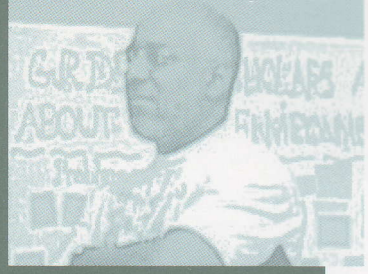
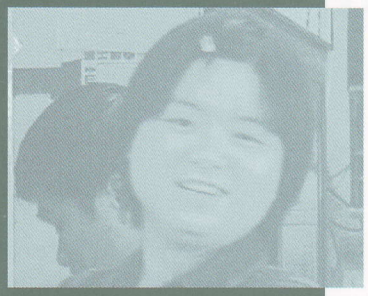
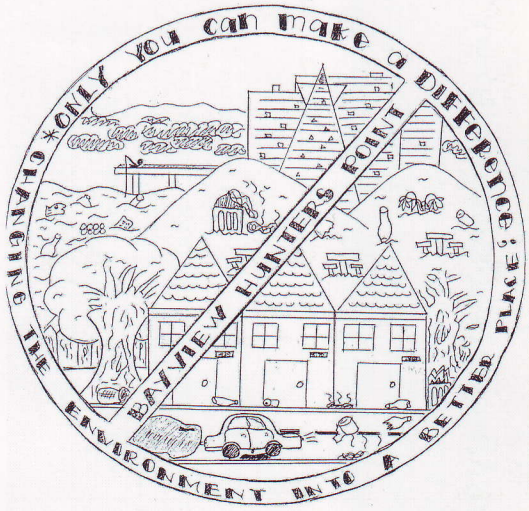


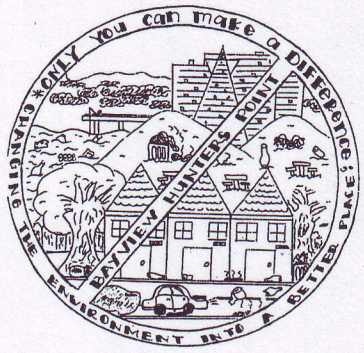


COMMUNITY SURVEY



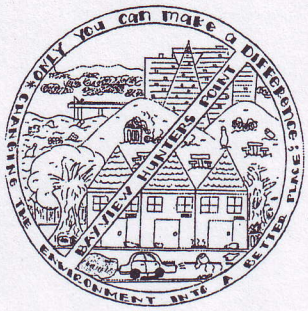
BAYVIEW HUNTERS POINT

Health & Environmental Assessment Task Force



Bayview Hunters Point
Health & Environmental Assessment Task Force

Community Survey



The **1999 Community Survey** is a population-based survey of 249 households in the Bayview Hunters Point neighborhood of San Francisco. The survey was conducted by the *Bayview Hunters Point Health & Environmental Assessment Task Force*, a partnership between the Bayview Hunters Point Community, the San Francisco Department of Public Health, and the University of California, San Francisco. The survey examines community concerns about the disproportionately high rates of disease among residents and the excess burden of environmental toxins in the neighborhood. Additional support was provided by the California Endowment and the San Francisco Foundation.

Special Thanks

To the many Bayview Hunters Point residents who participated in the survey and thus contributed to a better understanding of the concerns, needs, and strengths of the Bayview Hunters Point community.

And to Thomas Piazza and Yu-The Cheng of the Berkeley Survey Research Center for assistance with sampling and data analysis.

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April 2001

Dear Colleagues and Supporters,

I have the great pleasure of presenting this report on behalf of the research committee of the *Bayview Hunters Point Health & Environmental Assessment Task Force.* This is the final step in this community-driven project and the first step in many more like projects. We hope that you agree that this report is a model for community-driven public health research projects.

In conducting this survey, we attempted to fully involve neighborhood residents and stakeholders who are concerned with health and the environment. We learned a number of things, including the fact that projects take more time to complete when being inclusive. However, the extra time and effort were well worth it, as exhibited by our final product.

We have made a conscious effort to keep the report—and the entire project—as non-technical as possible while maintaining the strictest scientific standards and integrity. To that end, we have tried to limit our use of technical terms when simpler language could be used. We also attempted to explain our findings and conclusions in a manner that will allow community residents and community-based organizations to use them in their efforts to bring better services and a cleaner environment to the neighborhood.

Even before this report was complete, members of the community successfully referred to our findings to bring additional funding and resources to Bayview Hunters Point. The Community Health Network relied on our raw data in their proposal to the California State Office on AIDS, leading to funding of the *BVHP AIDS Early Intervention Project.* Others have relied on the findings to develop successful funding requests. Numerous students in public health disciplines have requested the information to use in their research assignments. The *Bayview Hunters Point Good Neighbor Project,* addressing problems related to the concentration of liquor stores in the neighborhood, has been instituted.

Now that the report is done, we hope that it will be useful to you, as well. If you have ideas for projects to address needs identified in this report, we would love to hear from you. We will work with you to make them happen. We would also be happy to hear from you if you want to get involved with the projects we are already undertaking. Please feel free to contact us at (415) 715-4009.

On behalf of the research committee and the *Bayview Hunters Point Health & Environmental Assessment Task Force,* I want to thank all of the Bayview Hunters Point residents who agreed to be part of this project. Without you, this report would not exist. Please join us in the next step—addressing the community needs identified in the report.

Very truly yours,

Karen Goodson Pierce
Coordinator
Bayview Hunters Point Health & Environmental Task Force

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Introduction

The **Bayview Hunters Point Health & Environmental Assessment Task Force** is a partnership between concerned Bayview Hunters Point residents, the San Francisco Department of Public Health, and the University of California at San Francisco, with involvement of other university, governmental, private, non-profit, social, religious, civic, and charitable organizations. The task force was formed in 1995 to address community concerns about the disproportionately high rates of disease among community residents and the excess burden of environmental toxins in the neighborhood. As articulated in our mission statement, the aim of the task force is "to improve the health, environment, and quality of life for the Bayview Hunters Point community."

The **Community Survey** was conducted by the task force in 1999. By systematically evaluating community concerns, health problems, environmental exposure, and access to health care, the survey was intended to help inform development of community-based interventions to improve health and environmental conditions in Bayview Hunters Point. Community residents participated in all phases of the survey project, including design of the questionnaires, interviewing of participants, and analysis of results. The study was designed and conducted to meet rigorous scientific standards for accuracy and representativeness of the Bayview Hunters Point community.

Methods

Task force research committee members began designing this project approximately two years before the data were collected. Here, we describe the methods used in the study—that is, how we went about conducting the survey—including development of the questionnaire, selection of people to interview, and analysis of our results.

Questionnaires

The committee decided that we should have two questionnaires, a *Household Questionnaire* to gather information about everyone living at a particular address and an *Individual Questionnaire* to gather specific information about a single person in the household. The *Household Questionnaire* was conducted as an interview and covered questions related to community services, disease prevalence, and environmental exposures. The *Individual Questionnaire* was completed by one person from the household and covered community concerns, health status, access to care, and health beliefs. Both questionnaires are included in Appendix A.

Survey questions were developed over 18 months. Crafting the questions took this long because committee members agonized over each one, making sure it was culturally sensitive and appropriate, was correctly worded, and asked what we intended to ask.

When the questions were finalized, the project was ready to employ interviewers and begin gathering information. A targeted effort was made to hire community residents by placing advertisements in community papers and distributing job announcements to neighborhood organizations and churches. As a result, the project was staffed predominantly by community residents and former residents. The staff also included interviewers fluent in Cantonese, Mandarin, and Spanish so that monolingual residents could participate.

Selecting Households and Participants

The goal of the **Community Survey** was to understand the health and community concerns of Bayview Hunters Point residents, to share that information with community-based organizations and residents, and to use what we learned for project planning. Clearly, we were not able to interview every resident. However, to be able to apply the answers of the people surveyed to the whole neighborhood, we designed the survey so that **every household had an equal chance to be selected to participate.**

Specifically, we used the following process to select households and participants.

- Bayview Hunters Point census blocks were randomly selected. The U.S. is divided into census tracts and blocks by the federal government to conduct the population count. A census block is part of a census tract. Appendix B includes a map of the selected census tracks and a list of the number of participating households from each census block.
- **Every** residence in these census blocks was located and mapped—no names were collected at this point, only evidence of homes with people living in them.
- All households were listed by location in the census blocks.
- Households (houses, apartments, or even cars functioning as "homes") were selected randomly from this list.
- Only respondents from households selected using this process were interviewed. If we had also interviewed people in non-selected households, those with certain characteristics might have been more likely to participate and interviewees would no longer be representative of the community at large. For example, since we were asking about chronic illness, residents with chronic illnesses might be more likely to volunteer, raising the apparent percent of people with chronic conditions in Bayview Hunters Point.
- We selected 522 households. At least six attempts were made to contact each household, and attempts were made at different times of the day, evening, and weekend.
- To be eligible for participation in the *Household Questionnaire*, a household had to be identified through the random selection process, an adult (18 years or older) had to have lived at that address for at least six months, and that adult had to speak English, Cantonese, Mandarin, or Spanish. An incentive of $20 was provided to any person who completed an interview.
- For the *Individual Questionnaire*, one adult household member was randomly selected from each household participating in the *Household Questionnaire*. The *Individual Questionnaire* was designed to be left with the randomly selected household member to complete and mail back, although an interviewer could administer it if requested. The *Individual Questionnaire* was translated only into Spanish, but was administered by a translator for Cantonese and Mandarin speakers. An incentive of $20 was provided to the participating household member.

Using this process, the committee's goals were to investigate community concerns, environmental exposure, health status, access to health care, and health beliefs and to empower the community through education, employment, and knowledge.

As we were developing this survey and presenting our results, two questions often arose. We present these questions below to illustrate some differences between the selection approach we used in this survey and other options.

Would it be better to interview 1,000 residents who volunteer to do the survey than to take the trouble to randomly select and interview people from 522 specific households? Is it better to interview a smaller number of randomly selected people than many volunteers?

The characteristics of the people who volunteer (ethnic group, income, health status, and concerns) may be very different from people who do not volunteer, and therefore one cannot relate the traits of participating volunteers to all Bayview Hunters Point residents. A randomly selected group of people better represents the Bayview Hunters Point community.

Could we let people volunteer and then fill in locations where we had no volunteers?

This would be geographically representative, but there could easily be other differences (ethnic group, income, religion) that might relate to differences in concerns, health care access, and overall health of the participants. Again, a randomly selected group of participants is more representative the entire Bayview Hunters Point community.

Participation

Of the 522 households selected, 399 were successfully contacted. Of the 399 households contacted, 101 refused to participate and 49 were ineligible (for reasons such as the unit was not residential or residents had not lived there more than six months). A total of 249 households completed the *Household Questionnaire*, representing 71% of the eligible households contacted.

The *Individual Questionnaire* was completed by 171 participants, representing 68% of the eligible individuals. Of those, 32 were elderly (65 years or older) and 136 were non-elderly (18-64 years old). One person did not give his age.

Presentation of Results

In general, results have been presented with graphs or tables and accompanying text. When we compared two groups within Bayview Hunters Point, or when we compared our findings to California or the U.S., we used something called a **95% confidence interval (95% CI)**.

When it appears in our graphs, the 95% CI looks like a vertical line with a point in the middle. The point respresents our estimate. The line represents how much our estimate could change due to chance if we asked the same questions of another randomly selected set of Bayview Hunters Point households. If we sampled 300 Bayview Hunters Point households 100 different times, in 95 of those times we'd expect our study estimate to be within those

intervals. When lines overlap, we cannot tell if differences are due to chance or to true differences between groups of people. If the lines do not overlap, then we refer to this difference as "significant." The length of this line changes with the number of people in a survey, the commonness of a condition (or answer), and the amount of variability in that group of people.

For example, in our study 10.1% of participants had asthma and we concluded that 10.1% of all Bayview Hunters Point residents had asthma. What would happen if we randomly selected another set of 300 households and asked the same questions about asthma? The percent of people with asthma might change from sample to sample. However, because this is a random sample, we only expect differences due to chance. In this survey, the 95% CI for asthma was 7.8% to 12.4%. If we took 100 different samples of 300 households, we would get 100 estimates and 100 confidence intervals. Ninety-five (95) of these 100 confidence intervals would include the true prevalence of asthma. For more information on the methods used for statistical analysis, please see Appendix C. In this report, we use 95% CI lines only when comparing groups of people.

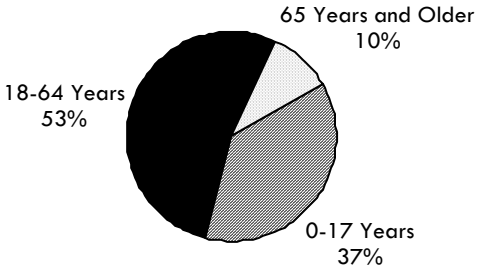
Demographics

In our surveys, we asked a number of questions related to personal characteristics, income, and housing. We collected this demographic information for two reasons. First, it helped us get an idea of who participated in the study. Second, we used this information to better understand differences between groups. For example, we could use this information to see whether the percent of people with asthma differed by income, ethnicity, or age group.

Population of Households Surveyed: Age

A total of 922 residents lived in the 249 households surveyed. Of these, 37% were children (0-17 years old), 53% were non-elderly adults (18-64 years old), and 10% were elderly adults (65 years or older). One person declined to give his age. In 17% of households, there was only one adult. Of households with children and only one adult, 93% were headed by women and 7% were headed by men. Fifty-seven percent (57%) of households included children.

