

A. Healthy Economy

Objective A.1 Increase high-quality employment opportunities for local residents		<u>Justification/ / Rationale / Source</u>				
<i>Indicator A.1.a</i>	Provision of jobs paying entry level wages greater than or equal to the living wage	<table border="1"> <thead> <tr> <th><i>Standard A.1.a</i></th> <th>90% of new jobs should provide entry level wages greater than or equal to the SF living wage</th> </tr> </thead> <tbody> <tr> <td colspan="2">(1) Individuals in households making less than a living wage live fewer years (2) Offspring of families making less than a living wage are less likely to graduate from high school (3) Currently 75-80% (confirm) of SF jobs pay living wages (AJPH 2001)</td> </tr> </tbody> </table>	<i>Standard A.1.a</i>	90% of new jobs should provide entry level wages greater than or equal to the SF living wage	(1) Individuals in households making less than a living wage live fewer years (2) Offspring of families making less than a living wage are less likely to graduate from high school (3) Currently 75-80% (confirm) of SF jobs pay living wages (AJPH 2001)	
<i>Standard A.1.a</i>	90% of new jobs should provide entry level wages greater than or equal to the SF living wage					
(1) Individuals in households making less than a living wage live fewer years (2) Offspring of families making less than a living wage are less likely to graduate from high school (3) Currently 75-80% (confirm) of SF jobs pay living wages (AJPH 2001)						

Health Outcomes Impacted: Life expectancy, infant mortality, homicide, chronic disease, depression, teenage pregnancy, disability, smoking behaviors

Objective A.2 Increase access to healthy, safe and meaningful work		<u>Justification/ / Rationale / Source</u>				
<i>Indicator A.2.a</i>	Jobs providing health insurance to employees	<table border="1"> <thead> <tr> <th><i>Standard A.2.a</i></th> <th>90% of new jobs should provide health insurance</th> </tr> </thead> <tbody> <tr> <td colspan="2">(1) Individuals with health insurance are more likely to get timely primary care, preventing costly hospitalizations (2) Currently 53% of San Franciscans have health care (UCLA Center for Health Policy Research)</td> </tr> </tbody> </table>	<i>Standard A.2.a</i>	90% of new jobs should provide health insurance	(1) Individuals with health insurance are more likely to get timely primary care, preventing costly hospitalizations (2) Currently 53% of San Franciscans have health care (UCLA Center for Health Policy Research)	
<i>Standard A.2.a</i>	90% of new jobs should provide health insurance					
(1) Individuals with health insurance are more likely to get timely primary care, preventing costly hospitalizations (2) Currently 53% of San Franciscans have health care (UCLA Center for Health Policy Research)						
<i>Indicator A.2.b</i>	Jobs providing sick days benefits to employees	<table border="1"> <thead> <tr> <th><i>Standard A.2.b</i></th> <th>90% of new jobs should provide sick days benefit</th> </tr> </thead> <tbody> <tr> <td colspan="2">(1) Individuals with paid sick leave are more likely to get timely primary care, preventing costly hospitalizations (2) currently XX% of jobs in SF provide paid sick leave</td> </tr> </tbody> </table>	<i>Standard A.2.b</i>	90% of new jobs should provide sick days benefit	(1) Individuals with paid sick leave are more likely to get timely primary care, preventing costly hospitalizations (2) currently XX% of jobs in SF provide paid sick leave	
<i>Standard A.2.b</i>	90% of new jobs should provide sick days benefit					
(1) Individuals with paid sick leave are more likely to get timely primary care, preventing costly hospitalizations (2) currently XX% of jobs in SF provide paid sick leave						

Health Outcomes Impacted: Life expectancy, chronic disease morbidity, disability, infectious disease incidence

