utilizes the community-based participatory research (CBPR) model. The CBPR model limits "outside-expert driven" research and evidence based interventions in favor of community member perceptions (Minkler, 2014). Actively engaging community members reveals new information that cannot be gathered through outside data collection, and in doing so increases the "relevance, rigor and reach" of research findings (Minkler, 2014; Balazs & Morello-Frosch, 2012). CBPR can improve to data collection, relevance, and use by aiding in the framing and relevance of research questions; validating and improving data collection tools; aiding in data interpretation and data-driven interventions and building individual and community capacities (Minkler, 2014). The community involvement stage is vital to the health needs assessment process as it ensures that resulting measures taken have "an honest consumer

perspective (Wilkinson & Murray, 1998)”. Stage four, incorporates the CBPR ideology and suggests the development of or use of an existing validated survey to increase community involvement. Questionnaires can be tailored to address particular topics including: use of health services, satisfaction, and perceived need for current and potential services. The fifth stage is the organization of information gathered from the varying sources and the identification of needs and possible remedies. Wilkinson and Murray’s (1998) five-stage approach is realistic and its results may be wildly effective, however for it to be successful it requires resources, training and community health liaisons.

## V. Implementation

The groundwork for the Western Addition health focused needs assessment was implemented in two phases. In accordance with Wilkinson and Murray’s (1998) systematic approach the first phase consisted of a mass collection of existing data of the Western Addition community. The second phase focused on community involvement. The mass collection of data on the Western Addition, involved a broad search for available data that encompassed Engage San Francisco’s four area of emphasis: education, health, housing and employment. While the data gathered on education, housing and employment have significant impact on the health and wellbeing of the Western Addition, the remainder of the paper will discuss the information pertaining to health status, behaviors and healthcare services in the Western Addition. The data collected on these topics will be the most relevant to the development and success of the University’s proposed integrated care clinic.

*Phase 1, Data Collection:* City data from the Department of Public Health, the Department of Children, Youth and Family Services, and the Department of Children Services had copious

amounts of data on the health and health indicators of the Western Addition. Additionally indicator projects, and GIS mapping programs, which integrate various data sources proved useful in the collection of health related data.

*Phase 2, Community Involvement:* Engage San Francisco and the USF School of Nursing and Health Professions worked to include the community in the data collection process using both informal, open-ended interviews, and a health needs survey. The USF School of Nursing and Health Professions attended two Western Addition Community events, where researching students and faculty posed a series of open-ended questions to event attendees, regarding the perceived needs and barriers to health in the Western Addition. A complete list of the questions can be found in the appendix E. From the answers gathered from these interviews, a questionnaire was developed using a mixture of existing validated surveys, and originally developed questions that focused on the health status, behaviors, and healthcare service and delivery experienced by Western Addition residents. Programmed on the Qualtrics application, the self-administered survey was issued on electronic tablets to a convenience sample at a community event in the Western Addition (See appendix F for the complete survey).

## VI. Findings

*Phase 1, Data Collection:* The initial collection of existing data revealed striking demographic information. Racially the Western Addition differs greatly from that of the city of San Francisco. The Western Addition population is comprised of 20.12% African Americans, while the percentage of African Americans residing in San Francisco is only 5.62% and declining due to out migration (San Francisco Office of Housing and Community Development, 2014). Economically, the Western Addition falls behind that of the greater City of San

Francisco, according to the 2010 U.S. Census Data, 75% of households in the Western Addition have incomes of \$25,000 or less. While district averages reveal that 13.5% of Western Addition residents live below the poverty line, a statistic that does not differ greatly from San Francisco's 10.36% average, concentrated areas are experiencing poverty rates that exceed 26.08% (2010 U.S. Census Data). This demographic information proved predictive of the proceeding data found on education, health, housing and employment.

Comparatively, the types of chronic illnesses inflicting those in the Western Addition do not vary greatly from those else where in San Francisco. Heart disease, cancer, and strokes are the leading causes of death for both; however, self reported health statuses reveal a different picture of the Western Addition. Data gathered by the Center for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) in 2013 report that in sections of the Western Addition 26.99% or more residents report poor physical health days, and 23.29% or more report having poor mental health in the past 30 days. Only locations in San Francisco's Tenderloin, Bayview-Hunter's Point, and Visitation Valley report comparable physical and mental health statistics. Emergency room and hospitalization data add perspective to the healthcare services and accessibility in the Western Addition. Data shows that in the Western Addition there is an increase occurrence in preventable emergency room visits; per 10,000 visits 318 are considered preventable among Western Addition residents, while the City averages 238 preventable emergency room visits per 10,000. This trend is seen again in the increased, relative to city averages, use of emergency rooms services for: urinary tract infections, dehydration, pneumonia, diabetes, chronic obstructive pulmonary disorder, and congestive heart. These conditions are again seen as the leading causes of hospitalizations at rates greater than that of San Francisco (Harder & Company Community Research, 2012).