Age of Residents (%)



Population of Households Surveyed: Race/Ethnicity

Household Questionnaire respondents (one per household) were asked to identify all of the racial and/or ethnic groups to which they belonged. Sixty-nine percent (69%) identified themselves as Black/African American, 16% as Asian/Pacific Islander, 9% as Latino/Hispanic, and 6% as White.

Race/Ethnicity of Residents (%)	
Black/African American	69%
Asian/Pacific Islander	16%
Latino/Hispanic	9%
White	6%
	100%

Population of Households Surveyed: Income

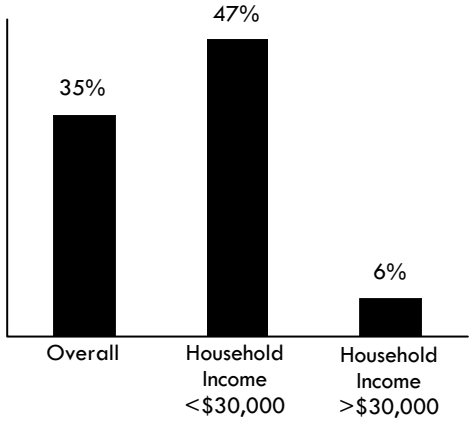
Household Questionnaire respondents were asked to estimate their annual household incomes, including salary, retirement benefits, social security, and public assistance. This table shows the percent of households in each income category. Most households were in the lower income categories. Only 17% of households were in the highest income category.

Household Income of Residents (%)	
Annual Income from All Sources	
<$15,000	36%
$15,000 – $30,000	25%
$30,000 – $50,000	22%
>$50,000	17%
	100%

Population of Households Surveyed: Workers

Household Questionnaire respondents were asked how many adults in their households were working full-time (defined as working at least 35 hours per week in all jobs held). Overall, 35% of households had no full-time workers. The number was higher (47%) for households earning under $30,000 annually and lower (6%) for households earning over $30,000. The percent of full-time workers also differed by race and age. African American households had fewer full-time workers than did either Latino or Asian/Pacific lslander households.

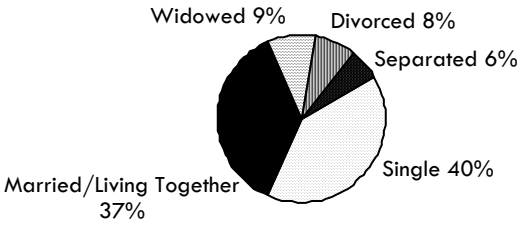
Households with No Adults Working (%)



Population of Households Surveyed: Marital Status

Forty percent (40%) of residents identified themselves as single, 37% as married or living together, 9% as widowed, 8% as divorced, and 6% as separated. Married residents were more likely to live in households with full-time adult workers (77%) and annual incomes of more than $30,000 (53%). Twenty-seven percent (27%) of African Americans were married, compared with 76% of Asian/Pacific Islanders.

Marital Status of Residents (%)



Population of Households Surveyed: Group Affiliations

Individual Questionnaire respondents were asked about the social groups to which they belonged. The group most frequently identified was *spiritual, religious, or church*—not surprising as Bayview Hunters Point boasts 43 churches at last count. The next highest affiliation, *labor union or professional group*, is in keeping with the neighborhood's historical connection to ship-building and longshoreman jobs. The third most common affiliation, *group concerned with children,* is apt since BVHP has the largest percent of children of any neighborhood in the city.

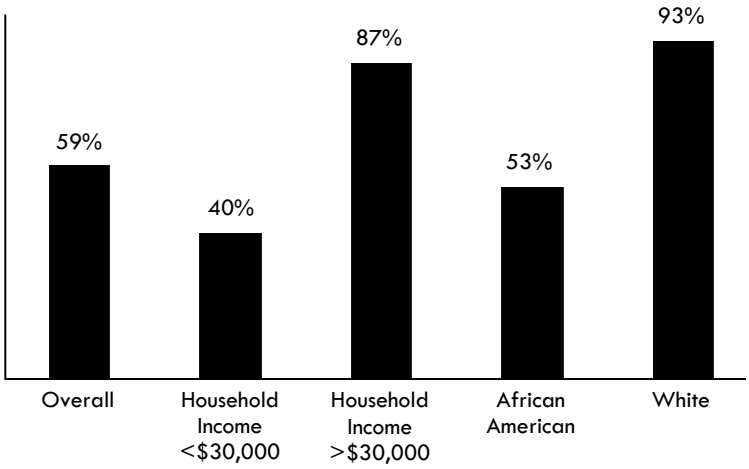
Residents Belonging to Social Groups (%)

Spiritual, Religious, or Church Group	34%
Labor Union or Professional Group	21%
Group Concerned with Children (e.g., PTA, Boy Scouts)	14%
Group Concerned with Community Improvement, Charity, or Service	13%
Recreational Group	7%
Environmental Group	6%
Support or Therapy Group	6%

Housing: Type of Housing

When asked whether they lived in houses or apartments, 59% of *Household Questionnaire* respondents said they lived in houses. Only 40% of residents with annual household incomes of less than $30,000 lived in houses, compared to 87% of those with incomes of more than $30,000. Fifty-three percent (53%) of African American residents lived in houses, compared to 93% of White residents.

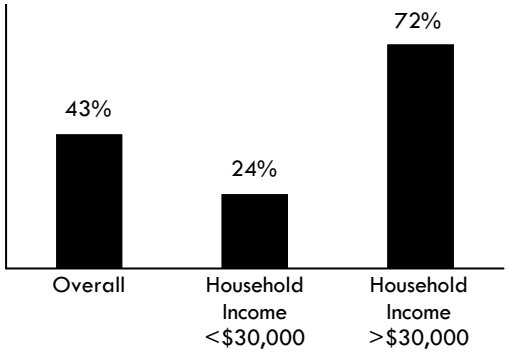
Residents Living in Houses by Income and by Race (%)



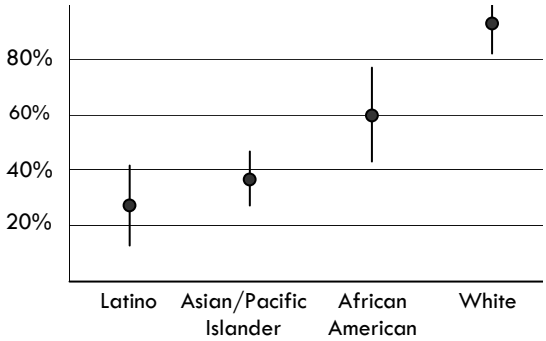
Housing: Renting vs Owning

When asked whether they rented or owned their homes, 43% of *Household Questionnaire* respondents reported that the heads of their households owned their living spaces and 57% said they rented their living spaces. Twenty-four percent (24%) of those with annual household incomes of less than $30,000 owned their homes, compared to 72% of those in households with annual incomes of more than $30,000. The bottom graph shows the difference in percentage of home ownership by race. Since the confidence intervals are overlapping for many of the groups, the only conclusion that may be drawn is that African American and Latino residents were less likely to own their homes than were White residents. Seventy-two percent (72%) of households living in houses owned the houses. Nearly all residents living in apartments were renters.

Residents Owning Homes by Income (%)



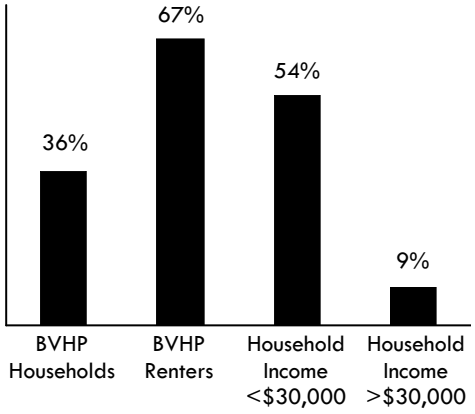
Residents Owning Homes by Race (%)



Housing: Subsidized

Overall, 36% of *Household Questionnaire* respondents reported that their housing was subsidized. Sixty-seven percent (67%) of renters indicated that they lived in subsidized housing. Fifty-four percent (54%) of households with annual incomes under $30,000 lived in subsidized housing, compared to only 9% of households with incomes over $30,000 per year. Almost half of African American residents lived in subsidized housing, more than any other racial group.

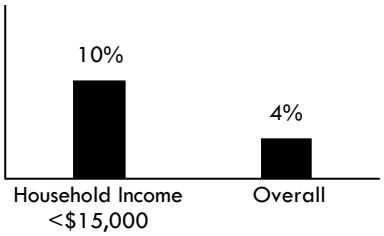
Residents Living in Subsidized Housing (%)



Housing: Telephone Service

Nearly all *Household Questionnaire* respondents (96%) reported that their households had telephone service. Among households with annual incomes under $15,000, 10% did not have telephone service.

Households without Telephone Service (%)

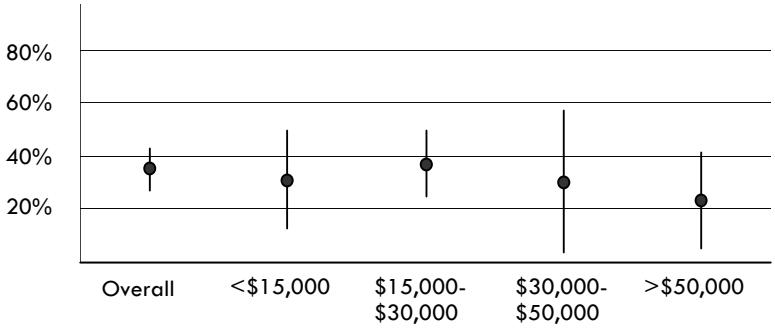


Worry about Ability to Pay Basic Household Expenses

Individual Questionnaire respondents were asked how frequently they worried about their ability to pay for basic household expenses, such as rent, food, and clothes. Overall, 35% of respondents reported that they worried about this *always* or *frequently*. Interestingly, the level of worry was consistent across income categories.

Residents Worrying about Ability to Pay Basic Household Expenses

Overall and by Annual Income Level (%)



Demographics: Summary

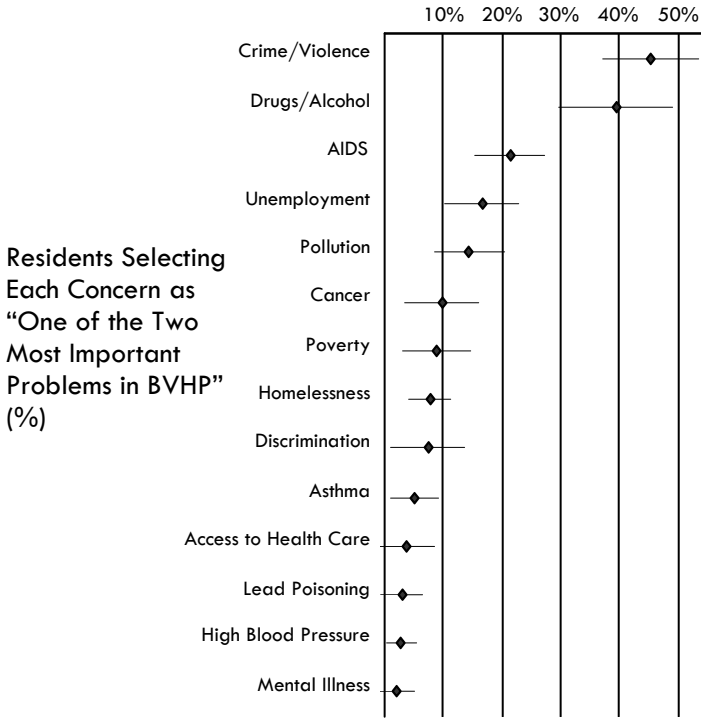
A higher percentage of African American households were represented in this survey than were in the neighborhood, perhaps because African Americans may have been more willing to participate than individuals from other ethnic groups. Other reasons, including difficulty in retaining interviewers who spoke Spanish and cultural attitudes about being interviewed, also may have been factors.

Community Concerns

To help set priorities for addressing the problems faced by Bayview Hunters Point residents, we needed to know about their concerns. By asking the questions analyzed in this section, we were able to get a clearer understanding of those concerns.

Concerns: Community Priorities

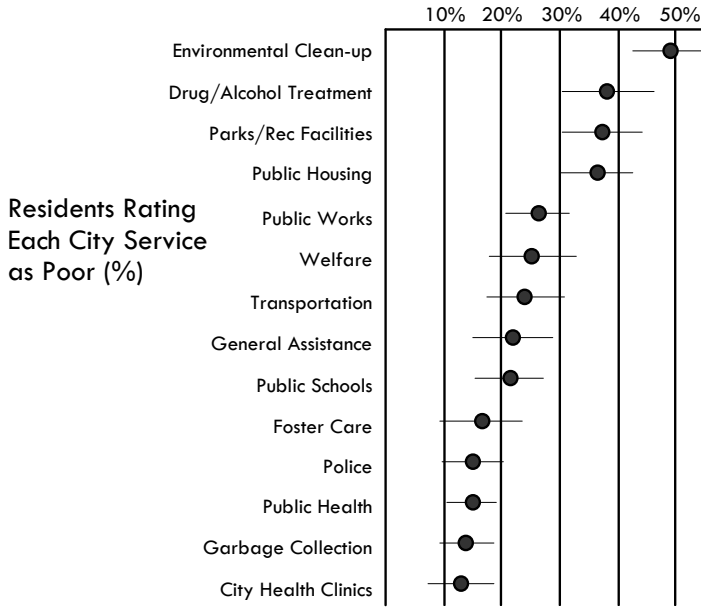
Individual Questionnaire respondents were asked to rate the importance of issues facing the community and to choose their top two concerns. The two issues most frequently chosen were *violence/crime* and *drug/alcohol abuse*—more than 40% of respondents reported that these issues were one of the two most important problems in the Bayview Hunters Point neighborhood. *Environmental pollution*, a priority concern of the task force, was considered one of the two most important issues by 15% of residents.



