Health Commission
City and County of San Francisco
Resolution 22-01

ADDRESSING HEALTH DISPARITIES OF THE LOCAL AMERICAN INDIAN COMMUNITIES

WHEREAS, The Health Commission acknowledges the disproportionate health disparities faced by the American Indian/Alaska Native community such as shorter life expectancy and higher rates of diabetes; heart disease; AIDS; premature death; domestic violence and other violence exposure; stress-related illness, such as high blood pressure, depression, homelessness and suicide; as well as disproportionate morbidity and mortality due to the COVID-19 pandemic; and

WHEREAS, The Health Commission acknowledges that American Indians/Alaska Natives may face one or more systemic barriers, including unstable or a lack of housing, food insecurity, and limited access to culturally sensitive healthcare services; and

WHEREAS, The Health Commission acknowledges that existing American Indian/Alaska Native health data contains significant data gaps, characterized by both a lack of data collection on American Indian and Alaska Native race and ethnicity categories, and underreporting on American Indian/Alaska Native health indicators, rendering data insufficient to fully identify the disproportionate health disparities faced by the American Indian/Alaska Native community; and

WHEREAS, The Health Commission acknowledges the resources directed to American Indian/Alaska Native organizations have not been proportional to the severity of the health disparities faced by the American Indian/Alaska Native community; and


NOW BE IT RESOLVED, The Health Commission recommends the San Francisco Department of Public Health establish meaningful and ongoing partnerships with local American Indian/Alaska Native organizations, community leaders, and community/tribal members, to identify and understand their public health needs and develop a set of public health priorities; and be it

FURTHER RESOLVED, The Health Commission recommends the San Francisco Department of Public Health include accurate and disaggregated American Indian/Alaska Native health data and health impacts in public reporting where possible; and be it
FURTHER RESOLVED, The Health Commission directs the San Francisco Department of Public Health to add a footnote to any presentation or report that includes race and/or ethnicity data presented to the Health Commission, explaining a lack of data for a specific community to ensure that no community experiences being invisible due to its size or small data set; and be it

FURTHER RESOLVED, The Health Commission directs the San Francisco Department of Public Health to work with local American Indian/Alaska Native organizations and community/tribal members to identify recommendations to address these health disparities, including presenting an update to the Health Commission within six months on this process, and a summary report within one year.

I hereby certify that the San Francisco Health Commission at its January 4, 2022 meeting adopt the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary