

**Dan Bernal**  
President  
**Edward A. Chow, M.D.**  
Commissioner  
**Susan Belinda Christian, J.D.**  
Commissioner  
**Cecilia Chung**  
Commissioner  
**Suzanne Giraudo ED.D**  
Commissioner  
**Laurie Green, M.D.**  
Commissioner  
**Tessie M. Guillermo**  
Commissioner

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN  
FRANCISCO**

**London N. Breed Mayor  
Department of Public Health**



**Grant Colfax, MD**  
Director of Health  
**Mark Morewitz, M.S.W.**  
Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665  
Web Site: <http://www.sfdph.org>

**MINUTES  
HEALTH COMMISSION MEETING  
Tuesday July 21, 2020 3:00 p.m.  
Remote Meeting via Microsoft Teams Live Event**

**1) CALL TO ORDER**

Present: Commissioner Dan Bernal President  
Commissioner Edward A. Chow M.D.  
Commissioner Susan Belinda Christian, J.D.  
Commissioner Cecilia Chung  
Commissioner Suzanne Giraudo, Ph.D  
Commissioner Laurie Green, MD  
Commissioner Tessie Guillermo

The meeting was called to order at 3:04pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 7, 2020**

Action Taken: The Health Commission unanimously approved the Health Commission July 7, 2020 meeting minutes.

**3)** Grant Colfax, Director of Health, gave the report. Greg Wagner, DPH COO, also reviewed the DPH budget development process. The report may be viewed at the following link:  
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

**Remembering Maria X Martinez**

Longtime member of the DPH family, Maria X Martinez, died peacefully in her home on Wednesday, July 15<sup>th</sup>. Maria worked for San Francisco's Department of Public Health for 23 years, during which time she passionately championed the needs of vulnerable populations. She focused on building initiatives and developing care models for high-risk populations through new collaborations and system design. A key member of DPH leadership, she served in the following roles: Deputy Director of Community Programs, Senior Staff to the Director of Health, Chief Integrity Officer, and the Director of Whole Person Care. Maria continually strived to bring a racial and equity lens to creating a seamless network of services to engage and meet the most complex needs of San Francisco's most vulnerable residents.

The capstone of Maria's career was serving as the Director of Whole Person Care, a project that aims to improve outcomes for adults experiencing homelessness in San Francisco through enhanced care coordination.

Maria truly led the way in creating care models and effective systems of care for people experiencing homelessness and other medically vulnerable people in our community. So much work that lives on in the Department of Public Health is a result of Maria's vision, commitment, and dedication to improving the lives of people experiencing homelessness or with unstable housing. She was a beloved colleague, leader, and mentor who touched innumerable lives during her 23 years with DPH.

### **San Francisco announces next steps on controlling spread of COVID-19 and continuing pause on reopening**

Today, there are over 5,300 San Francisco residents with confirmed cases of COVID-19. And, sadly, a total of 52 San Franciscans have died. The San Francisco Department of Public Health (DPH) sends our condolences to their loved ones.

The key indicators of COVID-19 activity in San Francisco show that a surge of cases and hospitalizations is under way. As a result, the City is extending the pause on the reopening that began on June 29.

On July 17, Mayor London N. Breed and Dr. Grant Colfax, Director of Health, announced next steps for flattening the curve in San Francisco as cases and hospitalizations have continued to rise. The City's schedule for reopening will remain on pause indefinitely in order to slow the spread of COVID-19 in San Francisco and protect community health.

### **Next Steps for Flattening the Curve in San Francisco**

***Pausing Reopening*** - San Francisco is experiencing a surge of cases and hospitalizations, and reopening cannot continue until the spread of the virus has slowed once again. The pause in reopening businesses and activities will continue until San Francisco [Key Public Health Indicators](#) improve. In addition to the health indicators, other data will inform the decision on how to proceed, including the Reproductive Rate of the virus, the State's actions, and the impact of the virus in the Bay Area region.

***Following the State's Requirements*** - San Francisco is on the State's watch list due to rising hospitalizations. This means that San Francisco must abide by the State's restrictions, which includes closing indoor malls and non-essential offices, and continue the paused reopening, at least until the State lifts its restrictions. Indoor malls and non-essential offices must close, except for minimum basic operations, effective Monday, July 20. If the State adds more restrictions for counties on the watch list, San Francisco will abide by those restrictions as well. If local conditions do not improve, San Francisco maintains the ability to close additional businesses and activities that go beyond the State's requirements.

***Changing Behaviors – Face Coverings and Reduced Gatherings*** - In order to slow the spread of COVID-19 in the short-term and adapt to living with the virus until there is a vaccine, San Franciscans need to redouble their efforts to consistently wear face coverings and limit gatherings with people not in their household. Research shows that if the vast majority of people wear masks that cover their nose and mouth, San Franciscans can effectively slow the spread of the virus and save lives. Many of the new cases of COVID-19 that are part of the current surge are the result of social gatherings among family members and friends, so it is important that San Franciscans limit such gatherings as much as possible. In addition to these behavioral changes, everyone must continue practicing social distancing, hand washing, and staying home as much as possible.

***Focus on Equity and Impacted Communities*** - San Francisco has focused on equity and addressing the disparate impacts of COVID-19 since the beginning of the pandemic. As part of the City's five-point plan, San Francisco will continue to focus on the communities most impacted by the virus, especially members of the Latinx community, people who must leave home to work, Black/African American residents, and the eastern and southeastern neighborhoods. This focus includes expanding access to COVID-19 testing and conducting targeted community outreach in impacted communities.

***Expanding Access to Testing*** - The City continues to exceed its testing goals, however in the current surge it has taken longer for people to access testing appointments and receive their results. In an effort to mitigate

this challenge, the City will issued a health order Monday requiring private health care providers to increase their testing services by providing same-day testing for patients with symptoms and close contacts of confirmed COVID cases. Additionally, private hospitals and clinics must provide testing to asymptomatic workers in jobs where they have more risk of exposure, such as health care, first responders, and jobs with frequent public interactions at less than six-feet apart. Staff and residents of congregate settings also must be provided testing if requested.

Meanwhile, the City continues to expand testing access for neighborhoods identified by low resource availability and high prevalence of COVID positive cases, or low numbers of people who have tested. So far, throughout the month of July, DPH worked together with community partners and providers to establish testing sites in the Tenderloin, Mission, Sunnyside, and Potrero Hill, and to increase testing support in the Bayview. The Health Department is grateful to work with GLIDE, the Latino Task Force, HOPE SF, and Bayview Child Health Center to provide linguistically and culturally competent services to their community members and residents. We will continue to expand testing access and capacity throughout the city by focusing on neighborhoods that are high risk and high need.

*We need your help* - San Franciscans can use the same public health principles that are informing the City's reopening plans to help guide individual choices. When you think about risk of exposure and transmission, keep these things in mind.

How risky is the activity? Five questions to ask:

1. Is the activity indoors or outdoors? Outdoors is much safer.
2. Does it involve gathering with people outside your household? That is riskier and should be avoided.
3. Can you wear face coverings at all times?
4. Can you maintain at least six feet of physical distancing?
5. Can you easily wash your hands, and is the environment properly cleaned?

Think about any activity in terms of these four characteristics:

1. Number – As the number of people or sites increases, the possible interactions increase exponentially.
2. Frequency – The more often people interact, the higher the risk of virus transmission.
3. Duration – The longer people are together, the higher the risk of virus transmission.
4. Distance – The closer together people are, the higher the risk of virus transmission.

