Racial Equity Progress Report for 2021

PART A
The San Francisco Department of Public Health cannot fulfill its mission to protect and promote the health of all San Franciscans – and even risks doing harm – without unequivocal support for racial equity and concrete actions to be an anti-racist institution. This support and these actions are only successful when they directly and tangibly improve the lives of our staff, our patients, and the communities we serve.

I am proud of the work of SFDPH to advance the Racial Equity Action Plan Phase 1. With the leadership of SFDPH Chief Health Equity Officer Equity, Dr. Ayanna Bennett, and our equity leads across the Department, we have made significant headway to becoming a better organization and one closer in line with our ideals. But far more work is ahead.

Too often staff, especially staff of color, are asked to take on equity work in addition to their job responsibilities. At SFDPH, we recognize the importance of dedicated and funded positions to advance racial equity. Over the last several years, SFDPH has developed a core of equity leaders across the department and equipped them with teams and funding to support their vital initiatives. We have created full time, dedicated equity leadership positions in all but a few major service areas and over the next two years this will extend to every domain.

Another key part of achieving real results is holding leadership responsible for setting and meeting racial equity goals. I have strengthened accountability for SFDPH senior leadership. In partnership with our Chief Health Equity Officer, we established a Director’s Equity Report event where senior leaders report their equity goals and progress. Last year due to COVID this was shared as a recording with staff. Moving forward, the event will be open as a live event with awards for significant work on equity. We recognize the great strides and also must be transparent about the areas where SFDPH is lagging.

The focus of the Racial Equity Plan Phase 1 is advancing equity in the workforce. As the largest City Department, we have the responsibility and opportunity to set the standard for an equitable work environment. We value our staff and know they need resources and support to thrive and to best serve our patients and the community. We commit creating a workspace where all staff can thrive.

Specifically, in 2022 SFDPH commits to improving diversity in key clinical classifications so that our staff of color have opportunities to join leadership. Black and African American communities are over policed in the community and SFDPH will not replicate that through disparities in discipline. We commit to address inequalities in discipline. We commit to supporting the growth, professional development, and promotional opportunities of our Black/ African American, Latino, and Indigenous staff. And we commit to pay parity for new hires so that begins to correct our current racial disparity in wages.

While there are complexities to realizing each of SFDPH’s Racial Equity Plan goals, there is no other option. Racism is a public health emergency, and it must be treated with the same urgency, resources, and attention in recognition that lives are at stake.

Grant Colfax
Director of Health
How to Read This Report

As a large and complex department, DPH has put significant resources toward the effort to advance equity. However, that complexity also means that activities require significant staffing and support to reach across the department’s over 7,500 employees.

The REAP included new plans as well as recommended actions that had already been taken prior to the REAP being launched (particularly in areas of retention and organizational culture). Pre-REAP actions are marked as completed and included in the 2021 progress report.

The significant amount of new work planned in the REAP was focused in three areas: hiring and recruitment, equitable leadership and Health Commission equity capacity building. The reporting on focus areas for 2021 are significantly longer than for other areas. In contrast, areas that are a priority in 2022 have more substantial descriptions of future planned activities.
# Overview

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Actions planned</th>
<th>Actions initiated (including added or advanced to the plan for 2021)</th>
<th>Actions completed</th>
<th>Percent of activities completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiring and Recruitment</td>
<td>8</td>
<td>12</td>
<td>7</td>
<td>58%</td>
</tr>
<tr>
<td>Retention and Promotion</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Discipline and Separation</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Diverse and Equitable Leadership</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Mobility and Professional Development</td>
<td>5</td>
<td>8</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Organizational Culture of Belonging and Inclusion</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>92%</td>
</tr>
<tr>
<td>Health Commission</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>91%</td>
</tr>
</tbody>
</table>
Hiring and Recruitment

Our overall goal in this area is to diversify recruitment pathways for low-diversity positions, reduce hiring timelines by eliminating redundancies and educating hiring managers and HR analysts about process and responsibilities, imbedding equity in the selection process, and retaining our workforce through ongoing career coaching, training and simplification of merit and hiring processes. In particular, clinical positions have low-diversity, and this lack of congruent providers impacts patient satisfaction and care.