*Phase 2, Community Involvement:* The informal semi-constructed interviews added qualitative data to the primarily quantitative information gathered through the data collection phase. The open-ended questions posed in interviews aimed to inquire about the needs, behaviors, and challenges faced by community members, as many of these can not be expressed in quantitative data sets. The responses most often cited health behaviors including physical activity, diet, and chronic disease management as challenges facing individuals and the community. Citizens most commonly identified lack of time and resources (ex. childcare, grocery stores) as barriers to overcoming identified challenges.

The first and currently the only distribution of the health needs assessment survey yielded a sample size of 23 (n=23). The demographics of the surveyed mirrored what was found in the data collection, with approximately 27% of the respondents identifying as Black/ African American. Of those surveyed 9% reported having an annual income less than \$14,000, 41% between \$15,000 - \$29,00, and 23% between \$30,00-\$40,000. Respondents self reported general health ranged from excellent (18%) to Fair (14%), with 41% reporting sometimes feeling sad, blue, or depressed within the past month. The most common health conditions reported among respondents were: high blood pressure, asthma, overweight/obesity, and physical disability. The majority of respondents (86%) had a routine health check up within the past two years, and received blood pressure, blood sugar, and cholesterol tests, as well as cancer and STI screenings. However, of those surveyed, 19%, reported feeling that they did not get the medical care they needed, primarily due to lack of insurance, affordability, and ability to get an appointment. Additionally one noted poor quality medical care as a reason for not receiving the care they believed they needed. Many services were reported in response to an inquiry of the services needed to keep individuals and the community healthy, the most frequently reported were:

services for blood pressure screening and control, dental services, cholesterol screening, routine/well checkups, and nutritional services (Appendix G).

## VII. Limitations

Results gathered from the needs assessment are limited; however, identifying these limitations provides direction for future research. A great deal of the data gathered from city departments is reported as averages; averages are susceptible to being skewed by outliers resulting in an unrealistic picture of conditions. As the Western Addition straddles many zip-codes it is often grouped with neighboring communities such as Pacific Heights and the Haight where conditions are much different than that of the Western Addition, and thus heavily skew reported averages.

The data collected from the survey had a very small survey population (n=23) and thus each answer held a great deal of weight. Therefore the results may not reflect the view of the entire community. The survey was also only available in English, as previous interviews had indicated a primarily English speaking population; however, on the day of survey was administered a large population of both Asian and Hispanic speaking people participated. Language barriers could have easily led to the reporting of information that did not accurately reflect the truth. Additionally, the setting where the survey was administered was not ideal, as the hectic setting could have caused participants to rush through the survey without lending real thought to their answers. It would also have been beneficial if an incentive were provided to participants as a means of increasing response rates.

Another means that could have been taken to increase the information gathered in the needs assessment would be to speak with healthcare providers already serving the Western Addition.



Their experience and perception would help identify health trends, and needed services. This step should be taken in the continuation of the needs assessment and clinic development.

#### VIII. Discussion/ Public Health Significance

The data collection phase of the needs assessment revealed the Western Addition to be a socioeconomically disadvantaged community continuing to suffer from a history of discriminatory policies and perceptions. Compared to the greater City of San Francisco, the Western Addition has pockets of poverty that far exceed the city average, and equate to rates in hot topic areas such as Bayview Hunter's Point and the Tenderloin. It therefore does not come as a surprise that a high percentage of residents report having poor physical and mental health. Additionally, emergency room and hospitalization data indicate a trend in the availability of preventative health resources. The increased rate of emergency room visits for chronic conditions implies that these conditions are not being taken care of by primary care providers for reasons such as accessibility, and cost. Thus, when the condition is no longer tolerable the patient is forced to the emergency room to receive care. A similar trend is seen in the increase in hospitalizations rates for chronic illnesses among Western Addition residents indicating conditions are often insufficiently treated and allowed to progress until the point where hospitalization is necessary. The lack of availability to primary care providers deeply affects the health of the public as not only does it allow for the progression of chronic illnesses, but also congests emergency departments and increases the cost of healthcare services.

