MEMORANDUM

TO: HONORABLE EDWARD A. CHOW, MD, PRESIDENT, HEALTH COMMISSION

THROUGH: MITCHELL H. KATZ, MD, DIRECTOR OF HEALTH

FROM: FRANCES CULP, OFFICE OF POLICY AND PLANNING

DATE: AUGUST 7, 2003

SUBJECT: RACIAL PRIVACY INITIATIVE (RPI)/PROPOSITION 54 UPDATE

This memorandum provides an update on the new ballot initiative (Proposition 54) being sponsored by University of California Regent Ward Connerly's American Civil Rights Coalition entitled Classification by Race, Ethnicity, Color or National Origin also referred to as the Racial Privacy Initiative (RPI) or the Information Ban. Proposition 54 would prohibit the collection, analysis or use of information pertaining to race, ethnicity, color or national origin by state and local governments. Actions taken to maintain federal funding are exempted as are medical research subjects and patients, though classification of public health data is not. Proposition 54 is scheduled to appear on the October 7, 2003 special election ballot.

USING RACE AND ETHNICITY INFORMATION

Assessing the health of the population is a core public health function of the San Francisco Department of Public Health (DPH). National, State and local data show great health disparities by racial and ethnic groups. Healthy People 2010, the set of national health objectives, has two overarching goals: to eliminate health disparities and to increase quality and years of healthy life. If DPH is to help San Francisco achieve these goals, and the specific objectives within them, it is essential that it retain the ability to collect and use race and ethnicity data on a local level to identify risk populations and monitor the effectiveness of health interventions targeting specific populations.

DPH's annual Overview of Health in San Francisco compiles a broad range of data about important health conditions locally. The last Overview, from April 2002, showed important disparities by race and ethnicity in many areas. The following shows just a few of many examples of disparities found in the report:

- Life expectancy for Asians and Hispanics is several years greater than for whites, who in turn live several years longer than African-Americans;
- Death rates for African-Americans are more than twice that of Asians and Hispanics, with whites falling in the middle;
- Access to or use of health care, including late prenatal care, childhood immunizations, dental care, HAART use, and health insurance status, varies by race/ethnicity;
- Incidence or prevalence rates for specific diseases or conditions including diabetes, asthma, overweight/obesity, tuberculosis, and many cancers also varies by race/ethnicity; and
- Prevalence of important risk factors, including smoking, poor diet, physical activity, and alcohol use is also different for each racial/ethnic population.

The disparities in diseases and conditions cut in many directions across racial and ethnic groups. Measuring and monitoring disparities allows public health professionals to understand needs and target prevention and treatment efforts most effectively and efficiently. The reason DPH reports data by race/ethnicity wherever reliable data is available is because race and ethnicity is consistently one of the most important dimensions along which health differences exist. Proposition 54 would prevent DPH from collecting, reporting, and therefore from acting on this information and also from understanding the reasons for these differences and from reviewing changes across groups over time (whether due to specific interventions or other conditions).

To improve the health of San Franciscans, DPH currently collects and reports race and ethnicity information in the following major areas:

1. To appropriately evaluate the health needs of San Francisco's diverse communities;
2. To access funding through competitive grants;
3. To conduct effective program planning;
4. To help evaluate contractors' cultural competency; and
5. To collect and report race, ethnicity and national origin information through its hiring process.

EVALUATING THE HEALTH NEEDS OF SAN FRANCISCO'S DIVERSE COMMUNITIES

DPH regularly uses the following tools to evaluate local health needs and to create effective programs that target specific groups.

Community Surveys: In order to obtain timely, accurate and specific data it is important that DPH be able to, when necessary, conduct its own community evaluations. Surveys, including the California Health Interview Survey (a collaborative effort between UCLA and the State Department of Health Services), are designed to collect data that can be analyzed by race/ethnicity, national origin and/or language needs. Other surveys, such as the Bayview Hunters Point (BVHP) Community Survey, are designed in response to needs identified through such data. This information is essential to county public health departments and communities in understanding and acting to promote or improve health. For example, the BVHP Community Survey found that the overall percentage of those diagnosed with Asthma in Bayview Hunters Point was 10 percent with African Americans having the highest percent (11%) and Asian/Pacific Islanders having the lowest (6%). Though Proposition 54 exempts medical research subjects and patients, community surveys would not fall under this exemption, and Proposition 54 would prohibit these activities.

Vital Records: Birth and death records are considered a prime measure of population health, and are used to track births and deaths by age, sex and ethnicity. Death records illuminate details surrounding premature mortality, offering what is considered to be one of the most important and meaningful public health data sets available. By analyzing infant death records, DPH knows that in San Francisco there are 4.3 deaths per 1,000 live births for the overall population, but for African-American infants the rate is more than double, with 10.8 deaths per 1,000 live births.

It is not entirely clear how Proposition 54 will impact vital records collection and reporting of race and ethnicity. It is possible that collection of this information on birth and death records would continue, since it is reported by the State to the federal Centers for Disease Control and Prevention (CDC). However, this is not a federal mandate, but represents voluntary participation in the federal vital statistics cooperative program. Even assuming that this voluntary program would warrant an exemption, it is not clear what this exemption would mean. For example, an exemption could allow counties to continue to collect the data, but that the data would not be available for use as it is now for local reporting.