Large projects have required significant HR resources in addition to attempting to meet the goals in the REAP. In 2020 and 2021, HR responded to COVID-19 pandemic hiring and reassignments for the COVID Command Center and subsequently for the COVID Task Force. More recently in 2022, HR has been focusing on expedited hiring for the Tenderloin Emergency Declaration and Behavioral Health’s Mental Health SF program. These critical responses have impacted the REAP deliverables, and yet, HR has taken significant steps forward, as noted below.
<table>
<thead>
<tr>
<th>Equity Goals</th>
<th>Indicators for 2021</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop new recruitment strategies that increase the diversity of applicants.</td>
<td>Equitable and Inclusive Hiring guidance document</td>
<td>Complete</td>
</tr>
<tr>
<td>Develop tools and system-wide protocols for equitable best practices in the Pre-and-Post Selection Referral processes.</td>
<td>Equitable and Inclusive Hiring guidance distribution</td>
<td>Complete</td>
</tr>
<tr>
<td>Develop specific recruitment and hiring policies for clinical services (Primary Care, BHS, ZSFGH, LHH, Jail, and Whole Person Integrated Care) that correct the under-representation of Black and Latino physicians, nurses, Advance Practice Providers, and Non-Clinical Professional staff.</td>
<td>Identified clinical job classes with low diversity, piloted recruitment and hiring strategy</td>
<td>Partially Complete</td>
</tr>
<tr>
<td>Standardize the process for Assignment Above Entry (AAE) for new hires (including promotive) to eliminate current inequity</td>
<td>Correction of racial disparity in use of AAE to attract more underrepresented candidates</td>
<td>Activity completed - impact TBD</td>
</tr>
</tbody>
</table>
Changes implemented in 2021

- Released equitable and inclusive recruitment and hiring guidance and organized info sessions for managers (1.1.3)

- Identified 5 clinical classifications that have lacked diverse applicant pools and therefore require diversified recruitment efforts focusing on BIPOC communities, colleges, programs (1.1.1 and 1.3.3)

- DPH HR implemented a Career Coach program to improve communication with internal candidates. The coach provides 1:1 coaching and career advancement workshops to DPH employees with the goals of demystifying civil service selection process, helping employees document qualifications and ultimately promote within DPH. The coaching is prioritized for BIPOC staff in TEX or dead-end classifications. (1.4.9)

- To ensure all new hires have information about applying for appointment above entrance, HR Operations team has developed an Assignment Above Entry policy and implemented with new hires. This policy ensures that AAE decisions are not made exclusively by the hiring manager but that HR can do a thorough pay parity analysis and offer higher step at entrance to new hires who are deemed eligible based on experience, skills, and comparison with other employees’ in same team and job class. (1.2.4)

- A new Workforce Initiatives coordinator has joined HR in 2022. The WI coordinator is organizing career fairs with tech schools, developing FAQs for external and internal candidates in low-diversity classifications to understand the selection process, working with Opportunities for All and local CBOs to place a diverse pool of interns at DPH while also streamlining the internship application, medical clearance and onboarding process. (1.3.7)
Priority actions for 2022 calendar year

01 Finalize specific recruitment and hiring policies for clinical services (Primary Care, BHS, ZSFGH, LHH, Jail, and Whole Person Integrated Care) that correct the under-representation of Black and Latino physicians, nurses, Advance Practice Providers, and Non-Clinical Professional staff. (1.1.1 and 1.3.3)

02 Add standard DEI statement and DEI video in all DPH job description.

03 Review MQs and DQs to emphasize lived experience alongside relevant education for frontline and clinical job announcements. This will increase the pool of applicants who have the experience to provide culturally and racially congruent services for clients. HR to work on meaningful inclusion of applicant’s “lived experience” in desirable qualification and in interview questions.

04 Examine need for higher degree as a minimum qualification for positions that in fact require deeper experience and connection with the community to be served.

05 Minimize and simplify documentation request for qualifications by creating templates for verification letters and emphasizing relevance of PPAR as a standard minimum qualification verification tool for current employees.

06 Finalize specific recruitment and hiring policies for clinical services (Primary Care, BHS, ZSFGH, LHH, Jail, and Whole Person Integrated Care) that correct the under-representation of Black and Latino physicians, nurses, Advance Practice Providers, and Non-Clinical Professional staff. (1.5.1)
Retention and Promotion

DPH has over 7500 employees, majority of whom are frontline healthcare providers. These are committed professionals who worked tirelessly through the pandemic. Retaining our employees in a demanding and competitive health environment has not been easy. By applying a lens of equity and inclusion, HR is prioritizing pay parity, equity learning, diversification of career pathways, career advancement opportunities, and access to benefits information.
Retention and Promotion

<table>
<thead>
<tr>
<th>Equity Goals</th>
<th>Indicators for 2021</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify classifications with poor mobility and develop a diversification plan with focus on diversified recruitment pathways—new upward paths will create meaningful employee retention.</td>
<td>Specific equitable recruitment process for clinical staff hires</td>
<td>Complete in one division</td>
</tr>
<tr>
<td>HR Pay Parity Project examining the salary range at which a new hire should join DPH.</td>
<td>Effective October 2021, all new hires are reviewed for pay parity by HR</td>
<td>Complete</td>
</tr>
<tr>
<td>Opportunities for collective learning to develop an anti-racist and inclusive organizational culture that enables retention.</td>
<td>Equity-focused learning series, programs and workshops available for free in various formats (online/ in-person) for all DPH employees. Emphasis on DPH-wide normalizing of racial equity meaning, principles and action tools.</td>
<td>Activity completed - impact TBD</td>
</tr>
<tr>
<td>Career Advancement Program at DPH supports current employees to promote or transition to fulfilling roles</td>
<td>300+ staff coached and trained between March and October 2021.</td>
<td>Activity completed - impact TBD</td>
</tr>
</tbody>
</table>
Changes implemented in 2021

- Tracked and analyzed DSW staff data and shared with leadership to assist with equitable decision making around future activations and resources. (2.1.1)

- Career Advancement Program at DPH supports current employees to promote or transition to fulfilling roles: Program offers career coaching and workshops. Program prioritizes BIPOC staff in temporary or dead-end jobs.

- HR published detailed guidance on using PPAR to document qualifications and job duties for DSW-activated and other staff (as PPAR is the most reliable and acceptable proof of verification of min quals and out of class work to help employees qualify for exams) (2.1.5)

- Offered monthly trainings on leave benefits and leaves management; increased employee awareness about benefits through ongoing communication via DPH HR monthly Newsletter. Also tracked and analyzed discretionary leave data by race/ethnicity, gender and job class. Found no pattern of leave denial based on issues other than operational needs. (2.1.4)

- Conducted analysis of pay premiums and acting assignment pay by race/ethnicity and gender. Analysis of employees receiving extended range salaries in 2021: 70 people total; 22 males, 48 females, of which 30% Asian; 10% Black; 4% Filipino; 18% Hispanic; 37% White. This data justified need for rotational acting assignment so that all eligible and interested employees have opportunities to gain leadership experience. (2.2.1)

- HR investigated key classifications with drop offs in diversity and used the data to identify 5 key clinical classifications that need targeted diversified recruitment, noted above. (2.3.4)

- HR has identified classifications that “dead end” employees. Career coach prioritizes 1:1 coaching with BIPOC staff in TEX or dead-end classifications to support retention and growth. (2.3.5)
Collaboration between HR, the Office of Health Equity, unions and employees to address the Health Worker and Health Program Coordinator series’ which have low mobility and racial disparities in upper vs. lower classes.
Discipline and Separation

This is a key area of concern for DPH, as data shows consistent racial disparities in disciplinary actions. There are clear needs for standardization, training and especially accountability. Efforts at training and standardization were made this year that we hope will have a significant impact. However, it is harder to achieve true accountability with the current data system. In 2022, we will have more focus on this area as timely, accurate data is made available and we can better identify specific units or managers of concern for biased discipline decisions.
## Discipline and Separation