In locations where we see a vulnerable population experiencing a significant difference from the general public in health status, behavior, and availability to services it becomes a question of health equity. Working to decrease the health disparities that lead to such inequity among people is central to the public health philosophy. Engage San Francisco is continually trying to reduce

the health disparities seen in the Western Addition through various outreach programs. The future integrated care clinic at the USF School of Nursing and Health Professions will seek to provide primary care, health education and behavioral services to Western Addition residents as a means to reduce the health disparities. The clinic will also grant students opportunities for student development through service based learning resulting in community engaged healthcare providers who are culturally competent.

The needs assessment project is a necessary step in the foundational work of the integrated care clinic. As previously mentioned, the needs assessment will ensure that the needs identified by the community will be addressed in the development and planning of the services provided at the integrated care clinic, as well as in the curricula development for student workers. Creating services that meet the specific needs of the community will hopefully increase the utilization of services and as a result work to mitigate the health disparities shown to exist. Furthermore, using a needs based approach that emphasizes community involvement should allow for a more appropriate and efficient allocation of resources.

Creating campus-community relationships where both communities have the opportunity to improve through the sharing of resources, knowledge and experience speaks to the collaborative work necessary to improving public health. The preliminary work on the needs assessment created opportunities for different members of both communities to build relationships and exchange ideas for current and future projects between the Western Addition and the University of San Francisco.

#### IX. Competencies

The 300-hour fieldwork experience with Engage San Francisco provided ample opportunities to master a number of the University's of San Francisco Masters in Public Health core

competencies. The intent of the needs assessment fits with the core competency of assessing, monitoring and reviewing the health status of a population and their related determinants of health and illness. In doing so I had to be able to critically assess both quantitative and qualitative data from public health literature, and statistical and epidemiological reports. Undertaking all the aspects of the needs assessment project required applying theoretical constructs and evidence based principles to the methods used including data collection, and survey development. Completing this project required me to address ethical and legal principles in public health with specific regard to the ethics behind the use of humans as research subjects. Taking a course through the National Institute of Health in ethical practice, and gaining clearance with the University's Institutional Review Board (IRB), which included the construction of an informed consent form for survey participants ensured that all actions taken were both legal and ethical. The overall goal of creating an integrated care clinic forced me to think of culturally competent strategies in the development of public health programs. Working with Engage San Francisco allowed me to develop into a more culturally competent and community engaged public health practitioner dedicated to social justice in the City of San Francisco and beyond.

#### X. Personal Reflection

Working with Engage San Francisco was a great experience as it allowed me to truly engage with the San Francisco community. Undertaking this research project I was exposed to a strong and welcoming community willing to work with others, including outsiders, to actively improve the lives of individuals and the Western Addition community. While collecting data through government sources was eye opening, working directly with community members was the most rewarding and enlightening of the entire experience. Statistics and numbers can reveal a lot;

however, meeting the people whom the statistics are referring to adds a new depth and understanding to the problem being examined. Additionally organizing community events showed me the immense amount of preparation behind seemingly small research projects. I also got to see the immense difficulty and frustration that often results in the gathering and allocation of resources. Yet, at the same time I was introduced to community members with the knowledge and force to put ideas into action.

While working on the needs assessment that will help lay the foundation for the integrated care clinic as well as inform future research, funding and programs I was continually inspired to work towards my goal of becoming a medical doctor. This experience will serve as a motivator in the coming year as I take on physics and organic chemistry. As a medical doctor, I believe my background in public health will give me a unique insight that looks past symptoms to the greater context of health. Additionally, working with the Western Addition community opened a door for me at San Francisco's Maxine Hall Health Center where I will be interning beginning in September.

I learned a great deal about the public health community through this experience. Due to family circumstance my preceptor was often unavailable, and I had to make next step decisions on my own. I was luckily enough that faculty members within the School of Nursing and Health Professions stepped up to guide me and provide additional experiences and learning opportunities. Without their help I probably would not have been able to meet the mandatory hours, I owe them a great deal of thanks.

## XI. Conclusion

After two years of academic preparation, working with Engage San Francisco provided a great setting to practice applying the concepts, theories and skills taught in the classroom. I was

able to accomplish the learning goals established at the beginning of the fieldwork experience through planned and unexpected experiences that cannot be experienced in the classroom. I know that this experience will have a lasting impression on me as I move forward in my public health career.