Reopening phases and activities are detailed here: <https://sf.gov/step-by-step/reopening-san-francisco>. More information about the key health indicators driving San Francisco's decisions on reopening can be found here: <https://data.sfgov.org/stories/s/epem-wyzb>.

### **San Francisco Department of Public Health releases interim guidance to help plan safer reopening of local schools**

On July 8, the San Francisco Department of Public Health (DPH) announced the release of interim guidance to prepare to welcome students back to school, potentially in the fall, if the conditions allow. While reopening is contingent on the containment of COVID-19 in the community and the authorization of the San Francisco Health Officer, the guidance outlines the health and safety practices needed to more safely resume in-person, on-site instruction and extracurricular activities at TK-12 schools. Additionally, the document includes specific actions schools should take to respond to an outbreak of COVID-19 cases.

Schools in San Francisco were closed for in-person instruction in March 2020 due to concerns about COVID-19 transmission among both students and staff. Since then, the medical community's understanding of COVID-19 has evolved. Although questions remain, studies indicate that children are less likely to become seriously ill from COVID-19 and less likely to spread COVID-19 compared to adults.

The guidance emphasizes required use of face coverings to minimize dispersion of respiratory droplets that carry the virus. Additionally, it recommends stable student cohorts, physical distancing, maximizing outdoor space and limiting non-essential staff and visitors to prevent COVID-19 transmission, as well as measures regarding handwashing, healthy hygiene practices, cleaning and disinfecting surfaces.

The guidance was developed by DPH with input from SFUSD, the Archdiocese of San Francisco and the Independent Schools Association. It is informed by guidance from the Centers for Disease Control and Prevention, the American Academy of Pediatrics and the California Department of Education. The guidelines are one tool that schools will use to design their reopening plans. School buildings cannot not reopen until a formal health directive is issued.

More details are available in the interim guidance document online at <http://www.sfcdcp.org/covidschoolschildcare>.

### **Office of Student Placement and Career Advancement program**

In April, Dr. Tomas Aragon, Health Officer of San Francisco, established Population Health Division's Office of Student Placement (OSP). The OSP program provides undergraduate and graduate students of nursing, public health, community health work, medical interpreting, allied health, and ethnic studies with opportunities to support DPH's COVID-19 response while gaining multidisciplinary academic experiences to fulfill requirements for graduation. This summer, over 60 undergraduate and graduate students of nursing and public health from San Francisco State University, University of San Francisco, and UC Berkeley were onboarded. Student interns are now supporting DPH in the following ways:

- Case Investigation and Contact Tracing
- COVID-19 testing in community settings
- Health Education and Outreach to SROs, assisted living facilities, low-income housing
- Developing curricula, program plans, and conducting trainings for wellbeing programs and environmental health enforcements
- Reviewing policies and developing guidance documents
- Epidemiology and Surveillance
- Providing administrative support

### **Emergency Medical Services Agency COVID-19 Accomplishments**

The SFDPH's Emergency Medical Services Agency (EMSA) has been hard at work helping to prevent the spread of COVID-19 across the city. Over the past two weeks, EMSA has accomplished the following:

- The Field Nurse Testing Unit reached a milestone of conducting over 5,000 tests for COVID-19 at shelters, SROs, LTCFs, and most recently Community Pop-up Sites.
- EMSA completed the San Francisco EMS System COVID-19 Surge Plan Guidance Document, a comprehensive manual that provides detailed information on existing EMS processes and guidance regarding the steps that will need to be taken when/if the 911 system becomes overwhelmed.
- EMSA established a new Decedent Testing Unit (DTU), to facilitate testing of patients who are deceased in the field. In this coordinated effort with the Office of the Medical Examiner and local skilled nursing facilities, BLS ambulances assigned to COVID-19 transport operations respond to these incidents at the request of 911 EMS providers to perform sample collection.
- The COVID-19 Transportation Hub provides 911 system support by continuing to transport PUIs and COVID-19 positive patients to various locations throughout the City. As of July 9<sup>th</sup>, the COVID-19 Transportation Hub has conducted a total of 3,560 transports utilizing Paratransit Vans and BLS Ambulances.

## Addendum

### **DPH Budget Process**

At its June 16 meeting, the Health Commission considered and approved a proposed budget submission for the Department of Public Health for Fiscal Years 2021-22 and 2022-23. This budget proposal reflected revised budget instructions from the Mayor's Budget Office, following the significant changes in the City's fiscal outlook following the onset of the COVID-19 pandemic. To address the projected General Fund shortfall of \$1.7 billion over 3 years, the Mayor's Office pursuing multiple solutions including both departmental savings and a variety of citywide cost savings and revenue initiatives. One of these strategies has been to ask the City's labor partners to defer upcoming scheduled base wage increases for City employees. Deferring these wage increases would reduce growth in personnel costs, which is a significant driver of the projected deficit. Due to uncertainty about whether an agreement will be reached, on July 13 the Mayor's Office directed departments to propose additional General Fund reductions to provide options for closing the deficit. For DPH, these new targets are \$15.1 million in FY 2020-21 and \$62.5 million in FY 2021-22. Proposals for additional reductions are due on July 27. In addition, DPH continues to actively work with the Mayor's Office, Controller's Office and City partners on a budget plan for the COVID-19 response and Mental Health SF, to be included in the Mayor's August 1 budget submission. Staff will report to the Commission on the status of these initiatives as soon as possible.

### **DPH in the News**

AP, Jul 7 2020, Bay Area counties back off indoor dining as virus surges

<https://www.columbiabasinherald.com/news/2020/jul/07/bay-area-counties-back-off-indoor-dining-as-2/>

KRON, Jul 7 2020, San Francisco pauses next phase of reopening as coronavirus activity trends in wrong direction

<https://www.kron4.com/news/bay-area/san-francisco-pauses-next-phase-of-reopening-as-coronavirus-activity-trends-in-wrong-direction/>

KTVU, Jul 7 2020, Health experts in 2 Bay Area counties agree coronavirus indicators are worsening

<https://www.ktvu.com/news/health-experts-in-2-bay-area-counties-agree-coronavirus-indicators-are-worsening>

AP, Jul 8 2020, Newsom hopes California schools won't be delayed by virus

<https://www.sfgate.com/news/article/Newsom-hopes-California-schools-won-t-be-delayed-15395409.php>

CBS, Jul 8 2020, San Francisco Health Officials unveil preliminary school reopening plan

<https://sanfrancisco.cbslocal.com/2020/07/08/san-francisco-health-officials-unveil-preliminary-school-reopening-plan/>

KTVU, Jul 8 2020, Gov. Newsom talks hospital capacity, safely reopening schools as California coronavirus cases rise

<https://www.ktvu.com/news/gov-newsom-talks-hospital-capacity-safely-reopening-schools-as-california-coronavirus-cases-rise>

SF Chronicle, Jul 8 2020, San Francisco public schools unlikely to fully reopen in August: 'It's an impossible task'

<https://www.sfchronicle.com/bayarea/article/Exclusive-San-Francisco-schools-unlikely-to-send-15392620.php>

KTVU, Jul 9 2020, What could reopening schools in San Francisco look like come fall?