Concerns: Ratings of City Services

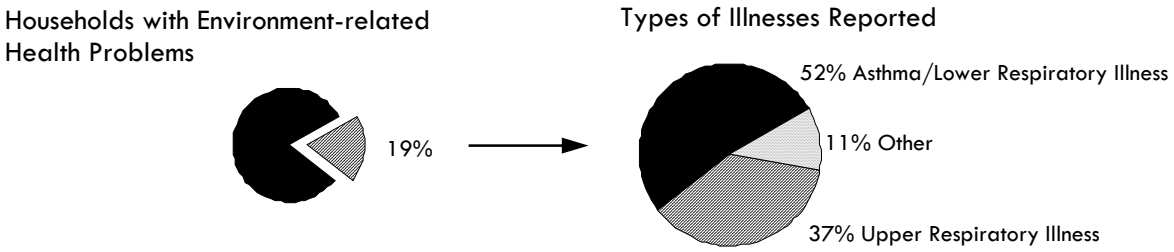
Household Questionnaire respondents were asked to rate city services as good, fair, or poor. Here, we show the percent of respondents who rated the services as poor.

Environmental clean-up received the worst ratingCnearly half rated it as poor. *Drug and alcohol treatment programs*, *parks and recreation facilities*, and *public housing* were all rated poor by more than one-third of respondents. *City health clinics* were the least likely to be rated as poor.



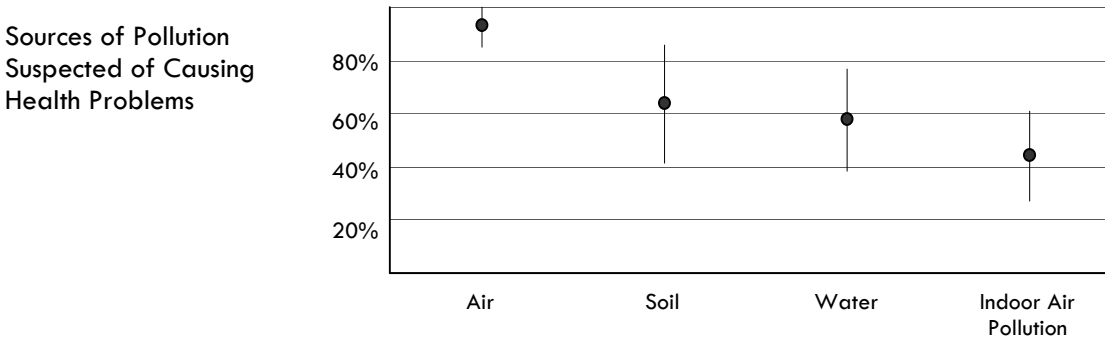
Concerns: Environment-related Health Problems

Nearly one in five *Household Questionnaire* respondents (19%) reported that one or more of their household members had health problems which they believed were related to pollution or environmental toxins. Of the 44 respondents that specified what those health problems were, 52% reported *asthma/lower respiratory illnesses* and 37% reported *upper respiratory illnesses*.



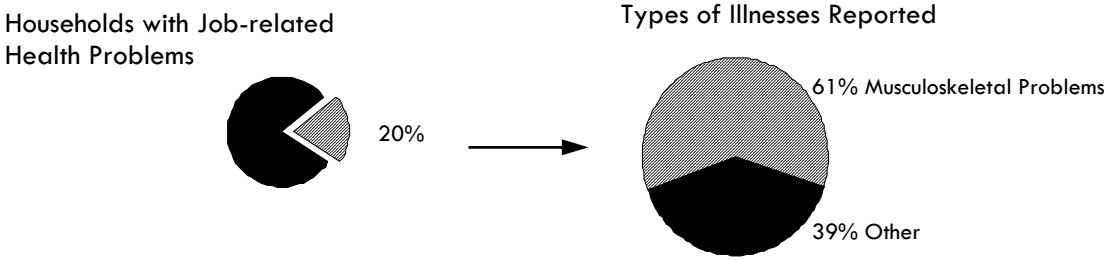
Concerns: Pollution Suspected of Causing Environment-related Health Problems

Respondents from households with one or more members who had health problems thought to be related to pollution were asked what types of pollution they believed were related to the health problems. Most respondents indicated they believed air pollution was to blame.



Concerns: Job-related Health Problems

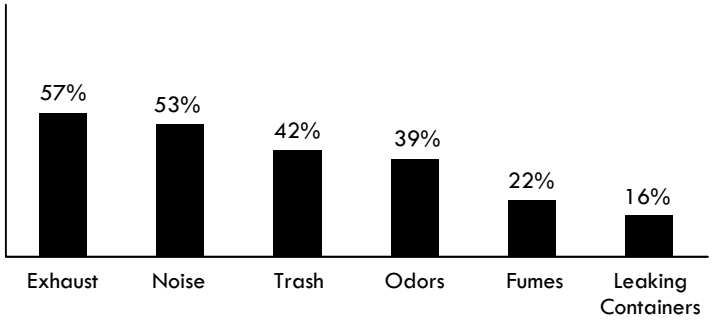
One in five *Household Questionnaire* respondents reported that one or more of their household members had health problems that they believed were related to their jobs. More than half of these health problems were reported to be musculoskeletal (e.g., back ache or joint pain).



Concerns: Environmental Exposure near Home

Household Questionnaire respondents were asked whether they noticed any of the following **within one block** of their homes: *truck or bus exhaust; loud, disruptive noise; uncollected trash; foul odors; chemical fumes*; or *leaking oil/chemical containers*. *Exhaust* and *loud noise* were noted by more than half of household respondents, and 50% reported being located within one block of *odors*, *fumes*, and/or *leaking containers*. Those reporting such exposure were then asked how much the exposure bothered them. Residents reported being irritated s*omewhat* or *a lot* in at least two-thirds of cases. There was no clear difference between type of exposure and the level of irritation experienced.

Households Reporting Environmental Exposure within One Block of Home (%)



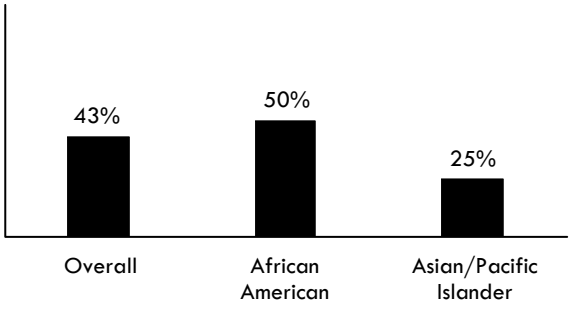
Concerns: Smoking

Forty-eight percent (48%) of *Household Questionnaire* respondents had one or more household members who smoked. Overall, 43% of respondents reported that residents or regular visitors smoked **inside** the home. This is disturbing in light of evidence that indoor smoking poses serious health risks not only to the smokers but to others, as well.

Surprisingly, we found no clear difference in the rates of indoor smoking between homes with children and homes without children. Given the association between second-hand smoke exposure and the occurrence of childhood illnesses, such as asthma, we had anticipated less indoor smoking in homes with children.

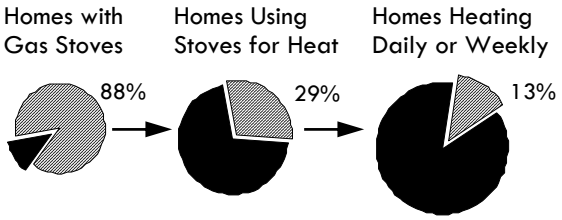
Rates of indoor smoking varied somewhat by race: 50% of African American respondents reported that residents or visitors smoked indoors, compared to 25% of Asian/Pacific Islanders. While there was a suggestion that rates of smoking indoors might be higher in households with lower annual incomes, confidence intervals overlapped slightly.

Households Reporting Indoor Smoking (%)

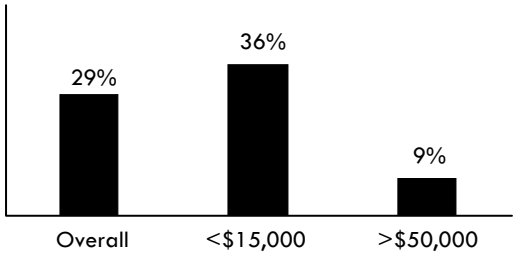


Concerns: Gas Stoves and Heating

Most *Household Questionnaire* respondents (88%) reported having gas stoves in their homes, and 29% of households with gas stoves reported having used the stoves to help heat their homes. Of these, 13% used the stoves daily or weekly for that purpose. One-third (36%) of households with annual incomes under $15,000 reported using gas stoves to heat their homes, compared to only 9% of those earning $50,000 or more per year. Heating with gas stoves is of concern as studies have shown an association between gas stove use and asthma attacks in asthmatic people This is thought to be due to the gas increasing nitrogen dioxide levels in the home.



Households Using Gas Stoves for Heating, Overall and by Annual Income Level (%)



Concerns: Eating Fish from San Francisco Bay

Fourteen percent (14%) of respondents reported having eaten fish caught in San Francisco Bay; 15 people ate fish from the bay at least once a month, and six people ate fish from the bay weekly. Commonly consumed bay fish—striped bass, bay shark, and kingfish—have been contaminated with hazardous chemicals like DDT, dioxin, PCBs, and mercury. The California Department of Health Services now recommends that pregnant and nursing women and children under six years old should not eat bay fish more than once a month and should never eat shark or striped bass over 24 inches long. Others may eat two meals per month that include bay fish but should not eat striped bass over 35 inches. (Hint: The length of the fish seems to have something to do with the concentration of chemicals. So if it's big enough to brag about, stuff it—don't eat it!)

Community Concerns: Summary

The primary concerns of surveyed residents were violence and substance abuse, however residents were also quite concerned with environmental issues. Half of households were located within one block of odors, fumes, and/or leaking containers, and two-thirds reported that these conditions irritated them. One in five reported that household members had environmentally related illnesses, such as asthma. Nearly half of residents felt that San Francisco's environmental clean up services were poor.

Unfortunately, we also found that indoor smoking is quite common in BVHP, indicating that smoking cessation and prevention services would be beneficial.

We focused on these concerns in our priority-setting town hall workshop, *Landscape of Our Dreams: A Community Dialogue*, and developed a new initiative, *The Good Neighbor Project*, to address the negative impact of the concentration of liquor stores on quality of life in BVHP.

Disease Prevalence: Introduction

Household Questionnaire respondents were asked whether they or anyone in their households had any of a long list of chronic health problems. The prevalence—the proportion of people in a given community with a particular health condition—of each health problem in Bayview Hunters Point is listed in Appendix D. Using data from the *1996 National Health Interview Survey* (NHIS) data, the most current available, we compared the prevalence of high blood pressure, diabetes, and asthma among BVHP residents and among the total U.S. population.

Disease Prevalence: High Blood Pressure and Diabetes

The table below presents prevalence data for high blood pressure and diabetes in elderly (≥65 years) and non-elderly (18-64 years) adults in Bayview Hunters Point and nation-wide. It also includes the prevalence data for these chronic illnesses in elderly and non-elderly African Americans in BVHP and the U.S.

		High Blood Pressure (95% CI)	Diabetes (95% CI)
BVHP Residents	Non-elderly Adults (18-64 yrs)	18.4 (14.1-22.7)	5.4 (3.2-7.6)
	Elderly Adults (≥65 yrs)	54.9 (44.3-65.5)	20.5 (11.7-29.3)
	All Ages	15.0 (11.8-18.3)	5.0 (3.3-6.7)
U.S. Residents	All Ages	11.4	3.3
African Americans, Non-elderly	U.S. (0-44 yrs)	4.6	0.9
	BVHP (18-64 yrs)	22.9 (16.6-29.1)	6.5 (3.3-9.8)
	U.S. (45-64 yrs)	34.5	12.1
African Americans, Elderly	BVHP (≥65 yrs)	65.0 (47.9-82.1)	22.9 (9.3-36.5)
	U.S. (≥65 yrs)	53.4	21.9

When compared to the U.S. adult population, BVHP adults reported higher rates of high blood pressure (15% compared to 11%). This is not surprising, given that our survey population included higher percentages of racial minorities and low-income households than did the U.S. survey. Both low income and minority status are associated with a higher risk of high blood pressure.

Because the our confidence interval overlapped with the rate found for the U.S., no clearly higher rate of diabetes in BVHP was indicated. Comparing data for BVHP and U.S. African American residents was made difficult by the two studies' differing non-elderly age categories. The BVHP data category (18-64 years) was flanked above and below by the NHIS age categories (0-44 years and 45-64 years, respectively). The prevalence of high blood pressure and diabetes in BVHP African Americans fell within the expected range for non-elderly African Americans nation-wide.

There appeared to be no difference in the prevalence of high blood pressure or diabetes between elderly BVHP African Americans and elderly African Americans nation-wide.