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Appendix A: Geography of the Western Addition

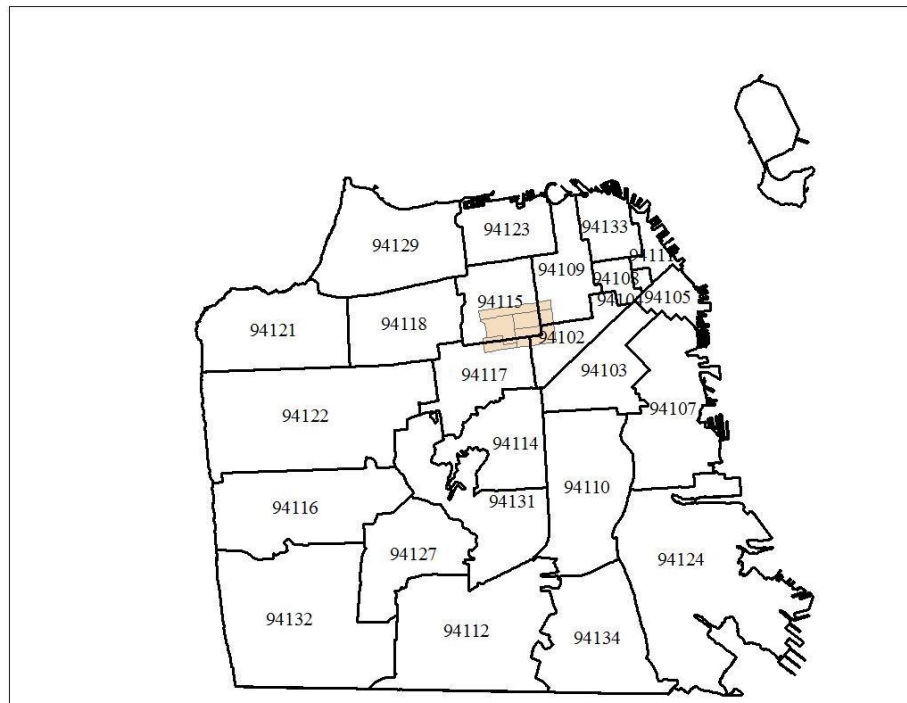
## Geography of the Western Addition

**Map of Western Addition:**

The boundaries of the Western Addition for the purposes of the Engage San Francisco Initiative are informed by those identified by Western Addition Service Provider Cohort as described in their 2011 report:

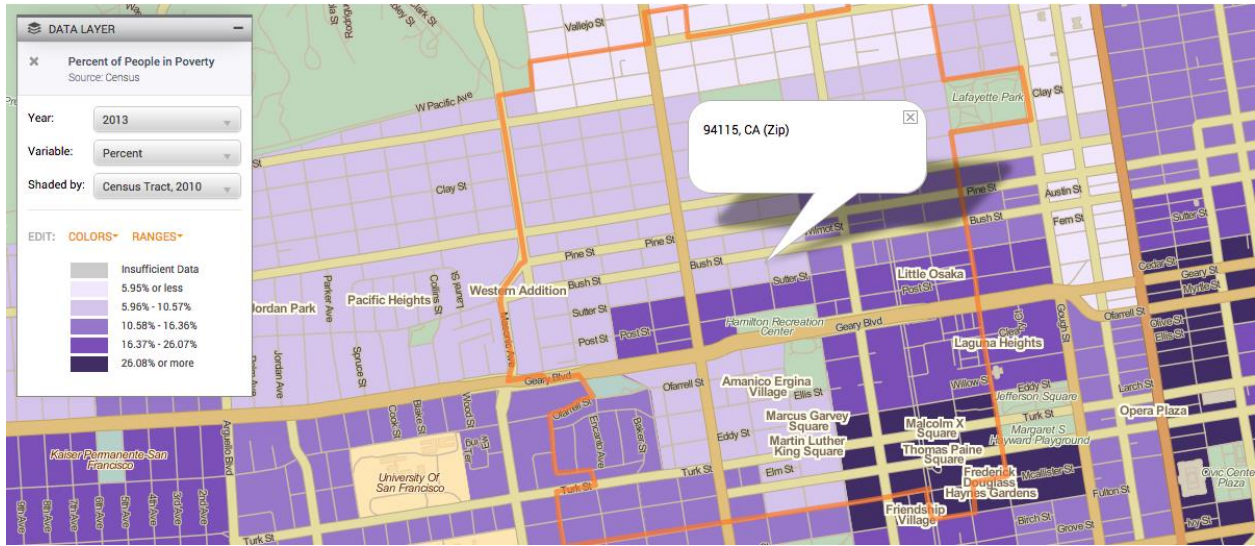
- Van Ness Avenue on the East end of the neighborhood (abuts the Civic Center)!
- Baker Street on the West end of the neighborhood (one block from USF)!
- Sutter Street on the North Side of the neighborhood (abuts Pacific Heights neighborhood)!
- Fulton Street on the South side of the neighborhood (abuts Haight neighborhood)!

Note that the Western Addition does not align directly with zip codes, nor does it align directly with City Supervisorial Districts.





