HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 20-10

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[1]; 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[2]; and

WHEREAS, public health studies have concluded that structural racism, not one's race, is the explanation for health inequities[3]; and

WHEREAS, the American Public Health Association (APHA) lists racism as the driving force of the racial wealth gap and educational attainment gap[4]; and

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."[5] 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

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[6]; 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, 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, Black families in San Francisco have the lowest median household income of all groups ($29,000)[7]; 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[8]; and

WHEREAS, Racist hiring, promotion, compensation and retention practices against Black employees in San Francisco have been widely documented, including issues within the CCSF and DPH systems; 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[9]; and

WHEREAS, the Black population in San Francisco is the only racial group to consistently decline in every census count since 1970; 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[10]; 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[11]; 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 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[12]; and

WHEREAS, about 45% of all San Francisco Police Department use-of-force cases involved Black people in 2019[13]; 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[14]; and

WHEREAS, According to the 2010 Census, Black people make up 6% of San Francisco but 41% of those arrested, 43 percent of those booked into jail, and 38 percent of cases filed by prosecutors between 2008 and 2014[15]; 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[16]; and

WHEREAS, Black women constitute nearly half of all female arrests and experience arrest rates 13 times higher than women of other races[17]; and

WHEREAS, Black people in San Francisco are 7.1 times more likely to be arrested than white people[18]; 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[19]; and

WHEREAS, Black people have the lowest homeownership rates in San Francisco at 23%[20]; and

WHEREAS, Black people were systematically displaced by urban renewal in San Francisco in the 1960s and 1970s[21] 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[22]; and

WHEREAS, Black people represent 37% of the city's unhoused population, a number that accounts for 5 percent of all Black residents in the City; and

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

WHEREAS, Black San Franciscans have persistently had poorer health than their fellow residents in a wide array of measures[23]; and

WHEREAS, in San Francisco, Black people have a lower life expectancy than persons of other races/ethnicities[24]; and

WHEREAS, Black people have the highest mortality rate for 9 of the top 10 causes of death in San Francisco[25]; and

WHEREAS, Black San Francisco residents are the most likely to lack health insurance[26]; 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[27]; 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[28]; 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[29]; 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%).[30] Pre-term birth is associated with lower educational attainment and lower earning potential[31]; 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[32]; 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[33]; and

WHEREAS, Black people are overrepresented in frontline jobs such as Muni operators, the postal service, and home health aide industry[34], 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[35], 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[36]; and

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

WHEREAS, the San Francisco Health Commission has recognized incarceration as a public health issue through its resolution 19-5, 'Incarceration is a Public Health Issue,"[37]; 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[38]; 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," 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, 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 the social determinants of health; and

WHEREAS, it is the duty of all San Francisco leaders to ensure that the City and County of San Francisco (CCSF) reconcile its legacy of harm and trauma inflicted on marginalized communities; 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 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.

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 its Office of Health Equity staffing 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 anti-black racism, and other forms of discrimination, affects 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. Establish DPH policies and practices that seek to eliminate racial bias.
- Utilizing best practices, the DPH Business office will 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, to include transgender data, and sexual orientation.
- By January 31, 2021, develop a plan to improve the experience of Black/ African American DPH staff, as measured by the staff engagement survey and human resources data related to hiring, discipline rates, and dismissal rates. Report on the progress of this plan to the Health Commission twice a year.

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.

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.

FURTHER RESOLVED, the Health Commission will continue to address health equity issues impacting the many diverse communities in San Franciscans through meeting discussions, support of DPH equity-related budget initiatives, and consideration of resolutions on these topics in the next year.

I hereby certify that the San Francisco Health Commission adopted the foregoing resolution at its August 4, 2020 meeting.

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

[1] https://www.apha.org/topics-and-issues/health-equity/racism-and-health
[2] http://blackhealthalliance.ca/home/antiblack-racism/
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113412/
[4] APHA (2020). Racism and Health. https://www.apha.org/topics-and-issues/health-equity/racism-and-health
[5] https://www.apa.org/about/policy/multicultural-guidelines.aspx
[6] https://default.sfplanning.org/publications_reports/Housing-Needs-and-Trends-Report-2018.pdf
[7]https://www.reimaginerpe.org/node/6718#:~:text=Income%20Levels%20for%20African%20Americans,by%20Alameda%20County%20(%2438%2C000).
[8] https://belonging.berkeley.edu/rootsraceplace
[9] https://default.sfplanning.org/publications_reports/Housing-Needs-and-Trends-Report-2018.pdf
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[10] Hamilton, D., & Darity, W. A. (2017). The political economy of education, financial literacy, and the racial wealth gap
[11] https://caaspp.cde.ca.gov/sb2017/CompareSearch?lstTestYear=2017
[12]Coleman Advocates (2014). http://www.fixschooldiscipline.org/2014/01/14/san-francisco-schools-target-arrests/
[13] https://www.sfchronicle.com/bayarea/article/Nearly-half-of-SF-police-use-of-force-cases-last-15334548.php
[14] Ibid
[15]https://sfdistrictattorney.org/sites/default/files/MacDonald_Raphael_December42017_FINALREPORT%20%28002%29.pdf
[16]ibid
[17]http://www.cjcj.org/uploads/cjcj/documents/disproportionate_arrests_in_san_francisco.pdf
[18] https://www.sfchronicle.com/bayarea/article/S-F-grapples-with-racial-disparity-in-arrests-6347686.php
[19] http://zillow.mediaroom.com/2018-04-11-Black-Homebuyers-Could-Afford-55-Percent-of-U-S-Homes-for-Sale-in-2017
[20] https://public.tableau.com/profile/empty12345678#!/vizhome/Figure1_19/Story1
[21] 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.
[22] See: Thomas J. Sugrue, The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit (Princeton, NJ: Princeton University Press, 2005).
[23] San Francisco Department of Public Health, BAAHI. (2018). (rep.). *Black/African American Health Report* (pp. 3).
[24] http://www.sfhip.org/mortality.html
[25] San Francisco Department of Public Health, BAAHI. (2018). (rep.). *Black/African American Health Report* (pp. 11).
[26] http://www.sfhip.org/health-care-access-and-quality.html
[27] San Francisco Health Improvement Partnership. (2019). (rep.). *San Francisco Community Health Needs Assessment*. (pp. 3). Retrieved from http://www.sfhip.org/

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[29] http://www.sfhip.org/maternal--infant-mortality.html
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