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Laurie Green, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraud ED.D
Commissioner

Tessie M. Guillermo
Commissioner

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

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



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MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 6, 2021, 4:00pm

Remote Meeting via Webex Event

1) CALL TO ORDER

Present: Commissioner Dan Bernal President
Commissioner Laurie Green, MD, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Cecilia Chung
Commissioner Suzanne Giraud, Ph.D
Commissioner Tessie Guillermo

Excused: Commissioner Susan Belinda Christian, J.D.

The meeting was called to order at 4:03pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 16, 2021.

Commissioner Comments:

Commissioner Chow requested that the following amendments be made to the draft minutes:

“Betty Turner, Senior and Disability Action, stated she is thankful that people with disabilities can use a self-attestation instead of getting proof of their disability from a doctor. She is concerned about those who are to elderly or disabled to go to a vaccination site and offered assistance to the DPH in reaching these groups. “

Move the following comment from item 6, “General Public Comment,” to item 7, “Community and Public Health Committee Update.”

“Commissioner Chow asked if the program staff feel that the Housing Conservatorship program is a useful tool. Dr. Almeida stated that the Housing Conservatorship Program is an important part of the service spectrum. She added that AOT has been very successful in reducing mental health issues in participants. “

Action Taken: The Health Commission unanimously approved the March 16, 2021 minutes with the amendments noted above.

3) **RESOLUTION: IN SUPPORT OF COMMUNITIES OF INDIVIDUALS OF ASIAN AND PACIFIC ISLANDER DESCENT AND DENOUNCING RACISM AND VIOLENCE AGAINST THESE COMMUNITIES**

Commissioner Tessie Guillermo and Ayanna Bennett, MD, MS, FAAP, Director, Office of Health Equity, presented the item. Commissioners Chung and Chow read the draft resolution, which included suggested amendments by Commissioners Guillermo and Christian.

Commissioner Guillermo's introductory comments are below:

"I'm very pleased and gratified to have the opportunity to speak to this next agenda obviously very close to my own heart and lived experience.

I know I don't have to detail the incidents that we have all heard about and watched around the country and in some cases been witness to in our own City, that have brought public's attention to the acts of hate and violence perpetrated on the Asian and Pacific Islander community. And as a region with one of the most diverse and largest percentages of AAPI populations in the country, as well as its longest history, we feel the impact of anti-AAPI racism more deeply than most. The attacks on members of the AAPI community, most of which have been perpetrated against the elderly - the most vulnerable segment of this demographic and ironically the most impacted by ~~by~~ COVID related deaths, as evidenced by data gathered by our own health department, have raised the issues of historic racism and discrimination faced by Asian Americans and Pacific Islanders that we no longer can be blind to, nor can the myths that surround these communities continue to hide the harsh realities that we face every day.

I would like to thank Dr. Ayanna Bennett and her team, and Director Colfax for their leadership in coordinating the writing and presentation of this resolution, President Bernal and my fellow Commissioners for their enthusiastic support and engagement, as well as Secretary Morewitz for his diligence in shepherding the process forward."

Dr. Bennett's introductory comments are below:

"Thank you, Commissioners. I wanted to add a little bit before we see the resolution. I want to be sure everyone is aware that this is one of those circumstances where the Commission is really doing the service of speaking for our staff. We have Asian and Pacific Islander staff who are themselves afraid for their safety. They're afraid for the safety of their parents and grandparents and they are coming to work and taking care of other people, and they are coming to work and taking care of those people in their own community who are afraid in the same way, and their fear is legitimate. It's not unfounded. It is entirely possible. So that service of speaking for staff that this is an issue that impacts them and is important enough that we should all be paying attention to, I think, is a really important one.

We've been trying to do that to some degree. We held a forum for staff to speak to each other and learn about mental health. I think that was really useful to people. There were three hundred people there, but we hit the limit (of the virtual meeting space).

I do think that more formal and elevated pronouncements have an impact in telling people that what they're experiencing is important. The other thing I want to be sure to speak about is that we look at this as yet another example in which we all have experiences of pain and persecution that should lead us to the empathy that really is the core of all the equity work that we're doing. That ability to see that everyone is vulnerable, that everyone has a need for that connection to each other and that support of each other I think is something that if we learned it, and learned it really well, we would be able to do something more substantial and feel better when these kinds of problems arise, that we would know that we could come together and people would know they could lean on each other. I don't think we're quite there yet, but people want to be there, and many people are pushing forward to make that true. I think this kind of resolution where we're stating

who we are, and what we believe, and what is wrong, and what shouldn't be happening, I think is really important.

The last thing I'll say is that we deal with health, and a lot of the time, that is a long, subtle process. It's something that takes months to be a problem for you. It's something in the community at large. These are individual stories of dramatic, unexpected violence that is interrupting peoples' lives. It is just as much health even though it ends up being talked about with some sensationalism to it as anything else. Violence is like almost every other insult to the body. It shocks you. It changes you. So people are changed after having had to live in fear or watch someone injured and that affect, the reverberation of those mental burdens sometimes even the physical outcomes are something that we as a Health Department are going to be responsible for helping to deal with for many years to come, and we need to be aware that these are things that are also our purview. These events that feel social and feel like the community, they are health in every way and I'm proud to see we're speaking to that. Thank you."

~~stated that this resolution represents views and experience of DPH staff who are afraid for their safety and the safety of their loved ones, and yet still come to work every day to take care of community members who are also afraid. She noted that the DPH hosted a forum for 300 CCSF staff to speak about these fears and experiences with each other, which many found helpful. She also stated that everyone has experiences to pain and feelings of being an outsider, which should lead of us to empathy, the core of all equity work. She noted that our society and the DPH still have work to do in this area. She also stated that the health impact of these incidents of racism and violence is real and very powerful, even if subtle or not noticed immediately.~~

Commissioner Comments:

Commissioner Chung thanked Commissioner Guillermo for her comments and for requesting that the resolution be drafted. She noted that the previous Friday, she was called racist names while shopping and added that so many other Asian and Pacific Islanders are facing incredible stress at this time. She hopes it becomes an opportunity to come together in unity in regard to racial minorities and immigrant groups. We all have different stories to tell; she hopes this period can transform the country to make it one we all deserve.

Commissioner Chow stated that in addition to denouncing racism and anti-Asian rhetoric, it is important to highlight what we all can do to make productive change. He noted that at an April 1, 2021 Berkeley Conversations webinar sponsored by UC Berkeley, Professor Russell Jeung of SF State, the founder of the "Stop AAPI Hate" campaign, noted that there were now over 8,000 incidents of anti-Asian and Pacific Islander violence and attacks. This racism stems from these groups being considered outsiders and yet, a model minority group. Professor Jeung advocated the API community should address API inequities by confrontation as "outsiders". However, Commissioner Chow believes that the department "as insiders" can and should recognize and address the health disparities that face Asian and Pacific Islander communities. For example, the lack of desegregated data for these communities has contributed to the public "model minority" myth, even in public health, leading to a lack of appreciation of the needs of the many Asian and Pacific Islander communities. This requires looking not only at race and ethnicity but also nativity, language, cultural and socio-economic status., as there is often a bimodal distribution of health in the API communities. He hopes that San Francisco can be a leader on these issues. He noted that for many years Chinese were not permitted to use the City hospital, and the Chinese community was not permitted by the City to build its own hospital until 1925. He is proud to be part of the Health Commission and asks for a focused effort to improve issues of health equity for the Asian and Pacific Islander communities.