### Appendix B: GIS Poverty Mapping



## Appendix C:

## Vision, Goals and Strategies Actions 2014-2016

### Vision

Engage San Francisco is an intentional, systematic and transformative university-community initiative that will achieve community-identified outcomes supporting children, youth and families in the Western Addition neighborhood. This is will be achieved through student learning, research and teaching consistent with USF's Mission, and Vision 2028.

### Initiative Goals

#### **Goal #1: Contribute to and support a vibrant, thriving community for children, youth and families in the Western Addition.**

To achieve this goal, Engage San Francisco will work in partnership with Western Addition community-based organizations, agencies and offices of the City and County of San Francisco, philanthropists, and community residents to respond to community-identified needs that focus on the strategic areas of emphasis.

#### **Strategy #1 Academic Support**

Outcome 1.1: Western Addition children enter Kindergarten mentally, socially and academically prepared for school

Action 1.1.1: Early Childhood Education Proposal drafted

Outcome 1.2: Youth residing in the Western Addition graduate from high school or receive GEDs and are college or career ready

Action 1.2.1: Summer Reading Program connected with USF America Reads

Action 1.2.2: READ literacy proposal drafted- supporting the expansion of Summer reading to a year-long program

Action 1.2.3: Community Engagement Grant- African American Shakespeare Company, Shake-It-Up Guides

Action 1.2.4: Everybody Reads! Family Handbook

Outcome 1.3: There is an increase in university enrollment and completion for Western Addition residents.

Action: 1.3.1: As in previous years, Mo'MAGIC summer program students visit USF

Action: 1.3.2: Western Addition service providers are connected with Thatcher Gallery for student tours

Action 1.3.3: Professor Christine Yeh and School Counseling M.A. students work with Wallenberg High School students on 100% College Application completion for seniors

Outcome 1.4: Western Addition youth become change agents in their own community.

Action 1.4.1: Community Engagement Grant- Handful Players' Arts Education Internship Program

Action 1.4.2: Community Engagement Grant- Church of St. John Coltrane, Young African Americans Re-Connecting with African Traditions

### **Strategy #2 Health Care Delivery**

Outcome 2.1: Western Addition residents have increased access to preventative healthcare screening services, including mental health and pre-natal care.

Action 2.1.1: Community Engagement Grant- The Village Project: Aspects of Success

Action 2.1.2: USF School of Nursing and Health Professions Mobile Health Clinic  
February, June and August 2015

Outcome 2.2: The chronic health outcomes of Western Addition residents are addressed in an ongoing, systematic manner.

Action 2.2.1: USF School of Nursing and Health Professions Mobile Health Clinic  
February, June and August 2015

Action 2.2.2: Community Asset Mapping

Action 2.2.3: Community Needs Assessment

### **Strategy #3 Safe, Affordable Housing**

Outcome 3.1: More Western Addition Youth reside in safe, affordable housing.

Action 3.1.1: Community Needs Assessment

Outcome 3.2: Public space in the Western Addition is transformed to reflect the history of the Western Addition.

Action 3.2.1 Community Engagement Grant- PhotoVoice Project

**Goal #2: Enhance student learning and faculty research in the Jesuit tradition with key connections to University of San Francisco's Mission and Vision 2028.** Engage San Francisco is inherently an interdisciplinary initiative that strives to be connected to every school and college at USF and include thoughtful preparation for students and faculty to work collaboratively with the Western Addition.

### **Strategy #4 Engage The University of San Francisco**

Outcome 4.1: Increase in community-based research by faculty with the Western Addition.

Action 4.1.1: Community Engagement Grant -The Village Project: Aspects of Success

Action 4.1.2: Community Research Course M.A. Urban Affairs- student researchers in conversation with community members

Outcome 4.2: Increase in service-learning courses with partnerships in the Western Addition.

Action 4.2.1: Increased promotion of Western Addition partners to SL Faculty

Action 4.2.2: Increased participation of Western Addition partners in Community Partner Seminar

Outcome 4.3: More tenure track and multi-year term professors, administrators, and more USF students learning about the Western Addition to increase awareness and participation between USF and the neighborhood.

Action 4.3.1: Western Addition Immersion proposal drafted and scheduled with Senior Leadership team for Jan 2016

Action 4.3.2: Online history, resources and data available via ESF webpage and Gleeson library

Action 4.3.3: Community Engagement Grants Reception- October 2014

Action 4.3.4: 3.9 Collective/Hiraeth Closing Reception and conversation at Thacher Gallery - April 2016.

