City and County of San Francisco
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San Francisco Department of Public Health
San Francisco Health Commission
Daniel Tsai, Director of Health

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- Edward A. Chow, MD
- Susan Belinda Christian, J.D.
- Suzanne Giraudo, ED.D
- Tessie Guillermo, Vice President
- Judy Guggenhime
- Karim Salgado

DPH Director of Health

Daniel Tsai

Health Commission Secretary

Mark Morewitz, MSW

Minutes for Health Commission Community and Public Health Committee

Date and Time

June 15, 2026 2pm

Agenda items

1. Call to Order

Present: Commissioner Susan Belinda Christian, J.D., Chair
Commissioner Judy Guggenhime

Excused: Commissioner Karim Salgado

Commissioner Christian called the meeting to order at 2:04pm.

2. Approval of the Minutes of the Health Commission Community and Public Health Committee Meeting Minutes of December 15, 2025

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

Action Taken: The Health Commission unanimously approved the June 15, 2026 meeting minutes.

3. Bridge HIV Update

Susan Buchbinder, MD, Director, Sam Gessen, and Cat-Dancing Alleyne, presented the item.

Public Comment:
There was no public comment on this item.

Commissioner Comments:
Commissioner Christian asked why it has remained so difficult to develop a vaccine for HIV despite breakthroughs in other diseases. She noted the contrast between rapid COVID-19 vaccine development and the decades-long effort around HIV vaccines. She expressed appreciation for receiving a clear explanation about viral complexity and immune system challenges. Dr. Buchbinder explained that HIV attacks the very immune cells needed to generate protective responses, making vaccine development uniquely challenging. She stated the virus mutates rapidly, resulting in wide diversity even within a single individual, and that this diversity greatly complicates vaccine targeting. She added that recent progress in broadly neutralizing antibodies may offer a pathway toward future protection, including combinations now being studied.

Commissioner Christian asked for more information about the international study focusing on young Latino men in Argentina, Brazil, Peru, and the United States. She expressed strong interest in how cultural adaptation and international collaboration were developed. She noted that disparities among Latino men in the U.S. warranted specialized approaches. Dr. Buchbinder stated that Bridge HIV has longstanding partnerships with research sites across Latin America and used those relationships to build the international trial. She explained that mobile health tools were culturally adapted for each country through preliminary research phases. She also emphasized the goal of addressing regional HIV epidemics and supporting men who later migrate to the United States.

Commissioner Christian raised concerns about low uptake of PrEP among women and noted that communications frequently focus on men, leaving lesbians and other women insufficiently served. She requested that outreach programs incorporate more inclusive imagery and messaging. She expressed hope that community organizations in San Francisco could collaborate on broader messaging. Dr. Buchbinder described ongoing work to develop a new "PrEP is for Everybody" campaign, including stylized representations of women and men to avoid reliance on conventional models. She discussed efforts to secure sponsorships from pharmaceutical companies and foundations to support targeted outreach. She affirmed that women's vulnerability to HIV is under-recognized and stated that they intend to expand the public awareness effort.

Commissioner Guggenhime asked whether Bridge HIV was pursuing additional funding sources given the cancellation of federal grants. She requested clarification on diversification strategies. She also emphasized the importance of maintaining research continuity during uncertain funding periods. Dr. Buchbinder explained that they were expanding toward state, foundation, and pharmaceutical partnerships. She noted that some canceled grants had already been reinstated, thanks in part to assistance from the City Attorney's Office. She added that Bridge HIV is exploring all feasible funding avenues to support research continuity and workforce stability.

4. San Francisco Health Network (SFHN) Primary Care and Whole Person Integrated Care Fiscal Sustainability Initiatives

Blake Gregory, MD, Director SFHN Primary Care, and Joanna Eveland, MD, Chief Medical Officer, SFHN Whole Person Integrated Care, presented the item.

Public Comment:
Jessica Pessecow asked how the Department could secure more funding for Whole Person Integrated Care programs. She stated she wished to learn more about available services. She suggested educating 311 about sobering center operations and proposed seeking additional federal support, mentioning potential political advocacy

Commissioner Comments:
Commissioner Christian asked how primary care leadership monitors strain on staff caused by increased productivity expectations. She expressed appreciation for productivity gains but stressed the need to safeguard staff well-being. She encouraged continued dialogue with clinic teams to identify workflow burdens. Dr. Gregory explained that leadership is conducting listening tours across all clinics to learn directly from staff. She noted that role clarity is the most frequently cited concern and that defining responsibilities will reduce duplication and delays in care. She stated that improved task ownership would ease workload strain and enhance patient flow.

Commissioner Christian asked whether newer billing practices, such as billing after-hours advice and on-the-fly encounters, might negatively impact patients with deductibles or restricted coverage. She expressed concern that unscheduled billing could surprise patients or create administrative confusion. Dr. Gregory stated that all such visits are fully covered by Medi-Cal, Medicare, and Healthy San Francisco. She explained that primary care does not bill commercial insurers and therefore billing practices remain aligned with public payer systems. He noted that no negative impacts have been reported since the new billing workflows began.

Commissioner Christian asked whether philanthropic donors and donor-advised funds might help stabilize financially strained programs. She noted that many funders might be unaware of the city's current funding pressures and may welcome opportunities to support vulnerable populations. Dr. Gregroy stated that philanthropic resources are generally used for material costs, not staffing, due to sustainability concerns. She explained that collaborations with foundations already support programs such as food pharmacies and overdose prevention initiatives. She acknowledged that donor engagement could be expanded but would require coordination at the departmental leadership level.

Commissioner Guggenhime stated that she was impressed by the emergence of behavioral health billing as a new revenue source. She emphasized the importance of further expanding integrated behavioral health services. She requested clarification on productivity expectations in Whole Person Integrated Care, given its whole-person model. Dr. Eveland explained that Whole Person Integrated Care maintains different productivity expectations than primary care due to the need to address multiple conditions simultaneously. She stated that the model must account for low-barrier access, homelessness, overdose prevention, and acute stabilization within each visit. She emphasized that tracking productivity still occurs but is tailored to their unique service setting.

Commissioner Christian asked about telehealth usage in shelters and street settings, specifically regarding device security and connectivity. She also asked how technology purchases were funded. Dr. Eveland stated that telehealth visits in shelters use DPH-issued phones and iPads due to security requirements for Epic mobile platforms. She noted that devices are stored securely in each site and used by nurses when video visits are appropriate. She explained that HIP funding allowed the purchase of devices and consultation services needed to build mobile workflows.

5. General Public Comment

Jessica Pessecow identifying herself as a candidate for District-based Supervisor, urged the Commission not to reduce urgent care hours at Zuckerberg San Francisco General Hospital. She stated that proposed reductions from evening hours to a 5 p.m. closure would increase emergency department demand and could compromise patient care. She also reported observing sinks without hot water and expressed concerns about infection control, requesting repairs and staff retraining in certain clinical procedures

6. Other Business

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no commissioner comments.

7. Adjournment

The meeting was adjourned at 3:25pm.