Population Information: Calculating rates that allow us to compare how different racial and ethnic groups are doing in these various geographic areas within San Francisco or in relation to the rest of the State also requires county population estimates by race/ethnicity and age. These are produced for California by the State Department of Finance, which presumably would also be prohibited from continuing to do so by Proposition 54. As a result, we would not have good estimates of the composition of our total population. Thus, in any equation that would monitor health disparities, both the numerator (the number of individuals impacted by a particular factor) and the denominator (the total number of individuals in that population) would be unavailable.

ACCESSING FUNDING THROUGH GRANTS

DPH increasingly relies on grant funding to pay for its services. Grants accounted for nine percent of DPH's overall revenue in FY 2002-2003, with certain divisions depending on federal, State and foundation grants to a much greater degree. For example, DPH's AIDS Office depends on grants for 87 percent of their revenue. If California's State and local governments were unable to report and request information by race, ethnicity and national origin DPH would have great difficulty remaining competitive when applying for grants.

Funders expect that grant applicants clearly define the relevant issues related to the population being addressed. Funders also require that applicants give an overall view of health issues within the region. In grant applications, DPH must accurately show when severe need and disparities exist. For example, Ryan White CARE funds require documentation of severe need in San Francisco, including information about co-morbidities including substance abuse, mental health, tuberculosis and sexually transmitted diseases. The AIDS Office is asked to describe racial disparities, and access to services. If community surveys and needs assessments are not collecting this information and DPH's clinics are not able to ask a patient's race, ethnicity or national origin, there would be no way to accurately establish need and how services are accessed. Many grants are available for services for specific racial groups, and grant applicants must show different aspects of need within that group to obtain funds.

CONDUCTING EFFECTIVE PROGRAM PLANNING

The following programs represent just a few examples of programs that were developed by DPH and its community partners. Each program was created to respond to the needs of the City's diverse communities and to improve health outcomes within target populations.

1. Public health research in the United States shows that race may be associated with increased exposure, different susceptibility to disease, and unequal access to care. Understanding these issues requires an examination of race as a factor in the relationship between the environment and health. The Bayview Hunters Point (BVHP) neighborhood has been burdened with an unhealthful environment, poverty, and racial discrimination. BVHP has a majority African American population with substantial minorities of Asian and Latino residents. For several years, DPH has worked with this community to understand the causes and consequences of poor health in the neighborhood. Some of the documented issues include the following:

- The community has hosted San Francisco's most environmentally unfriendly industries, including sewage processing, auto wrecking and junkyards, power generation, and ship building and repair.
- The neighborhood has several major contaminated hazardous waste sites located in proximity to residential homes.
- A survey of households in Bayview Hunters Point found that almost twice as many adults rated their own health as fair or poor (17%) compared to similar national surveys (10%).
- Residents have among the highest hospitalization rates for conditions such as asthma, hypertension, congestive heart failure, and diabetes mellitus.

Though these issues relate most directly to a geographic region where any race or ethnicity may live, creating effective programs depends on understanding the racial demographics and ensuring cultural and linguistic competency. Collaborative dialogue, research and analysis have been incredibly productive in terms of actions and policies to make improvements in BVHP. DPH has participated with community groups to provide **education and training on issues such as housing habitability**, created a **Health and Environmental Resource Center**, and negotiated with the city transit agency to allocate the lowest emissions buses to the neighborhood.

2. The **Tuberculosis CHOPS (Chinatown Outreach Prevention Services) program** is a satellite clinic of DPH's Chinatown Public Health Center. Tuberculosis (TB) rates are highest among Asians and three-quarters of new cases occur among the foreign-born (90 percent of which have immigrated from China, the Philippines, and Southeast Asia). CHOPS targets Chinese clients in order to:
    - increase adult screening;
    - improve treatment compliance; and
    - enable better participation for those assigned to the daily observed treatment (DOT) program.

    The CHOPS program was implemented in 2000, and since this time all objectives were met. Referrals for TB testing have dramatically increased, jumping from 187 referrals in 2000 to 389 in 2002. In 2002, 516 patients (495 latent TB infection and 11 active) received treatment for latent or active TB. This number exceeds prior annual numbers of patients referred from Chinatown Public Health Center and placed on treatment (196 in 1997). This targeted program has a very high success rate, with 93% of patients with latent TB infections (the vast majority of cases are latent, not active) completing treatment.

3. **Healthy Kids** is a new health coverage program that offers full-scope medical, dental and vision care to children in San Francisco not eligible for or able to afford other health insurance programs. This program was designed especially to capture children in low-income families who have no access to health insurance because they do not qualify for other public health insurance programs. Latinos are most likely to be uninsured and now make up 57 percent of the enrollees in the new program. Outreach for this program has specifically targeted the Mission District, Bayview Hunters Point and Chinatown neighborhoods.