Commissioner Bernal thanked the DPH Executive Team for their leadership and Commissioners Guillermo, Chung, and Chow for their input into the resolution and comments. He also acknowledged Dr. Bennett for speaking about the responsibility of the DPH and the Health Commission regarding the broad issues of health equity within all San Francisco communities. He also made a request to add the words "gender identify and expression" to the following clause:

“FURTHER RESOLVED, The Health Commission recognizes that every individual, regardless of their race, ethnicity, gender, sexual orientation, **gender identity and expression**, socio-economic status, disability status, religion, country of origin, or political party, has the right to safety, respect, and wellbeing; and:”

Action Taken: The Health Commission Unanimously approved the resolution with the amendments noted in color. (See attached)

4) DIRECTOR’S REPORT

Grant Colfax, Director of Health, gave the report and Dr. Hali Hammer, San Francisco Health Network, Director of Ambulatory Care, presented Marlo Simmons, MPH, a Public Health Hero Award for her outstanding leadership as Acting Behavioral Health Director. Dr. Colfax also introduced Hillary Kunins, MD, MPH, MS, San Francisco Health Network, Director of Behavioral Health Services, and Luenna Kim, Director of DPH Human Resources. The full report can be viewed below:

Federal Update:

Public Charge changes reversed and no longer in effect

On March 9, 2021, the U.S. Department of Homeland Security (DHS) officially announced the reversal of the Trump-era public charge rule changes. Public charge policies govern how use of public benefits impact individuals’ immigration status. The rule change was initially proposed in 2019 by the Trump Administration, and was immediately challenged in the courts by numerous groups across the country, including San Francisco. While the change had only directly impacted a relatively small number individuals, the rule created confusion and fear across immigrant communities. This reversal is an important victory for our community, and the health department is firmly committed to keeping San Francisco a place where health care is available to all, regardless of immigration status.

Local Update:

San Francisco Department of Public Health Office of Health Equity co-hosts Anti-Asian Violence Forum

Across the United States and in the Bay Area, people have come together to address the recent rise in anti-Asian violence and rhetoric. Staff from the San Francisco Department of Public Health (DPH) also sought a more robust way to stand against Asian American and Pacific Islander (AAPI) hate and turned to the DPH Office of Health Equity (OHE).

On March 24th, an Anti-Asian Violence Forum was co-sponsored by OHE and the COVID Command Center’s (C3) Equity and Neighborhoods sections, in collaboration with the C3 Joint Information Center.

The response was enthusiastic. Nearly 500 staff registered for the Anti-Asian Violence Forum, and nearly 300 participants attended. Dr. Ritchie Rubio from Behavioral Health Services led a session on self-care and recognizing the ongoing mental health needs of the AAPI community in light of historical discrimination that persists and is magnified today. The forum then moved to discussions facilitated by DPH staff volunteers and C3 staff. Many AAPI staff shared their individual stories and their coworkers shared their concern and care for one another.

Moreover, the executive leadership throughout the SFDPH, including but not limited to Zuckerberg San Francisco General and Laguna Honda Hospital, addressed the violence and racism against the AAPI community, distributed messages of support and solidarity, and underscored the fact that discrimination will not be

tolerated on our campuses, with their staff. DPH leaders also continue to meet with community-based organizations as part of their standing monthly meetings and provide time to recognize the need for healing and availability of resources.

Marlo Simmons receives Public Health Hero award

The San Francisco Department of Public Health presents Marlo Simmons with a Public Health Hero award in recognition for her devoted service and commitment to the people of San Francisco and the Department of Public Health.

Since February 2020, Marlo, as Acting Director of Behavioral Health Services (BHS), has overseen the integration of Mental Health SF into the ongoing quality improvement of BHS. Marlo led with grace, wisdom, and perseverance, with a strategic vision which reflects the direction articulated by key stakeholders, the BHS executive team and staff while always prioritizing the health needs of our clients. As Dr. Hillary Kunins assumes her new role as Director of Behavioral Health Services and Mental Health SF, Marlo returns to her duties as Deputy Director.

People age 50 and older are now eligible to receive the COVID vaccine in San Francisco

Today, there are over 35,300 San Francisco residents with confirmed cases of COVID-19. And, sadly, a total of 482 San Franciscans have died. DPH sends condolences to their loved ones.

On April 1, Mayor London N. Breed and DPH, announced that in accordance with state and federal guidance, all people age 50 and over are now eligible to receive a COVID-19 vaccine. This significant expansion in vaccine eligibility comes as the City approaches an important milestone in its unprecedented vaccination effort: nearly half of people in San Francisco age 16 and over have now received at least one dose of the vaccine. The vaccine is not yet approved by the FDA for children under 16.

In addition to providing the vaccine to nearly half of the adult population, San Francisco has made significant progress in providing the vaccine to its older population. 84% percent of San Franciscans 65 and older have received at least one dose of the vaccine and 64% have been fully vaccinated. These high vaccination rates in the 65 and older population is especially important because older individuals are most at risk of hospitalization and death from COVID-19.

Despite this significant progress, insufficient vaccine supply remains the single biggest factor limiting the City's vaccination effort. Those newly eligible people age 50 and over should visit sf.gov/getvaccinated to learn about options for receiving the vaccine and to find links to book appointments at different vaccination sites. Because supply remains extremely limited while eligibility is expanding, it may take a number of weeks to find an available appointment. Eligible individuals should continue to be patient, should keep checking the website, and should accept the first vaccine that is offered. If San Francisco receives sufficient supply to meet the City's distribution capacity, over 80% of adults could be vaccinated with first doses by mid-May.

On March 15th, in accordance with State guidelines, the City expanded eligibility to people with disabilities and severe underlying conditions, people living in congregate settings like jails and shelters, and people experiencing homelessness. Also eligible are people 65 and older, people who work in the healthcare, food and agriculture, education and childcare, and emergency services sectors. The state government has announced that on April 15, all Californians over the age of 16 will be eligible to receive the vaccine.

The goal of the City's vaccination strategy is to make receiving the vaccine as convenient and comfortable for as many people as possible, particularly in neighborhoods disproportionately affected by the COVID-19 pandemic. The City has developed a robust distribution infrastructure that includes high-volume vaccination sites, neighborhood sites, community clinics, pharmacy partnerships, and mobile vaccination teams.

Recently the City's vaccination infrastructure has expanded to include new sites and new methods for distributing the vaccine. In partnership with communities that have been most impacted by COVID-19, the City is on track to open two additional neighborhood vaccine sites in the next two weeks. In addition to new sites, mobile vaccination teams have scaled up across the City to bring the vaccine directly to communities that cannot easily access high volume vaccination sites. This includes a visit to Treasure Island, which will see regular appearances from mobile vaccination teams in the coming weeks. Mobile vaccination teams are also active in senior housing sites, shelter in place hotels, and senior centers around the City.

San Francisco's commitment to an equitable vaccination strategy has focused on reaching communities that have been hard-hit by the pandemic, including the Latino community and neighborhoods in the Southeast of the city. A higher proportion of the DPH-administered vaccinations have gone to people of color than the total citywide vaccinations. For example, the Latino population represents 14% of the City's overall population and has received more than 26% of DPH's vaccinations, compared with 12% citywide. [The vaccine dashboard](#) also shows that the top three neighborhoods receiving the largest amount of DPH-controlled vaccines are the Bayview, Mission and Excelsior.

In order to assist individuals with accessing appointments, the City has set up a call center to help people, especially those who are 65 and older, those with disabilities and those who are unable to easily access the internet or schedule an appointment through their provider. Individuals may call to learn about vaccine options and receive assistance in booking an appointment to some locations. The number is (628) 652-2700.

Muni and Paratransit are free for anyone traveling to and from COVID-19 vaccine appointments. The San Francisco Municipal Transportation Agency is also providing additional access to taxi service for those using the Essential Trip Card. Information can be found at sfmta.com/COVID and sfmta.com/paratransit.

The distribution of a national vaccine during a pandemic is an unprecedented event, and DPH is partnering with healthcare providers to have as many people vaccinated as fast as possible, while following the federal and state guidelines for prioritization. In the meantime, it is critical that all San Franciscans continue to follow all public health recommendations to wear a mask when not in your home, cough into your elbow, wash your hands, keep six feet from others whenever you must be in public places, and help your local health department collect information to inform people of possible infection. These steps will help protect you and those around you while COVID-19 is circulating, and, along with the vaccine, will be essential to ending the pandemic.