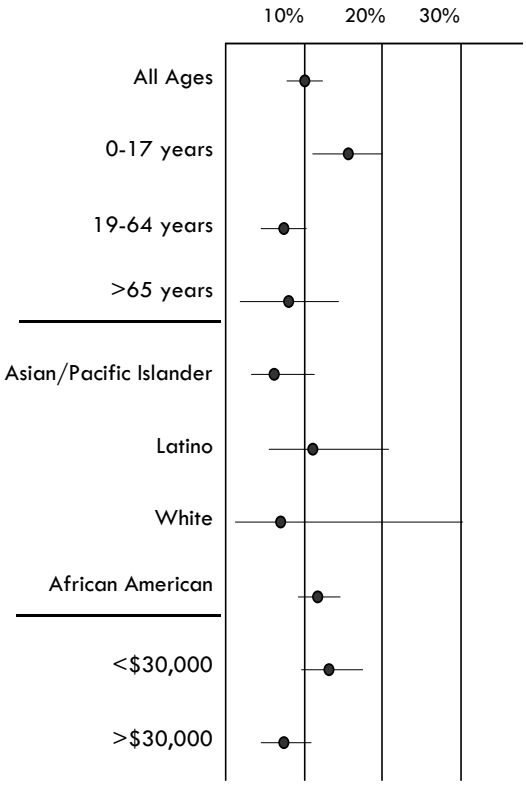
Disease Prevalence: Asthma

Our study included two sources of information on asthma. First, using the *Household Questionnaire*, we asked how many household members had asthma and the age and sex of each person with the illness. With this data, we could estimate the percentage of people in Bayview Hunters Point who had asthma. Unfortunately, national statistics define asthma differently from other health conditions. The NHIS only collected data on the number of people in a household who had asthma in the **previous 12 months**, and as with diabetes and hypertension, no prevalence data were given for African American children. The closest age group for which data is given is 0 to 44 years old.

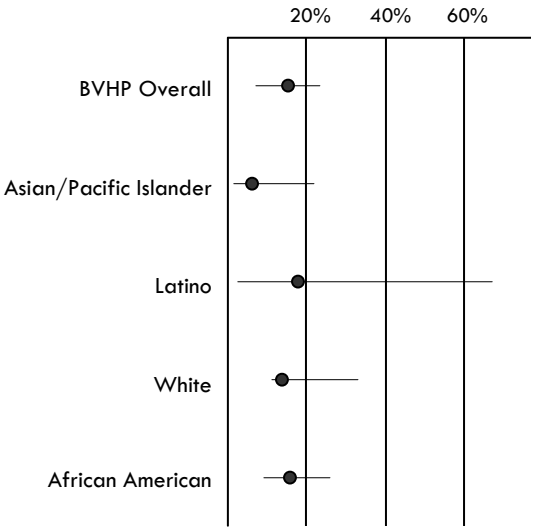
Overall, we found that 10% of BVHP residents had asthma. Asthma prevalence was 16% among children and declined to 7% and 8% among non-elderly and elderly adults, respectively. Comparing racial groups, prevalence was highest among African Americans (11%) and lowest among Asian/Pacific Islanders (6%). Prevalence was also greater among those with annual incomes under $30,000 (13%) than in those earning over $30,000 annually (7%).

Second, using the *Individual Questionnaire*, we gathered data on the prevalence of diagnosed asthma and symptoms experienced in the previous year among adults. Overall, 15% of adult residents had been diagnosed with asthma. The confidence interval is quite wide, however, indicating that we had not estimated this with much precision. For this report, active asthma was defined as any wheeze in the previous 12 months plus a diagnosis of asthma, and we estimate 12% of adult BVHP residents had active asthma.

Household Members with Asthma by Age, Race, and Income Level (%)



Individual Questionnaire Respondents with Asthma by Race (%)



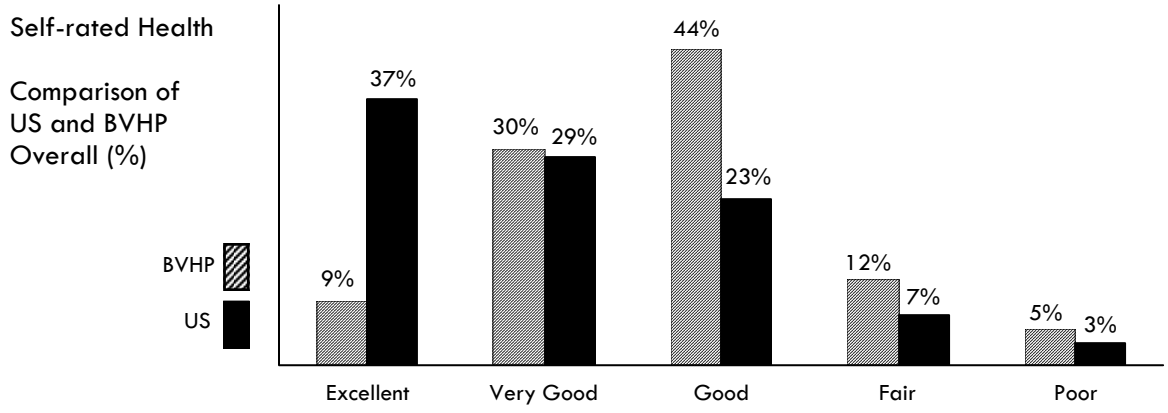
Differences between asthma prevalence in the *Household Questionnaire* and the percent of residents ever diagnosed with asthma in the *Individual Questionnaire* may be due to differences in the actual questions asked (people who were no longer symptomatic may not have included themselves as having asthma in the *Household Questionnaire*) or to chance differences in the sample.

Self-rated Health: Introduction

In addition to knowing about the presence of specific illnesses in Bayview Hunters Point, it is important to assess the overall health of residents. One conventional method for evaluating overall health is to ask respondents to rate their own health. Previous research has shown that this question provides a very good indication of a person's general state of health. For example, a person who rates his health as only *fair* or *poor* is much more likely to wind up in the hospital and not live as long as someone who rates her health as *good* or better. We used a standard question asking residents to rate their health as *excellent, very good, good, fair,* or *poor.*

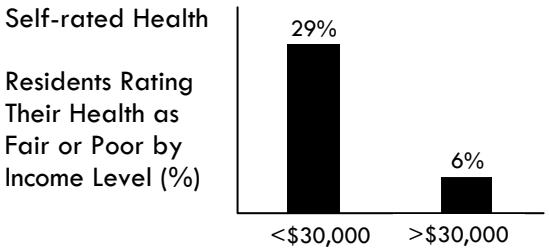
Self-rated Health: BVHP vs US

Individual Questionnaire respondents were asked to rate their health as *excellent, very good, good, fair,* or *poor*. This graph compares their responses to those of other U.S. residents using NHIS data. Overall, Bayview Hunters Point residents rated their health lower, with only 9% rating their health as *excellent* compared to 37% of all U.S. residents



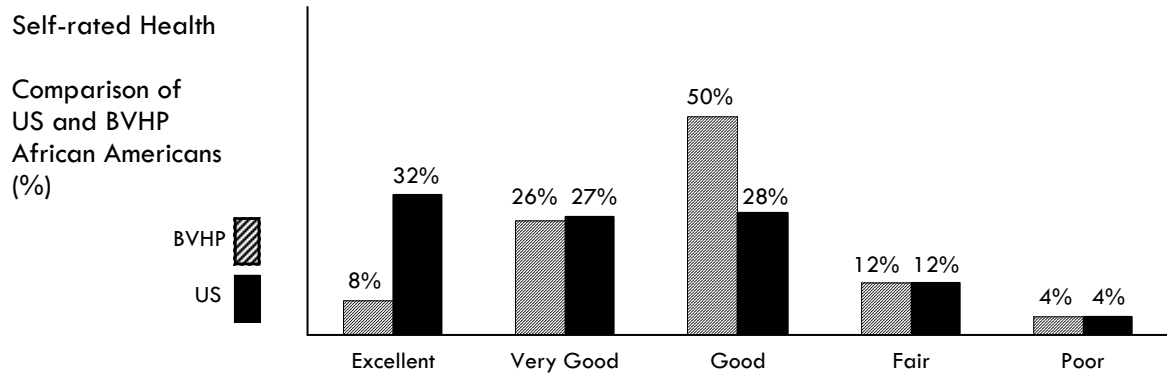
Self-rated Health: Income Level

BVHP survey participants' self-rated health differed significantly by income level. Twenty-nine percent (29%) of residents with annual household incomes under $30,000 rated their health as *fair* or *poor*, compared to only 6% of residents in households earning over $30,000.



Self-rated Health: African Americans

A comparison of Bayview Hunters Point African Americans with African Americans nation-wide showed that, again, BVHP residents rated their health lower. Only 8% rated their health as *excellent* compared to 32% of all U.S. African Americans.



Health Status: Summary

An important accomplishment of this project is providing local information on chronic disease prevalence. This information is **only** available through special studies.

Our survey shows that, in 1999, the percentages of BVHP residents with asthma, diabetes, and high blood pressure were higher than the national average, although when African Americans in Bayview Hunters Point were compared to African Americans nationally, the percentages of people with these conditions were similar. Still, the prevalence of these conditions was very high in Bayview Hunters Point: two in 13 children had asthma; one in 10 people of any age had asthma; and one in two elderly residents had high blood pressure. Given the neighborhood's high emissions of toxic air contaminants and greatest burden of hazardous waste sites in San Francisco, this is of great concern.

BVHP residents' self-rated health differed from the U.S. overall. African American residents were much more likely to rate their health as *fair* or *poor* than were African Americans nationally. This was also true for residents as a whole and for each age category. In one important study, self-reported health was more predictive of mortality than heart disease prevalence.

It is not clear why chronic disease prevalence among African Americans in BVHP did not differ from that observed in African Americans nationally but their self-rated health was poorer. This discrepancy might be explained by health issues that were not picked up by the survey (such as chronic pain), quality of life differences, or environmental stressors.

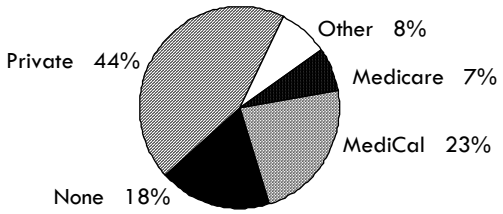
Access to Health Care

Access to health care is important for maintaining health and treating illness. There are several ingredients necessary for good access to care—perhaps the most important being having health insurance that promotes financial access to care. Also important are having a regular physician, nurse, or clinic team located within a convenient distance and having a health care team sensitive to the cultural and ethnic diversity of its patients. Another good measure of access to care is knowing whether people actually have received important health care services, such as screening for early signs of cancer and preventive care. In this section, we report the results of questions measuring a variety of these indicators of access to health care for the Bayview Hunters Point community.

Health Insurance: Types of Insurance

Individual Questionnaire respondents were asked what type of health insurance they had: 44% had private insurance, including Kaiser and other HMOs; 23% had MediCal; 7% had Medicare; 8% had some other form of health insurance; and 18% had no health insurance at all.

Health Insurance of BVHP Adults (%)

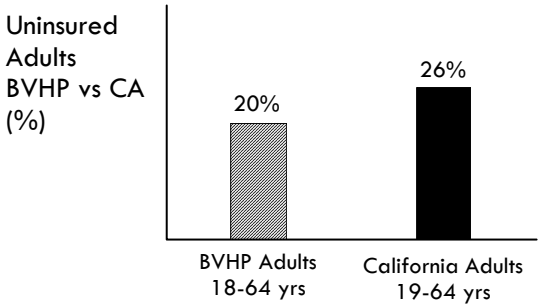


Health Insurance: Uninsured Non-elderly Adults

Because most people over 64 years old have Medicare coverage, adults under 64 years old are most at risk for being uninsured. In BVHP, 20% of non-elderly adults (ages 18-64) did not have health insurance. State-wide, 26% of adults (ages 19-64) were uninsured.*

*California data from: *Health Care Trends and Indicators in California and the United States: A Chartbook from the Kaiser Family Foundation*.June 2000.

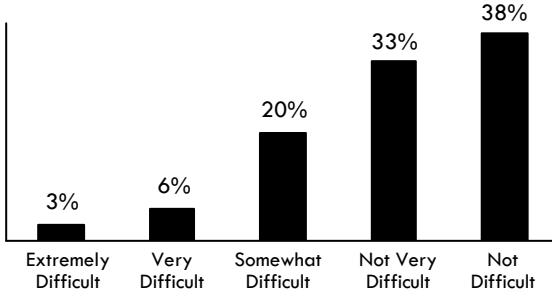
Uninsured Adults BVHP vs CA (%)



Getting Medical Care

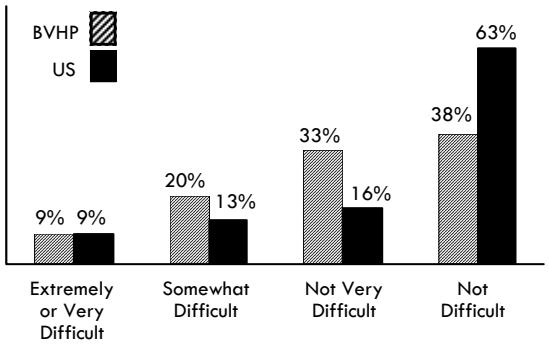
When asked how difficult it was for them to get medical care when they needed it, 29% of *Individual Questionnaire* respondents reported at least some difficulty in getting care: 3% said *extremely difficult*; 6% said *very difficult*; 20% said *somewhat difficult*; 33% said *not very difficult*; and 38% said *not difficult*.

