

	City and County of San Francisco DEPARTMENT OF PUBLIC HEALTH	Gavin Newsom, Mayor Mitchell H. Katz, M.D., <i>Director of Health</i>
	OCCUPATIONAL & ENVIRONMENTAL HEALTH	Rajiv Bhatia, M.D., M.P.H <i>Director of EHS & OSH</i>

Hello Council Members - Here are some follow up items from yesterday's Council meeting:

1) Healthy Development Tool Follow-up: We had a productive discussion regarding the indicators used for the tool at yesterday's Council meeting. Clearly people are excited about its contents and application. Now we need to work hard to make it relevant and specific. Next steps include:

Making changes based on yesterday's feedback – especially with respect to indicators that respond to education level, language, culture and class.

Join us at the next Tool sub-group meeting scheduled for Wednesday, March 1, 12noon-1pm at SOMCAN (965 Mission Street). Please RSVP to us so that we know how much lunch to provide. Goals are to review new/edited/potential objectives, indicators and standards as well as discuss potential uses for the Tool.

Meeting one-on-one with those Council members who are interested in contributing but can't make the sub-group venue.

Spending a portion of the next meeting working in small groups to review which indicators and objectives still need work **and/or** have folks go around the room and make changes to the indicators to more accurately reflect what they think are good ways to advance the objectives.

Spending a portion of the Council meeting visioning for the tool, especially users, applicability and institutionalization.



2006_2_15_DRAFT_Healthy_Development_Tool.xls

2) EN Rezoning Statement: Please provide additions and improvements by **Friday, February 24**, before we submit to the Planning Department. We will add specific references to ENCHIA products and ways Planning can use them.

Also let us know if you do NOT want to be listed as “endorsing” the position.



2006_2_15_EN_Rezoning_Statement.doc

3) Policy ranking scale: If you haven't already done so, please complete the policy ranking scale. **Please submit these as soon as possible.**



2006_1_18_Policy_Ranking_Scale.xls

4) SRO Letter: We made the changes people suggested. If no further comment is submitted by **Friday, February 24**, we will send off to Supervisor Mirkarimi. **Please tell us if you do not want your organization listed.**



2006_2_15_SRO_Habitability_Letter.doc

4) New Research:

New Report Shows Premature Death from Heart Disease and Stroke Is Tied to Level of Economic Hardship in Communities Health officials urge better nutrition, more exercise during (Feb) American Heart Month

Press Release, LA County Dept of Health Services, Feb 13, 2006

In the first-ever report documenting the burden of heart disease and stroke in individual communities across the county, the Los Angeles County Department of Health Services, Public Health, finds that much of the variation in premature death rates from heart disease and stroke appear to be linked to the social and economic conditions within communities.

Heart disease and stroke together are the leading cause of premature death and disability in the county and the highest rates were concentrated in the south-central region and in some communities in the eastern and northern regions. The variation between communities likely reflects differences in individual risk behaviors such as smoking and physical inactivity as well as socioeconomic disparities in access to healthcare and differences in work and living environments.

"Cities and communities can play a vital role in improving the health of their populations," said Jonathan Fielding, M.D., M.P.H., Director of Public Health and County Health Officer. "Policies and programs that increase physical activity, improve nutrition, discourage smoking, and increase access to health care have the potential to greatly reduce the burden of heart disease and stroke, as well as diabetes and other chronic diseases."

The report provides specific recommendations for communities and cities as well as for individuals and families to reduce the burden of heart disease and stroke. For example, cities can promote physical activity by creating more walkable communities and establishing joint-use agreements with school districts to more fully utilize school land and facilities for community recreational programs. Communities can organize walking clubs. Cities can reduce the rates of smoking among youth by establishing retail tobacco licensing and using the fees to support enforcement of laws prohibiting tobacco sales to minors.

"We all stand to gain from a healthier population," said Fielding. "The report highlights the importance of all sectors of society, including health organizations, the business community, schools, cities, and communities sharing in the responsibility of protecting and promoting the health of those who live and work in the county."

The report ranks 133 cities and communities within the county based on their rate of premature death from heart disease and stroke, and their level of economic hardship. Premature death was calculated by adding the total number of years of life lost before age 75 for all deaths in the county caused by heart disease or stroke during 2000-2002. Economic hardship was measured using community-level data from the 2000 U.S. Census on crowded housing, poverty, unemployment, education, dependency, and income.

For a copy of the complete report, visit <http://lapublichealth.org/epi/>

<http://lapublichealth.org/epi/docs/CHR_CVH.pdf>Premature Deaths from Heart Disease and Stroke in Los Angeles County: A Cities and Communities Health Report, January 2006

<http://www.ladhs.org/phcommon/public/media/mediapubdetail.cfm?unit=media&ou=dhs&prog=media&cur=cur&prid=378&row=25&start=1>