Anyone who works or lives in San Francisco can sign up for a notification when they are eligible for vaccination at SF.gov/vaccinenotify. The City will continue to provide regular updates to the public about the vaccine in San Francisco at SF.gov/covidvaccine.

San Francisco's mobile vaccination unit to vaccinate up to 1,000 seniors in Chinatown senior living facilities

On March 26, Mayor London N. Breed, DPH and C3 announced the City will vaccinate up to 1,000 seniors and eligible community members at Chinatown's largest affordable family housing facility, Ping Yuen, and other housing facilities in the next two weeks. The two-day events at Ping Yuen on Friday, April 2 and Friday, April 9, is aimed to increase the vaccination rate for seniors in Chinatown and is part of the City's broader mobile vaccination efforts to reach communities that have been disproportionately affected by COVID-19.

Since its launch in mid-February, the City's mobile vaccination program has administered approximately 2,000-3,000 vaccines to residents in the Bayview, Tenderloin, Excelsior, Mission, Chinatown, and Western Addition. DPH and C3 have more than 30 mobile vaccination events planned in the next three weeks and are working closely with community partners to provide referrals for appointments to priority populations.

Given that 65% of seniors in Chinatown have been vaccinated, DPH and C3 are deploying mobile vaccine resources to the Ping Yuen senior living facility and other housing facilities to help address that disparity and increase vaccination rates in Chinatown.

Mobile Vaccination Efforts

On March 25, the City partnered with GLIDE to administer 100 vaccines as part of a pilot, which will eventually scale up to a bi-weekly event with the goal of administering 1,000 vaccines per week. The event at GLIDE is a partnership with the City, University of California, San Francisco's Benioff Homelessness and Housing Initiative, Life Sciences Cares-Bay Area, and San Francisco Community Health Center. The San Francisco Community Health Center is a beneficiary of DPH and San Francisco Public Health Foundation's \$5.28 million grant program to provide culturally responsive services to neighborhoods and populations most impacted by COVID-19 through outreach, linkage to testing and vaccine, contact investigation, and isolation and quarantine services.

Additionally, the City is hosting a series of mobile vaccination events on Treasure Island for eligible Treasure Island residents on March 27, April 3 and April 10 at Ship Shape Community Center (850 Avenue I) from 9:30 am to 3:30 pm. The site is primarily by appointment with very limited drop-in capacity. The mobile site is being run by DPH and C3 in partnership with the Fire Department, the Treasure Island Development Authority, and One Treasure Island, with outreach support from the Latino Taskforce.

To serve people with disabilities, the City is partnering with the Mayor's Office on Disability and other community partners on several mobile vaccination events. On March 27 and 28, the University of the Pacific Dental School vaccinated 300 people with intellectual and developmental disabilities. As of Friday, April 2, and recurring for four to six weeks, Lighthouse for the Blind is administering 200 doses a day to people with disabilities.

San Francisco reopens and expands businesses and activities as it moves into the state's orange tier

On March 23, Mayor London N. Breed and Director of Health Dr. Grant Colfax announced that San Francisco will resume most businesses and activities that are allowed by the State in the orange tier for counties with moderate transmission levels, following the City's assignment to that tier. With some exceptions, San Francisco's reopening align with what is permitted by the State.

As of March 23, San Francisco has met the State's criteria to advance to the less restrictive orange tier on the Blueprint for a Safer Economy, based on its COVID-19 cases, hospitalizations, and other health equity metrics. With this move, San Francisco will open non-essential offices up to 25% capacity, bars and breweries for outdoor service, and some indoor family recreation up to 25% capacity. San Francisco has also established a timeline to resume outdoor arts, theater, and music performances and festivals for audiences of up to 50 people beginning April 1 and is working to create guidelines for outdoor spectator sports and large outdoor entertainment venues as well. In addition to the activities being reopened, a significant number of activities reopened in previous tiers will expand capacity, including all retail, personal services and equipment rental, outdoor and indoor dining, outdoor and indoor fitness, indoor religious activities, indoor movie theaters, museums, zoos and aquariums, and open air bus and boat tours. Most indoor businesses will be allowed at up to 50%, with exceptions for non-essential offices, indoor family entertainment, gyms and fitness centers, and indoor recreational facilities.

In addition, several indoor sports and recreation activities may open and outdoor recreational activities may expand to increase capacity and number of attendees. Outdoor pools may open at up to 50% capacity and certain outdoor tournaments can take place in golf, tennis, and pickleball so long as social distancing requirements can be maintained and spectators do not attend. Indoor pools may open at up to 25% capacity and indoor sports and recreation for both youth and adults may resume at 25% capacity for many sports activities, including some moderate and high impact sports, such as basketball and martial arts, with specific

safety protocols in place. Outdoor childcare programs and all out of school time programs for youth other than sports programs may increase to up to 27 individuals including personnel, and San Francisco intends to resume overnight camps as of June 1.

With the move into the orange tier, San Francisco is expanding the number of people able to participate in outdoor gatherings to 25. Following CDC guidelines, the City has also announced guidelines to resume indoor small gatherings in residences for up to 12 people of up to three households. Outdoor activities remain safer than indoor activities and groups are encouraged to continue gathering outdoors whenever possible, particularly if they include unvaccinated individuals.

San Francisco's new COVID-19 cases and hospitalizations continue to decline. At this time, San Francisco is averaging 31 new cases a day, which is comparable to where the City was in mid-November before the most recent surge. Although San Francisco's new cases and hospitalization have been trending in a positive direction, the growing prevalence of the U.K. (B.1.1.7), West Coast (B.1.427 and B.1.428) and the South African (B.1.351) variants in the Bay Area as well as the Brazilian variant (P.1), which was recently detected in California, represent a potential increased risk of contagiousness and greater community spread.

Continued adherence to public health mitigation measures such as wearing masks, washing hands and physical distancing will limit the impact of variants, particularly as more indoor activities continue to open and expand. As public health officials continue to monitor San Francisco's health indicators, the City may choose to implement a phased or lagged approach to reopening subsequent tiers in order to ensure sufficient analysis about how health indicators have responded to the reopening of activities, manage risk, and protect public health.

San Francisco continues to focus on harm reduction approaches to managing public health. Health officials continue to emphasize the need for masking and social distancing by all, including those who have been vaccinated when outside their homes, prioritizing the reopening of outdoor activities, and encouraging businesses to have outdoor options wherever possible. People at risk for severe illness with COVID-19, such as unvaccinated older adults and individuals with health risks, and members of their household are urged to continue taking strong precautions by choosing lower-risk options whenever possible.

With this in mind, the San Francisco Department of Public Health issued final health and safety guidelines to reopen activities allowed under the orange tier of the State's Blueprint for a Safer Economy, with some additional local restrictions, effective as of 8:00am Wednesday, March 24, 2021. Under the new Health Order, the following activities will be opened or expanded.

Activities to Resume Wednesday, March 24, 2021

The following activities may be reopened:

- Offices
 - Indoor non-essential offices of 20 or more employees may reopen at up to 25% capacity, including meeting and conference rooms at 25% (though use of conference rooms should be minimized).
 - Indoor offices of fewer than 20 employees must reduce their capacity to whatever allows for required 6 feet of physical distancing between employees at all times.
 - Indoor family entertainment
 - Indoor bowling alleys, mini golf, pool halls, and other family entertainment where individuals may readily maintain at least 6 feet of distance may open up to 25% capacity with groups consisting of members of one household.
 - Concessions are allowed following indoor dining rules in a separate room or with 12 feet of space from other activities.
- Indoor recreation

- Indoor recreational facilities may open to 25% capacity up to 100 people.
- Up to 12 participants from up to 3 households may participate in low-contact indoor recreation (and from up to 4 households in the case of indoor tennis and pickleball).
- Indoor organized sports for youth and adults may resume with stable groups of up to 16 participants, with no household limitation. For moderate- or high-contact sport involving middle school, high school or adult participants, regular testing and a COVID-19 prevention plan must be in place. Elementary age children may not participate in moderate or high contact sports. Spectators are not allowed in any context except the necessary supervision of children in youth sports. Adults may only participate in up to two organized activities at a time, and only one activity if it is a moderate- or high-contact sport. Youth may only participate in one organized indoor activity at a time.
- Competitions may only occur in county or with teams from adjacent counties (i.e., Marin, San Mateo, and Alameda) in an equal or less restrictive tier. Consistent with State guidelines, travel for out of state tournaments may not take place.
- Indoor ice hockey, wrestling, and water polo remain prohibited.
- Indoor gatherings
 - Up to 12 people from 3 households may gather in a private residence, with face coverings and with ventilation measures and distancing urged. Such gatherings are discouraged unless they are gatherings with vaccinated individuals consistent with CDC guidelines. If possible gatherings should take place outdoors.
- Outdoor bars, breweries, wineries and distilleries
 - Bars, breweries, wineries and distilleries may open for outdoor, seated table service of up to 6 people at a table without the provision of a meal. Guests may not mingle between tables. Indoor bars, breweries and wineries without meal service remain closed.

The following activities may expand their operating capacity:

- Dining
 - Indoor dining at restaurants, bars serving meals, cafes and coffee shops, hotels, museums, and food courts in shopping malls may expand to 50% capacity up to 200 patrons. Table size may expand to up to 6 guests from up to 3 households. Service must end by 11:00 pm.
 - Outdoor dining may remove restrictions of number of households seated at a table and may allow group reservations of up to two tables outdoors (12 people maximum). Tables remain limited to 6 guests. Tables may be seated outdoors for drink service only.
- Gyms and Fitness
 - Indoor gyms, fitness centers and climbing walls may expand to 25% capacity up to 100 patrons, including youth patrons under the age of 18.
 - Group fitness classes including cardio may resume up to lesser of 25% capacity or 100 people.
 - Indoor locker rooms and showers may open with the implementation of a DPH approved ventilation measure. Indoor sauna, steam rooms and hot tubs remain closed.
 - The 25-person limitation to outdoor fitness classes is lifted as long as physical distancing between participants can be maintained.
- Retail
 - Stand-alone retail, shopping centers, low-contact retail services, equipment rental, financial institutions, laundromats, etc. may expand indoor customer capacity to 50%.
 - Personnel may handle customer-supplied items such as reusable bags, jars, mugs, and other containers.
- Personal services
 - Indoor personal services may expand to 50% customer capacity.
- Museums, zoos, and aquariums
 - Indoor museums, zoos and aquariums may expand to 50% customer capacity with an approved safety plan. Coat rooms and interactive exhibits may resume with sanitation

- protocols in place. Auditoriums may reopen for movies following indoor movie theater guidelines.
 - Outdoor zoos may expand to full capacity outdoors, with physical distancing in place under an approved safety plan.
- Indoor worship and funerals
 - Indoor worship and funerals may expand to 50% capacity and may resume singing, chanting and playing wind and brass instruments following applicable health rules including face coverings and maintaining 12 feet of distancing between households.
- Indoor political demonstrations
 - Indoor political demonstrations, such as campaign rallies, may expand to 50% of maximum capacity and may resume singing, chanting and playing wind and brass instruments following applicable health rules including face coverings and maintaining 12 feet of distancing between households.
- Live Entertainment
 - Indoor and outdoor live entertainment in a dining or other permitted venue context may include singing and playing wind and brass instruments following applicable health rules including face coverings and maintaining 12 feet of distancing between households.
 - Outdoor live entertainment in a drive-in context may increase beyond 6 entertainers to whatever is possible with physical distancing in place and may include singing and playing wind and brass instruments following applicable health rules including face coverings and maintaining 12 feet of distancing between households.
- Indoor movie theaters
 - movie theaters may expand to 50% capacity up to 200 people.
 - Seated food or beverage concessions may resume for groups of audience members of up to 6 people from up to 3 households so long as there is 6 feet of distance between them and other audience members and a DPH approved ventilation measure is in place.
 - there are multiple auditoriums, each auditorium is limited to the lesser of 50% or 200 people provided the theater complex does not exceed 50% capacity.
- Film Production
 - Outdoor film production may expand to 50 people.
- Higher education and adult education
 - Indoor classes, including lecture classes, and on-campus libraries may resume at 50% capacity up to 200 students.
 - Core essential class may continue without a maximum capacity limit as long as physical distancing can be maintained.
- Outdoor tour operators
 - Open-air boat and bus tours may expand to 25 patrons, or physically distanced groups of up to 25 if more than 25 patrons total.
- Pools
 - Indoor swimming pools may open for general use up to 25% capacity. Indoor water fitness classes must remain closed.
 - Outdoor pools may open for general use up to 50% capacity. Outdoor gentle water aerobics classes may resume.
- Outdoor family entertainment
 - Outdoor family entertainment such as roller and ice skating rinks may expand to full capacity outdoors with physical distancing in place.
 - Standalone amusement park rides may allow members of three households to inhabit enclosed spaces such as cars or cabins, with ventilation measures encouraged.
- Outdoor youth programs and out of school time (OST) programs
 - Childcare and pre-K programs may expand from 16 participants to stable groups of whatever number is allowed by their State licensing requirements.

- Youth OST programs may expand to 27 (including youth and adults) for all programs other than sports.
- Youth may participate in two OST programs at a time. If a youth is participating in a moderate or high contact sport, they may not participate in any other sport or OST program.
- Outdoor recreation
 - Participation in all types of outdoor recreation may increase to 25 participants people from three households (and from four households in the case of golf, tennis and pickleball).
 - Outdoor organized sports for youth and adults may continue to operate with stable groups of 25 participants, with no household limitation. Participants may only participate in two organized activities at a time.
 - Certain kinds of outdoor tournaments may resume without spectators for golf, tennis and pickleball so long as physical distancing can be maintained.
 - Caddies may operate as long as they maintain 6 feet of physical distancing as much as possible.
 - Competitions may only occur in county or with teams from adjacent counties (i.e., Marin, San Mateo, and Alameda) in an equal or less restrictive tier. Consistent with State guidelines, travel for out of state tournaments may not take place.
- Outdoor gatherings
 - Small outdoor gatherings may increase to up to 25 people from three households.
 - Outdoor gatherings that involve food and drink may continue with 6 people from three households.

Activities that will resume at a later date:

- Outdoor arts, music, and theater performances and festivals
 - Starting April 1, organized outdoor arts and performance events may take place with audiences of up to 50 people with a Health and Safety Plan submitted at least 5 days before the event.
 - Assigned seats are not required but social distancing between audience members must be maintained.
 - Seated concessions are allowed following outdoor dining or bar health guidelines.
- Outdoor spectator sports and large outdoor entertainment facilities
 - Starting April 1, outdoor spectator sports and live entertainment venues with assigned seating may reopen with capacity restrictions and other operating guidelines with an approved Health and Safety plan.
- Overnight Youth Camps
 - Starting June 1, overnight youth camps may resume following State guidance.

San Francisco COVID Command Center to distribute 20,000 masks designed by local artists as part of “Mask On, Stay Strong” campaign

San Francisco’s COVID Command Center (C3), in partnership with local artists and community non-profit organizations, has produced 20,000 custom-designed masks for distribution in communities most impacted by the pandemic. The initiative is part of San Francisco’s recently launched “Mask On, Stay Strong” public education campaign to promote mask-wearing as an essential practice in combatting the spread of COVID-19 and safely reopening San Francisco for business.

San Francisco’s Health Officer issued updates to the City’s current [Face Covering Public Health Order](#) to make clear that best practice is to use face coverings that have a good fit, such as two or three ply tightly woven cloth masks, surgical or procedural masks, or double masks. Looser fitting face coverings, such as bandanas, scarves, ski-masks, balaclavas, and single-layer neck gaiters, are less effective at preventing COVID-19 transmission and do not qualify as face coverings on public transit per CDC guidance.