<https://www.ktvu.com/news/what-could-reopening-schools-in-san-francisco-look-like-come-fall>

Union Journal, Jul 9 2020, San Francisco delays reopening of indoor dining due to spike in COVID-19 cases

<https://theunionjournal.com/san-francisco-delays-reopening-of-indoor-dining-due-to-spike-in-covid-19-cases-nbc-los-angeles/>

Bay Area Reporter, Jul 10 2020, SF mayor talks pace of reopening, homelessness with Castro Merchants

[https://www.ebar.com/news/latest\\_news/294734](https://www.ebar.com/news/latest_news/294734)

[The Union Journal, Jul 11 2020, Gov. Newsom Hopes California Schools Won't Be Delayed By Virus](https://theunionjournal.com/gov-newsom-hopes-california-schools-wont-be-delayed-by-virus-nbc-los-angeles/)  
<https://theunionjournal.com/gov-newsom-hopes-california-schools-wont-be-delayed-by-virus-nbc-los-angeles/>

[Mission Local , Jul 11 2020, Covid-19 Tracker: 110 new cases, 0 new deaths.](https://missionlocal.org/2020/07/7-11-datatracker/)  
<https://missionlocal.org/2020/07/7-11-datatracker/>

[The Union Journal, Jul 11 2020, Some Bay Area Schools Plan to Continue Distance Learning in the Fall](https://theunionjournal.com/some-bay-area-schools-plan-to-continue-distance-learning-in-the-fall-nbc-los-angeles/)  
<https://theunionjournal.com/some-bay-area-schools-plan-to-continue-distance-learning-in-the-fall-nbc-los-angeles/>

[San Francisco, Jul 12 2020, As Bay Area coronavirus cases surge, focus on Sonoma and Alameda counties intensifies](https://www.sfchronicle.com/bayarea/article/As-Bay-Area-coronavirus-cases-surge-focus-on-15403289.php)  
<https://www.sfchronicle.com/bayarea/article/As-Bay-Area-coronavirus-cases-surge-focus-on-15403289.php>

[The Daily Journal, Jul 12 2020, San Francisco Zoo to reopen Monday,](https://www.smdailyjournal.com/news/bay_area/san-francisco-zoo-to-reopen-monday/article_723b351e-c4a3-11ea-9f05-27cbb5e89c82.html)  
[https://www.smdailyjournal.com/news/bay\\_area/san-francisco-zoo-to-reopen-monday/article\\_723b351e-c4a3-11ea-9f05-27cbb5e89c82.html](https://www.smdailyjournal.com/news/bay_area/san-francisco-zoo-to-reopen-monday/article_723b351e-c4a3-11ea-9f05-27cbb5e89c82.html)

[SF Bay, Jul 12 2020, https://sfbayca.com/2020/07/12/covid-19-update-two-more-bay-area-counties-make-watchlist-school-district-announces-online-start-fairfield-cases-spike/](https://sfbayca.com/2020/07/12/covid-19-update-two-more-bay-area-counties-make-watchlist-school-district-announces-online-start-fairfield-cases-spike/)

[SF Gate, Jul 13 2020, The COVID-19 graph that keeps SF's health director 'up at night'](https://www.sfgate.com/news/editorspicks/article/Grant-Colfax-San-Francisco-reproductive-rate-15405076.php)  
<https://www.sfgate.com/news/editorspicks/article/Grant-Colfax-San-Francisco-reproductive-rate-15405076.php>

[San Francisco Public Press, July 13 2020, S.F. Identifies Sites for Pop-Up COVID-19 Wards in Case of Surge](https://sfpublicpress.org/s-f-identifies-sites-for-pop-up-covid-19-wards-in-case-of-surge/)  
<https://sfpublicpress.org/s-f-identifies-sites-for-pop-up-covid-19-wards-in-case-of-surge/>

[KPIX5, Jul 13 2020, San Francisco Allows Swim Team To Practice Despite COVID-19 Health Order Banning Pool Use](https://sanfrancisco.cbslocal.com/2020/07/13/sf-allows-high-school-swim-team-to-practice-despite-covid-19-health-order-banning-pool-use/)  
<https://sanfrancisco.cbslocal.com/2020/07/13/sf-allows-high-school-swim-team-to-practice-despite-covid-19-health-order-banning-pool-use/>

[San Francisco Business, Jul 13 2020, Newsom orders sweeping new business closures as Covid-19 cases spike](https://www.bizjournals.com/sanfrancisco/news/2020/07/13/newsom-orders-statewide-closures.html)  
<https://www.bizjournals.com/sanfrancisco/news/2020/07/13/newsom-orders-statewide-closures.html>

[San Francisco Chronicle, Jul 13 2020, Bay Briefing: Why a vaccine alone won't stop coronavirus](https://www.sfchronicle.com/bayarea/article/Bay-Briefing-Why-a-vaccine-alone-won-t-stop-15403257.php)  
<https://www.sfchronicle.com/bayarea/article/Bay-Briefing-Why-a-vaccine-alone-won-t-stop-15403257.php>

[Mission Local, Jul 13 2020, San Francisco's reopening will stop until its vitals get better](https://missionlocal.org/2020/07/san-franciscos-re-opening-will-stop-until-its-vitals-get-better/)  
<https://missionlocal.org/2020/07/san-franciscos-re-opening-will-stop-until-its-vitals-get-better/>

[AP, Jul 13 2020, Churches amid the coronavirus pandemic: Some outbreaks, many challenges](https://abc13.com/covid-19-us-coronavirus/6313747/)  
<https://abc13.com/covid-19-us-coronavirus/6313747/>

[Hoodline, Jul 14 2020, After early missteps in Tenderloin COVID-19 testing, GLIDE & DPH partner to improve access](#)

<https://hoodline.com/2020/07/after-early-missteps-in-tenderloin-covid-19-testing-glide-dph-partner-to-improve-access>

KRON, Jul 14 2020, San Francisco Unified School District recommends starting school year virtually  
<https://www.kron4.com/news/bay-area/san-francisco-unified-school-district-recommends-starting-school-year-virtually/>

Newsweek, Jul 14 2020, Half of San Francisco's COVID cases are Hispanic and Latino, despite community making up 15% of population

<https://www.newsweek.com/half-san-franciscos-covid-cases-are-hispanic-latino-despite-community-making-15-population-1517695>

Bay Area Reporter, Jul 15 2020, Results presented from Mission and Pride COVID-19 testing

<https://www.ebar.com/news/news/294941>

SF Chronicle, Jul 15 2020, 3 more SF city departments hit with subpoenas in expanding Nuru corruption probe

<https://www.sfchronicle.com/bayarea/article/3-more-San-Francisco-city-departments-hit-with-15410491.php>

SF Public Press, Jul 15 2020, COVID-19 hospitalizations in S.F. could be ten times higher by October

<https://sfpublicpress.org/covid-19-hospitalizations-in-s-f-could-be-ten-times-higher-by-october/>

SF Chronicle, Jul 16 2020, Bay Area counties struggle with the surging coronavirus as economies shut back down

<https://www.sfchronicle.com/bayarea/article/Bay-Area-counties-struggle-with-the-surging-15414343.php>

KCBS, Jul 17 2020, Answering your questions about Public Health restrictions and reopening

<https://kcbsradio.radio.com/articles/answering-your-questions-about-public-health-restrictions>

SF Chronicle, Jul 17 2020, 'I feel desperate': Some workers with COVID-19 couldn't afford to stay home until SF started paying them

<https://www.sfchronicle.com/bayarea/heatherknight/article/i-feel-desperate-Some-workers-with-COVID-15414563.php>

SFGate, Jul 17 2020, SF Health Director says average age of COVID patients at SF hospital is 41: 'We are all at risk'

<https://www.sfgate.com/news/article/SF-Health-Director-average-age-COVID-cases-15416232.php>

SF Chronicle, Jul 18 2020, Do Bay Area hospital workers have enough protective equipment? Surge raises familiar concerns

<https://www.sfchronicle.com/health/article/Do-Bay-Area-hospital-workers-have-enough-15417026.php>

#### Commissioner Comments:

Commissioner Chow thanked Mr. Wagner for the update and looks forward to more information at the next Health Commission meeting.