Objective A.3 Promote equity and diversity		<u>Justification/ / Rationale / Source</u>				
<i>Indicator A.3.a</i>	Income inequality	<table border="1"> <thead> <tr> <th><i>Standard A.3.a</i></th> <th>New jobs will result in lowered income inequality for residents</th> </tr> </thead> <tbody> <tr> <td colspan="2">(1) Metro areas with relatively high income inequality have lower average life expectancy and higher rates of violence (2) San Francisco has one of the highest levels of income inequality in the country (Lynch)</td> </tr> </tbody> </table>	<i>Standard A.3.a</i>	New jobs will result in lowered income inequality for residents	(1) Metro areas with relatively high income inequality have lower average life expectancy and higher rates of violence (2) San Francisco has one of the highest levels of income inequality in the country (Lynch)	
<i>Standard A.3.a</i>	New jobs will result in lowered income inequality for residents					
(1) Metro areas with relatively high income inequality have lower average life expectancy and higher rates of violence (2) San Francisco has one of the highest levels of income inequality in the country (Lynch)						
<i>Indicator A.3.b</i>	Proportion of families living on income below self sufficiency standard (% of jobs paying self sufficiency wage - 40%)	<table border="1"> <thead> <tr> <th><i>Standard A.3.b</i></th> <th>No more than 10% of San Franciscans should be living below the self-sufficiency standard</th> </tr> </thead> <tbody> <tr> <td colspan="2">(1) Individuals in households making less than a living wage live fewer years (2) Offspring of families making less than a living wage are less likely to graduate from high school (3) Currently 75-80% (confirm) of SF jobs pay living wages (AJPH 2001)</td> </tr> </tbody> </table>	<i>Standard A.3.b</i>	No more than 10% of San Franciscans should be living below the self-sufficiency standard	(1) Individuals in households making less than a living wage live fewer years (2) Offspring of families making less than a living wage are less likely to graduate from high school (3) Currently 75-80% (confirm) of SF jobs pay living wages (AJPH 2001)	
<i>Standard A.3.b</i>	No more than 10% of San Franciscans should be living below the self-sufficiency standard					
(1) Individuals in households making less than a living wage live fewer years (2) Offspring of families making less than a living wage are less likely to graduate from high school (3) Currently 75-80% (confirm) of SF jobs pay living wages (AJPH 2001)						

Health Outcomes Impacted: Life expectancy, depression, violent injury

Objective A.4 Increase benefits to communities impacted by development		<u>Justification/ / Rationale / Source</u>		
<i>Indicator A.4.a</i>	Proportion of new jobs filled by local residents	<table border="1"> <thead> <tr> <th><i>Standard A.4.a</i></th> <th>75% of new jobs should be geared towards existing SF residents</th> </tr> </thead> </table>	<i>Standard A.4.a</i>	75% of new jobs should be geared towards existing SF residents
<i>Standard A.4.a</i>	75% of new jobs should be geared towards existing SF residents			

Health Outcomes Impacted: Life expectancy, infant mortality, homicide, chronic disease, depression, teenage pregnancy, disability, smoking behaviors

Objective A.5 Benefits and protects natural resources and environment		<u>Justification/ / Rationale / Source</u>		
<i>Indicator A.5.a</i>	Proportion of businesses meeting or exceeding city green business standards	<table border="1"> <thead> <tr> <th><i>Standard A.5.a</i></th> <th>50% of new business should meet green business standards</th> </tr> </thead> </table>	<i>Standard A.5.a</i>	50% of new business should meet green business standards
<i>Standard A.5.a</i>	50% of new business should meet green business standards			

Health Outcomes Impacted: Occupational illness and injury

Eastern Neighborhoods Community Health Impact Assessment

"Healthy City" Objectives, Indicators and Standards

B. Public Infrastructure/Access to Goods and Services

Objective B.1	Ensure safe, affordable, high quality child care for all neighborhoods		Justification/ / Rationale / Source
<i>Indicator B.1.a</i>	Proportion of demand for subsidized childcare met by existing facilities	<i>Standard B.1.a</i>	Development does not increase demand for subsidized child care without proportional increase in supply DCYF
<i>Indicator B.1.b</i>	Supply to demand ratio for childcare by planning district	<i>Standard B.1.b</i>	Supply to demand ratio for childcare in planning district is greater than 75% Low Income Investment Fund