The Order maintains the requirement that everyone must wear a face covering when outside of their residence and within six feet of an individual outside of their own household. Face coverings are still required to be worn in the workplace, in shared or common areas of buildings, and when preparing food or other items for sale.

The City's artist-designed mask project is being funded and managed by C3. The eight Bay Area artists participating in the project were selected from community stakeholder nominations in late 2020. The artists were asked to create mask designs that both reflect their art practice as well as the spirit of their own cultural community. The results are masks that are vibrant wearable works of art.

The 20,000 artist-designed masks are being distributed in partnership with community non-profit organizations, Cultural District offices, senior sites, testing and vaccination sites, food distribution hubs, and shelters throughout San Francisco. Participating artists include Kimberley Acebo Arteche, Cheryl Derricotte, Nancy Hom, Crystal Liu, Lydia Ortiz, Ron Moultrie Saunders, Kim Shuck, and Betty Trujillo. Photographs of the masks are available [here](#) or upon request.

Health Department Mental Health Services Act approved for new innovation project that aims to improve overall wellness for Black/African American Communities

DPH is pleased to announce that BHS Mental Health Services Act (MHSA) was approved for a new Innovations project to provide culturally congruent and innovative practices for Black/African American (B/AA) communities. A robust Innovations proposal was presented to the Mental Health Services Oversight and Accountability Commission on March 25, 2021. The State Commission approved the program proposal in the total amount of \$5,400,000 for five years.

Since hosting 19 community engagement meetings, MHSA was able to better understand the needs of the community and incorporated their feedback to the Innovation project. As a result, MHSA created this unique project that will utilize innovative and culturally congruent interventions that have not previously been offered to San Francisco's B/AA communities. This project will include four (4) primary learning goals.

1. Implement and evaluate new outreach and engagement practices for B/AA clients including those who are currently underserved by the County mental health plan.
2. Implement and evaluate culturally adaptive interventions and practices that increase consumer satisfaction, efficacy and retention.
3. Implement and evaluate the efficacy of using peers with lived experience who represent the B/AA communities and have specialized expertise working with this population.
4. Develop a wellness-oriented manualized curriculum that emphasizes elements of the Sankofa framework.

Moving forward, MHSA will continue to meet with San Francisco community members, MHSA peers, MHSA stakeholders and BHS leadership, whose invaluable input and support is critical to the implementation of this project.

San Francisco Department of Public Health commemorates World Tuberculosis Day 2021

On March 24th, to raise awareness and honor of World Tuberculosis (TB) Day, the DPH Tuberculosis Prevention and Control Program staff presented an interactive webinar to over 50 employees. The webinar was delivered by Clinic Operations Manager, Sheila Davis-Jackson, and hosted by TB Controller, Dr. Susannah Graves, with an introduction by Acting Health Officer, Dr. Susan Philip. Together, they provided an overview of TB prevention through an equity lens alongside the personal story of a local [TB survivor](#).

In partnership with the California TB Controller's Association (CTCA) and TB Free California, San Francisco TB Program staff also recorded four outreach videos, now posted on CTCA's TikTok account to spread awareness

to a broader audience. The videos display messages with common TB facts with backdrops of San Francisco landmarks and neighborhoods.

Additionally, Dr. Janice Louie, Medical Director of the TB Clinic, presented at the UCSF Curry International Tuberculosis Center World TB Day Webinar on trends in TB reporting since the shelter-in-place order to a virtual audience of 600. She discussed San Francisco data showing an initial decrease in referrals for TB evaluation followed by an increase in severe presentations of TB upon diagnosis that picked up in the latter half of 2020. In spite of an overall decline in cases since a relative peak in the 1990s, TB incidence has remained elevated in San Francisco at more than three times the national incidence ranging from 11-14/100,000 in the last decade, the second-highest incidence of any California county. This preventable airborne infectious disease disproportionately impacts AAPI, B/AA, and Latinx San Franciscans whose TB incidence is 13, 7, and 6-fold higher respectively than that of white residents.

DPH receives three grants as part of national initiative to end the HIV epidemic

DPH has been awarded three grants as part of the [Ending the HIV Epidemic \(ETE\) Initiative](#) federal funding for both HIV prevention and care. ETE aims to reduce the number of new HIV infections in the United States by at least 90 percent by 2030.

With the ETE funding, DPH will augment targeted community-based services, create new innovative services, use a harm reduction framework, and eliminate eligibility silos for prevention and care services to turn the curve on HIV/HCV/STIs. Moreover, the three awarded grants will support DPH's continuous efforts to address ongoing disparities and emphasizes community engagement by enabling the expansion of services to people living with HIV and/or vulnerable to HIV, HCV, and STIs, with a focus on B/AA and Latinx communities; trans women; people experiencing homelessness; people who use drugs; and people who have experienced incarceration. By investing in our city's already-existing, rich network of resources and services, DPH can also simultaneously focus on advancing racial and health equity; reducing stigma and discrimination; and honoring lived experiences and human dignity.

HIV/HCV/STI Epidemics (SF ETE) Plan: <https://www.sfdph.org/dph/files/CHEP/SF-ETE-Plan.pdf>.

DPH in the News

SF Examiner, Apr 5 2021, SF expands civilian response to mental health 911 calls

<https://www.sfexaminer.com/news/sf-expands-civilian-response-to-mental-health-911-calls/>

Patch, Apr 3 2021, San Francisco: People age fifty and older are now eligible to receive the COVID vaccine in San Francisco

<https://patch.com/california/san-francisco/san-francisco-people-age-fifty-older-are-now-eligible-receive-covid-vaccine>

ABC7, Apr 2 2021, Here's how SF is ensuring vaccines reach underserved communities

<https://abc7news.com/vaccine-equity-underserved-communities-myturn-ca-gov-san-francisco-chinatown/10476141/>

SF Chronicle, Apr 2 2021, Why San Francisco opened COVID vaccines to some residents as young as 16 - three weeks ahead of the state

<https://www.sfchronicle.com/health/article/Why-San-Francisco-opened-COVID-vaccines-to-some-16073281.php>

LA Times, Apr 1 2021, Bay Area COVID-19 variants could outpace vaccine distribution, health director warns

<https://www.latimes.com/california/story/2021-04-01/bay-area-health-director-warns-variants-new-spike-in-infections>

SF Chronicle, Apr 1 2021, Mayor Breed: Overwhelming majority of S.F. adults could receive first vaccine shot by mid-May

<https://www.sfchronicle.com/local-politics/article/Mayor-Breed-Overwhelming-majority-of-S-F-adults-16070302.php>

KALW, Mar 31 2021, San Francisco announces expanded efforts to vaccinate Chinatown seniors

<https://www.kalw.org/2021-03-31/san-francisco-announces-expanded-efforts-to-vaccinate-chinatown-seniors>

SF Chronicle, Mar 31 2021, How long will we need COVID testing? S.F. approved a contract for another year

<https://www.sfchronicle.com/local/article/How-long-will-we-need-COVID-testing-S-F-16067165.php>

Courthouse News Service, Mar 30 2021, San Francisco fur ban survives lawsuit

<https://www.courthousenews.com/san-francisco-fur-ban-survives-lawsuit/>

Mission Local, Mar 30 2021, Eligibility opens up and vaccine site in the Mission extends through May

<https://missionlocal.org/2021/03/eligibility-opens-up-and-vaccine-site-in-the-mission-extends-through-may/>

SF Chronicle, Mar 30 2021, Vaccine eligibility opening to people as young as 50 - 'except we don't have the vaccine'

<https://www.sfchronicle.com/local/article/Vaccine-eligibility-opening-to-people-as-young-as-16065137.php>

East Bay Times, Mar 29 2021, Californians ages 50 and up can get a COVID vaccine starting Thursday. Here's what you need to know

<https://www.eastbaytimes.com/2021/03/29/californians-ages-50-and-up-can-book-covid-vaccine-appointments-starting-thursday-will-there-be-enough/>

POZ, Mar 29 2021, A shot in the dark: We got COVID-19 vaccines in record time. Why are HIV vaccines taking so long?