BVHP Residents Reporting Difficulty Getting Medical Care When Needed (%)



Using data from the *1993 UCSF California Access to Care Survey*, we compared reports of difficulty encountered in getting medical care by BVHP respondents and California residents in general. Residents of BVHP appeared to have more difficulty getting medical care when they needed it than did Californians in general. Sixty-three percent (63%) of Californians said getting medical care when needed is *not difficult*, while only 36% of BVHP respondents said it is *not difficult*.

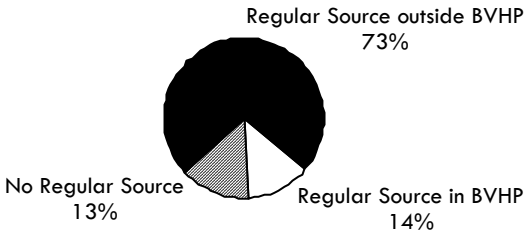
Residents Reporting Difficulty in Getting Medical Care, BVHP vs CA (%)



Getting Medical Care: Regular Sources of Care

While the majority of *Individual Questionnaire* respondents had regular sources of health care, 13% did not. Among those with regular sources of care, only about one in seven said those sources were located in Bayview Hunters Point, indicating that the majority of BVHP residents went outside the neighborhood for medical care.

BVHP Residents with Regular Sources of Health Care (%)

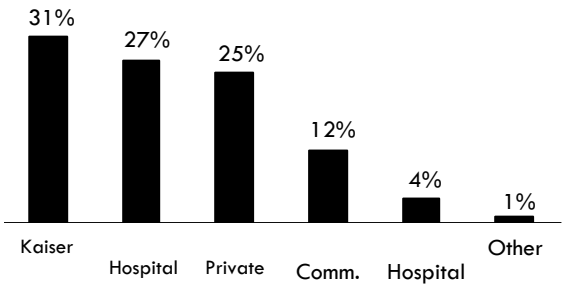


Getting Medical Care: Type of Regular Health Care Source

Individual Questionnaire respondents with regular sources of care were asked what types of places they used: 31% used Kaiser clinics; 27% used hospital clinics; 25% used private doctors' offices; and 12% used community clinics (including those administered by the San Francisco Department of Public Health).

Four percent (4%) identified hospital emergency rooms as their regular sources of care.

BVHP Residents' Sources of Regular Health Care

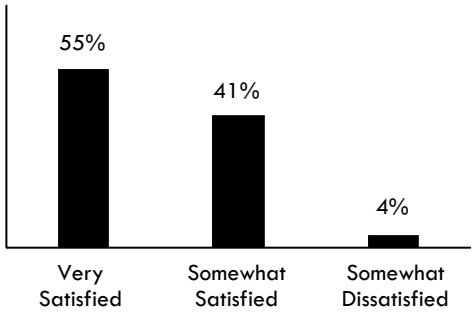


We compared the regular sources of care of households with combined incomes above $30,000 and of households with combined incomes under $30,000. The only clear difference was that individual respondents in lower-income households were more likely to go to community clinics (22% versus 4%).

Getting Medical Care: Satisfaction with Regular Health Care Source

Individual Questionnaire respondents with regular sources of care were asked how they would rate their overall satisfaction with those sources. The vast majority (96%) of those who responded were somewhat or very satisfied (55% *very satisfied,* 41% *somewhat satisfied*). Only 4% said they were *somewhat dissatisfied*; almost no one said they were *very dissatisfied* (less than 1%).

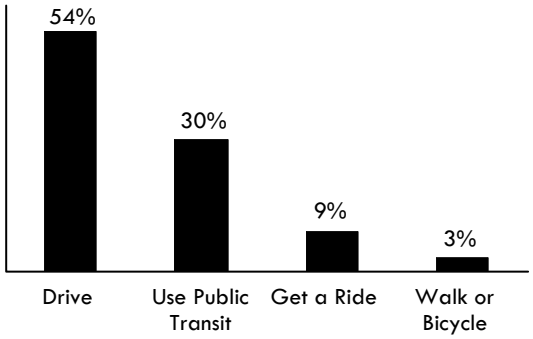
BVHP Residents' Satisfaction with Regular Sources of Health Care



Getting Medical Care: Transportation to Regular Health Care Source

Respondents were also asked how they usually got to their regular sources of care to determined if lack of transportation was a barrier to receiving health care. Fifty-four percent (54%) said they drove, 30% took public transportation, 9% got rides, and 3% walked or rode bicycles. Four percent (4%) did not respond to the question.

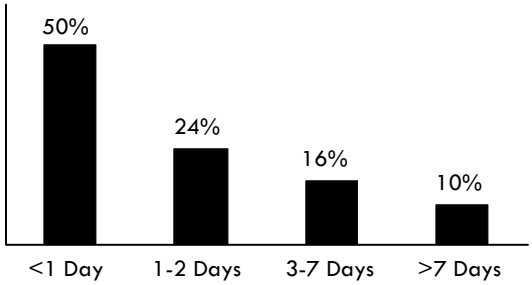
BVHP Residents' Transportation to Regular Sources of Health Care



Getting Medical Care: Length of Wait for Appointments

Individual Questionnaire respondents with regular sources of care were asked how many days they had to wait to get appointments at their regular places of care when they were sick. Half said they could get appointments within 24 hours if they were sick, but 26% had to wait three or more days for appointments when ill.

BVHP Residents' Length of Wait for Appointments When Ill



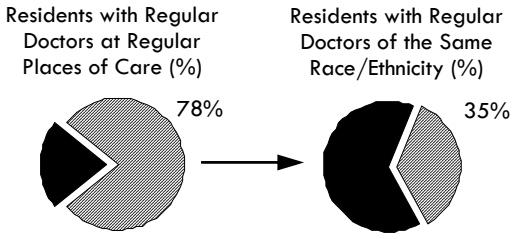
Getting Medical Care: Language Barriers

Respondents with regular sources of care were asked if, at their last visits, they had any trouble talking with their doctors or receiving care because of language problems. Ten percent (10%) reported having language problems that resulted in a barrier to care.

BVHP Residents Reporting Language Problems Resulting in Barriers to Receiving Care (%)

Getting Medical Care: Regular Doctors and Race/Ethnicity of Those Doctors

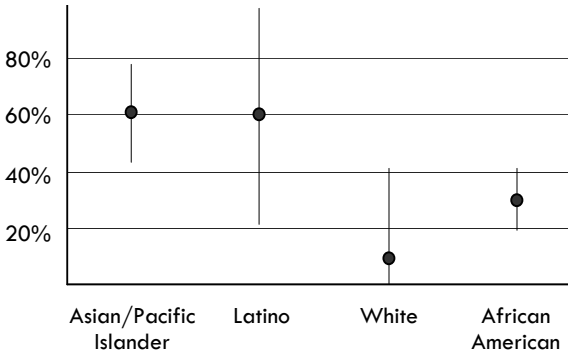
Seventy-eight percent (78%) of *Individual Questionnaire* respondents with regular sources of care reported having regular doctors. Only 35% of those with regular doctors had doctors of the same race/ethnicity as themselves.



Getting Medical Care: Importance of Having a Doctor of the Same Race/Ethnicity

Individual Questionnaire respondents were asked how important it was to have doctors of their same race or ethnicity. Here we show results by race/ethnicity. Differences between races are not clear because of overlapping confidence intervals, but there is a suggestion that having doctors of the same race or ethnicity was more important to Asian/Pacific Islanders and Latinos than to African Americans. This difference is likely related to language barriers faced by non-English speakers.

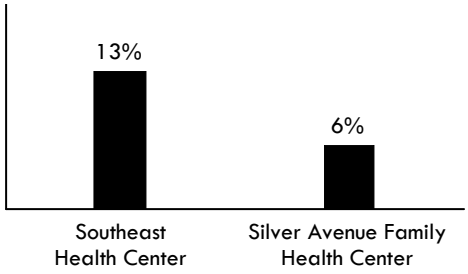
Residents Indicating that Having Doctors of the Same Race/Ethnicity is Important (%)



Getting Medical Care: Use of BVHP Neighborhood City-run Health Centers

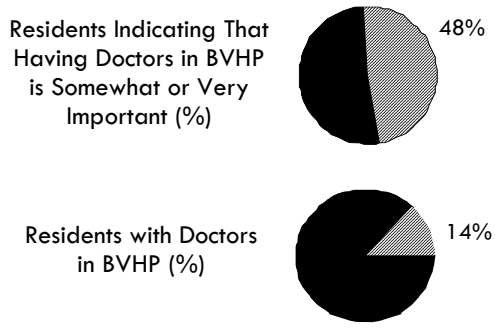
Only 13% of *Individual Questionnaire* respondents indicated that they had used any services at the city-run Southeast Health Center in the Bayview Hunters Point neighborhood during the previous 12 months. An even smaller percentage (6%) had used any services at the next nearest city-run clinic, Silver Avenue Health Center, during the same period.

BVHP Residents Reporting Use of City-run Health Centers in the Previous 12 Months (%)



Getting Medical Care: Importance of Having a Regular Doctors in BVHP

Individual Questionnaire respondents were asked how important it was to have their regular doctors located in Bayview Hunters Point. Almost half (48%) reported that was *somewhat* or *very important*. Only about one in seven respondents (14%) reported that their regular doctors were located in BVHP.



Getting Medical Care: Perceived Discrimination

Individual Questionnaire respondents were asked if, in the previous 12 months, they felt that they had been discriminated against in getting health care for any of the following reasons: *race or ethnicity; income; lack of health insurance; inability to speak English well or speaking with an accent; age; sex; sexual orientation*; or *education*. Here we show data for the reasons most often cited.

Perceived Reason for Discrimination in Getting Medical Care	Respondents Answering Yes (%)
Lack of Health Insurance	14%
Income	11%
Inability to Speak English Well or Speaking with an Accent	7%
Education	6%

Getting Medical Care: Use of Alternative Health Care

Individual Questionnaire respondents were asked if, when sick, had they ever seen someone other than a doctor, nurse, or nurse practitioner. Nine percent (9%) reported having seen a alternative health practitioners.

Residents Having Seen Alternative Health Practitioners (%)

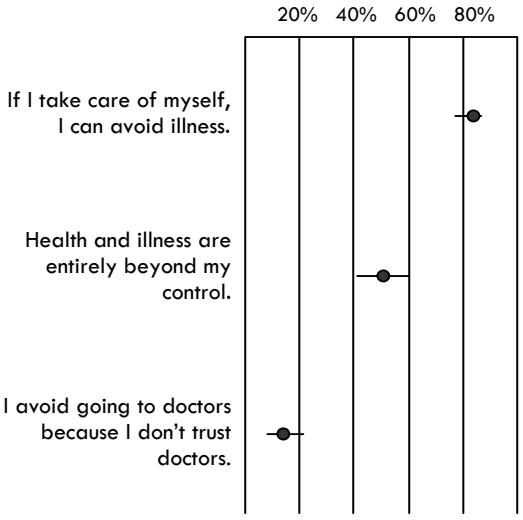
Health Beliefs

Individual Questionnaire respondents were asked if they agreed with each of following health beliefs:

- *If I take care of myself, I can avoid illness.*
- *Health and illness are entirely beyond my control.*
- *I avoid going to doctors because I don't trust doctors.*

Eighty-four percent (84%) of respondents agreed that if they take care of themselves, they can avoid illness. About half (51%) agreed that health and illness are entirely beyond their control. Only 14% agreed that they avoid going to doctors because they don't trust doctors.

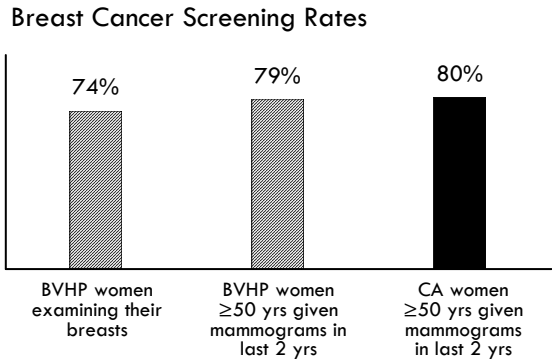
BVHP Residents Agreeing with Each Health Belief (%)



There are some interesting suggestions of differences by race and household income, but only one statement shows a strong difference across race/ethnicity. Fifty-five percent (55%) of African Americans believe that health and illness are entirely beyond their control compared to only 15% of Whites.

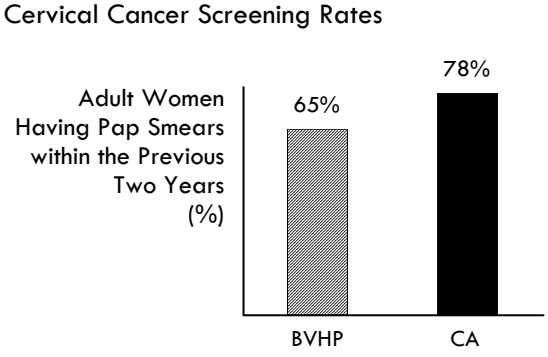
Screening: Breast Cancer

Women completing the *Individual Questionnaire* were asked if they ever examined their breasts for lumps, if they had ever had mammograms, and how long it had been since their last mammograms. Seventy-four percent (74%) said that they had examined their breasts for lumps; 79% of women 50 years old or older reported having had mammograms within the previous two years. These findings are similar to those of the *1998 California Women's Health Survey* (CWHS) which showed that, state-wide, 80% of women 50 years old or older had had mammograms within the previous two years. Doctors recommend that all women 50 years old or older have mammograms every one to two years to screen for breast cancer.