Commissioner Bernal asked for information regarding the total percentage of the DPH budget related to the Mayor's requested reduction targets. Mr. Wagner stated that the amount is approximately 10% of the DPH total budget.

#### **4) COVID-19 UPDATE**

Grant Colfax, MD, DPH Director of Health, and Ayanna Bennett, MD, Director of the Office of Health Equity, presented the item.

#### Commissioner Comments:

Commissioner Chung sent special thanks to all the frontline staff and asked Dr. Colfax about support for this group. Dr. Colfax stated that staff are offered support in many ways and are encouraged to utilize available resources when extra support is needed.

Commissioner Bernal noted that the virus reproductive number is concerning. Dr. Colfax stated that it is vitally important for all San Franciscans to stay vigilant in COVID-19 prevention efforts. He added that as COVID-19 cases increase, there is continued strain on our health care system.

Commissioner Bernal asked for information regarding the CCSF agency responsible for COVID-19 housing. Dr. Bennett stated that Human Services Agency (HSA) is in charge of housing during the COVID-19 pandemic. The Department of Homelessness and Supportive Housing (DHS) is also working with HSA for housing those who are homeless. The DPH works with both agencies in close collaboration to develop housing-related goals and to provide supportive services such as physical and behavioral health.

Commissioner Bernal asked if the group also works together on issues related to protecting frontline workers. Dr. Bennett stated that the DPH leads on testing resources. HSA provides housing for frontline workers.

Commissioner Chow thanked Dr. Bennett for her vital contribution to CCSF/DPH COVID-19 response. He asked how other important DPH work, such as the Office of Health Equity, is maintained during this time. Dr. Bennett stated that there is a constant attempt to balance the regular necessary work of the DPH with COVID-19 response work. She noted that during the COVID-19 pandemic, things change quickly, so the DPH leadership continues to shift its organizational structure to ensure both COVID-19 response and regular work is completed.

Commissioner Christian asked for more information regarding strategy to improve the amount of COVID-19 testing after the new Health Officer Order requiring private health insurers to provide tests to their members. Dr. Bennett stated she is cautiously hopeful but noted that the weakness in our national testing supply infrastructure impacts all providers' ability to provide timely testing.

Commissioner Christian asked if there is capacity for the state to reach out internationally to obtain COVID-19 testing supplies. Dr. Bennett stated that early in the pandemic, the state was attempting to reach out internationally but she is unaware of current efforts.

Commissioner Guillermo thanked Dr. Bennett for her presentation and stated that it is important for the public to understand how the City is coordinating its many services during this time. She asked whether the PPE data in Dr. Bennett's presentation includes all healthcare workers. Dr. Bennett stated that the PPE data in the presentation pertains only to DPH employees.

Commissioner Guillermo suggested that sharing the DPH PPE data with other hospitals may be helpful. Dr. Bennett stated that the DPH has continued a close collaboration with all the local hospitals during the pandemic and added that all the hospitals have supported each other with resources.

Commissioner Christian asked whether there are other messages the DPH can offer the public regarding behavior such as smoking that could lower susceptibility and/or help prevent the harmful effects of COVID-19. Dr. Colfax stated that the best COVID-19 prevention behavior includes wearing face covering when in public and maintaining social distance when with others. He added that individuals should not consider being tested to decide whether to engage with others socially. He noted getting a negative test result does not protect anyone from possibly getting exposed or exposing others to COVID-19.

Commissioner Chung asked how individuals who need regular medication refills are being assisted during this time. Dr. Hali Hammer, Director of the San Francisco Health Network Ambulatory Care, stated that the DPH primary care clinics have been conducting outreach since the beginning of the epidemic regarding clinical or medication needs. DPH pharmacies have provided deliveries in an effort to protect shelter-in-place orders.

Public Comment:

Julianna Morris, ZSFG physician, is in support of the resolution, "Declaring Anti-Black Racism a Human Rights and Public Health Crisis in San Francisco." She also urged ending the MOU between ZSFG and the Sheriff's Department.

Brenda Barros, DPH employee, is in support of the work of Dr. Bennett. She voiced concern that the DPH and City is considering cutting wages during a time in which workers are contributing so heavily to the City's COVID-19 response. She also stated that some ZSFG employees who test positive are told to still come to work.

Camille stated appreciation for community and neighborhood strategy in the DPH COVID-19 response. She is disappointed that the Latino Taskforce was only given 100 tests when 1,000 were requested. She added that some City testing sites have shut down.

**5) GENERAL PUBLIC COMMENT**

Christine, certified Rolfer, stated that structural integration activities has a health benefit and should be considered as a necessary health services during the pandemic.

Louisa, ZSFG nurse, urged approval of the resolution in item 6 and to remove the Sheriff Department from ZSFG.

**6) HEALTH EQUITY RESOLUTION: "DECLARING ANTI-BLACK RACISM A HUMAN RIGHTS AND PUBLIC HEALTH CRISIS IN SAN FRANCISCO"**

Ayanna Bennett, MD, Director of the Office of Health Equity, Nyisha Underwood, MPH, Population Equity Liaison, Community Mitigation and Engagement Branch, and Brittni Chicuata, Human Rights Commission Acting Chief of Staff, introduced the item.

Dr. Colfax acknowledged the leadership of Dr. Bennett as an Incident Commander at the San Francisco COVID-19 Unified Command Center.

Commissioner Bernal stated that the Health Commission considers this item to be of the utmost importance and the Commissioners are pleased to consider action to approve the resolution in its effort to address structural racism. He stated that the Commission appreciates the previous work conducted on this topic by the Human Rights Commission in its passage of their own resolution. He added that the Health Commission focused most of the "Resolved" statements in the resolution on public health-related actions and activities within the DPH that could be monitored over time. He added that the passage of this resolution does not preclude the Health Commission from acting to address other forms of racism and discrimination in future actions and discussions.

Brittni Chicuata stated that in addition to being the Human Rights Commission Acting Chief of Staff, she is also co-founder of MegaBlackSF, a collective of Black individuals and Black organizations serving Black San Franciscans. She noted that the group was founded to address the lack of focus on the disparities in the number of COVID-19 deaths in the San Francisco Black population. She noted that MegaBlackSF focuses its efforts on housing, education, economic power and health. The group works to amplify the many ways in which anti-black racism manifests in San Francisco.

Ms. Chicuata stated that she and Ms. Underwood were co-authors of the Human Rights Commission resolution, "Resolution Declaring Anti-Black Racism A Human Rights and Public Health Crisis in San Francisco." Ms. Underwood stated that the members of MegaBlackSF felt it to be important to address the health disparities of the COVID-19 pandemic and policy brutality at this time. She called upon the Commissioners to ensure that the actions called for in the resolution will be achieved. Ms. Chicuata also requested that the word

“may” be taken out of the sentence, “Black individuals may experience additional discrimination in their families, communities, and general society for their gender, age, sexual orientation, socio-economic status, religion, behavioral health issues, disability status, and/or other elements of their identity.” She noted that this clause had been added to the resolution without permission of the Human Rights Commission or MegaBlackSF authors. She noted that she experienced Mr. Morewitz to be disrespectful and anti-black during the Health Commission resolution development.