<table>
<thead>
<tr>
<th>Equity Goals</th>
<th>Indicators for 2021</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop an equitable and inclusive discipline and corrective actions policy that requires all managers and supervisors to obtain permission from HR Labor Relations prior to issuing a written reprimand</td>
<td>Tracking system and annual report of analyzed data</td>
<td>Plan developed</td>
</tr>
<tr>
<td>Implement monthly tracking tool and protocols to develop a systemwide approach of triaging performance and conduct gaps</td>
<td>Reduce the rate of Corrective and Disciplinary Actions for Black employees to under 13% within the next 1-3 years</td>
<td>Plan developed - hiring staff</td>
</tr>
</tbody>
</table>
HR has tracked disciplinary actions and separations by types and analyzed demographic info of affected employees. The data is alarming. Labor relations data system does not track all types and frequencies of corrective or disciplinary actions. The HR team identified the need for better data management systems. This will also require subsequent analyst training for error-free and complete data entry, analyses and reporting. (3.1.1 and 3.1.2)

HR has developed an online course for managers, including a module on managerial responsibility towards effective performance and conduct management, equitable and fair management practices, and details of progressive discipline. This course, and existing in-person labor relations workshops, will both be rolled out in 2022 (3.2.2)
Priority actions for 2022 calendar year

01 Partner with IT to improve the labor relations data system. Train analysts on data entry and analysis so that quarterly reports on disciplinary activity are available to leadership in each division.

02 Develop online intake survey for managers who approach labor relations with an employee concern. Survey will include questions to determine bias or action based on incorrect/incomplete information.

03 Roll out online course and facilitated workshops to train managers on fair and equitable disciplinary action and their role in proactively supporting employees with performance concerns.
Leadership was a focus of equity capacity building at DPH over the last 6 years. Early training efforts devoted significant training for executive leadership and senior directors. That investment led to a broad adoption of equity as an integral area of work in all areas of DPH. Staffing those efforts has been a long process; the first Equity Lead position was developed in 2017 and the final few positions to have Equity Leads across the department will be hired in 2023. This was a key area of focus in the REAP goals of 2021.

We define the role of leaders in several ways. A diverse leadership team ensures that different world views and experiences are considered in major decisions. To increase leader diversity, new equity guidelines were used in hiring of senior leadership positions begun in 2021. In addition to these standard activities in recruitment, screening, and selection, we developed a community interview panel that had not previously been standard in hiring decisions for DPH leadership positions. That process will be used for other leadership positions in the future.

However, diversity is not sufficient to ensure that the current practices and policies that maintain inequity will be corrected. Equitable services for the public or equitable opportunity and treatment for staff require structural reform, not just better choices going forward. Leaders must be able to identify sources of inequity and manage changes in policy and practice to produce equitable outcomes. The Office of Health Equity used published models and staff input to defined equity best practices for leaders to include a list of concrete actions: participating in equity-related activities involving both staff and community, effectively implementing internal equity programs, holding subordinates accountable for setting and achieving concrete equity goals for their workforce and area services.
## Diverse and Equitable Leadership

### Equity Goals

| Description                                                                                                                                                                                                 | Indicators for 2021                                                                                                                                  | Status                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Standardized recruitment and hiring procedures to maximize diversity in new hires in manager classes.                                                                                                         | Increase diversity of applicants                                                                                                                       | Pilot completed in one executive hire                                                                                                               |
| [senior leadership only for 2021]                                                                                                                                                                             | Increased diversity of hires                                                                                                                            | TBD                                                                                                                                                    |
| Establish senior leadership responsibility for equity vision and oversight.                                                                                                                                     | Formal reporting by senior leadership on equity efforts. [Health Director’s Equity Report event]                                                         | 1<sup>st</sup> Annual event held                                                                                                                      |
| Leadership actively involved in advancing equity in their area and serve as a model for engagement.                                                                                                          | Percent of leaders completing Equity Learning Units (ELU) [on fiscal year, goal 100% by June 30, 2022]                                                 | 38%                                                                                                                                                    |
|                                                                                                                                                                                                            | Percent of leaders completing Community Engagement Hours [on fiscal year, goal 100% by June 30, 2022]                                                | 63%                                                                                                                                                    |
Develop Senior Leadership Demographic Survey and will publish results in the 2021 Annual Report due in 2022 (4.1.3)

Set standards for leadership to effectively hold their staff accountable to set and meet equity goals. Some requirements have been in place for several years, but the standards were expanded in 2021.