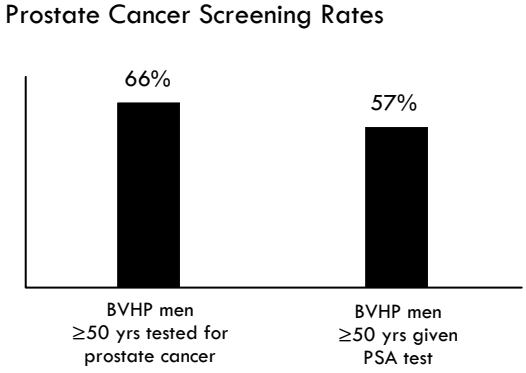
Screening: Cervical Cancer

Women were also asked if they had ever had Pap smears to screen for cervical cancer and, if so, how long it had been since their last Pap smears. Sixty-five percent (65%) of women 18 years or older had had Pap smears within the previous two years. Screening rates for cervical cancer in BVHP appear to be slightly lower when compared with CWHS data showing that 78% of California women 18 years older had had Pap smears within the previous two years. Doctors recommend that women who are sexually active or are 18 years or older have Pap smears every one to three years to screen for cervical cancer.



Screening: Prostate Cancer

Men completing the *Individual Questionnaire* were asked if they had ever been tested for prostate cancer, and if so, did they have the PSA blood test for prostate cancer. Sixty-six percent (66%) said they had been tested, and 57% had been tested using the PSA test. Recommendations for prostate cancer screening are mixed because opinions differ about how useful these tests are in helping men avoid illness from prostate cancer.



Access to Care: Summary

Our data highlight both positive findings and areas of concerns. Happily, most adults had regular sources of health care and were satisfied with those sources, and few reported feeling discriminated against on the basis of their race or ethnicity while getting health care. Although rates of screening for breast cancer and cervical cancer were not ideal, women in Bayview Hunters Point appeared to be getting these services at rates comparable to the overall rate for California women. Recent community-based efforts to educate women in Bayview Hunters Point about the need for mammograms and similar services seem to be paying off.

Unfortunately, many Bayview Hunters Point residents were uninsured—a problem not unique to this community. Compared to a cross-section of Californians interviewed in a previous state-wide study, a greater proportion of Bayview Hunters Point residents expressed some difficulty getting medical care when needed. About one in four Bayview Hunters Point residents also had to wait at least three days to see a doctor when ill.

It is also clear from our survey that Bayview Hunters Point residents rely on a variety of offices and clinics throughout San Francisco for their regular health care. Three-quarters of residents have regular sources of health care located outside of the Bayview Hunters Point neighborhood. Many of these rely on San Francisco Kaiser medical facilities. However, nearly half of Bayview Hunters Point residents indicate that they would value having a regular source of health care located in their own neighborhood. About one in eight Bayview Hunters Point resident makes use of the one local primary care clinic in the neighborhood, Southeast Health Center. Few private physicians practice in Bayview Hunters Point, and there is no Kaiser clinic in the vicinity.

Many Bayview Hunters Point residents reported that they valued having physicians of the same race and ethnicity as themselves. This appeared to be most true for Latino and Asian American residents, who may be expressing a need for physicians fluent in their native languages.

HHID #_____

Thank you for participating in the Bayview Hunters Point Community Health Assessment Project. With your help, we hope to learn more about the health and community concerns of residents in the Bayview-Hunters Point area. You have been randomly selected for the survey. We will ask you some questions about health of people in this household and some other questions that you might find personal. All of the information you give us is confidential. Also, although every question is important, you are free to not answer any question.

COMMUNITY ISSUES AND CONCERNS

1. To begin, we would like to ask, in your opinion, what are the biggest problems facing the Bayview Hunters Point neighborhood?

_____

_____

_____

_____

_____

_____

_____

_____

HHID #_____

2. Now, I am going to go through a list of city services. For each city service, tell me if you think its service to the Bayview Hunters Point community is good, fair or poor.

City services	Good	Fair	Poor	DK
City health clinics	1❑	2❑	3❑	8❑
Environmental and toxic clean-up	1❑	2❑	3❑	8❑
Fire department	1❑	2❑	3❑	8❑
Drug and alcohol treatment services	1❑	2❑	3❑	8❑
Garbage pick-up	1❑	2❑	3❑	8❑
Parks and recreation facilities	1❑	2❑	3❑	8❑
Police	1❑	2❑	3❑	8❑
Public schools	1❑	2❑	3❑	8❑
Welfare	1❑	2❑	3❑	8❑
Foster care	1❑	2❑	3❑	8❑
General assistance	1❑	2❑	3❑	8❑
Public housing	1❑	2❑	3❑	8❑
Transportation	1❑	2❑	3❑	8❑
Health department	1❑	2❑	3❑	8❑
Water department	1❑	2❑	3❑	8❑
Department of public works	1❑	2❑	3❑	8❑

HHID #_____ Off-Site Interview ?

HOUSEHOLD CHARACTERISTICS / QUESTION WORDING

Now we have a few questions that will help us know how to word questions and to know which questions will apply to you.

3. IF INTERVIEW IS NOT IN HOUSEHOLD, ASK: Do you live in a house or an apartment?

1❑ House
2❑ Apartment

For the next question and a few other questions on this survey we ask about all of the people who currently live here/in your (house/apartment)). So that the information can be interpreted properly, you should be referring only to the people who currently live (here / in your (house/apartment)) for each of these questions. Remember all of this information is confidential.

4. Including you, how many people currently live here? _____
TOTAL NUMBER OF PEOPLE IN HOUSE # People

4a. How many of these are children under the age of 18? _____
TOTAL NUMBER OF CHILDREN IN HOUSE # Children

4b. TOTAL NUMBER OF ADULTS IN HOUSE (Q6-Q6A) _____
Adults

INTERVIEWER, MARK TOTAL NUMER OF ADULTS IN HOUSEHOLD ON Q 39.

4c. How many of the children who live here are girls?/Is the child who lives here a girl? _____
TOTAL NUMBER OF GIRLS <18 # Girls

4d. TOTAL NUMBER OF BOYS <18 (Q6A-Q6B) _____
Boys

In the questions that immediately follow, we will be referring to the # adults and # children that currently live here.

HHID#_____ TOTAL # in HH_____

HOUSEHOLD HEALTH

5. (How many people who currently live in this (house/apartment), including you /Have you) ever had wheezing, chest tightness or shortness of breath?

_____ 30❑ NONE → → GO TO Q6.
People

5a. (How many people who currently live in this (house/apartment), including you have/Have you) had wheezing, chest tightness or shortness of breath in the past 12 months?

_____ 30❑ NONE
People

6. In the past 12 months, (how many people who currently live in this (house/apartment), including you have/Have you) coughed for more than one month at a time?

_____ 30❑ NONE
People

7. In the past 12 months, (how many people who currently live in this (house/apartment), including you/Have you) used an inhaler that was prescribed by a doctor?

_____ 30❑ NONE
People

HHID#_____ Total # in HH_____

8. As far as you know, do you or any of the other [TOTAL-1] people who currently live here have [condition]. READ ONE AT A TIME.

8a. FOR EACH YES, how many people who currently live here have [condition] ?

8b. THEN, Please give me the age and sex of each person who has [condition]. IF OUT OF SPACE, LIST ADDITIONAL PERSONS AND AGE AND SEX ON THE BACK OF THIS FORM.

NOTE: IF R LIVES ALONE, ASK: As far as you know, do you have [condition]? FOR EACH YES, FILL IN 1 UNDER 8A AND ASK PERSON THEIR AGE FOR 8B.

Question #	8		8a	8b					
				Person 1		Person 2		Person 3	
Condition	yes	no	#	age	sex	age	sex	age	sex
History of heart attack	1❑	2❑							
High blood pressure or hypertension	1❑	2❑							
Enlarged heart, or heart failure	1❑	2❑							
Kidney disease	1❑	2❑							
Hay fever/allergy	1❑	2❑							
Asthma	1❑	2❑							
Chronic bronchitis	1❑	2❑							
Emphysema	1❑	2❑							
Glaucoma	1❑	2❑							
Seizure disorders such as epilepsy	1❑	2❑							
Stroke	1❑	2❑							
Learning problems	1❑	2❑							
Mental health problems, i.e., chronic anxiety or depression	1❑	2❑							
Alzheimer's disease or senility	1❑	2❑							
Rheumatoid arthritis	1❑	2❑							
Diabetes/sugar disease	1❑	2❑							
Lupus	1❑	2❑							
Any type of cancer What type?_____	1❑	2❑							

HHID#_____ #Children in HH _____

IF NO CHILDREN LIVE IN HOUSEHOLD, SKIP QUESTIONS 9-9c

9. Please tell me if (the child / any of the children) currently living in your household...

9a FOR EACH YES AND MORE THAN 1 CHILD IN HH: How many children who currently live here condition ?

9b. THEN FOR HH WITH MORE THAN 1 CHILD: Please give me the age and sex of each child who…

9c. FOR LAST 3 CONDITIONS ONLY: Tell me for each of these children if they lived in Bayview Hunters Point when they condition?

IF OUT OF SPACE, LIST ADDITIONAL PERSONS, AND CORRESPONDING INFORMATION ON THE BACK OF THIS FORM.

	Q9, Q9a			Q9b, Q9c								
				Child 1			Child 2			Child 3		
Condition	yes	no	#	age	sex	BVHP	age	sex	BVHP	age	sex	BVHP
(was/were) born prematurely (born at less than 8 months)	1❑	2❑				N/A			N/A			N/A
(have/has) coughed for more than 1 month of the year	1❑	2❑				1❑ 2❑			1❑ 2❑			1❑ 2❑
(have/has) had more than 1 strep throat a year	1❑	2❑				1❑ 2❑			1❑ 2❑			1❑ 2❑
(have/has) had more than 2 ear infections a year	1❑	2❑				1❑ 2❑			1❑ 2❑			1❑ 2❑

HHID#_____ Total # Adults_____

OCCUPATIONAL AND ENVIRONMENTAL HEALTH

10. Do you or does anyone in this (house/apartment) have any health problems that you think are related to current or past jobs?

1❑ YES → 10a.
2❑ NO → → → → GO TO Q11.
8❑ DK

10a. What health problems do you or does someone here have that you think are related to current or past jobs?

_____ 8❑ DK

_____

10b. What job is related to this person's health problems?

_____ 8❑ DK

HHID#_____

11. Including you, does anyone in this (house/apartment) have any health problem that you think might be related to pollution or environmental toxins?

1❑ YES → 11a.
2❑ NO → → → → GO TO Q12.
8❑ DK

11a. What health problem or problems?

_____
Health Problem(s)

11b. What type of pollution do you think is related to (this/these) health problem(s)?

Pollution Type	Yes	No	DK
Air pollution or emissions into the air	1❑	2❑	8❑
Water pollution or contaminated drinking water	1❑	2❑	8❑
Pollution in the soil or ground such as hazardous waste	1❑	2❑	8❑
Indoor air pollution	1❑	2❑	8❑
Lead Poisoning	1❑	2❑	8❑

11c. Is there any other type of pollution that you think is causing or worsening this/these health problem(s)? What?

_____

HHID#_____

12. In the past six months have you noticed chemical fumes within a block of your (house/apartment)?

1❑YES 2❑ NO → → → → GO TO Q13.
8❑ DK

12a. In the past 6 months, how often have you noticed chemical fumes within a block of your home?

1❑ Daily
2❑ Weekly
3❑ Monthly
4❑ Less often
8❑ DK

12b. How much do the chemical fumes bother you?

1❑ A lot
2❑ Somewhat
3❑ Not much
4❑ Not at all
8❑ DK

HHID#_____

13. In the past six months have you noticed foul odors or bad smells within a block of your (house/apartment)?

1❑YES 2❑ NO → → → → GO TO Q14.
8❑ DK

13a. In the past 6 months, how often have you noticed foul odors within a block of your home?

1❑ Daily
2❑ Weekly
3❑ Monthly
4❑ Less often
8❑ DK

13b. How much do the foul odors bother you?

1❑ A lot
2❑ Somewhat
3❑ Not much
4❑ Not at all
8❑ DK

HHID#_____

14. In the past six months have you noticed truck or bus exhaust within a block of your (house/apartment)?

1❑YES 2❑ NO → → → → GO TO Q15.
8❑ DK

14a. In the past 6 months, how often have you noticed truck or bus exhaust within a block of your home?

1❑ Daily
2❑ Weekly
3❑ Monthly
4❑ Less often
8❑ DK

14b. How much does the exhaust bother you?

1❑ A lot
2❑ Somewhat
3❑ Not much
4❑ Not at all
8❑ DK

HHID#_____

15. In the past six months have you noticed leaking oil or chemical containers within a block of your (house/apartment)?

1❑YES 2❑ NO → → → → GO TO Q16.
8❑ DK

15a. In the past 6 months, how often have you noticed leaking oil or chemical containers within a block of your (house/apartment)?

1❑ Daily
2❑ Weekly
3❑ Monthly
4❑ Less often
8❑ DK

15b. How much do the leaking containers bother you?

1❑ A lot
2❑ Somewhat
3❑ Not much
4❑ Not at all
8❑ DK

HHID#_____

16. In the past six months have you noticed loud disruptive noise within a block of your (house/apartment)?

1❑YES 2❑ NO → → → → GO TO Q17.
8❑ DK

16a. In the past 6 months, how often have you noticed loud noise within a block of your (house/apartment)?