Dr. Bennet welcomed Sheryl Evans Davis, the Human Rights Commission Executive Director, and noted that the resolution is a connection between several entities necessary to make effective change. She noted that the DPH has been working on health equity issues for some time, first through its Black/African American Health Initiative and currently through the Office of Health Equity. She added that anti-Black racism is so pervasive in our society that it is necessary to partner with the Human Rights Commission and community members involved in MegaBlackSF to ensure effective impact.

Ms. Davis recognized and acknowledge Ms. Underwood and Ms. Chicuata for their impactful work on the development of the Human Rights Commission resolution. She voiced excitement that the Health Commission was willing to go deeper in its resolution on these important equity issues.

Public Comment:

Caller 1 expressed support for the resolution and noted that the issue intersects with the homeless crisis in San Francisco. The caller questioned why Dr. Tomas Aragon did not use available hotel rooms when he had a chance to house people.

Caller 2 stated that he lives in District 7 and is in support of the resolution in an effort to battle structural anti-Black racism. He also asked why the DPH is not using hotels to house all homeless individuals.

LJ Johnson, a DPH social worker, stated that she is in support of the resolution. She urged the Commission to take action to end the relationship with the Sheriff’s Department due to trauma many individuals experience with any police force.

Brenda Barry, Black Leadership Forum, stated that she is in support of the resolution.

Camille stated she is in support of the resolution and asked for the Commission to follow-up on this issue at future meetings. She is also in support of the DPH to end its relationship with the Sheriff’s Department.

Kristin, ZSFG employee, called to voice support of the resolution and hopes the Commission continues to work on this important issue.

Caller 7 stated support for the resolution.

Alexis, City College Professor, requested that the Commission approve the resolution and immediately remove the Sheriff’s Department from all DPH clinics and hospitals. She added that anti-Black racism is a health crisis.

Latrice Jones stated she is in support of the resolution and hopes that action taken on the resolution will help dismantle anti-Black racism.

Nick Giles called to voice support for the resolution and to request the DPH to end its relationship with the Sheriff’s Department.

Jessica, ZSFG physician, voiced support for the resolution and requested that DPH remove Sheriff's staff from all DPH buildings. She is in support of a ZSFG staff person who is on strike after witnessing brutality by the Sheriff's Department at ZSFG.

Tina Winn urged the approval of the resolution and removal of all Sheriff's staff from clinics and hospitals.

Danielle, DPH and UCSF physician, urged approval of the resolution and hopes that the Sheriff is removed from the DPH clinics and hospitals.

Maria, ZSFG physician, urged approval of the resolution and hopes that the Sheriff is removed from the DPH clinics and hospitals.

Sara urged the Commission to adopt the resolution and remove the Sheriff's Department from ZSFG. As a doula, she has observed anti-Black racism in medical institutions. She also urged removal of the Sheriff from DPH buildings.

Mr. Crawford voiced support for the resolution. He noted that Black people came to San Francisco after World War II and were only allowed to live in the least desirable neighborhoods.

Dwanna Patel, DPH Population Health Division, stated that she has personally witnessed and experienced how anti-Black racism impacts health disparities. She supported the passage of the resolution.

Karen, mental health clinician, voiced support for the resolution and requested that the Sheriff's staff be removed from DPH buildings.

Tracey Packer, DPH Director of Community Health Equity and Promotion, thanked the Commission for considering the resolution. She noted that Black/African Americans are disproportionately impacted by HIV, STDs, and Hepatitis C in addition to being specifically targeted by tobacco and sugary drink industries. She noted that it is important that the resolution focuses on action to be taken to address equity issues including anti-black racism.

Caller 20 stated support for the approval of the resolution and urged divestment from a DPH relationship with the Sheriff's Department.

Michelle called to support approval of the resolution.

Commissioner Comments:

Commissioner Chow moved the resolution to begin formal discussions; Commissioner Giraudo seconded the motion.

Commissioner Bernal made a motion to amend the resolution to remove the word "may" from the sentence, "Black individuals may experience additional discrimination in their families, communities, and general society for their gender, age, sexual orientation, socio-economic status, religion, behavioral health issues, disability status, and/or other elements of their identity." Commissioner Giraudo seconded this amendment.

Commissioner Chung stated that she feels that no one outside of the Black African American community can fully understand the painful and powerful impact of anti-Black racism. She offered the following amendment:

"WHEREAS, "Intersectionality is a paradigm that addresses the multiple dimensions of identity and social systems as they intersect with one another and relate to inequality, such as racism, colorism,

sexism, genderism, heterosexism, ageism, and classism, among other variables.”<sup>1</sup> Black individuals may experience additional discrimination in their families, communities, and general society for their gender, age, sexual orientation, socio-economic status, religion, behavioral health issues, disability status, immigration status, country of origin, and/or other elements of their identity; and

Commissioner Chow noted concern that the clause in question contains quotes and the amended language would possibly impact the integrity of the quote. Mr. Morewitz stated that he authored this clause and the quotes could be removed while still keeping the citation.

Commissioner Christian stated that she is pleased that the resolution has been brought to the Health Commission for consideration for approval. She added that it is critical to address anti-Black racism in order to adequately address health inequities that result from this systemic discrimination. She acknowledged the importance of the work put into the resolution passed by the Human Rights Commission. She stated her hope that no amendment or change to the Health Commission resolution should take away the focus on anti-Black racism and requested that any amendments offered by Commissioner Chung be read into the record. She added that the Health Commission resolution focuses on DPH-related outcomes and activities.

Commissioner Chung requested that Mr. Morewitz forward her draft amendments to the other Commissioners.

Ms. Davis gave context of how the resolution came forward. She noted that Black people feel invisible and it seems to be difficult for members of other communities to understand the impact of anti-Black racism on every aspect of Black individuals’ lives. She added that a main theme of the focus groups held by the Human Rights Commission is that people in San Francisco are uncomfortable saying that Black people are disproportionately impacted by anti-Black racism. She noted that intersectionality is an issue that impacts Black people but that she does not want to dilute the focus of the resolution on anti-Black racism.

Commissioner Chung stated that the amendment she is offering may reflect the experience of Black people who identify as being Black along with other identities such as immigrant or transgender.

Commissioner Bernal stated that the Health Commission resolution was tailored to include public health-related measurable outcomes for the Department of Public Health. He made a motion to remove the following clause; Commissioner Giraudo seconded the motion.

“WHEREAS, “Intersectionality is a paradigm that addresses the multiple dimensions of identity and social systems as they intersect with one another and relate to inequality, such as racism, genderism, heterosexism, ageism, and classism, among other variables.”<sup>2</sup> Black individuals may experience additional discrimination in their families, communities, and general society for their gender, age, sexual orientation, socio-economic status, religion, behavioral health issues, disability status, and/or other elements of their identity; and “

Action Item: The Health Commission unanimously approved the amendment.

Commissioner Bernal, noting comments made in the discussion of the resolution and those made by the public in support of the resolution in its current form, suggested the Health Commission refrain from further adding to the current resolution and suggested that amendments Commissioner Chung offered to be included in a separate resolution.

Commissioner Chung noted concern that limiting the possibility of adding her amendments to resolution may erase the reflection of some Black individual’s experience such as those who are also immigrants and/or

transgender.