Outcome 4.4: Increase in co-curricular programming in partnership with Western Addition

Action 4.4.1: USF America Reads connected with Western Addition Service Providers

Outcome 4.5: Increase the capacity of USF to respond to community-identified needs in the Western Addition

Action 4.5.1: Reflecting on whiteness workshops for students, faculty and staff

Appendix D: Learning Objectives

GOAL 1: Produce a draft, part – of, or outline of a needs assessment of the Western Addition community				
OBJECTIVE (S)	ACTIVITES	DURATION	RESPONSIBLE	TRACKING MEASURE
Synthesize collected and analyzed data to provide an interpretation of needs.	Synthesis and analysis	Start: End:	Bridget	
Draft a community needs assessment in partnership with Engage San Francisco using collected data		Start: End:		Completion of needs assessment

GOAL 2: Increase my knowledge of community needs assessments				
OBJECTIVE (S)	ACTIVITES	DURATION	RESPONSIBLE	TRACKING MEASURE
Demonstrate an understanding of the purpose behind community needs assessments		Start: End:	Bridget	
Research the best practices for conduction a needs assessment with a special emphasis on those with characteristics similar to target community	<ul style="list-style-type: none"> <li>- Contact experts in the field of needs assessments</li> <li>- Read appropriate literature, recommended by Professionals</li> </ul>	Start: End:	Bridget	

GOAL 3: Increase my ability to collect, analyze and interpret different types of data.				
OBJECTIVE (S)	ACTIVITIES	DURATION	RESPONSIBLE	TRACKING MEASURE
Use various data sources to gather relevant data regarding target community.	-Meet with research librarian for additional data sources.	Start: 05/28/2015 End: 06/09/2015	Bridget	Binder containing complied data in an organized fashion
Analyze the data collected, extracting data which suggests a particular need within the community.		Start: End:		Summarize the needs for each relevant research topic, include summary in binder created in Goal 3, Objective 1

Using the collected and analyzed data interpret the implications this would likely have upon the community	- Research the future public health implications for the community based off of collected and analyzed data	Start: End:	Bridget	
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GOAL4: Gain confidence and experience collaborating with additional researchers, community stakeholders, and community members.

OBJECTIVE (S)	ACTIVITIES	DURATION	RESPONSIBLE	TRACKING MEASURE
Work with fellow researchers whenever possible to gain a greater insight into methods and practices of community needs assessments	Organize and attend meetings with fellow researchers regarding the needs assessment and partnership between USF and the Western Addition		-Bridget -Engage USF partners -Western Addition community members & stakeholders	Notes from meetings
Familiarize myself with identifying and communicating with community stakeholders to gain community insights	Attend stakeholder meetings when held.		-Bridget -Engage USF partners -Western Addition community members & stakeholders	Notes
Engage with the target community to learn their views and future goals/perceived needs of the community.	Help organize and attend community events that bring together USF and Western Addition	Ongoing	-Bridget -Engage USF partners -Western Addition community members & stakeholders	-Health Fair - Collection, organization and interpretation of data gathered at event.

GOAL5: Improve upon the development, collection and analysis of survey data.

OBJECTIVE (S)	ACTIVITIES	DURATION	RESPONSIBLE	TRACKING MEASURE
Improve upon survey development.	-Read literature on survey development. - Investigate validated surveys -Attend class to learn how to program surveys using <u>Qualtrics</u> .	Following data collection and attending community events	-Bridget -Marie-Claude <u>Coutre</u> -USF ITS	-Development of the needs assessment questionnaire
Learn how to best administer a survey	- Administer survey	August 8, Health Fair @ Ella Hill Hutch	-Bridget -Engage USF partners	Survey Results
and analyze results	- Discuss with faculty ways in which we can improve the survey for future <u>use</u> .	Backpack giveaway.	-Western Addition community members & stakeholders	

## APPENDIX E: Informal Open -Ended Interview Questions

The following questions were used as informal open- ended interview questions at community events.

- The top health challenges for me and my family are...
- Something that is needed to improve the health of my community is...
- A strength of my neighborhood is...
- Something that gets in the way of getting the care I need is...
- Something I need to improve my health is...
- The top health challenges for our neighborhood are...

Appendix F: Developed Needs Assessment Questionnaire  
**Western Addition Needs Assessment Questionnaire**  
**Health Fair August 8th 2015**

**Demographics (8 questions)**

What is your age?

\_\_\_\_\_

What is your gender?

1. *Female*
2. *Male*
3. *Other*

99. *I choose not to answer*

What is your race/ethnicity?

1. *White (non-Hispanic)*
2. *Asian*
3. *Hispanic/Latino*
4. *Black/African American (non-Hispanic)*
5. *Native Hawaiian/Pacific Islander*
6. *Two or more races/ethnicities*
7. *Other/Unknown*

99. *I choose not to answer*

What is the highest grade or year of school you have completed?