1❑ Daily
2❑ Weekly
3❑ Monthly
4❑ Less often
8❑ DK

16b. How much does the loud noise bother you?

1❑ A lot
2❑ Somewhat
3❑ Not much
4❑ Not at all
8❑ DK

HHID#_____

17. In the past six months have you noticed uncollected trash on streets or sidewalks within a block of your house/apartment)?

1❑YES 2❑ NO → → → → GO TO Q18.
8❑ DK

17a. In the past 6 months, how often have you noticed uncollected trash within a block of your house/apartment)?

1❑ Daily
2❑ Weekly
3❑ Monthly
4❑ Less often
8❑ DK

17b. How much does the trash bother you?

1❑ A lot
2❑ Somewhat
3❑ Not much
4❑ Not at all
8❑ DK

15

HHID#_____

18. (Including you, does anyone in this (house/apartment)/Do you) eat fish that has been caught in the San Francisco Bay?

1❑YES → 18a.
2❑ NO → → → → GO TO Q19.
8❑ DK

18a. On average, how often is fish eaten in this (house/apartment) that you or someone you know has caught in the San Francisco Bay?

1❑ At least once a week
2❑ About once a month
3❑ About once every 3 months
4❑ Less often
5❑ Never
8❑ DK

18b. Are you aware of guidelines on eating bay fish?

1❑ YES
2❑ NO
3❑ DK

16

HHID#_____ # Children in HH _____

IF ANY CHILDREN LIVE IN THE HOUSEHOLD, ASK QUESTION 19.

19. How many of the children who currently live here are under the age of 6?

_____ # Children < 6

10❑ NONE → → → → GO TO Q21.

20. (Have any of these [#] children/Has this child) had a blood lead test?

1❑ YES → 20a.
2❑ NO → → → → GO TO Q21.
8❑ DK

20a. IF MORE THAN ONE CHILD UNDER 6 YEAR: How many of these [#] children have had at least one blood lead test?

_____
Children tested

20b. Have you ever been told that (any of these [#] children / this child) had high blood lead levels?

1❑ YES
2❑ NO
8❑ DK

HHID#_____

INDOOR AIR

21. Does this (house/apartment) have a gas stove?

❑ YES → 21a.
2❑ NO → → → → GO TO Q22.
8❑ DK

21a. Is the gas stove ever used to help heat this (house/apartment)?

1 ❑ YES → 21b.
2❑ NO
8❑ DK

21b. On cold days, how often is the gas stove or oven used for heating?

1❑ Daily
2❑ Weekly
3❑ Less Often
8❑ DK

22. Do you regularly see cockroaches in this (house/apartment)?

1❑ YES
2❑ NO
8❑ DK

23. In the past 12 months, have you used any of the following methods for pest control?

Method of Pest Control	YES	NO	DK
Professional fumigation	1❑	2❑	8❑
Hand-held sprays such as Raid	1❑	2❑	8❑
Flea bombs or indoor foggers	1❑	2❑	8❑
No-pest strips	1❑	2❑	8❑
Anything else?_____	1❑	2❑	8❑

HHID#_____

24. (Including you, how many people who live in this (house/apartment) / Do you currently smoke?

_____
Smokers

25. (Does anyone who lives here / Do you) regularly smoke inside your home?

1☐ YES
2☐ NO
8☐ DK

26. Does anyone who regularly visits smoke inside your home?

1☐ YES
2☐ NO
8☐ DK

27. What type of improvements, if any, would make you feel safer in your neighborhood?

_____

_____

_____

_____

_____

HHID#_____

DEMOGRAPHIC QUESTIONS

28. (Does the head of this (house/apartment)/Do you) rent, own or neither rent or own this (house/apartment)?

2❑ Rent 1❑ Own → → → → GO TO Q29.
3❑ Neither own nor rent

↓

28a. Is this subsidized housing?
1❑YES 2❑NO
8❑DK

↓

28b. Is this ....
1❑Senior Housing
2❑Other type of Subsidized Housing _____
type
8❑DK

29. Not counting bathrooms, or hallways, how many rooms are in this house/apartment)? _____
Rooms

30. Does this (house/apartment) have a phone?
1❑YES
2❑NO
8❑DK

31. How many adults in this (house/apartment) are currently working at least 35 hours per week?

_____ 80❑ NO ADULTS
Working adults 88❑ DK/REFUSED

HHID#_____

32. How old are you? _____
years

33. What is your marital status?
1❑ Married/Living Together
2❑ Single
3❑ Separated
4❑ Divorced
5❑ Widowed
7❑ REFUSED

SHOW CARD 2

34. I am going to show you a card now listing racial and ethnic groups. Please identify all of the racial and/or ethnic group or groups that you consider yourself to belong to.

1❑Asian 5 ❑Native American/American Indian
2❑Latino/Latina or Hispanic 6 ❑White
3❑Pacific Islander/Filipino 7 ❑Other _____
4❑Black/African American 77❑ REFUSED

35. Is your annual (house/apartment) income less than $30,000 or more than $30,000? Please include all sources – salary, retirement benefits, social security, public assistance, etc.)

1☐Less than $30,000 → → | 2☐ More than $30,000 → → | 7☐ REFUSED → →

35a. Is your annual household income more or less than $50,000? | Is your annual household income more or less than $15,000? | GO TO Q36.

1☐More 3☐More
2☐Less 4☐Less
7☐REFUSED 7☐REFUSED
8☐DK 8☐DK

HHID#_____ 21

RANDOM SELECTION OF INDIVIDUAL

DO NOT ASK QUESTIONS 36-36d and 37 IF THERE IS ONLY ONE ADULT IN HH (RESPONDENT). HOWEVER, PUT THE APPROPRIATE NUMBERS IN THE SPACES PROVIDED, AND FILL OUT THE TABLE FOR Q37 WITH THE REQUESTED INFORMATION.

We have a questionnaire that we would like a randomly selected person in this (house/apartment) to fill out for us. To select that person, we need to ask a few questions. All information is confidential and will NOT be shared in any way that can identify you individually.

36. TOTAL NUMBER OF ADULTS IN HH (FROM QUESTION 6b) _____ # Adults

36a. How many of the [#] adults who live here are women? _____ # Women

36b. TOTAL NUMBER OF MEN IN HH (Q39 –Q39a) _____ # Men

36c. How many of the adults who live here are 65 or older? USE Q.32 IF R IS ONLY ADULT IN HH. _____ # ~~of~~65

36d. TOTAL # OF ADULTS AGED 18-64 IN HH (Q39 –Q39c) _____ # 18 to 64

37. Now, so that I can randomly select an adult from this (house/apartment), for every adult over the age of 18 including you, please tell me the first name and first letter of their last name.

FILL OUT WORKSHEET FIRST. THEN, LIST NAMES IN ALPHABETICAL ORDER BY FIRST NAME. THE PERSON WHOSE FIRST NAME IS EARLIEST IN THE ALPHABET IS LISTED FIRST. IF THERE IS A TIE ON FIRST NAME, USE THE LAST INITIAL TO BREAK THE TIE. IF BOTH FIRST NAMES AND LAST INITIALS ARE IDENTICAL, ASK FOR MIDDLE NAME.

	FIRST NAME	MIDDLE INIT	LAST INIT	PICKED YES/NO
PERSON 1				
PERSON 2				
PERSON 3				
PERSON 4				
PERSON 5				

[KISH LABEL WILL GO HERE.] PUT A STAR BY THE SELECTED PERSON.

22

HHID #_____

(R_{ind} has /you have) been selected for our survey. (R_{ind}/you) will receive $20.00 for completing this questionnaire and mailing it back with a signed consent form to the Survey Office. In order to be able to contact (R_{ind}/you) in the future, we need some additional information.

IF SELECTED ADULT IS DIFFERENT FROM HH RESPONDENT, ASK Q38-39

38. Is [R_{ind}] at home now?
1❑ NO 2❑ YES → → READ SCRIPT II TO R_{IND} THEN GIVE PACKET, AND GET CONTACT INFORMATION (Q40-41) WHEN HH SURVEY IS COMPLETE.
↓

IF NOT AT HOME: R_{ind} may do this in his/her own time or arrange a time to be interviewed by us, but the questions must be returned to us for R_{ind} to be paid for her/his time. Here is a packet of information for R_{ind} . This packet contains a questionnaire and an information sheet. Of course, R_{ind} is free to not participate, but no one else from this household can substitute for R_{ind}.

39. IF [R_{ind}] NOT AT HOME: What are good times and days to speak further with [R_{ind}]?

Day _____ Time_____

Day _____ Time_____

40. What is (R_{ind}'s/your) last name? _____
First Last

41. What is (R_{ind}'s/your) phone number? (____)_____

(____)_____

HHID #_____

45. Do you have any other questions or comments?

_____

_____

_____

_____

_____

FILL OUT CONTACT INFORMATION ON HOUSEHOLD CONTACT FORM.

Here is an informational brochure on the Bayview Hunters Point Health and Environmental Assessment Task Force. If you have any questions, please feel free to call the Task Force main office or the Survey Headquarters. Both numbers are listed on the brochure. Thanks again for your time.

END OF SURVEY

HHID #_____

SECTION I.

1. In your opinion, how important a problem is each of the following for the Bayview Hunters Point neighborhood? *Please check one box for each row.*

Issue	Very important	Somewhat important	Not very important	Not at all important
AIDS	1	2	3	4
sthma	1	2	3	4
Cancer	1	2	3	4
Disrespect/Insensitivity because of race or culture	1	2	3	4
Drug abuse and alcoholism	1	2	3	4
Heart disease and high blood pressure	1	2	3	4
Homelessness	1	2	3	4
Lead poisoning	1	2	3	4
Mental illness	1	2	3	4
Pollution of soil, water and air	1	2	3	4
Poor access to medical care	1	2	3	4
Poverty	1	2	3	4
Unemployment	1	2	3	4
Violence or crime	1	2	3	4

1a. Which of the above issues or concerns are the top two that you think most affect the Bayview Hunters Point neighborhood?

#1 _____

#2 _____

SECTION II.

2. In general, would you say your health is
1__ Excellent
2__ Very Good
3__ Good
4__ Fair
5__ Poor

3. Do you have a regular place you go to for medical care?

1__ YES PLEASE ANSWER SECTION III (OPPOSITE)
2__ NO PLEASE GO TO SECTION IV (QUESTION 14)

4. What type of place is your regular place of care? Is it a ...*Check one only.*
1__ Private Doctor's Office
2__ Hospital Clinic
3__ Kaiser Clinic
4__ Community Clinic (not in a hospital)
5__ Hospital Emergency Room
6__ Other _____

5. Do you have a regular doctor at this place?

1__ YES 2__ NO →→→GO TO QUESTION 6

↓

5a. Is your doctor at your regular place of care the same race or ethnicity as you are?

1__ YES
2__ NO

6. Please indicate either the neighborhood or cross streets where your regular place of care is located. *If you don't remember, please just give us two streets or a neighborhood nearby your regular place of care.*

Street 1:_____

Street 2:_____

OR

Neighborhood:_____

7. How do you usually get to your regular place of care?
1__ Walk or bicycle
2__ Take public transportation
3__ Drive
4__ Get a ride

8. On average, how long does it take you to get to your regular place of care from home? Does it take...

1__ Less than 15 minutes
2__ 15 to 30 minutes
3__ 30 minutes to an hour
4__ More than an hour

9. On average, when you are sick, how many days do you have to wait to get an appointment at your regular place of care? Do you usually get an appointment...

1__ within 24 hours of when you call?
2__ 1-2 days after you call?
3__ 3 days to 1 week after you call?
4__ more than 1 week after you call?

10. At your regular place of care, are you able to reach a doctor or an advice nurse by telephone after hours, that is, during evenings and weekends, when you have a question or concern about your health?

1__ YES
2__ NO

11. How often do the doctors at your regular place of care take the time to explain things to your satisfaction?

1__ never
2__ sometimes
3__ usually
4__ always

12. At your last visit to this place, did you have any trouble talking to the doctor or receiving care because of a language problem?

1__ YES
2__ NO

13. How would you rate your overall satisfaction with your regular place of care?

1__ Very satisfied
2__ Somewhat satisfied
3__ Somewhat dissatisfied
4__ Very dissatisfied

PLEASE GO TO NEXT PAGE

SECTION IV.

14. What type of health insurance do you have? Do you have MediCal, Medicare, another type of health insurance or no health coverage? *(Check all that apply)*
1__ MediCal →→→TO QUESTION 15.
2__ MediCare →→→GO TO QUESTION 16.
3__ Other Health Insurance →→GO TO QUESTION 16
(specify)_____
4__ No health coverage→→→GO TO QUESTION 17.

15. IF YOU RECEIVE MediCal: Are you enrolled in? (*Check one only)*
1__ Blue Cross/California Care
2__ San Francisco Health Plan
3__ Another MediCal HMO/Managed Care Plan
(specify)_____
4__ Not enrolled in a HMO/Managed Care Plan
8__ Don't know

16. IF YOU HAVE HEALTH INSURANCE (INCLUDING MediCal OR Medicare) :
Do you...*(Check one only)*
1__ Have choice of ANY doctor
2__ Must choose from a list of doctors
8__ Don't know

7. IF YOU HAVE NO HEALTH INSURANCE, how many months or years has it been since you have had health insurance? (MediCal and Medicare are health insurance)
1__ Less than 3 months
2__ 3 to 6 months
3__ 6 to 12 months
4__ 1 to 2 years
5__ More than 2 years
6__ Never had health insurance

18. Overall, how difficult is it for you to get medical care when you need it?
1__ Extremely difficult
2__ Very difficult
3__ Somewhat difficult
4__ Not very difficult
5__ Not difficult

19. In the past 12 months, have you used any services at Southeast Health Center (the clinic on Keith Street)?
1__ YES
2__ NO

19a. What is your opinion of Southeast Health Center?