Commissioner Bernal offered to work with Commissioner Chung on a separate resolution addressing intersectionality and other issues contained in her suggested amendments. He made a motion for the Health Commission to approve the resolution as it is written, noting that the Commission already approved of removing the “WHEREAS” clause focused on intersectionality.

Commissioner Chow stated that the current WHEREAS statements in the resolution contain more than sufficient documentation of the many harmful effects of anti-Black racism. He noted that the Health Commission will be focused on monitoring the many actionable items contained in the RESOLVED statements of the resolution. He noted that the Health Commission needs to also focus on other health disparities through future resolutions and other actions.

Commissioner Christian asked Ms. Davis, Ms. Chicuata, and Ms. Underwood to share their original intent in regard to whether they hoped the Health Commission would approve the document as written or understood that the Health Commission would tailor its resolution to Department of Public Health deliverables. Ms. Davis stated that the intent was to amplify the experience of being Black and recognize the harmful experience of anti-Black racism at any level.

Commissioner Bernal stated that he will be speaking with the Commission Secretary and offered to speak with Ms. Davis after the meeting in regard to how the Health Commission can continue to effectively work with the Human Rights Commission.

Commissioner Chung stated that her intent was to be a committed ally and she apologized if her suggested amendments offended the authors of the Human Rights Commission resolution in any way. She agreed to work with Commissioner Bernal on a separate Health Commission resolution to incorporate concepts that were contained in her amendments.

Action Item: The Health Commission unanimously approved the resolution. (see attached)

**7) EMERGENCY MEDICAL SERVICES AGENCY UPDATE**

This item was deferred to the August 4, 2020 Health Commission meeting.

**8) OTHER BUSINESS:**

The item was not discussed.

**9) ADJOURNMENT**

The meeting was adjourned at 6:46pm.

HEALTH COMMISSION  
CITY AND COUNTY OF SAN FRANCISCO  
Resolution No. 20-9

HEALTH EQUITY RESOLUTION  
DECLARING ANTI-BLACK RACISM A HUMAN RIGHTS AND PUBLIC HEALTH CRISIS  
IN SAN FRANCISCO

WHEREAS, Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources<sup>3</sup>; and

WHEREAS, Anti-Black racism is hostility towards, opposition to, pathologizing of and discrimination towards Black people and culture, manifested through individual, internalized, interpersonal, institutional or systemic interactions, decisions, processes, and outcomes<sup>4</sup>; and

WHEREAS, Public health studies have concluded that structural racism, not one's race, is the explanation for health inequities<sup>5</sup>; and

WHEREAS, the American Public Health Association (APHA) lists racism as the driving force of the racial wealth gap and educational attainment gap<sup>6</sup>; and

WHEREAS, Government-sanctioned racial discrimination in lending and the sale and renting of homes—from racial covenants to redlining to exclusionary zoning— has made housing a central feature of racial inequity in the San Francisco and throughout the country<sup>7</sup>; and

WHEREAS, The racist legacy of policies like redlining, racial covenants, and the Social Security Act prevented Black families from building wealth, and often keeps this group in neighborhoods with lower access to traditional banking resources and higher concentrations of predatory pay-day loans<sup>8</sup>; and

WHEREAS, Black renter and owner households in San Francisco are the most “severely cost burdened” by their housing costs, with about 25% and 20% spending over half of their income on rent and mortgage, respectively; and

WHEREAS, There is strong evidence establishing the connection between housing safety, security, and affordability to health outcomes as a social determinant of health; and

WHEREAS, Black households have a distinct disadvantage compared to white and Asian homebuyers, as they can only afford 5.3 percent of home sale listings in San Francisco<sup>9</sup>; and

WHEREAS, Black people have the lowest homeownership rates in San Francisco at 23%<sup>10</sup>; and

WHEREAS, Black people were systematically displaced by urban renewal in San Francisco in the 1960s and 1970s<sup>11</sup> which subsequently led to a persistent decline in the population; and

WHEREAS, Redevelopment intentionally targeted and disrupted Black neighborhoods and the Black economy in San Francisco<sup>12</sup>; and

WHEREAS, Black people represent 37% of the city's unhoused population, but only comprise 5 percent of all residents in the City; and

WHEREAS, Black residents comprise nearly forty percent of all public housing residents; and

WHEREAS, the San Francisco Black population has declined at nearly four times the rate of other populations in the Bay Area, overall; and

WHEREAS, The Black population in San Francisco is the only racial group to consistently decline in every census count since 1970; and

WHEREAS, Black families in San Francisco have the lowest median household income of all groups (\$29,000)<sup>13</sup>; and

WHEREAS, Despite the abundance of wealth in San Francisco, the racial wealth gap and gentrification have contributed to the mass displacement of Black San Franciscans<sup>14</sup>; and

WHEREAS, The economic insecurity from the racial wealth gap in San Francisco impacts educational attainment and, subsequently, the earning potential and generational wealth building of Black families<sup>15</sup>; and

WHEREAS, Structural racism results in inequities with regard to hiring, promotion, compensation and retention practices for Black employees in San Francisco; and

WHEREAS, San Francisco ranks as the county with the worst academic outcomes for Black students in California, with only 19% of Black students in the city passing the state's reading assessment in 2017<sup>16</sup>; and

WHEREAS, Research shows that these poor educational outcomes are setting up Black children in San Francisco for low earning jobs and subsequently limiting their ability to build wealth; and

WHEREAS, Black people are disproportionately represented throughout the criminal justice system in San Francisco; and

WHEREAS, Black children made up 39% of all students arrested on San Francisco school campuses from 2010 to 2013, despite being only 8% of San Francisco students<sup>17</sup>; and

WHEREAS, Approximately 45% of all San Francisco Police Department use-of-force cases involved Black people in 2019<sup>18</sup>; and

WHEREAS, Black drivers and pedestrians accounted for 25% of all SFPD stops during the last three months of 2019 and roughly 40% of non-mandatory searches<sup>19</sup>; and

WHEREAS, According to the 2010 Census, Black people make up 6% of San Francisco's population but 41% of those arrested, 43 percent of those booked into jail, and 38 percent of cases filed by prosecutors between 2008 and 2014<sup>20</sup>; and

WHEREAS, Black suspects in San Francisco are less likely to have their cases dropped or dismissed than white suspects, and receive longer prison and jail sentences than others<sup>21</sup>; and

WHEREAS, Black women constitute nearly half of all female arrests and experience arrest rates 13 times higher than women of other races<sup>22</sup>; and

WHEREAS, Black people in San Francisco are 7.1 times more likely to be arrested than white people<sup>23</sup>; and

WHEREAS, The San Francisco Health Commission recognized incarceration as a public health issue through its resolution 19-5, 'Incarceration is a Public Health Issue,'<sup>24</sup>; and

WHEREAS, Black San Franciscans have persistently had poorer health than their fellow residents in a wide array of measures<sup>25</sup>; and

WHEREAS, In San Francisco, Black people have a lower life expectancy than persons of other races/ethnicities<sup>26</sup>; and

WHEREAS, Black people have the highest mortality rate for 9 of the top 10 causes of death in San Francisco<sup>27</sup>; and

WHEREAS, Black San Francisco residents are the most likely to lack health insurance<sup>28</sup>; and