Development of an annual Equity Action Plan for their department, evaluated by OHE – Target 90% – Achieved (4.2.2)

Public report-out of equity plans and achievements at the first annual Equity Report event hosted by the Director of Health. This was videotaped and shared with staff. - Target 80% of Senior Leadership team participation – Achieved 80%. (4.2.3)

Set standards for leadership to demonstrate their commitment to equity to both staff and community through equity-focused education, program development and community engagement.

Develop a formal standard endorsed by executives and the Health Director. (4.2.2)

Senior leadership meeting equity learning requirement- Target 100% - 38% so far (Evaluated on the fiscal year, to be reported in the 2022 REAP progress report)
DIVERSE AND EQUITABLE LEADERSHIP

Changes implemented in 2021

- Senior leadership meeting community engagement requirement – Target 100% - 63% so far (Evaluated on the fiscal year, to be reported in the 2022 REAP progress report)

- Standardized recruitment and hiring procedures to maximize diversity senior leadership hiring. One senior leadership position open for hiring in 2021. (4.1.6)

- Process for Community input in senior leadership hiring established and piloted

- Equity statement required by applicants to senior leadership positions, evaluated by equity-trained staff

- Diversity analysis of applicant pool after HR screening, with review by Chief Human Resources Officer

- Manager trainings that offer skills in conflict resolution, effective communication, cultural humility, interrupting bias are ongoing.
DIVERSE AND EQUITABLE LEADERSHIP

Priority actions for 2022 calendar year

01 Ensure inclusion of equity performance in senior leadership performance evaluation. Evaluated on the fiscal year, to be reported in the 2022 REAP progress report (4.2.1)

02 Senior leadership meeting equity learning requirement - Target 100%

03 Senior leadership meeting community engagement requirement - Target 100%

04 Expand Senior Leadership Equity Participation Standard to the director level

05 Over 50% of executive staff require their direct reports to meet the senior leadership standard.

06 Develop on-line and experiential training for senior leaders and directors

07 Develop Performance Review standards for managers that define actions needed to uphold a “culture of inclusion”

08 Use the newly developed process for community input in senior leadership hiring [Director of Population Health] in early 2022. (4.1.1)

09 Develop Senior Leadership Demographic Survey and publish results in Annual Report for 2020-2021, published in mid-2022 (4.1.3)
Mobility and Professional Development

The goals for improvement in this area are slated for implementation in 2022 or 2023. Some preparatory efforts were made in 2021, in particular securing budgeted trainer positions to allow for internal training and initial planning of a training contracting process. For the most part, DPH has large groups of staff with training funds included in their union MOU who have access to professional development. Getting resources to staff without these funds has some challenges. In particular, the reimbursement-based system creates hardship for staff who cannot afford to wait for that prolonged process. Our current system doesn't allow easy purchase of training directly, both because our contracting process is complex and because our dependence on invoices for spending doesn't align with the current payment processes for many training sources.
Mobility and Professional Development

<table>
<thead>
<tr>
<th>Equity Goals</th>
<th>Indicators for 2021</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarify the scope and process of tuition reimbursement, department educational funds and internal training</td>
<td>New processes in place</td>
<td>Deferred to 2022</td>
</tr>
</tbody>
</table>
Changes implemented in 2021

- Affirmed areas where equity advancing systems were in place in Human Resources current functions
  - Staff accommodations
  - Current DPH HR trainings
  - Annual performance review

- Designed an equity review process to prioritize recruitment of BIPOC staff currently in junior positions for coveted leadership development programs based on length of service. (5.1.6)
MOBILITY AND PROFESSIONAL DEVELOPMENT

Priority actions for 2022 calendar year

01 Develop funding and procedures to provide access to training for staff in under-resourced classes

02 Standardize tracking of all professional development training to ensure underrepresented staff of color, particularly those in dead-end or lower-paid classifications, are prioritized.
Many of the activities in this area had been initiated or completed in the years before the REAP 2021-2023 was written. The SFDPH Equity Plans for 2018 through 2020 focused on normalizing and infrastructure building. We have made additional progress in those areas in 2021 while preparing to move further in 2022.