<https://www.poz.com/article/shot-dark-covid-19-hiv-vaccines>

KTVU, Mar 28 2021, Treasure Island residents receive COVID-19 vaccine from San Francisco first responders

<https://www.ktvu.com/news/drop-in-vaccine-clinic-opens-on-treasure-island-vaccinates-5-of-population>

ABC7, Mar 27 2021, 'A shot of life': Pop-up site brings hope to SF's least vaccinated neighborhood, Treasure Island

<https://abc7news.com/san-francisco-coronavirus-numbers-sf-cases-california-treasure-island/10453558/>

Xinhua, Mar 27 2021, U.S. San Francisco's mobile vaccination efforts to reach more communities affected by COVID-19

http://www.xinhuanet.com/english/northamerica/2021-03/27/c_139839133.htm

KRON4, Mar 26 2021, Clinics, mobile vaccination sites set up across Bay Area

<https://www.kron4.com/health/coronavirus/clinics-mobile-vaccination-sites-set-up-across-bay-area/>

Post News Group, Mar 26 2021, San Francisco's mobile vaccination unit to vaccinate up to 1,000 seniors in Chinatown senior living facilities

<https://www.postnewsgroup.com/san-franciscos-mobile-vaccination-unit-to-vaccinate-up-to-1000-seniors-in-chinatown-senior-living-facilities/>

SF Chronicle, Mar 26 2021, Can't get to Moscone for a vaccine? Counties are bringing more doses directly to residents

<https://www.sfchronicle.com/health/article/Can-t-get-to-Moscone-for-a-vaccine-Counties-16054685.php>

KTVU, Mar 25 2021, New agreements have more counties joining California's vaccine network

<https://www.ktvu.com/news/new-agreements-have-more-counties-joining-californias-vaccine-network>

SF Chronicle, Mar 25 2021, Vaccine rates vary by neighborhood in San Francisco. Here's why

<https://www.sfchronicle.com/local/article/Vaccine-Rates-Vary-By-Neighborhood-in-San-16051315.php>

Eater SF, Mar 24 2021, SF officially expands indoor dining to 50 percent capacity

<https://sf.eater.com/2021/3/24/22348709/sf-officially-expands-indoor-dining-50-percent-capacity>

Good Day Sacramento, Mar 23 2021, California COVID cases keep falling and more businesses reopen

<https://gooddaysacramento.cbslocal.com/2021/03/23/covid-california-falling-businesses-open/>

LA Times, Mar 23 2021, San Francisco celebrates move to higher reopening tier, but at least one expert is wary

<https://www.latimes.com/california/story/2021-03-23/san-francisco-reopening-orange-tier-covid-pandemic>

SFBay, Mar 23 2021, San Francisco, Santa Clara and Marin counties loosen restrictions under orange tier

<https://sfbayca.com/2021/03/23/san-francisco-santa-clara-and-marin-counties-loosen-restrictions-under-orange-tier/>

SF Chronicle, Mar 21 2021, State data shows restaurants, care facilities as most common places for coronavirus outbreaks in 2021

<https://www.sfchronicle.com/local/article/State-data-shows-restaurants-care-facilities-as-16039677.php>

SFBay, Mar 20 2021, Non-essential offices could soon reopen as San Francisco eyes move to orange tier

<https://sfbayca.com/2021/03/19/non-essential-offices-could-soon-reopen-as-san-francisco-eyes-move-to-orange-tier/>

Mother Jones, Mar 18 2021, The grassroots activists who protected San Francisco's most vulnerable—and the city—from COVID

<https://www.motherjones.com/politics/2021/03/the-grassroots-activists-who-protected-san-franciscos-most-vulnerable-and-the-city-from-covid/>

SF Examiner, Mar 18 2021, City to reopen offices, outdoor bars, and live entertainment under orange COVID-19 tier

<https://www.sfexaminer.com/news/city-to-reopen-offices-outdoor-bars-and-live-entertainment-under-orange-covid-19-tier/>

TIME, Mar 18 2021, A San Francisco experiment will give some pregnant women \$1,000 a month. Could other cities be next?

<https://time.com/5947417/guaranteed-income-pregnant-women/>

Bay City News, Mar 17 2021, 'We were in trouble:' Bay Area health officials look back on anniversary of first shelter-in-place order

<https://www.sfgate.com/news/bayarea/article/We-Were-In-Trouble-Bay-Area-Health-Officials-16034191.php>

KTVU, Mar 17 2021, San Francisco leaders say pandemic's end in sight

<https://www.ktvu.com/news/san-francisco-leaders-say-pandemics-end-in-sight>

KTVU, Mar 17 2021, San Francisco jails had no coronavirus deaths, hospitalizations or outbreaks, sheriff says
<https://www.ktvu.com/news/san-francisco-jails-had-no-coronavirus-deaths-hospitalizations-or-outbreaks-sheriff-says>

Newsweek, Mar 17 2021, Fact check: Does stimulus include free alcohol and marijuana for San Francisco's homeless?
<https://www.newsweek.com/does-stimulus-include-free-alcohol-marijuana-san-franciscos-homeless-1576722>

SFBay, Mar 17 2021, Bay Area COVID-19 update: One year after shelter-at-home orders
<https://sfbayca.com/2021/03/17/bay-area-covid-19-update-one-year-after-shelter-at-home-orders/>

SF Chronicle, Mar 17 2021, Mayor Breed reflects on one year anniversary of shelter in place: We sacrificed
<https://www.sfchronicle.com/local-politics/article/Mayor-Breed-reflects-on-one-year-anniversary-of-16033103.php>

SF Gate, Mar 17 2021, City leaders mark 1-year anniversary of COVID-19 shelter order
<https://www.sfgate.com/news/bayarea/article/City-Leaders-Mark-1-Year-Anniversary-Of-Covid-19-16033846.php>

Commissioner Comments:

Commissioner Bernal thanked Ms. Simmons for her dedication and leadership through a very tough year. He also welcomed Dr. Kunins and Ms. Kim.

5) COVID-19 UPDATE

Grant Colfax, MD, DPH Director of Health and Roland Pickens, Director of the San Francisco Health Network, presented the item.

Commissioner Comments:

Commissioner Chow thanked Mr. Pickens for his leadership on the city's vaccine distribution and noted that he is pleased that the mobile vaccine teams are effective. He also expressed gratitude for the vaccine distribution work being conducted with the Chinatown communities.

Commissioner Green commended everyone involved with the vaccine distribution for this remarkable work, noting that the equity lens used in this work has been very important. She has received many positive comments from her patients regarding their experiences at many of the vaccine sites in San Francisco.

Dr. Colfax thanked Mr. Pickens for his leadership as Executive Sponsor of the vaccine distribution effort. He noted that the city has come a long way from December to now, in which the city is exceeding its goal of providing 10,000 vaccine doses per day.

6) GENERAL PUBLIC COMMENT

There was no general public comment.

7) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Chung, chair, stated that the Committee reviewed and recommended all the items on the Consent Calendar for approval. She also thanked Dr. Ayanna Bennett, Director of the Office of Health Equity, for her presentation of the Health Equity Impact Assessment, which provided an example of the tool used with

a food insecurity initiative. Commissioner Chung noted that the assessment tool will continue to be piloted and refined.