WHEREAS, Age-adjusted rate of hospitalizations due to major depression among Black/African Americans is almost 5 times higher than among Asian & Pacific Islanders who have the lowest rate (23.79 vs 4.93 per 10,000 residents). High rates of hospitalizations among Black/African Americans likely result from inadequate access to outpatient medical care<sup>29</sup>; and

WHEREAS, Many of the sexually transmitted infections, including chlamydia, gonorrhea and HIV, occur at higher rates in Black San Francisco residents in San Francisco<sup>30</sup>; and

WHEREAS, In San Francisco, significant maternal and infant death disparities persist. Over the past 10 years, Black birthing people experienced approximately 4 out of 100 births, but experienced 5 out of 10 total maternal deaths, and 15 out of 100 infant deaths<sup>31</sup>; and

WHEREAS, Black pediatric patients are almost three and a half times more likely to die within a month after surgery than white pediatric patients<sup>32</sup>; and

WHEREAS, Black children had higher odds of developing complications after surgery, and higher odds of developing serious adverse events, such as cardiac arrest, sepsis, readmission, or reoperation<sup>33</sup>; and

WHEREAS, The pre-term birth rate for Black infants born in San Francisco is twice as high as the rate for white infants (13.8% vs 7.3%).<sup>34</sup> Pre-term birth is associated with lower educational attainment and lower earning potential<sup>35</sup>; and

WHEREAS, Research thoroughly documents that economic insecurity causes physical and psychological stress, which leads to preterm births and chronic health conditions, such as heart disease<sup>36</sup>; and

WHEREAS, Predominantly Black U.S. counties are experiencing a three-fold higher COVID-19 infection rate and a six-fold higher death rate than predominantly white counties<sup>37</sup>; and

WHEREAS, Black people are overrepresented in frontline jobs such as Muni operators, the postal service, and home health aide industry<sup>38</sup>, and have remained on their jobs as essential workers through the shelter in place order, leading to higher rates of exposure to COVID-19; and

WHEREAS, COVID-19 is causing death in Black Americans at alarming rates. In San Francisco, Black residents make up 5% of the population<sup>39</sup>, represent 5.5% of the City's COVID-19 cases but approximately 10% of deaths; and

WHEREAS, The alarming rates at which COVID-19 is causing death in Black people extends beyond comorbidities and can be attributed to decades of spatial segregation, inequitable access to testing and treatment, and withholding racial/ethnicity data from reports on virus outcomes<sup>40</sup>; and

WHEREAS, Anti-Black racism is a cause of psychological harm and directly contributes to behavioral health issues in many Black individuals<sup>41</sup>; and

WHEREAS, The experience of anti-Black racism is traumatic and may lead to anxiety, depression, and post-traumatic stress disorder<sup>42</sup>; and

WHEREAS, Long-term stress caused by interpersonal and structural anti-Black racism experienced by Black mothers can lead to alterations in their children's gene expression<sup>43</sup>; and

WHEREAS, Historical trauma is the cumulative emotional and psychological wounding over a lifespan and across generations, emanating from massive group experiences. Thus, trauma can be passed down through generations, resulting in a variety of trauma-related disorders and health disparities<sup>44</sup>; and

WHEREAS, Rates of mental illnesses in Black/African Americans are similar with those of the general population. However, African Americans often receive poorer quality of care and lack access to culturally competent care<sup>45</sup>; and

WHEREAS, Only one-in-three Black individuals who need mental health care receives it<sup>46</sup>; and

WHEREAS, Amongst the trans community, Black trans women face an epidemic of violence, disproportionately experiencing fatal violence, unemployment, poverty, and homelessness<sup>47</sup>; and

WHEREAS, Black people are overrepresented in domestic violence cases reported across age groups in San Francisco<sup>48</sup>; and

WHEREAS, In 2017, African American children, youth, cis and trans women represented the majority of reported human trafficking cases in San Francisco<sup>49</sup>; and

WHEREAS, Black people report experiencing nearly 60% of all hate violence in San Francisco<sup>50</sup>; and

WHEREAS, In 2014, a San Francisco Department of Public Health (DPH) cross-divisional group convened and established the Black/African American Health Initiative (BAAHI) to focus on correcting racial disparities<sup>51</sup>; and

WHEREAS, In 2015, the DPH hired a nationally recognized racial equity consultant to design and implement cultural humility trainings for DPH staff; and

WHEREAS, In 2016, the DPH joined Government Alliance on Race and Equity (GARE), with a commitment to correct racial inequity; and

WHEREAS, In 2017, the DPH expanded the scope of BAAHI to include health equity initiatives throughout the organization; and

WHEREAS, In 2018, the DPH developed “The Black/African American Health Report<sup>52</sup>,” which presented data supporting the need for urgent intervention to address Black/African American health disparities. The report also described the work conducted by the DPH to improve the health of Black/African American residents; and

WHEREAS, The DPH has implemented successful initiatives to improve health equity metrics specific to Black/African American residents, including reducing hypertension rates, reducing premature birth rates, reducing chlamydia rates in young Black/African American women, reducing Hepatitis C rates, and improving retention in HIV care; and

WHEREAS, The DPH has implemented innovative programs to address health disparities in Black/African American residents such as the San Francisco Collective Impact for Healthy Births, the SISTA Leadership for African American Youth, Nurse Family Partnership, Nurse Home Visiting Program, physical and behavioral health services offered at Maxine Hall Health Center, Tom Waddell Urban Health Clinic, and Southeast Health Center; and health-related support to the HOPE SF sites, and

WHEREAS, The DPH funds programs directly impacting Black/African American communities such as the San Francisco AIDS Foundation Black Brother Esteem Project, Rafiki Coalition, Bayview Hunter’s Point Foundation, San Francisco Food Insecurity Task Force, Children’s Oral Health Initiative, “The Open Truth” campaign to reduce sugary drink consumption, “Truth or Nah,” cannabis education campaign, the “Ask About PrEP,” HIV Pre-exposure Prophylaxis campaign, among many other effective activities, and

WHEREAS, In 2019, the DPH actively participated in the San Francisco City-Wide Racial Equity Workgroup; and

WHEREAS, In 2019, the City and County of San Francisco Office of Racial Equity and the DPH Office of Health Equity were established; and

WHEREAS, Social determinants of health are conditions in the environment that impact health, behavioral health, functioning, and quality of life. Examples include financial resources, education, physical and mental safety, availability of health care, social support, language, and exposure to discrimination<sup>53</sup>; and

WHEREAS, It is the responsibility of public health leaders to ensure equitable healthcare access and health outcomes across the City and County of San Francisco, including addressing social determinants of health relevant to prevent the drivers of anti-Black racism; and

WHEREAS, It should be the duty of all San Francisco leaders to ensure that the City and County of San Francisco (CCSF) reconcile its history of harm and trauma inflicted on marginalized communities through the development of equity-related policies, programs, budget-initiatives, legislation, and administrative practices; and

WHEREAS, The San Francisco Human Rights Commission approved a resolution titled, “Resolution declaring Anti-Black Racism a Human Rights and Public Health Crisis in San Francisco” at its June 25, 2020 meeting.