The department had 9 Equity Leads at the beginning of 2021 out of 11 major department areas. By adding 2 more Leads during 2021, now every area (except a few central administrative teams) are represented at the regular Equity Team meeting convened by the Office of Health Equity. Equity Leads are tasked with developing equity councils, programs and communication in their area, supporting a workplace culture where racism and other forms of inequity are identified and openly discussed, and helping their fellow leaders to define concrete goals.
## Organizational Culture of Belonging and Inclusion

<table>
<thead>
<tr>
<th>Equity Goals</th>
<th>Indicators for 2021</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a DPH Annual Equity Report</td>
<td>1st Annual Equity Report published</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>1st Mid-Year Reporting Event held</td>
<td>Completed</td>
</tr>
<tr>
<td>Relaunch the Health Equity Fellowship (a 5-month equity practitioner training)</td>
<td>Goal of 25 Equity Fellows</td>
<td>Exceeded with 30 Fellows completing</td>
</tr>
<tr>
<td>Relaunch the Equity Champions program</td>
<td>Goal of 50 Champions</td>
<td>Goal met with 62 Champions enrolled</td>
</tr>
</tbody>
</table>
ORGANIZATIONAL CULTURE OF BELONGING AND INCLUSION

Changes implemented in 2021

- Established a DPH Annual Equity Report. Converted the internal A3 Lean management format to a published report on previous year’s equity activities, including REAP activities (6.1.3)

- Chief Health Equity Officer provided regular updates to the Health Commission on progress of the REAP along with other racial equity goals. (6.1.4)

- Relaunched the Equity Champions program with training curriculum, self-directed learning and implementation project (6.1.6)

- Employee Engagement Survey delayed in order to allow for a more expansive development process. A team of employees at all levels from across the department developed and vetted questions. (6.1.7)

- Created an Office of Culture and Experience in HR with a new Director, tasked with creating an equitable workplace culture. (6.1.9)
Priority actions for 2022 calendar year

01 Communications and training campaign centered on defining respectful behavior standards

02 Review of the success of the Equity Learning Unit requirement at the end of the fiscal year.

03 Expansion of the Champions and Fellows programs to include 80 and 40 participants respectively

04 Expand midyear report to be open to all staff

05 Teams site established for staff with formal equity roles (Champions, Leads, etc.) to have problem-solving dialogue and mutual support. (6.2.3)

06 Launch Implementation of an affinity group policy for group support (6.1.5)

07 Pilot the SFVoices program – a text-based community survey and communications platform
The San Francisco Health Commission has championed equity for many years. In 2020, before the REAP was written, the Commission passed “20-09 Health Equity Resolution; Declaring Anti-Black Racism a Human and Public Health Crisis in San Francisco” (7.1.6). With so much of the department disrupted by COVID deployments, the Commission’s enthusiastic participation in the action plan activity helped keep equity and the REAP in the forefront in a year of significant competing priorities.

The Commission went beyond the goals put forth in the REAP in several significant areas. In particular, the goal of establishing a Land Acknowledgement requirement was expanded through dialogue with the American Indian and Native Alaskan community. The Health Commission Secretary worked extensively with local American Indian community leaders to develop and present a resolution calling on SFDP to recognize and work to resolve health disparities in the community.
## Boards and Commissions

<table>
<thead>
<tr>
<th>Equity Goals</th>
<th>Indicators for 2021</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select a standardized equity tool for use in evaluating programs and contracts</td>
<td>Tool developed by OHE staff and approved by Commission</td>
<td>Completed</td>
</tr>
<tr>
<td>Health Equity added to Health Directors performance evaluation</td>
<td>Measures selected and added to evaluation</td>
<td>Completed</td>
</tr>
<tr>
<td>Oversight of the Racial Equity Action Plan progress and equity work in the department</td>
<td>Quarterly reports to the Commission</td>
<td>Completed</td>
</tr>
<tr>
<td>Establish training standards for Commission orientation and annual education</td>
<td>Standard for participation implemented</td>
<td>Activity Completed – impact TBD in 2022</td>
</tr>
</tbody>
</table>
The Health Commission implemented oversight of department equity work:

- The Health Commission scheduled quarterly DPH REAP updates (7.3.1)
- The Health Commission included Health Equity Goals as a performance standard in the 2021 Performance Evaluation of the DPH Director of Health. (7.3.2)
BOARDS AND COMMISSIONS

The Health Commission made strides in increasing its members equity knowledge.