Health Outcomes Impacted: Cognitive development, school outcomes, life expectancy (adult income)

Objective B.2	Ensure safe, accessible, multiuse, educational facilities, including youth programming		Justification/ / Rationale / Source
<i>Indicator B.2.a</i>	Proportion of children 1/2 mile access to public elementary school	<i>Standard B.2.a</i>	Development provides adequate school facilities for new residential population Schools as Centers of Community: A Citizen Guide for Planning and Design
<i>Indicator B.2.b</i>	Academic Performance Indicator	<i>Standard B.2.b</i>	Development should reduce geographic disparities in the academic performance California Department of Education

Health Outcomes Impacted: Asthma, respiratory disease, unintentional injuries, sleep disturbance, physical activity, recovery from illness (social support), mortality (social support)

Objective B.3	Increase park, open space and recreation facilities		Justification/ / Rationale / Source
<i>Indicator B.3.a</i>	Proportion of population within 1/4 mile access of neighborhood or regional park	<i>Standard B.3.a</i>	Development should meet the park facilities requirement for new residential populations Neighborhood Parks Council
<i>Indicator B.3.b</i>	Proportion of population within 1/4 mile access of a community recreational facility	<i>Standard B.3.b</i>	Development should meet the community recreational facilities requirement for new residential populations

Health Outcomes Impacted: Physical activity; chronic disease, depression, recovery from illness, mortality (social support)

Objective B.4	Provide affordable, safe, and sustainable transportation options		Justification/ / Rationale / Source
<i>Indicator B.4.a</i>	Proportion of households with 1/4 mile access to local bus or rail link	<i>Standard B.4.a</i>	100% of new residential development should have 1/4 mile access to local bus or rail link Leadership in Energy and Environmental Design - Neighborhood Development (LEED ND) criteria developed through national stakeholder process (LEED-ND 09-06-05)
<i>Indicator B.4.b</i>	Proportion of households within 1/2 mile to regional bus, rail or ferry link	<i>Standard B.4.b</i>	100% of new residential development should have 1/2 mile access to regional bus, rail, or ferry link LEED ND criteria developed through national stakeholder process (LEED-ND 09-06-05)

Health Outcomes Impacted: Respiratory disease, diabetes and heart disease (physical activity), unintentional injuries, life expectancy (social support)

Objective B.5	Ensure spaces for libraries, performing arts, theatre, museums, concerts, festivals for personal and educational fulfillment		Justification/ / Rationale / Source
<i>Indicator B.5.a</i>		<i>Standard B.5.a</i>	
<i>Indicator B.5.b</i>		<i>Standard B.5.b</i>	

Health Outcomes Impacted:

Objective B.6 **Ensure safe, affordable, high quality public health facilities** **Justification/ / Rationale / Source**

<i>Indicator B.6.a</i>	Proportion of population with 1 mile access to public health facility	<i>Standard B.6.a</i>	100% of new residential development should have 1 mile access to a public health facility
------------------------	---	-----------------------	---

Health Outcomes Impacted: Chronic disease hospitalizations

Objective B.7 **Ensure access to daily goods and service needs, including financial services and healthy foods** **Justification/ / Rationale / Source**

<i>Indicator B.7.a</i>	Neighborhood completeness indicator-services	<i>Standard B.7.a</i>	New neighborhoods should include X out of X key public services (post office, public school, public childcare, community park or playground, community garden, library, recreational center, community event space, public plaza)	LEED ND criteria developed through national stakeholder process (LEED-ND 09-06-05)
<i>Indicator B.7.b</i>	Neighborhood completeness indicator-goods	<i>Standard B.8.b</i>	New neighborhoods should include X out of X key amenities (bank, produce market, convenience store, supermarket, hardware store, cleaner, auto repair, restaurant, café, private childcare)	LEED ND criteria developed through national stakeholder process (LEED-ND 09-06-05)