1. *8th grade or less*
2. *Some high school*
3. *High school or GED*
4. *Some college*
5. *Undergraduate degree*
6. *Graduate/professional degree*
99. *Refuse to answer*

What is your current marital status?

1. *Single and never married*
2. *Married*
3. *A member of an unmarried couple*
4. *Divorced*
5. *Separated*
6. *Widowed*
99. *I choose not to answer*

What is your household income?

1. *Less than \$14,999*
2. *\$15,000-\$29,999*
3. *\$30,000-\$44,999*
4. *\$45,000-\$59,999*
5. *\$60,000-\$74,999*
6. *More than \$75,000*
99. *I choose not to answer*



How many children under the age of 18 years old are living in your household?

\_\_\_\_\_

How many elderly or disabled individuals live in your household?

\_\_\_\_\_

**Health status and problems (3 questions)**

Would you say that in general your health is...?

- 1. *Excellent*
- 2. *Very good*
- 3. *Good*
- 4. *Fair*
- 5. *Poor*
- 98. *Don't know/not sure*
- 99. *I choose not to answer*

*During the past 30 days, about how often would you say you felt sad, blue, or depressed?*

- 1. *Never*
- 2. *Seldom*
- 3. *Sometimes*
- 4. *Nearly Always*
- 5. *Always*
- 98. *Don't know/not sure*
- 99. *I choose not to answer*

In the past three years, have you been treated for or been told by a doctor, nurse or other health care provider that you have any of these conditions:

	Yes	No	Not sure
<i>High blood pressure</i>			
<i>Diabetes</i>			
<i>High cholesterol</i>			
<i>Heart disease or heart condition</i>			
<i>A stroke</i>			
<i>Cancer</i>			
<i>Mental health conditions, such as anxiety disorder, depression, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder</i>			
<i>Chronic Liver Disease/ Cirrhosis of the liver</i>			

<i>Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis</i>			
<i>Asthma</i>			
<i>Overweight/obesity</i>			
<i>Physical Disability</i>			
<i>Other: please specify</i>			

### **Behaviors (5 questions)**

Moderate physical activity includes brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate. In a usual week, not including at work, on how many days do you do moderate activities for at least 30 minutes at a time?

1. *Zero days*
2. *One day*
3. *Two days*
4. *Three days*
5. *Four days*
6. *Five days*
7. *Six days*
8. *Seven days*
98. *I don't know/not sure*
99. *I choose not to answer*

Vigorous physical activity includes running, aerobics, heavy yard work, or anything else that causes a large increases in breathing or heart rate. In a usual week, not including at work, on how many days do you do vigorous activities for at least 20 minutes at a time?

1. *Zero days*
2. *One day*
3. *Two days*
4. *Three days*
5. *Four days*
6. *Five days*
7. *Six days*
8. *Seven days*
98. *I don't know/not sure*
99. *I choose not to answer*

On an average day, how many servings of fruit do you drink or eat? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice.

1. *One or fewer servings*
2. *Two servings*
3. *Three or more servings*
98. *I don't know/not sure*

99. *I choose not to answer*

On an average day, how many servings of vegetables do you drink or eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of vegetable juice.

1. *One or fewer servings*
2. *Two servings*
3. *Three or more servings*

98. *I don't know/not sure*

99. *I choose not to answer*

In the past year, how often have you used the following? For each substance, mark in the appropriate column. **(NIDA quick screen question)**

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
Alcohol <ul style="list-style-type: none"> <li>• For men, 5 or more drinks a day</li> <li>• For women, 4 or more drinks a day</li> </ul>					
Tobacco products					
Prescription drugs for non-medical reasons					
Illegal drugs					

**Health care (8 questions)**

Currently what is your primary type of health coverage?

1. *I don't have any health insurance*
2. *I get health insurance from my employer*
3. *I buy private health insurance from an insurance company*
4. *I use Medical*
5. *I use Medicare*
6. *I use BOTH Medical and Medicare*
7. *I use Healthy San Francisco*
98. *I don't know/not sure*
99. *I choose not to answer*

Do you have one person you think of as your personal doctor or health care provider?

1. *Yes, only one*
2. *More than one*
3. *No*
98. *I don't know/not sure*
99. *I choose not to answer*

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

1. *I had a check up within the last year*
2. *It has been at least 2 years since my last check up*
3. *It has been at least 4 years since my last check up.*
4. *It's been 5 or more years since my last check up.*
98. *I don't know / Not sure*
5. *I never had a check up*
99. *I choose not to answer*

Was there a time during the last 12 months that you felt you did not get the medical care you needed?