8) CONSENT CALENDAR

Action Taken: The Health Commission unanimously approved the following:

- APRIL 2021 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH NATIONAL RESEARCH CORPORATION (NRC), IN THE AMOUNT OF \$1,044,650, TO PROVIDE PATIENT AND WORKFORCE EXPERIENCE SURVEYS FOR THE DEPARTMENT OF PUBLIC HEALTH (DPH) FOR THE TERM OF APRIL 1, 2021 THROUGH MARCH 31, 2022 (1 YEAR).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH RICHMOND AREA MULTI-SERVICES INC. (RAMS), IN THE AMOUNT OF \$4,661,384, FOR THE STREET CRISIS RESPONSE TEAM (SCRT) PROJECT. RAMS WILL HIRE, TRAIN AND INTEGRATE PEER COUNSELORS INTO TEAMS COMPOSED OF BEHAVIORAL HEALTH CLINICIANS, PARAMEDICS AND PEER PROVIDERS AS AN ALTERNATIVE TO LAW ENFORCEMENT RESPONSE TO NON-VIOLENT, BEHAVIORAL HEALTH CRISIS IN PUBLIC SETTINGS IN SAN FRANCISCO, FOR THE TERM OF NOVEMBER 1, 2020 THROUGH DECEMBER 31, 2022 (2 YEARS AND 2 MONTHS).
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH NATURAL LANGUAGES, LLC TO PROVIDE AS-NEEDED ONSITE INTERPRETER SERVICES. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$409,173 WHICH INCLUDES A 12% CONTINGENCY FOR THE INITIAL TERM OF MARCH 1, 2021 THROUGH FEBRUARY 29, 2024. THE CONTRACT HAS TWO OPTIONS TO EXTEND FOR A PERIOD OF THREE YEARS EACH.
- REQUEST FOR APPROVAL OF A CONTRACT WITH VISIT HEALTHCARE FOR END-TO-END COVID-19 VACCINATION SERVICES FOR AN AMOUNT NOT TO EXCEED \$9,500,000 FOR A TOTAL AGREEMENT TERM OF MARCH 5, 2021, THROUGH FEBRUARY 28, 2022 (12 MONTHS)
- REQUEST FOR APPROVAL OF A CONTRACT WITH BAY AREA PHLEBOTOMY AND LABORATORY SERVICES (BAY AREA PL SERVICES) FOR END-TO-END COVID-19 VACCINATION SERVICES FOR AN AMOUNT NOT TO EXCEED \$9,500,000 FOR A TOTAL AGREEMENT TERM OF MARCH 24, 2021, THROUGH FEBRUARY 28, 2022 (12 MONTHS)
- REQUEST FOR APPROVAL OF A NEW CONTRACT WITH EPISCOPAL COMMUNITY SERVICES (ECS) FOR THE PROVISION A SAFE AND SUPPORTIVE ENVIRONMENT FOR PERSONS IDENTIFIED AS COVID+ TO ISOLATE AND QUARANTINE IN A CONGREGATE SETTING. SERVICES INCLUDE 24/7 SITE OPERATIONS IN A CONGREGATE SHELTER, HEALTH AND SAFETY MONITORING, CARE COORDINATION, NURSING, JANITORIAL, HYGIENE SERVICES AND SUPPLIES, LAUNDRY, AND MEALS. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$8,120,337, WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF DECEMBER 1, 2020 THROUGH NOVEMBER 30, 2021 (1 YEAR).
- REQUEST FOR APPROVAL OF A NEW EMERGENCY CONTRACT WITH PRIMARY DIAGNOSTICS, INC. TO PROVIDE A DATA PLATFORM THAT WILL HANDLE REGISTRATION, SCHEDULING FOR COVID-19 VACCINATION SITES AND TO ALSO PROVIDE A CALL CENTER AND INSURANCE BILLING OPTION RELATED TO COVID-19 VACCINATIONS. THE TOTAL PROPOSED CONTRACT AMOUNT IS \$7,244,160 WHICH INCLUDES A 12% CONTINGENCY FOR THE TERM OF JANUARY 31, 2022 THROUGH JANUARY 31, 2022 (11 MONTHS).

9) 2018-19 CHARITY CARE REPORT

Max Gara, MPH, Health Program Planner, presented the item.

Commissioner Comments:

Commissioner Chow thanked Mr. Gara for the informative presentation. He noted that the report shows the tremendous value the San Francisco hospital community provides through its charity care work. He noted that

when the Affordable Care Act was passed, many people previously accessing charity care were able to access health insurance. However, in recent years, costs of co-pays and other out-of-pocket costs are higher, forcing some individuals with insurance to access charity care once again.

Commissioner Giraudo suggested that the DPH encourage local hospitals to simplify the charity care applications so they are at a 5th grade reading level to ensure those filing it out understand the form. She noted that current forms can be very complex and difficult to understand. She also noted that when people are at the emergency room of a hospital, they are likely in a very stressful situation, which may mean they are not at their most focused or emotionally stable. She encouraged creativity in finding modes of communicating charity care information in ways that are most effective during these stressful situations.

10) FY2020-21 DPH SECOND QUARTER FINANCIAL REPORT

Jen Louie, DPH Budget Director, presented the item.

Commissioner Comments:

Commissioner Chow asked for an update on primary care services, noting that he is aware many primary care staff were activated during the pandemic. Dr. Hammer stated that the San Francisco Health Network scaled back its primary care services during the pandemic because so many staff from this service area were activated.

Commissioner Chow asked for information regarding the level at which the San Francisco Health Network primary care services operating at now. Dr. Hammer stated that primary care services are being scaled up slowly. She noted that primary care is back to approximately 90% capacity, with the use of telemedicine.

11) OTHER BUSINESS:

This item was not discussed.

12) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Chow, ZSFG JCC Chair, stated that at the March 23rd meeting, the committee reviewed informative presentations on the True North Scorecard and Hoshin Update and Quality Core Measures Update. Both of these provided information regarding the many metrics that the hospital will be tracking and the associated reimbursement. Dr. Sue Carllisle, Vice Dean of the UCSF School of Medicine, gave a presentation on the UCSF Affiliation Agreement.

The Committee also reviewed the standard reports including the Regulatory Affairs Report, CEO Report, and Human Resources Report. During the Medical Staff Report, the committee approved Anatomic Pathology Rules and Regulations, Ophthalmology Rules and Regulations, and Standardized Procedures for the Nurse Practitioners/Physician Assistant in the Rape Treatment Center and Child Adolescent Support, Advocacy, and Resource Center.

In closed session, the committee approved the Credentials Report and Report of the PIPS Minutes.

13) ADJOURNMENT

The meeting was adjourned at 6:25pm.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 21-5

IN SUPPORT OF COMMUNITIES OF INDIVIDUALS OF ASIAN AND PACIFIC ISLANDER DESCENT AND
DENOUNCING RACISM AND VIOLENCE AGAINST THESE COMMUNITIES

WHEREAS, The terms Asian and Pacific Islander refer to individuals from a wide range of countries, ethnicities, and identities. All of the different communities within the Asian ~~or~~ and Pacific Islander labels have their own unique histories, cultures, traumas, challenges, and successes; and

WHEREAS, 20 million individuals of Asian and Pacific Islander descent account for 6.1 percent of the U.S. population¹; and

WHEREAS, The United States has a long history of institutionalized discrimination and violence against individuals of Asian and Pacific Islander descent²:

- In 1854, the California Supreme Court ruled that individuals of Asian descent could not testify against a white person in court, virtually guaranteeing that white people could escape punishment for violence and crime against individuals of Asian descent³;
- In 1871, 17 boys and men of Asian descent were lynched in Los Angeles by a mob of white men in response to an unrelated murder of a white man⁴;
- In 1875, Congress passed the Page Act, which was the first federal policy to restrict immigration. It banned female immigrants from East Asia due to fears-racist stereotypes that all women immigrating from China were prostitutes. The absence of women from China in the United States heavily impacted the ability of men from China in the United States to develop families⁵;
- In 1882, Congress passed the Chinese Exclusion Act, which banned immigration of individuals from China for 20 years and prevented those immigrants from China already in the United States from gaining citizenship⁶;
- In 1885, 28 miners from China living in Rock Springs, Wyoming, were killed and 79 homes housing the members of the Chinese immigrant community were burned⁷;
- In 1900, a bubonic plague outbreak in San Francisco was blamed on the Chinese immigrant community because the first publicly known victim was an individual from China⁸;
- The Immigration Act of 1924 banned immigrants from Asian countries and set quotas for immigration from the eastern-Eastern hemisphere. Many individuals of Asian and Pacific Islander descent were deported due to this law⁹;
- In 1933, California Governor James Rolph signed an amendment to the state's anti-miscegenation laws, amending Civil Code Section 60 to ensure that its law also covered "members of the Malay race", barring Filipinos who they classified as Malay, not Mongolian, from interracial marriage.
- In 1946 Congress inexplicably stripped veteran benefits, committed from President Roosevelt, from 250,000 Filipino soldiers who fought alongside U.S. troops as American Nationals during World War II. Decades of efforts to return those full benefits to the very few remaining Filipino veterans still alive have yet to successfully overturn Congress's action.
- In response to Japan bombing Pearl Harbor, the United States government forced approximately 130,000 individuals of Japanese ancestry, many of whom were American citizens, to live in internment camps from 1942 until 1945. Most of those who were imprisoned lost their homes and businesses during the process. A 1983 Congressional report indicated that the internment camp policy was based on racism, rather than actual security risks concerns. ~~In~~ Between 1988 and 1993, 82,219 survivors received a presidential apology and \$20,000 from the United States government¹⁰;

- In 1982, a male Chinese immigrant was beaten to death with a bat by two white men in Detroit, Michigan. The underlining motivation for the murder has been attributed to increasing fears that the Japanese car industry was overtaking the United States car industry at the time. The murderers were only required to participate in three years of probation, with no jail time served;
- In 1984, the Ku Klux Klan set fire to shrimping boats owned by Vietnamese immigrants due to resentment and fears of white shrimp boat owners that the Vietnamese immigrants were taking their business;
- After the attacks on the Twin Towers on September 11, 2001, hate crimes against those perceived to be Muslim spiked, increasing discriminatory screening practices at airports and violence against many Middle Eastern, and South/East Asian communities; and.

WHEREAS, Over 2 million individuals of Asian and Pacific Islander descent are working on the front lines of the COVID-19 pandemicⁱⁱ; and

WHEREAS, According to the 2018 Census Bureau, 34% of San Francisco ~~CA~~ residents are of Asian or Pacific Islander descent; and

WHEREAS, The use of terminology and rhetoric against individuals of Asian and Pacific Islander descent related to COVID-19 by former President Donald Trump, other politicians, and some news media outlets, has perpetuated stigma against individuals of Asian and Pacific Islander descent in the United States; and

WHEREAS, The use of rhetoric against individuals of Asian and Pacific Islander descent has resulted in these groups being harassed, assaulted, and scapegoated for the COVID-19 pandemic in the United States; and

WHEREAS, STOP AAPI Hate, a non-profit organization, reported that 3,800 incidents of hate and violence against individuals of Asian and Pacific Islander descent have occurred during the COVID-19 pandemic; and

WHEREAS, Since January 2020, there has been a dramatic increase in reports of hate crimes and incidents against those of Asian and Pacific Islander descent; and

WHEREAS, The surge in attacks against individuals of Asian and Pacific Islander descent have targeted predominately elderly victims; and

WHEREAS, On January 30, 2021, an 84-year old man from Thailand died from injuries sustained during an unprovoked assault while on his routine morning walk in San Francisco; and

WHEREAS, A Series of attacks occurred in Oakland's Chinatown targeting seniors of Asian and Pacific Islander descent, who were all violently shoved to the ground in separate incidents; and

WHEREAS, On ~~Tuesday~~, March 16, 2021, eight people were killed-murdered at three Atlanta spas, owned by women of Asian descent, six of whom were women of Asian descent; and

WHEREAS, These murders highlight are emblematic of the continued racism, misogyny, violence, sexual stereotyping and ~~sexual~~ exploitation perpetrated against of women of Asian and Pacific Islander descent; and

WHEREAS, Additional attacks on individuals of Asian and Pacific Islander descent continue to occur in San Francisco and throughout the country; and

WHEREAS, The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) recognize that naming the coronavirus disease 2019, or COVID-19, by reference to its a geographic location or linking it to a specific ethnicity perpetuates stigma;ⁱⁱⁱ; and

WHEREAS, Racism ~~is considered~~ has been demonstrated to be a fundamental cause of adverse health outcomes for Black, Indigenous, and other people of color;^{iv}; and

WHEREAS, we are witnessing , through local and national media reports, social media posts, and anecdotal accounts from individuals throughout the country, the adverse impact of racism on the physical and mental health of individuals of Asian and Pacific Islander descent living in the United States; and

WHEREAS, Over the last 12 months, 31% of individuals of Asian and/or Pacific Islander descent have reported being subjected to racist slurs or jokes and 26% percent of these groups have feared that someone might threaten or harm them;^v and

WHEREAS, Individuals ~~from~~ of Asian and Pacific Islander descent are the least likely racial group to seek help with mental health issues;^{vi}; and

WHEREAS, To encourage development of a clinical environment which feels safe and welcoming to patients and staff who are of Asian and Pacific Islander descent, the New England Journal of Medicine offered the following suggestions;^{vii}:

- Create a welcoming safe space by displaying culturally appropriate signage, posters, and literature;^z
- ~~Provide~~ Create separate rooms safe space for patients of color and separate them from anyone who makes discriminatory remarks;^z ~~to them.~~
- Create safe space for staff through equity-oriented trainings addressing Asian and Pacific Islander cultural issues;^z
- Provide support to staff who face discriminatory remarks or hate-related violence at work through counseling, paid sick leave, and acknowledgement of the impact of these incidents on staff;^z
- Ask about incidents of racism, discrimination, and other traumas while taking a patient's history;^z
- Consider screening for depression, anxiety, post-traumatic stress, and adverse childhood experiences (ACES), and facilitate appropriate clinical treatment;^z

NOW THEREFORE, BE IT RESOLVED, The San Francisco Health Commission condemns and denounces all manifestations and expressions of racism, xenophobia, discrimination ethnic intolerance, and other bigoted rhetoric against individuals of Asian and Pacific Islander descent; and

FURTHER RESOLVED, The Health Commission recognizes that every individual, regardless of their race, ethnicity, gender, sexual orientation, socio-economic status, disability status, religion, country of origin, or political party, has the right to safety, respect, and wellbeing; and

FURTHER RESOLVED, The Health Commission expresses its heartfelt solidarity with every individual of Asian and Pacific Islander descent who has been attacked, along with their families and communities, in addition to sending condolences to the family and friends of those individuals who were murdered on March 16, 2021; and;

FURTHER RESOLVED, The Health Commission acknowledges the impactful work by the San Francisco Department of Public Health (DPH) in regard to addressing discrimination and violence towards individuals and communities of Asian and Pacific Islander descent. The Department's outreach to these communities early in the pandemic, in an effort to provide support and education, and later testing and vaccines, has been crucial to addressing their public health needs. In addition, the DPH has provided

ongoing consultation to the Mayor's Office, Board of Supervisors, San Francisco COVID-19 Command Center, and the general San Francisco community regarding COVID-19 information, including the harm of stigmatizing any individual or group during the pandemic.

I hereby certify that the Health Commission at its meeting of April 6, 2021 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the San Francisco Health Commission

ⁱ <https://www.census.gov/quickfacts/fact/table/US/PST120219>

ⁱⁱ House of Representatives Resolution 116-908

ⁱⁱⁱ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>
<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>

^{iv} Williams, Lawrence, Davis (2019). Racism and Health: Evidence and Needed Research. *Annual Review of Public Health*, Volume 40: 105-125.

^v Lee (2021), Combating Anti-Asian Sentiment-A Practical Guide for Clinicians. *The New England Journal of Medicine*.

^{vi} <https://www.mhanational.org/issues/asian-american-pacific-islander-communities-and-mental-health>

^{vii} Lee (2021), Combating Anti-Asian Sentiment-A Practical Guide for Clinicians. *The New England Journal of Medicine*.