



# HEALTH **IMPACT** IN 5 YEARS

## Navigating the Hilly Landscape of Health and Equity: Public Health and Transportation Departments Partner to Help Residents Gain Access to Quality Healthcare

San Francisco Department of Public Health  
Stories from Public Health Innovators

### Introduction

The Centers for Disease Control and Prevention’s (CDC) [Health Impact in 5 Years \(HI-5\)](#)<sup>1</sup> initiative highlights community-wide approaches that can improve the places where we live, learn, work, and play. The following example from San Francisco, California was implemented before CDC developed the HI-5 initiative, but showcases the components that may be needed to carry out one of the HI-5 evidence-based approaches: [the introduction or expansion of public transportation systems](#).<sup>2</sup>

San Francisco has been committed to maintaining and enhancing city-wide public transportation for decades. When it became clear that gaps in services were affecting residents’ health and well-being, the public health department stepped in to investigate and worked with the local transportation agency to come up with solutions. Thanks to longstanding relationships with area residents and the local transportation agency, the San Francisco Department of Public Health was able to help improve transit options for some of the city’s most disadvantaged residents.

### HI-5: Public Transportation System Introduction and Expansion<sup>2</sup>



**The goal:** Increase access to public transit—defined as buses, light rail, or subways—that are available to the public, run at scheduled times, and that may require a fare.



**The strategy:** Build or expand transportation systems to ensure people can reach everyday destinations—such as jobs, schools, healthy food outlets, and healthcare facilities—safely and reliably.



**The health impact:** Public transit is safer than private vehicles, improves air quality, provides opportunities for physical activity, and increases access to vital services.



**The value:** Providing high-quality transit services, including urban rail or “bus rapid transit” systems has the ability to produce per capita annual health benefits of \$355.<sup>3</sup>

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## Problem

Although city planners have been conscientious about public transit needs since the 1970s, access to transit across the city varies. While there are many public transit options in the city, particularly downtown and in the Castro neighborhood, access in other areas—including the less dense, southeastern regions of the city—is more limited. This leaves residents in neighborhoods such as Potrero Hill, Bayview Hunter’s Point, or Visitacion Valley with fewer transit options.



As part of a large-scale evaluation of the city’s transit network, city transportation planners recommended changes to some local routes. When the Potrero Hill Health Center learned about the proposed changes, staff members reached out to their colleagues at the department of public health to express concern that these changes could influence the needs and challenges of the communities that they serve—communities where residents are disproportionately low-income, communities of color, and less likely to own a car.

The health center also conducted a patient survey and discovered that many patients faced transit barriers that made it harder for them to reach their appointments, especially seniors, disabled individuals, and their lowest-income patients. These barriers included long travel times, travel delays that led to

lateness, missed appointments, or delayed care, and difficulty walking to and from transit points of service due to mobility issues—which were made worse by the location of the health center atop a steep hill in a region of the city with less transit access.

Results further revealed that patients were scattered across the city, and the sickest patients were more likely to face the most transportation barriers. Based on the survey findings,<sup>4</sup> public health officials realized that focusing exclusively on the fixed-route transit system (i.e., buses that travel a regularly scheduled route with fixed stops) would ultimately not meet the needs of the patients who required routine access to health care and lived in the city. Because of the clinic’s location, reaching the clinic on public transit requires that patients from many neighborhoods transfer buses—a particular barrier and challenge for people with limited mobility—in addition to making their way from transit stops to the clinic and back.

Public health officials began to work with the local transportation agency (the San Francisco Municipal Transportation Agency) to understand opportunities



to better use public transportation options that could be more accessible and responsive to the needs of the health clinic community.

## Engaging Partners from Multi-sect Partners

The health department had a long-standing relationship with the transportation agency. This relationship was established a decade earlier through the health department’s work to increase the consideration of health in the rezoning of San Francisco’s eastern neighborhoods using the practice of health impact assessment (HIA) and a “health in all policies”<sup>5</sup> framework. Through that process and subsequent collaborations, the health department

and community stakeholders gained valuable insight into policy-making in San Francisco, as well as potential levers to advance the consideration of health in policy decisions. Working closely with the public health department allowed other city agencies to see how health data could be used to inform decisions (like data from community indicator projects, including [www.SFIndicatorProject.org](http://www.SFIndicatorProject.org), and advanced analyses, including mapping tools like [www.TransBASESF.org](http://www.TransBASESF.org)).

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The health department, the city planning department, and the transportation agency have since launched more collaborative efforts, including the San Francisco Health Care Services Master Plan,<sup>6</sup> a long-range policy document that is updated every 3 years and aims to achieve equitable distribution of healthcare access across the city, and [Vision Zero SF](#),<sup>7</sup> the city's initiative to eliminate traffic deaths.