Health Outcomes Impacted: Nutrition, physical activity, respiratory disease (air pollution), diabetes (physical activity), heart disease (physical activity)

C. Adequate Housing

Objective C.1 Preserve and construct a diversity of housing types Justification/ / Rationale / Source

<i>Indicator C.1.a</i>	Ratio of supply to current demand for each income group	<i>Standard C.1.a</i>	
<i>Indicator C.1.b</i>	Ratio of production to future demand for each income group	<i>Standard C.1.b</i>	SF should provide a 1:1 ratio of supply to demand according to RHND

Health Outcomes Impacted: Asthma and injuries (substandard housing); stress, stunted growth (reduced disposable income), infections and fire risk (overcrowding); recovery from illness and life expectancy (social support)

Objective C.2 Promote housing availability for what the market does not provide Justification/ / Rationale / Source

<i>Indicator C.2.a</i>	Proportion of families paying greater than 50% of their household income on their homes	<i>Standard C.2.a</i>	30% of all new housing should be at or below affordability levels that reflect 80% of the SF median income
------------------------	---	-----------------------	--

Health Outcomes Impacted: Asthma and injuries (substandard housing); stress, stunted growth (reduced disposable income), infections and fire risk (overcrowding); recovery from illness and life expectancy (social support)

Objective C.3 Protect residents from involuntary displacement Justification/ / Rationale / Source

<i>Indicator C.3.a</i>	Proportion of below market rate housing lost, and not re-built, through demolitions	<i>Standard C.3.a</i>	100% affordable housing lost through demolitions should be re-built at affordable levels for displaced residents
------------------------	---	-----------------------	--

Health Outcomes Impacted: Asthma and injuries (substandard housing); stress, stunted growth (reduced disposable income), infections and fire risk (overcrowding); recovery from illness and life expectancy (social support)

Objective C.4 Promote opportunities for home ownership Justification/ / Rationale / Source

<i>Indicator C.4.a</i>	Ratio of production to future demand for each income group	<i>Standard C.4.a</i>	30% of all new housing should be at or below affordability levels that reflect 80% of the SF median income
------------------------	--	-----------------------	--

Health Outcomes Impacted: Violent injuries (social cohesion)

Objective C.5 Minimize segregated communities Justification/ / Rationale / Source

<i>Indicator C.5.a</i>	Index of segregation by census tract	<i>Standard C.5.a</i>	100% of new projects and plans should decrease the local index of segregation
------------------------	--------------------------------------	-----------------------	---

Health Outcomes Impacted: Life-expectancy, violent injuries, physical activity, nutrition, chronic disease

D. Environmental Stewardship

Objective D.1 Reduce consumption of energy and natural resources		Justification/ / Rationale / Source
<i>Indicator D.1.a</i> Per capita electricity usage	<i>Standard D.1.a</i>	Energy consumption in new developments should be 15% lower than current energy conservation standard (ASHRAE/IESNA Standard 90.1) (1) Leadership in Energy and Environmental Design - Neighborhood Development (LEED ND) criteria developed through national stakeholder process (SFPUC, LEED-ND 9-06-05)
<i>Indicator D.1.b</i> Per capita water consumption	<i>Standard D.1.b</i>	Water consumption in new developments should be 20% below the average baseline usage (using design-based standards) (1) LEED ND criteria developed through national stakeholder process (SFPUC, LEED-ND 9-06-05)
<i>Indicator D.1.c</i> Per capita waste generation	<i>Standard D.1.c</i>	New development projects should use at least XX% recycled or refurbished materials and fixtures SFDOE, California Integrated Waste Management Board

Health Outcomes Impacted: Multiple (climate change)