4. The **Breast Cancer and Cervical Cancer Services (BCCCS)** office was created to decrease morbidity and mortality from breast and cervical cancer for women in San Francisco. The mission is accomplished through the enhancement of breast and cervical cancer screening, diagnostic, treatment and support services within the public health care system. African Americans in San Francisco have the highest mortality rate for breast cancer, while a somewhat higher prevalence was found in Latino and Chinese women. BCCCS has a team of four Women's Care Navigators who are able to speak Cantonese and Spanish, and work to educate women on the need for preventive care and cancer screening. Without understanding the demographics of the communities impacted by cancer, it would be impossible to know where and how to conduct effective outreach in these communities.

BCCCS partners with other community groups to conduct Town Hall meetings to educate impacted communities. In 2001 there were three Town Hall meetings. A total of 333 participants attended these meetings held in Visitacion Valley/Sunnydale, Potrero Hill and Bayview Hunters Point. The Town Hall meetings support local communities in "getting the word out" about breast cancer while getting local information from residents about what they need.

EVALUATING CONTRACTORS' CULTURAL COMPETENCY

Effective treatment and interventions must take place in the context of the consumer's culture. DPH relies on community-based organizations (CBOs) to carry out many of its programs, as they are known and trusted institutions. However, DPH must track and evaluate the success and effectiveness of all programs, external and internal. The goal is that all contractors provide culturally competent, language-appropriate services and one measure of cultural competency is how closely the agencies are staffed with individuals that reflect the population they serve. Under Proposition 54, DPH would be unable to determine whether culturally competent, language-appropriate services are being provided to the clients who need the services.

Additionally, the City and County of San Francisco focuses on minority, women and locally owned businesses for contracting. It would be impossible for DPH, as well as other local governmental agencies, to ascertain the ownership information as it relates to race/ethnicity for the businesses with which we contract, or consider contracting.

Currently, DPH maintains approximately 505 contracts. In many cases, federal, State and local funds are mixed together in one contract. It is not yet clear how Proposition 54 would affect this practice. For example, it is possible that agencies would need to separate federal funding into a new contract and continue to collect data on that portion of the contractual services while not on the portion using other funds. If this is the case, the contract will be artificially bifurcated for the contractor and the agency, and will increase the administrative cost and burden. This could require that even a small community based organization track race/ethnicity for clients in one part of a program, yet not in a different part of the same program.

COLLECTING AND REPORTING RACE/ETHNICITY INFORMATION THROUGH HIRING

DPH is an equal opportunity provider and is committed to an active nondiscrimination program. It is the policy of DPH that harassment is prohibited and that all employees and applicants shall receive equal consideration and treatment. However, a policy of non-discrimination by itself is not sufficient to erase the effects of past discrimination imposed on women, people of color, individuals with disabilities and others who have historically suffered from systematic discrimination. DPH takes steps to:

- Increase the number of women, employees of color and employees with disabilities in classifications by implementing, wherever applicable, the outreach activities necessary.

- Recruit, hire and promote in all job classifications without regard to sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS),

mental disability, pregnancy, disability leave, medical condition (cancer-related), age (over 40), marital status, sexual orientation, height or weight.

- Ensure that DPH is free of any bias in the delivery of health care services and the services are culturally and linguistically proficient.

DPH currently collects and tracks race and ethnicity in the following areas:

- applicants for employment;
- individuals taking Civil Service examinations;
- new hires;
- terminations; and
- workforce data (by classification and work site).

All of the data listed above is used to respond to complaints of employment discrimination and is frequently requested by federal or State civil rights agencies. Our ability to respond to these complaints and requests in a timely and accurate manner would be limited if the data was not readily available. In some cases, the data is required by the federal government and would not be impacted by Proposition 54. For example, DPH is required by the federal Equal Employment Opportunity Commission to collect workforce data every two years. In other situations, however, the State or City requires data. When the information DPH collects is a not directly federally mandated, this initiative would not allow State or local government agencies to request it. Banning this data collection could negatively impact civil rights and the ability of DPH to fulfill and monitor its own equal opportunity and non-harassment policy.

CONCLUSION

The sponsors of Proposition 54 have repeatedly asserted that there will be little or no obstruction in the realm of public health and health services. However, exemptions for medical research and to comply with federal requirements do not provide nearly enough protection to continue core public health functions. The sponsors have said that even if these exemptions are too limiting there is a mechanism to get special approval through the State Legislature. This would require a two-thirds majority approval by the Legislature, which seems at best a significant and unnecessary burden and at worst an impossibility. It has also been argued by supporters of Proposition 54 that this initiative would protect people from being forced to choose racial classifications, but in fact all such reporting is currently entirely voluntary already.

Research today shows us that there are disparities within almost all health indicators, with many racial and ethnic groups suffering far below the norm in health care access, likelihood of early diagnosis and adequate treatment and rates of specific diseases. With this knowledge, it is more important than ever to collect the very information this initiative would ban. Proposition 54 will have a profound negative impact on the ability of DPH to collect and disseminate information integral to understanding and responding to disparities in a number of areas. Clearly this initiative would interfere with the ability to fulfill DPH's mission to protect and promote the health of all San Franciscans. The censoring of data critical to promoting and protecting public health may be setting a dangerous precedent not only for California, but for the nation.