**Health in All Policies** is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

“Equity is core to public health, and I think that helps us engage more with the community ... to be able to help provide that bridge for the city agencies.”

Megan Wier  
Director, Program on Health, Equity & Sustainability  
Co-Chair, San Francisco Vision Zero Task Force  
Environmental Health Branch, Population Health Division  
San Francisco Department of Public Health

## Creating a Win-Win

The health department was able to build on its relationship with the transportation agency to better understand the issues and potential solutions for residents seeking care at the Potrero Hill Health Center face transportation barriers. Together, the two agencies recommended a joint effort between the health center and the city's paratransit service, San Francisco Paratransit, which includes taxi and group van services. San Francisco Paratransit is a heavily subsidized program that has been managed by the San Francisco Municipal Transportation Agency for over 30 years, available to those unable, due to their disability, to ride buses and trains. This program allows participants to reserve door-to-door drop-off and pickup service to and from a variety of destinations, including the health center. Since 1990, the Americans with Disabilities Act has required that all public transit agencies in the United States provide paratransit services to eligible people.

Because the residents who most needed better transit options also needed regular access to the health clinic, had mobility issues, and lived scattered across the city, the groups involved quickly realized that increasing access to paratransit services was the right option. Clinic staff now capture patients' transit

needs during admission, refer those who need it to the paratransit program, and help them enroll online. This assistance has been vital for patients who may have been unaware of paratransit options, or may have challenges navigating the program online.

As the health center and the paratransit program tackle these and other challenges together, the health department elected to include this idea in the city's Health Care Services Master Plan<sup>6</sup> as a way for transit and public health to collaborate to improve residents' health outcomes. The health department is still working with the transportation agency to improve public transportation for people seeking health care, including by taking travel time into account when assigning patients to healthcare providers.

**Paratransit** comprises special transportation services for individuals with disabilities. These services often supplement larger public transit systems (including fixed-route bus and rail systems) by providing individualized rides without fixed routes or timetables.

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## Sustainability and Lessons Learned

One important outcome of the collaboration between the health department and the transportation agency has been the partnership between the health center and San Francisco Paratransit. They now work together to confront problems like finding effective ways to boost enrollment and improve services. There have also been reports that patient participation at the health center has increased. This collaboration served as a pilot program that both agencies are now interested in expanding to other health clinics in the city, and removing transportation-related barriers to medical care remains vital to improving patient access to health care in San Francisco.<sup>8</sup>

The health department continues to focus transit-related efforts on enabling access to healthcare facilities. Efforts include mapping transit access to all public health facilities and bringing together public health and transportation agency leaders to continue to discuss system-wide solutions. Collaborative efforts are ongoing, and findings from resident surveys and health facilities mapping will continue to inform the San Francisco Health Care Services Master Plan as it undergoes regular updates.

After years of working with city planning and transportation agencies, the San Francisco Department of Public Health has offered the following lessons for other local health departments:

- The practice of collecting qualitative and quantitative data from residents helped the health department respond to community needs. Using secondary data on health and transportation conditions along with empirical literature has helped advance the consideration of health in transportation decision making.

- After developing a stronger understanding of community needs, then working with transportation officials to generate solutions, the health department was able to help ensure that public health-related needs of some of the city's most vulnerable residents were addressed.
- The health department recognized the importance of building relationships with other city agencies whose core missions may not explicitly include health. This relationship-building increased the health department's understanding of decision making and the context in which the transportation agency and other city agencies operate.
- Previous work to build relationships by conducting an HIA led to the health department being included in a number of the city's land-use and transportation planning initiatives. This has led to the consideration of integrating health into more policies and placing a larger emphasis on the needs of vulnerable populations.
- The health department hopes the partnership between the Potrero Hill Health Center and San Francisco Paratransit will inspire other health departments to consider a similar approach. This type of partnership has led to a larger collaborative effort between public health and transportation to attend to the needs of some of the most vulnerable communities.



HEALTH IMPACT IN 5 YEARS

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## About CDC's HI-5 (Health Impact in 5 Years) Initiative

HI-5 strategies can help you achieve healthy outcomes in your community in 5 years or less, providing good economic value for the investment. CDC reviewed the science to focus on 14 proven approaches that rose to the top as attainable wins for public health. The introduction or expansion of public transportation is just one of the 14 evidence-based interventions identified. CDC's HI-5 initiative can help you make decisions about what works and where to focus efforts to improve public health. To find out more about how your community can use the HI-5 initiative to improve the health of all people, visit the HI-5 website: [www.cdc.gov/hi5](http://www.cdc.gov/hi5).

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For more case examples of HI-5 approaches, please refer to [www.cdc.gov/hi5](http://www.cdc.gov/hi5)



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