1. *Yes*
2. *No*
98. *I don't know/not sure*
99. *I choose not to answer*

Why did you not receive the medical care you thought you needed? Select all that apply

1. *I did not have health insurance*
2. *I could not afford to pay*
3. *I did not have transportation*
4. *I didn't have childcare*
5. *I couldn't take time off from work*
6. *I think the medical care is poor quality*
7. *I didn't have the money for my co-payments*
8. *My Insurance did not cover the care I thought I needed*
9. *The clinic hours were inconvenient*
10. *I couldn't get an appointment*
11. *I couldn't find anyone to help with translation*
12. *I hate going to the doctor.*
13. *Other, please specify*
99. *I choose not to answer*

From which source do you get most of your health information? Select all that apply

1. *Doctor*
2. *Nurse or other health care provider*
3. *Internet*
4. *A family or friend who works in health care*
5. *Family members*
6. *Friends*
7. *Health Department*
8. *Local newspaper*
9. *Magazines*
10. *TV*
11. *Health newsletter*
12. *All others*
98. *I don't know/not sure*
99. *I choose not to answer*

Have you received the following tests or been screened for these conditions:

	Within the year	Within the past 3 years	Within the past 5 years	Never
Blood Pressure				
Blood Sugar				
Cholesterol				
STIs (including: Chlamydia, Gonorrhea, Syphilis, HPV)				
HIV/AIDS				
For WOMEN: Breast Exam				
Mammogram				
Pap Test				
For MEN: Prostate Exam				

What types of health screenings and/or services are needed to keep you and your family healthy? Check the five most important

- Blood pressure*
- Cancer screening*
- Cholesterol screening*
- Dental services*
- Diabetes*
- Weight-loss/management*
- Drug and alcohol abuse*
- Heart diseases*
- Routine well checkups*
- Mental health/depression/anxiety*
- Nutrition*
- Prenatal care*
- Quitting smoking*
- Alcohol or drug treatment*
- Birth control*
- Vaccination/immunization*
- HIV/AIDS and sexually transmitted diseases (STD)*
- Access to affordable prescription drugs*
- Other \_\_\_\_\_*

**Children’s health and needs (11 questions)**

For the next questions, we would like to talk about [select a random child]

How old is your child?

\_\_\_\_\_

Would you say that in general your child's health is...?

- 1. *Excellent*
- 2. *Very good*
- 3. *Good*
- 4. *Fair*
- 5. *Poor*
- 98. *I don't know/not sure*
- 99. *I choose not to answer*

During the past 30 days, about how often would you say your child felt sad, unhappy, or depressed?

- 1. *Never*
- 2. *Seldom*
- 3. *Sometimes*
- 4. *Nearly Always*
- 5. *Always*
- 98. *I don't know/not sure*
- 99. *I choose not to answer*

Have you been told that your child have the following health conditions:

	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
<i>Asthma</i>			
<i>Pre-diabetes or diabetes</i>			
<i>Overweight/obesity</i>			
<i>Other, please specify:</i>			

During the past 12 months, did your child visit a personal doctor or nurse for a well child visit?

- 1. *Yes*
- 2. *No*
- 98. *I don't know / Not sure*
- 99. *I choose not to answer*

Have your child received all of the recommended vaccinations?

- 1. *Yes*
- 2. *No*
- 98. *I don't know / Not sure*
- 99. *I choose not to answer*

Was there a time during the last 12 months that you felt your child did not get the medical care [HE/SHE] needed?

1. Yes
2. No
98. *I don't know / Not sure*
99. *I choose not to answer*

Is there a particular clinic, doctor's office, or healthcare facility that you usually go to if your child is sick?

1. Yes
2. No
98. *I don't know / Not sure*
99. *I choose not to answer*

Vigorous physical activity includes running, jogging, basketball, soccer, swimming, jumping rope, or anything else that causes a large increase in breathing or heart rate. In a usual week, not including at work, on how many days does your child do vigorous activities for at least 30 minutes at a time?

1. *Zero days*
2. *One day*
3. *Two days*
4. *Three days*
5. *Four days*
6. *Five days*
7. *Six days*
8. *Seven days*
98. *I don't know/not sure*
99. *I choose not to answer*

On an average day, how many servings of fruit does your child drink or eat? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice.

1. *One or fewer servings*
2. *Two servings*
3. *Three or more servings*
98. *I don't know/not sure*
99. *I choose not to answer*

On an average day, how many servings of vegetables does your child drink or eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of vegetable juice.

1. *One or fewer servings*
2. *Two servings*
3. *Three or more servings*
98. *I don't know/not sure*
99. *I choose not to answer*

Appendix G: Suggested Services to Improve Community Health