Objective D.2 Preserve habitats and biodiversity		Justification/ / Rationale / Source
<i>Indicator D.2.a</i> Acres of natural areas and undeveloped shoreline	<i>Standard D.2.a</i>	New development must be at a distance greater than 100 feet from existing wetlands, water bodies, or riparian areas (1) LEED ND criteria developed through national stakeholder process (LEED-ND 9-06-05)
<i>Indicator D.2.b</i> Proportion of open space acreage to population	<i>Standard D.2.b</i>	New development must provide 1:1 open space replacement in a planning area if that development is taking over public open space (1) LEED ND criteria developed through national stakeholder process (LEED-ND 9-06-05)

Health Outcomes Impacted: Physical activity, depression, recovery from illness

Objective D.3 Reduce dependence on motor vehicles		Justification/ / Rationale / Source
<i>Indicator D.3.a</i> Vehicle miles traveled	<i>Standard D.3.a</i>	New development must result in parity or net reductions in VMT measured on a regional basis (1) Location efficient growth can allow for population and job growth without increases in VMT (MTA, Bay Area Alliance, Holtzclaw)
<i>Indicator D.3.b</i> Transportation mode share	<i>Standard D.3.b</i>	Mode share for personal vehicles must be less than 50% for all trips to or within San Francisco by 2015 (1) Mode share for similarly dense international cities is much less than 50% (Cal DOT Performance Indicators)

Health Outcomes Impacted: Respiratory disease (air pollution), pedestrian injury, sleep disturbance, annoyance, speech impairment, hypertension (noise)

Objective D.4 Make streets safe and accessible for all users		Justification/ / Rationale / Source
<i>Indicator D.4.a</i> Number of pedestrian injuries	<i>Goal D.4.a</i>	50% reduction in pedestrian injuries from 2000 levels SWITRS database
<i>Indicator D.4.b</i> Number of vehicle injuries	<i>Goal D.4.b</i>	50% reduction in vehicle injuries from 2000 levels SWITRS database
<i>Indicator D.5.a</i> Number of physical assaults	<i>Goal D.4.c</i>	50% reduction in physical assaults SFPD
<i>Indicator D.4.d</i> PedQual index	<i>Standard D.4.d</i>	Plans should provide pedestrian environmental quality at a level of adequate or above as measured by the PEDQUAL index PED Qual standards will be based on judgement of representative San Francisco residents (SFDPH Project, Charlotte, NC)

<i>Indicator D.4.e</i> Residential Area Traffic Speed	<i>Standard D.4.e</i> Residential streets speed calmed to less than 20mph	(1) Fatality rates for pedestrian injuries is less than 5% when vehicle speed is less than 20mph
<i>Indicator D.4.f</i> Arterial vehicle volume	<i>Standard D.4.f</i> Residential 15 % reduction in vehicle volume on arterials	(1) Rate of pedestrian and vehicle occupant injury directly proportional to vehicle flow (2) 15% reduction is a reasonably achievable target

Health Outcomes Impacted: Respiratory disease (air pollution), pedestrian injury, sleep disturbance, annoyance, speech impairment, hypertension (noise)

Objective D.5 Make public spaces accessible, safe, beautiful and clean

Justification/ / Rationale / Source

<i>Indicator D.5.a</i> Number of alcohol sales establishments	<i>Standard D.5.a</i> Alcohol sales establishments density in the planning area should be no greater than their density citywide	(1) Density of alcohol outlets correlates with density of physical assaults based on San Francisco data
<i>Indicator D.5.b</i> Environmental noise level	<i>Standard D.5.b</i> Average daytime noise outdoors in mixed-use residential areas should be less than 50 decibels	(1) WHO Health-based guidelines suggest this level for residential areas (2) Level specified by general plan (3) Level supported by EPA dose response curves
	<i>Standard D.5.c</i> Average evening and nighttime noise outdoors in mixed-use residential areas should be less than 55 decibels	(1) WHO Health based guidelines suggest this level for residential areas (2) Level specified by general plan (3) Level supported by EPA dose response curves

Health Outcomes Impacted: Violent injury and assault, pedestrian injury, sleep disturbance, annoyance, speech impairment, hypertension (noise)