THEREFORE, BE IT RESOLVED, that the Health Commission concurs with the Human Rights Commission and recognizes anti-Black racism as a human rights and public health crisis which particularly impacts the human and civil rights, health and wellbeing of Black individuals, Black families and the Black community; and be it

FURTHER RESOLVED, that the Health Commission supports the creation of a CCSF Office of Racial Equity anti-racist program evaluation framework for all City departments and City grantees; and be it

FURTHER RESOLVED, that the Health Commission fully supports DPH Equity planning and initiatives that lead to structural and cultural transformation of the Department. This includes the following:

- Fund the staffing for the Office of Health Equity and provide physical office space to honor the importance of this Section.
- Participate and cooperate with the San Francisco Office of Racial Equity on activities, trainings, and data collection and reporting.
- Implement department-wide equity training, coordinated with the San Francisco Office of Racial Equity, with a focus on racial equity, as part of staff orientation and an ongoing requirement for all staff, including the Health Commission. This training should help DPH staff members understand how racism, and other forms of discrimination, affect individual and population health.

- Establish measurable equity goals for each DPH section, in alignment with the equity goals required by the San Francisco Office of Racial Equity, and report Department-wide progress annually to the Health Commission.
- Utilize the ZSFG and LHH Joint Conference Committees to report these hospital equity activities and outcomes twice a year.
- Undertake an in-depth review of all existing internal DPH policies and practices to understand barriers toward achieving racial equity goals in order to establish DPH policies and practices that seek to eliminate racial bias.
- Utilizing best practices, the DPH Business Office shall use an equity lens when developing Request for Proposals and vendor selection processes.
- Establish required health equity criteria for all DPH contractors and monitor adherence through the annual monitoring process.
- Disaggregate all DPH staff, client, and patient data by race, age, gender, including transgender data, and sexual orientation.
- By January 31, 2021, develop a plan to improve the employment experience of Black/African American DPH staff, as measured by the staff engagement survey and human resources data related to hiring, opportunity for advancement, discipline rates, and dismissal rates. Report on the progress of this plan to the Health Commission twice per year; and be it

FURTHER RESOLVED, that the Health Commission directs the DPH to work with communities in neighborhoods, such as the Bayview, Excelsior, and the Tenderloin, with high rates of Black/African American residents and higher rates of disease burden, to coordinate existing and new initiatives that establish specific goals for improving the health and wellbeing of these communities; and be it

FURTHER RESOLVED, that the Health Commission encourages other CCSF policy bodies to direct CCSF Departments in their jurisdiction to use an equity lens in a review of current programs, policies, and contracting practices; and be it

FURTHER RESOLVED, That the Health Commission shall continue to address health equity issues impacting the many diverse communities in San Francisco through meeting discussions, support of DPH equity-related budget initiatives, evaluation of actions called for in this resolution, and consideration of resolutions on these topics during the next year.

I hereby certify that the San Francisco Health Commission adopted the foregoing resolution at its July 21, 2020 meeting.

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Mark Morewitz, M.S.W.  
Health Commission Secretary

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- <sup>1</sup> <https://www.apa.org/about/policy/multicultural-guidelines.aspx>
- <sup>2</sup> <https://www.apa.org/about/policy/multicultural-guidelines.aspx>
- <sup>3</sup> <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>
- <sup>4</sup> <http://blackhealthalliance.ca/home/antiblack-racism/>
- <sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113412/>
- <sup>6</sup> APHA (2020). Racism and Health. <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>
- <sup>7</sup> [https://default.sfplanning.org/publications\\_reports/Housing-Needs-and-Trends-Report-2018.pdf](https://default.sfplanning.org/publications_reports/Housing-Needs-and-Trends-Report-2018.pdf)
- <sup>8</sup> <https://belonging.berkeley.edu/rootsraceplace>
- <sup>9</sup> <http://zillow.mediaroom.com/2018-04-11-Black-Homebuyers-Could-Afford-55-Percent-of-U-S-Homes-for-Sale-in-2017>
- <sup>10</sup> [https://public.tableau.com/profile/empty12345678#!/vizhome/Figure1\\_19/Story1](https://public.tableau.com/profile/empty12345678#!/vizhome/Figure1_19/Story1)
- <sup>11</sup> Todd Whitney, "A Brief History of Black San Francisco," Crosscurrents (San Francisco, CA: KALW, February 24, 2016), <https://www.kalw.org/post/brief-history-black-san-francisco>.
- <sup>12</sup> See: Thomas J. Sugrue, *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit* (Princeton, NJ: Princeton University Press, 2005).
- <sup>13</sup> [https://www.reimaginerpe.org/node/6718#:~:text=Income%20Levels%20for%20African%20Americans,by%20Alameda%20County%20\(%2438%2C000\)](https://www.reimaginerpe.org/node/6718#:~:text=Income%20Levels%20for%20African%20Americans,by%20Alameda%20County%20(%2438%2C000)).
- <sup>14</sup> [https://default.sfplanning.org/publications\\_reports/Housing-Needs-and-Trends-Report-2018.pdf](https://default.sfplanning.org/publications_reports/Housing-Needs-and-Trends-Report-2018.pdf)  
<https://sfadc.files.wordpress.com/2015/04/final-draft-4-20-sm.pdf>
- <sup>15</sup> Hamilton, D., & Darity, W. A. (2017). *The political economy of education, financial literacy, and the racial wealth gap*
- <sup>16</sup> <https://caaspp.cde.ca.gov/sb2017/CompareSearch?lstTestYear=2017>
- <sup>17</sup> Coleman Advocates (2014). <http://www.fixschooldiscipline.org/2014/01/14/san-francisco-schools-target-arrests/>
- <sup>18</sup> <https://www.sfchronicle.com/bayarea/article/Nearly-half-of-SF-police-use-of-force-cases-last-15334548.php>
- <sup>19</sup> Ibid
- <sup>20</sup> [https://sfdistrictattorney.org/sites/default/files/MacDonald\\_Raphael\\_December42017\\_FINALREPORT%20%28002%29.pdf](https://sfdistrictattorney.org/sites/default/files/MacDonald_Raphael_December42017_FINALREPORT%20%28002%29.pdf)
- <sup>21</sup> Ibid
- <sup>22</sup> [http://www.cjci.org/uploads/cjci/documents/disproportionate\\_arrests\\_in\\_san\\_francisco.pdf](http://www.cjci.org/uploads/cjci/documents/disproportionate_arrests_in_san_francisco.pdf)
- <sup>23</sup> <https://www.sfchronicle.com/bayarea/article/S-F-grapples-with-racial-disparity-in-arrests-6347686.php>
- <sup>24</sup> [https://www.sfdph.org/dph/hc/HCAgen/2019/March%205/Resolution%20HC%20Incarceration%20draft%20edits\\_2.28.2019%20\(1\).pdf](https://www.sfdph.org/dph/hc/HCAgen/2019/March%205/Resolution%20HC%20Incarceration%20draft%20edits_2.28.2019%20(1).pdf)
- <sup>25</sup> San Francisco Department of Public Health, BAAHI. (2018). (rep.). *Black/African American Health Report* (pp. 3).
- <sup>26</sup> <http://www.sfhip.org/mortality.html>
- <sup>27</sup> San Francisco Department of Public Health, BAAHI. (2018). (rep.). *Black/African American Health Report* (pp. 11).

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- <sup>28</sup> <http://www.sfhip.org/health-care-access-and-quality.html>
- <sup>29</sup> San Francisco Health Improvement Partnership. (2019). (rep.). *San Francisco Community Health Needs Assessment*. (pp. 3). Retrieved from <http://www.sfhip.org/>
- <sup>30</sup> San Francisco Department of Public Health, BAAHI. (2018). (rep.). *Black/African American Health Report* (pp. 11).
- <sup>31</sup> <http://www.sfhip.org/maternal--infant-mortality.html>
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