_____

_____

In the past 12 months, have you used any services at Silver Avenue Health Center (the clinic at Silver and San Bruno Avenues)?
1__ YES
2__ NO

20a. What is your opinion of Silver Avenue Health Center?

_____

_____

21. In the past 12 months, how many times have you been seen by a doctor or nurse at a hospital emergency room?
1__ Never →→→GO TO QUESTION 22.
2__ 1 time
3__ 2-3 times
4__ More than 4 times

21a. IF YOU USED THE EMERGENCY ROOM IN THE PAST 12 MONTHS, for what medical problem did you go?

_____

_____

22. How important is it to have a doctor that is the same race or ethnicity that you are?

22. 1__ Not important→→→GO TO QUESTION 23.
2__ Somewhat important
3__ Very important

22a. How difficult is it for you to find a physician who is the same race or ethnicity that you are?
1__ Not at all difficult
2__ Somewhat difficult
3__ Very difficult
4__ Haven't looked for a physician of the same race/ethnicity

23. How important is it for you to have your regular doctor located in Bayview Hunters Point?
1__ Not important →→→ GO TO QUESTION 24.
2__ Somewhat important
3__ Very important

23a. How difficult is it for you to find a physician who is located in Bayview Hunters Point?
1__ Not at all difficult
2__ Somewhat difficult
3__ Very difficult
4__ Haven't looked for a physician in Bayview Hunters point

24. WHEN YOU ARE SICK, do you ever see someone other than a doctor, nurse or nurse practitioner?
1__ YES 2__ NO→→→GO TO QUESTION 25.
↓
What type of person do you see? *(For example, acupuncturist, spiritual healer, chiropractor, etc.)*

_____
Type of Practitioner/Healer

FOR QUESTIONS 25-27, PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS.

25. If I take care of myself, I can avoid illness.

1__ Strongly agree
2__ Somewhat agree
3__ Somewhat disagree
4__ Strongly disagree

26. Health and illness are entirely beyond my control.

1__ Strongly agree
2__ Somewhat agree
3__ Somewhat disagree
4__ Strongly disagree

27. I avoid going to doctors because I don't trust doctors.

1__ Strongly agree→→→G

29. In the past 12 months, do you feel that you have been discriminated against in getting health care for any of the following reasons? (*Check one box for each row).*

Reason	Yes	No	Not Sure
Because of your *race/ethnicity*	1	2	8
Because of your *income*	1	2	8
Because you do not have *health insurance*	1	2	8
Because you do not *speak English well* or because of your *accent*	1	2	8
Because of your *age*	1	2	8
Because of your *sex*	1	2	8
Because of your *sexual preference*	1	2	8
Because of your *education*	1	2	8

30. In the past 12 months, do you feel that you have been discriminated against in getting health care for any other reason?

1__ YES
2__ NO
↓
What Reason?_____

31. Do you belong to any of these kinds of groups? (*Check yes or no for each type of group)*

Group	Yes	No
A recreational group	1	2
A labor union or professional group	1	2
A group concerned with children (e.g. PTA, Boy Scouts)	1	2
A group concerned with community betterment, charity, or service?	1	2
A group concerned with the environment	1	2
A support or therapy group	1	2
A spiritual, religious, or church group	1	2
A male/female support group	1	2
Any other group *(please give type of group)*__	1	2

SECTION V.

32. Have you ever had wheezing, chest tightness or shortness of breath?
1__ YES
2__ NO

33. Have you had wheezing, chest tightness shortness of breath in the past 12 months?
1__ YES
2__ NO

34. In the past 12 months, have you had coughing for more than one month at a time?
1__ YES
2__ NO

35. Have you ever been diagnosed with asthma?
1__ YES
2__ NO

IF YOU ANSWERED "YES" TO ANY QUESTIONS IN THIS SECTION, PLEASE ANSWER QUESTIONS IN SECTION VA (PAGE 9).

IF YOU DID NOT ANSWER "YES" TO ANY QUESTION IN THIS SECTION, PLEASE GO TO SECTION VI (PAGE 10).

SECTION Va.

36. In the past 12 months, how often have you had the symptoms listed below? (If you have a time of year when your symptoms are worse, give us the frequency of symptoms during that season).

Symptom	Daily	1-2 times a week	1-2 times a month	Less often	Never or almost never
Wheeze	1	2	3	4	5
Cough	1	2	3	4	5
Shortness of breath	1	2	3	4	5
Chest tightness	1	2	3	4	5
Awakening at night with any of the above symptoms	1	2	3	4	5

37. How often do the things listed below cause you to have shortness of breath, chest tightness, wheezing and/or cough?

	Never	Sometimes	Often	Not Sure
Exercise	1	2	3	8
Tobacco smoke	1	2	3	8
Air pollution	1	2	3	8
Cold air	1	2	3	8
Perfume	1	2	3	8
Fumes from industries or businesses	1	2	3	8
Feeling upset or stressed	1	2	3	8
Pollen	1	2	3	8
Cleansers	1	2	3	8
Pet hair or animal dander	1	2	3	8
House dust	1	2	3	8
Molds/mildew	1	2	3	8

MEN ONLY, PLEASE ANSWER THE QUESTIONS BELOW.

38. Have you ever been tested for prostate cancer?
1__ YES 2__ NO→→→GO TO SECTION VII.
↓
IF YES: Have you ever been given the blood test (also called the PSA test) for prostate cancer?
1__ YES 2__ NO→→→GO TO SECTION VII.
↓
IF YES: How many years has it been since you last took the blood/PSA test for prostate cancer?

_____→→→GO TO SECTION VII.
(# years)

WOMEN ONLY, PLEASE ANSWER THE QUESTIONS BELOW.

39. Do you ever examine your breasts for lumps?

1__ YES 2__ NO→→→GO TO QUESTION 40
↓
IF YES: How often do you examine your breasts for lumps?

1__ once each month
2__ less often than once a month
3__ more often than once a month

40. Have you ever had a mammogram?

1__ YES 2__ NO→→→ GO TO SECTION VII
↓
IF YES How many years has it been since you last had a mammogram?
_____(# Years)

Have you ever had a mammogram and not been told the results?
1__ YES
2__ NO

41. Have you ever had a PAP smear?
1__ YES 2__ NO→→→ GO TO SECTION VII
↓
IF YES How many years has it been since you last had a PAP smear?
_____(# Years)

Have you ever had a PAP smear and not been told the results?

1__ YES
2__ NO

SECTION VII.

Finally, we just want some information on who you are. Please feel free not to answer any questions you are not comfortable answering.

42. How old are you? _____
Years

43. How long have you lived at your present address?
1__Less than 1 year
2__1- 5 years
3__6-15 years
4__16-30 years
5__More than 30 years
6__Don't remember / Not sure

44. Overall, how long have you lived in the Bayview Hunters Point area?
1__Less than 1 year
2__1- 5 years
3__6-15 years
4__16-30 years
5__More than 30 years
6__Don't remember / Not sure

45. What best describes your living situation? *(check only 1 answer).*
1__ Married or living in a marriage-like relationship
2__ Single
3__ Separated
4__ Divorced
5__ Widowed

46. Are you responsible or sharing responsibility for raising any children under 18?
1__ YES 2__ NO→→→ GO TO QUESTION 47
↓
Are they *(check all that apply)*
1__ Your own child/children
2__ Your grandchild/grandchildren
3__ Other relatives' child/children
4__ Foster child/children
5__ Unrelated child, but not foster child/children

47. Please identify the racial and/or ethnic group or groups that you consider yourself to belong to. (*Check all that apply.*)
1 __ Asian
2 __ Latino/Latina or Hispanic
3 __ Pacific Islander/Filipino
4 __ Black/African American
5 __ Native American/American Indian
6 __ White
7 __ OTHER _____
Race/Ethnicity

48. Please give us your country of birth.
1__ Born in the US→→→GO TO QUESTION 53.
2__ _____ GO TO QUESTION 54.
Country of Birth

49. IF YOU WERE NOT BORN IN THE US: How long have you lived in the US?
1__Less than 1 year
2__1- 5 years
3__6-15 years
4__16-30 years
5__More than 30 years
6__Don't remember / Not sure

50. What is the highest level of education you have had?
10 __ Junior High School
20 __ Some High School
30 __ High School Degree
40 __ Technical School Degree
50 __ Some College
60 __ College Graduate
70 __ Master's Degree
80 __ Doctorate, JD, DDS

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Thank you for your participation in this questionnaire. With your permission, we will send you the results of this survey, a tabulation of health problems and the major concerns of residents. The results will probably not be ready for 6 months.

51. Would you like to receive a summary of the findings of this study?
1__ YES
2__ NO

In the next few months, based in part on your answers to these questions, the *Bayview Hunters Point Health and Environment Task Force* will be setting up projects in Bayview Hunters Point to try and improve the health and environment of this community. You are encouraged to participate in any aspect of the task force.

52. Are you interested in being contacted by the task force's project coordinator to find out more about the *Bayview Hunters Point Health and Environmental Assessment Task Force*?

2__ NO
1__ YES→→→ Please give us a phone number and good times to contact you.

_____ _____ _____
home or work phone day time

53. Are you interested in participating in focus groups that will be formed to discuss strategies to address community concerns. You would be paid for your participation in the focus group.

2__ NO
1__ YES→→→Please give us a phone number and good times to contact you

_____ _____ _____
home or work phone day time

18

54. Is there something that you would like to bring to our attention? If so, write your concerns or thoughts in the space provided below and on the back of this page. You may also call (415) 824-9082 to ask any questions or give comments.

_____

_____

_____

_____

_____

_____

Please be sure to fill out the enclosed contact form so that we may mail you your $20.00.

The *Bayview Health and Environmental Assessment Task Force* thanks you for your time.

Appendix B

Bayview Hunters Point

U.S. Census Tracts and Blocks Chosen Using Random Selection Process

Bayview Hunters Point

Selected and Participating Households by Census Block

Census Tract	Census Block	Households Selected (#)	Households Participated (#)
230			
	103	12	7
	107,108	13	9
	110	9	7
	114	9	5
	201	13	4
	204	10	2
	207	10	3
	210	11	7
	218	10	6
	223,224	12	5
	305,306	8	3
	307	10	5
	309	9	6
	315	10	3
	405	10	3
	416	13	3
	Total		**78**
231			
	101	5	4
	102	7	5
	104	10	6
	105	7	7
	106	12	6
	108	10	7
	201	14	8
	203 Seg 1	5	1
	203 Seg 3	10	5
	206	8	4
	208	12	6
	210	22	9
	212 Seg 3	11	7
	212 Seg 5	9	4
	307	9	6
	213	10	2
	Total		**87**

Census Tract	Census Block	Households Selected (#)	Households Participated (#)
232			
	103,104, 110	9	5
	404	11	4
	501	10	4
	506	11	8
	603	10	3
	605	10	5
	708	10	7
	Total		**36**
233			
	101,103, 104	11	3
	111,112	10	1
	115	11	2
	Total		**6**
234			
	110	19	15
	202	13	9
	206	11	6
	212	12	3
	215	13	5
	Total		**38**
610			
	201	10	2
	206	10	2
	Total		**4**
TOTAL ALL SECTIONS			
		521	**249**

Appendix C

Analytic Methods

Since in the survey design there was clustering by census block, that clustering had to be considered in the analysis. Standard errors that ignore clustering will be incorrectly small, indicating that the estimate is made with more precision than is actually so. The estimate of the influence of clustering on the standard error is called the design effect. The design effect estimates the change in the standard error relative to simple random sampling that was induced by the sampling design. A design effect of 3 means that 3 times the number of elements need to be sampled to get equivalent precision. The estimates also needed to be adjusted for sampling probability using sampling weights. These are used so that every household in Bayview Hunters Point can be interpreted as having an equal probability of selection.

To adjust for these effects, STATA® survey procedures were used. Each household was assigned to its census block. Each census block served as the primary sampling unit. Next, the 50 sampled blocks were assigned to 25 strata. For the *Household Questionnaire*, each household was assigned a sampling weight which was the inverse of the probability of selection from the block (there were different numbers of households on each block). For the *Individual Questionnaire*, the number of adults in the house was used as a probability weight. Weights were standardized to sum to 1.

The sampling weights caused slight changes in the point estimates. The design effect adjustment changes the precision of the estimate as reflected in the standard error and confidence interval.

For the survey procedures to work in STATA®, each strata had to contain at least one observation from each block. Strata with only one block represented had to be combined with adjacent strata before survey procedures would work. The fewer the strata, the less effective the adjustment for design effects. Because these procedures were used, counts, means and standard errors cannot be directly calculated from the raw data using calculators or even most statistical software.

Appendix D

Prevalence of Chronic Conditions in Bayview Hunters Point

Condition	%	95% CI
History of heart attack	1.7	0.7-2.7
High blood pressure or hypertension	15.1	11.8-18.3
Kidney disease	1.4	0.6-2.3
Asthma	10.1	7.8-12.4
Emphysema	0.5	0.01-1.0
Glaucoma	1.5	0.7-2.3
Seizure disorders such as epilepsy	1.3	0.7-1.9
Stroke	1.3	0.7-1.8
Chronic bronchitis	2.8	1.4-4.2
Diabetes or sugar disease	5.0	3.3-6.7