- Current board and/or commission demographic data was collected and is included in the 2021 DPH Annual Report.
- Racial equity was added to the existing robust new Health Commissioner orientation process.
- The Health Commissioners completed the online module, “DPH Racial Equity Training,” in addition to presentations on Black/African American, Asia and Pacific Islander Americans, and American Indians, as part of the approval of racial equity resolutions. (7.2.2).
- Language was added to the Commission Rules and Regulations ensuring that racial equity be added to the topics covered by the orientation of new Health Commissioners. (7.2.4)
The Health Commission used official resolutions as a way to highlight issues of racial equity and open opportunities for dialogue with groups experiencing racism and health disparities. The Health Commission approved several racial equity resolutions in 2021.

- The Health Commission Secretary, in collaboration with the Deputy City Attorney assigned to the SFDPH/Health Commission, revised the Health Commission Rules and Regulations to add requirements that each meeting begin with the reading of the Ramaytush Ohlone Land Acknowledgement, 21-04 Ramaytush Ohlone Land Acknowledgement
- 21-05 In Support of Communities of Individuals of Asian and Pacific Islander Descent and Denouncing Racism and Violence Against these Communities
- 22-01 Addressing Health Disparities of the Local American Indian Communities
- 21-10 Honoring the Importance of the Health Commission Hearing from Diverse Community Voices and Codifying its Commitment to an Annual Meeting in the Community
Priority actions for 2022 calendar year

01 The Health Commission will continue to discuss and approve racial equity-oriented resolutions during this year. (7.1.3)

02 The DPH has been piloting its racial equity assessment tool. When the pilot is completed, the Health Commission intends to approve the tool for use within the DPH and for all Health Commission presentations. (7.1.8)

03 Develop a Health Commission member satisfaction survey to measure needs for accommodations or mentorship (7.2.1 and 7.2.3)

04 The Commission will continue to monitor Implementation of the REAP with quarterly reporting

05 The Health Commissioners will complete additional online racial equity training modules during the year. (7.2.2)
SFDPH began developing equity-specific resources in 2015 with gains in staffing and budget yearly since then. In 2021, multiple emerging needs were addressed with the most substantial budget request to date. These expenditures (in FY19/20, 20/21, 21/22, 22/23- see table 1) have increased central administrative staffing in the Office of Health Equity with additional positions for training, administration and analysis. Additional funding was also used to hire dedicated Equity Lead manager positions for several major operational areas. Finally, funding was designated for training and program development.

The use of these additional resources has been challenging due to the competing pressures of COVID, the roll-out of Mental Health SF and the Tenderloin Emergency Response. These important new priorities required resources from human resources, contracting and finance that limited access to those resources for other priorities, including equity operations. Despite this challenge, significant investments were made as noted below.

**TABLE 1**

<table>
<thead>
<tr>
<th>Racial and Health Equity Resources Added to Budget by Fiscal Year (staff plus operational costs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY19/20 &amp; 20/21</td>
</tr>
<tr>
<td>$542,120</td>
</tr>
</tbody>
</table>
As part of the Department’s Racial Equity Action Plan, demographic information for the Health Commission and the Department’s senior leadership* is collected annually and included in the SFDPH Annual Report. These data are also required to be collected for every CCSF Policy body every two years.

* Defined as organizational chart leadership, MEA management, and medical and nursing directors
Health Commission and Senior Leadership demographic data

**Sexual Orientation**

- Queer: 1%
- Bisexual: 4%
- Other: 14%
- Gay / Lesbian / Same Gender Loving: 16%
- Straight / Heterosexual: 57%

**Gender Identity**

- Female: 57% (Health Commission), 61% (Senior Leadership)
- Male: 29% (Health Commission), 39% (Senior Leadership)
- Trans Female: 14%

**Disability Status**

- Has one or more disabilities: 43% (Health Commission), 2% (Senior Leadership)

**Veteran Status**

- Served in the military: 14% (Health Commission), 4% (Senior Leadership)
Workforce Demographics

San Francisco Department of Public Health (SFDPH) workforce demographics by race/ethnicity as of 03-29-2022 based on data accessed in HRiMS on 03-29-2022 and eMerge on 03-29-2022.