SF HEALTH EQUITY DPH

San Francisco Department of Public Health

Office of Health Equity (OHE)

San Francisco Health Commission

December 1, 2025

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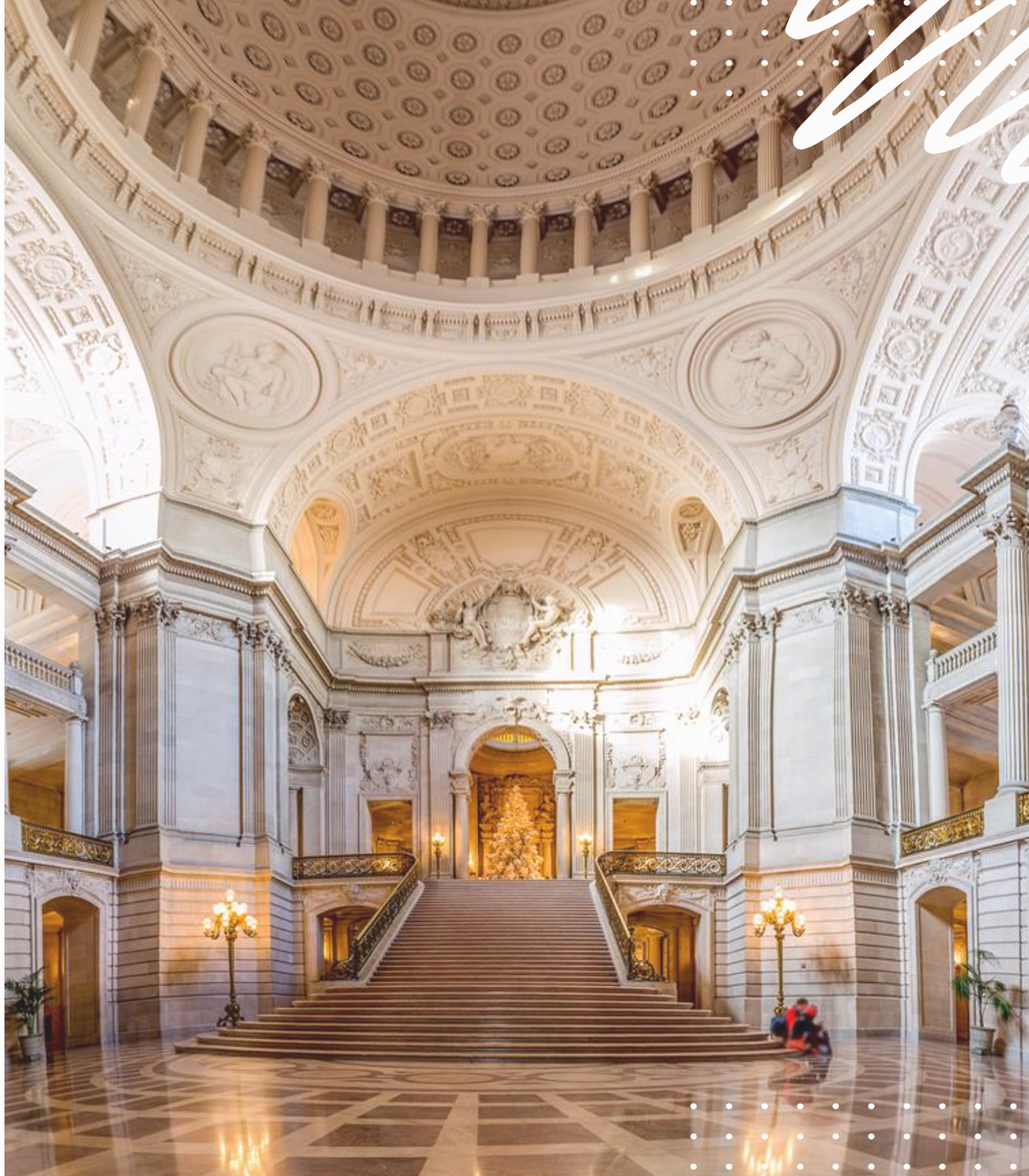
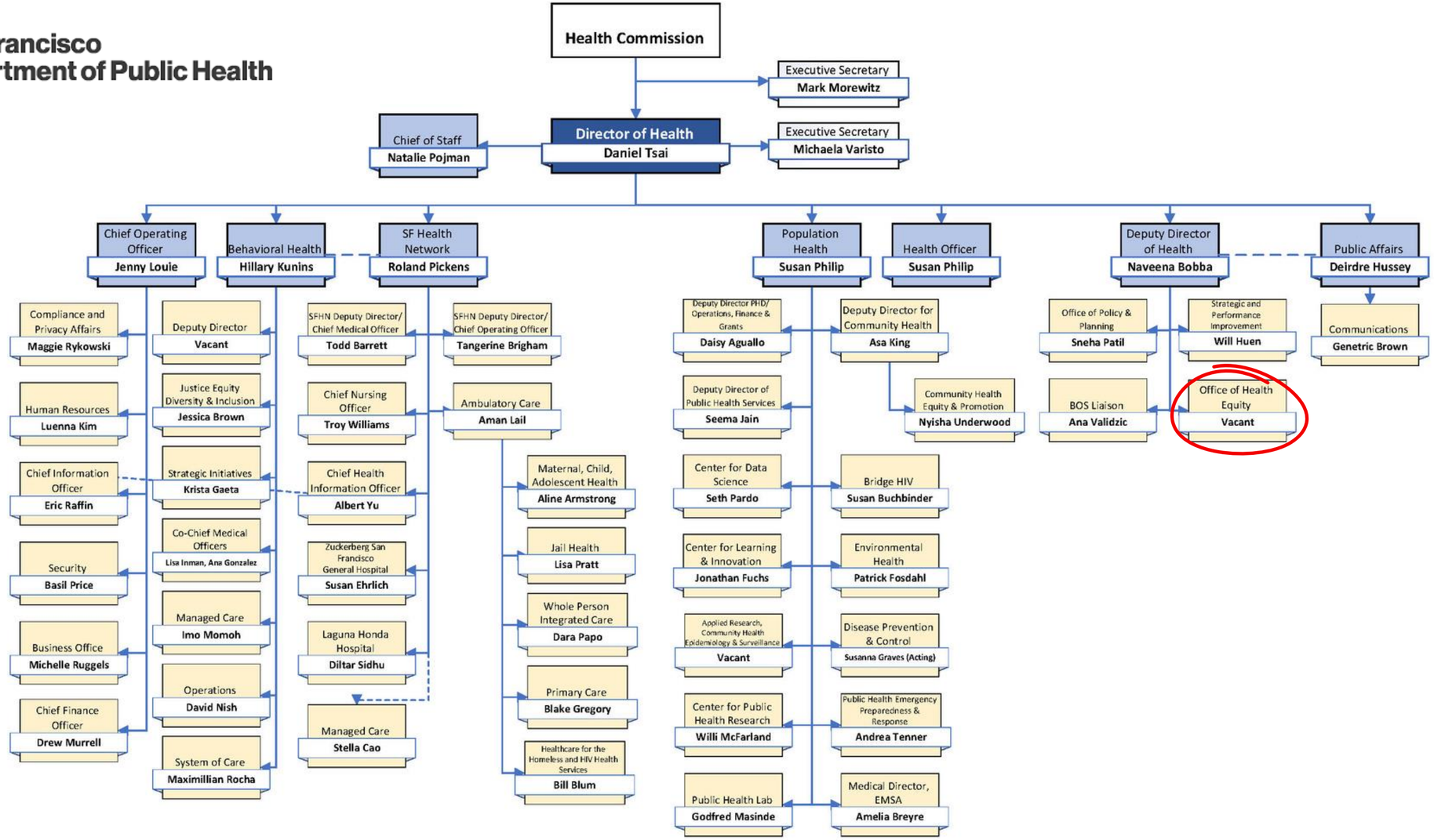


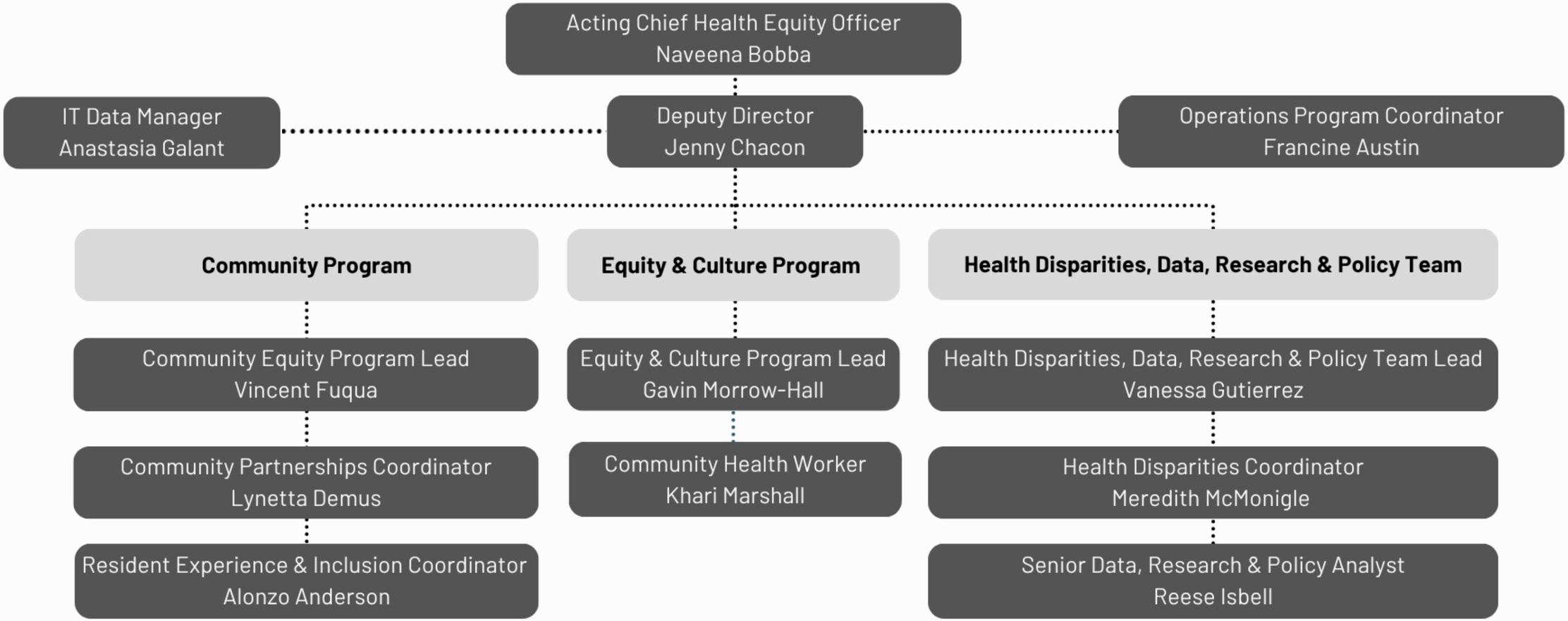
AGENDA

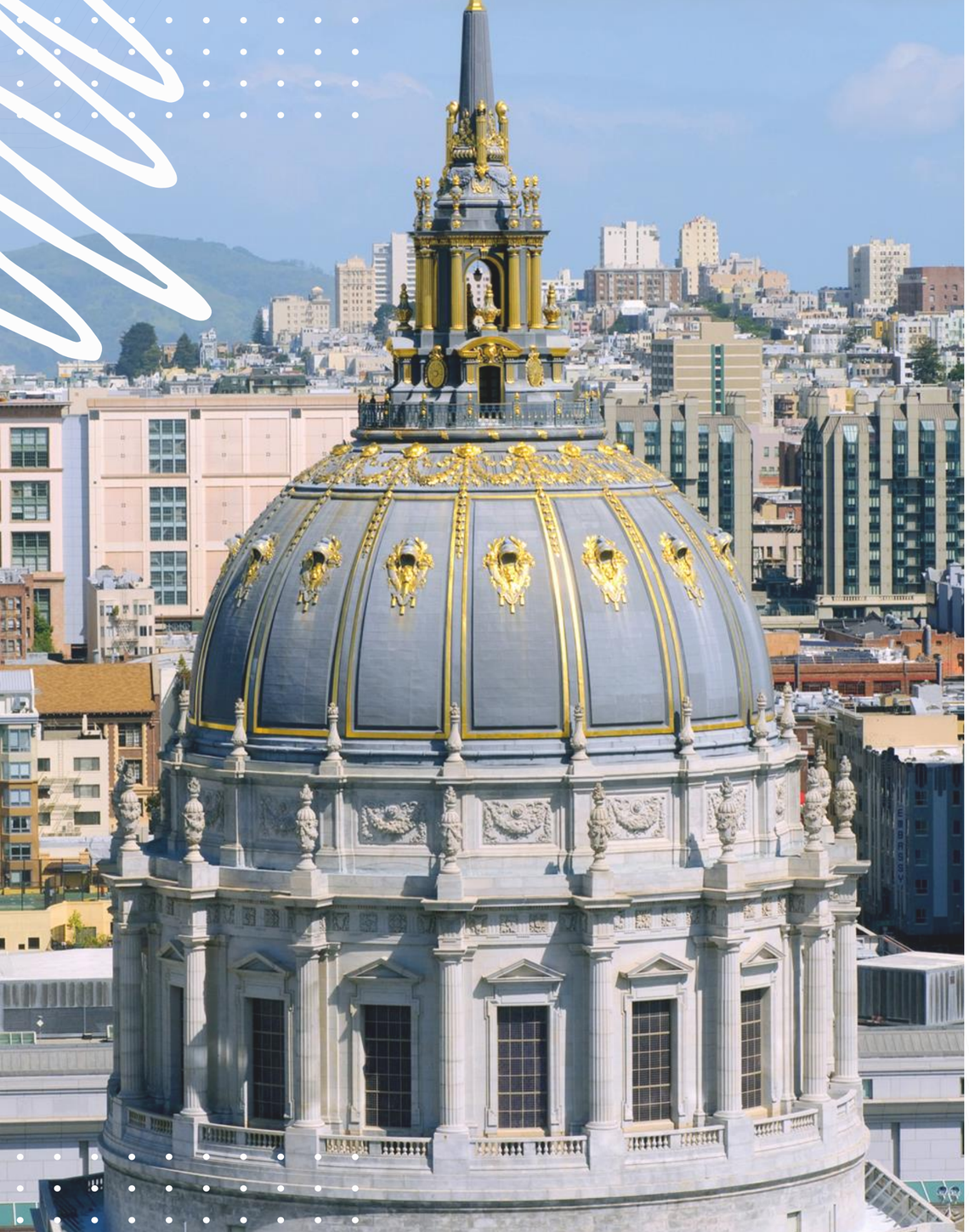
SFDPH ORG CHART

San Francisco
Department of Public Health



OFFICE OF HEALTH EQUITY (OHE) ORG CHART





DEPARTMENT OF PUBLIC HEALTH PRIORITIES

DPH MISSION	DPH VISION
Protect and promote the health of all San Franciscans	**Making San Francisco the healthiest place on earth [for all people!]**

Office of Health Equity Vision:
*San Francisco Office of Health Equity advances the SFDPH vision of San Francisco becoming the healthiest place on earth **[for all people!]**, by supporting SFDPH to address health disparities & health inequities to protect and promote equitable health for all San Franciscans.*

DPH Equity Priorities (Draft):

Getting to Zero on health disparities over the long term by deploying world class, systematic public health interventions (upstream, tackling social drivers of health, community engagement).

SAN FRANCISCO COUNTY POPULATION HEALTH & WELL-BEING

San Francisco ranks as one of the healthiest counties in California and the nation.

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

San Francisco County is faring better than the average county in California for Population Health and Well-being, and better than the average county in the nation.

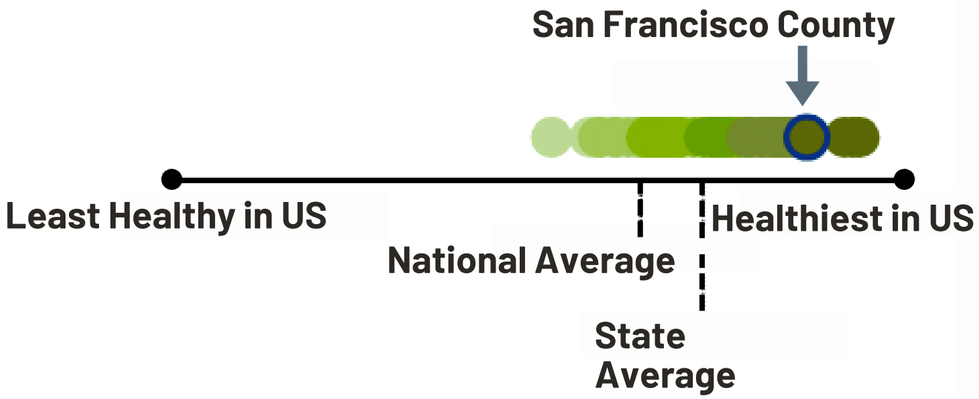


Diagram summarizes data released on 03/19/2025

Population Health and Well-being				
Length of life	San Francisco County	California	United States	—
Premature Death	5,600 ‡	6,600 ‡	8,100 ‡	⌄
Additional Length of life (not included in summary)	**San Francisco County**	**California**	**United States**	—
Life Expectancy	82.3 ‡	79.7 ‡	77.6 ‡	⌄
Premature Age-Adjusted Mortality	280 ‡	320 ‡	390 ‡	⌄
Child Mortality	30 ‡	40 ‡	50 ‡	⌄

Trends Available

† Data updated 09/24/2025
‡ Data updated 11/04/2025

Disaggregation by racialized group	Value	Error Margin
Life Expectancy	82.3	82.1-82.5
Hispanic (all races)	82.5	81.8-83.2
Non-Hispanic Asian	86.8	86.4-87.1
Non-Hispanic Black	66.4	65.3-67.4
Non-Hispanic Native Hawaiian and Other Pacific Islander	71.3	64.7-77.8
Non-Hispanic White	82.7	82.4-83.0

SAN FRANCISCO POPULATION HEALTH

However, population-level success masks profound racial and neighborhood inequities.

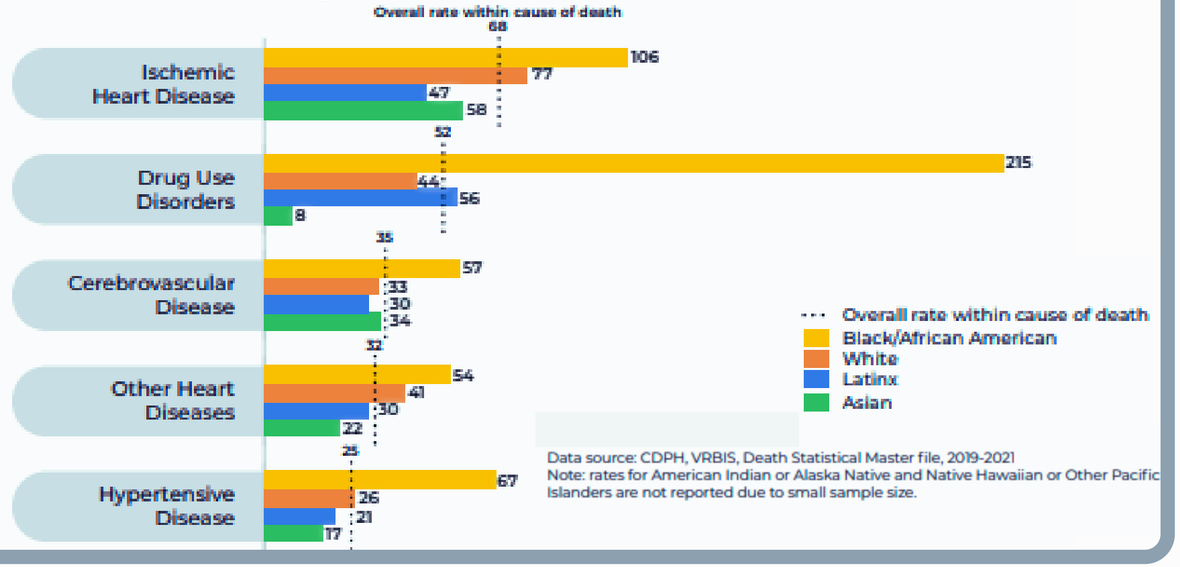
SF HEALTH DISPARITIES DATA

In our commitment to reducing health disparities, we are analyzing data to identify where to direct our priorities.

Leading Causes of Death for SF Residents

	CHA 2019 (2015-2017)	CHA 2024 (2019-2021)
1	Ischemic Heart Disease	Ischemic Heart Disease
2	Cerebrovascular Disease	Drug Use Disorders
3	Alzheimer's Disease	Cerebrovascular Disease
4	Other Heart Diseases	Other Heart Diseases
5	Lung/Trachea/Bronchial Cancer	Hypertensive Disease
6	Hypertensive Disease	Alzheimer's Disease
7	Chronic Obstructive Pulmonary Disorder	Neuro-degenerative diseases (non-Alzheimer's)
8	Drug Use Disorders	Lung/Trachea/Bronchial Cancer
9	Neuro-degenerative diseases (non-Alzheimer's)	Chronic Obstructive Pulmonary Disorder
10	Diabetes Mellitus	Diabetes Mellitus

Five Leading Causes of Death: Age-Adjusted Rates per 100,000 Residents Stratified by Race/Ethnicity, San Francisco, 2019-2021

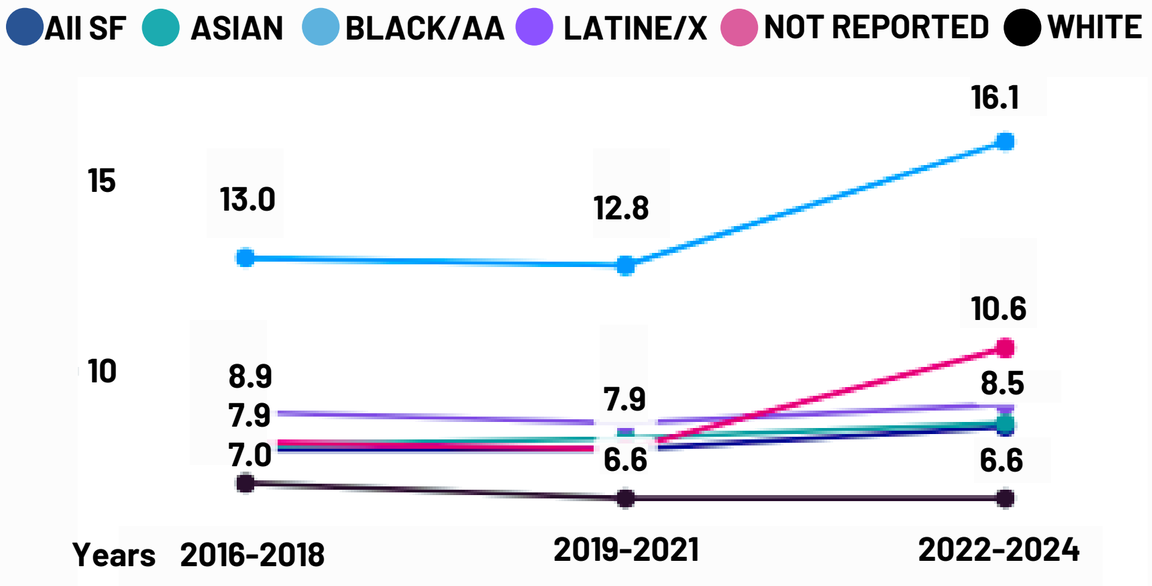


SF HEALTH DISPARITIES DATA

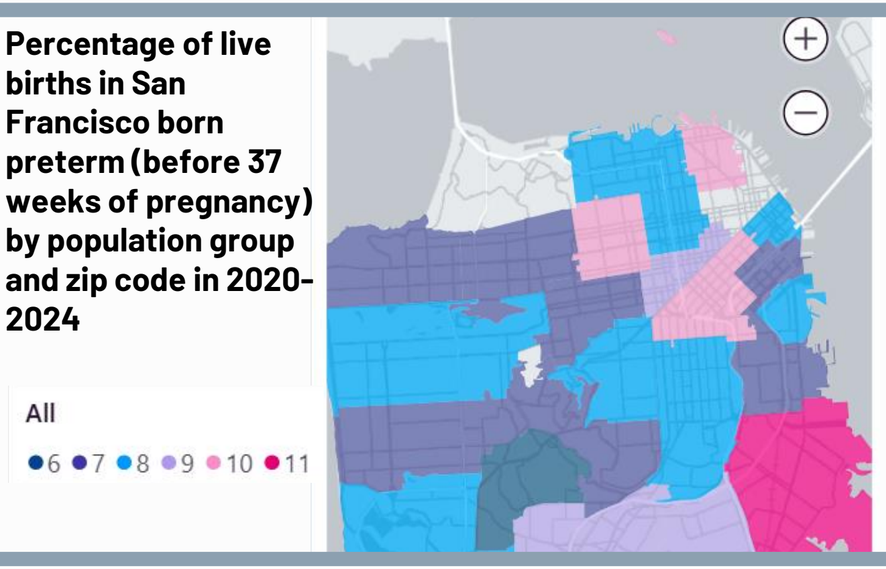
This work is guiding us to concentrate on three key areas where significant disparities persist:

1. OVERDOSE DEATHS
2. PRETERM BIRTH
3. HEART HEALTH

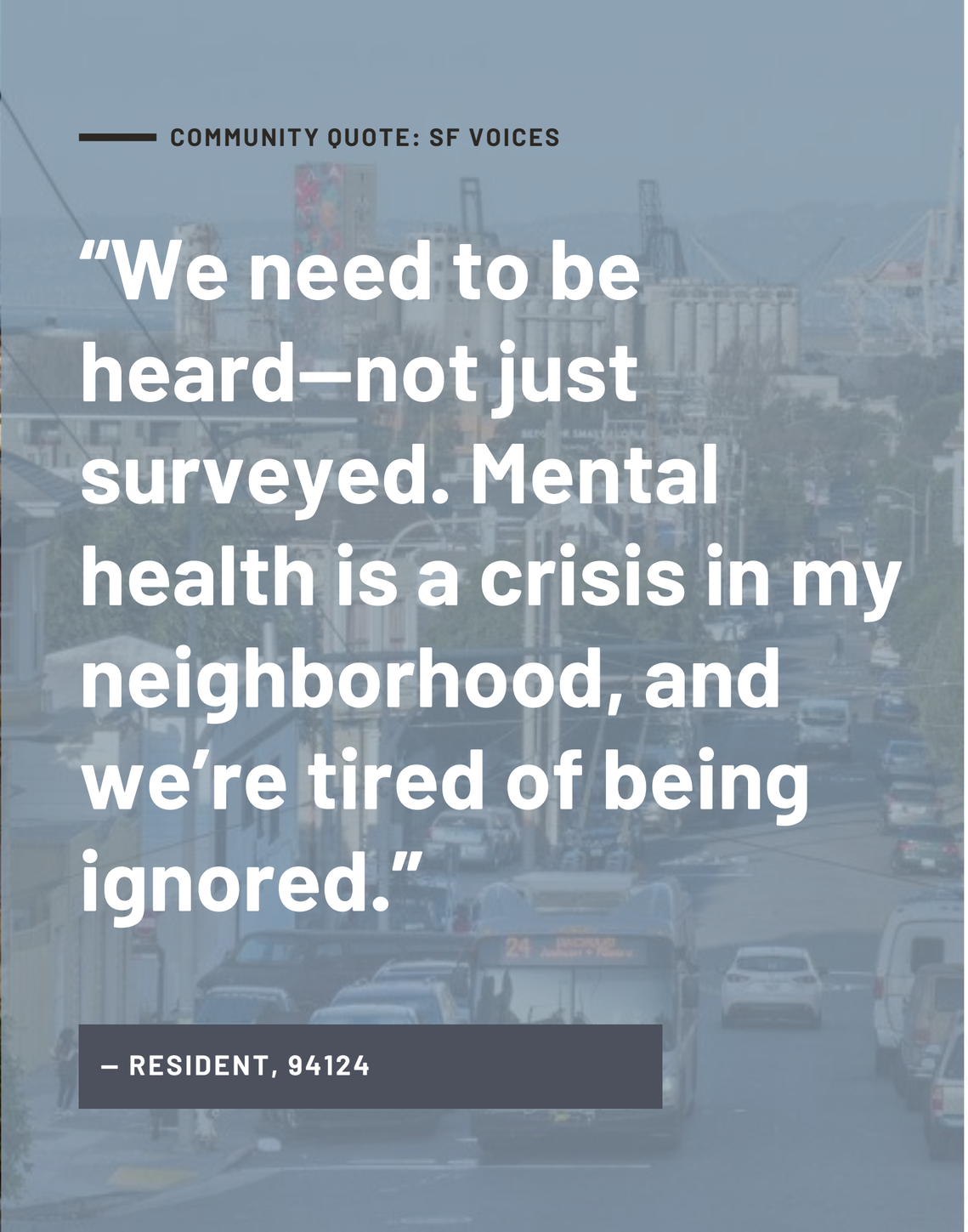
Percentage of births born preterm (before 37 weeks of pregnancy) by population group and 3-year period 2016-2024



Percentage of live births in San Francisco born preterm (before 37 weeks of pregnancy) by population group and zip code in 2020-2024



Zip code	Percentage (95%CI)
94124	11.3 (10.0-12.6)
94133	10.0 (7.8-12.2)
94115	9.7 (8.3-11.2)
94103	9.7 (8.0-11.5)
94102	9.2 (7.4-11.0)
94112	8.6 (7.7-9.6)
94134	8.6 (7.3-9.8)
94158	8.5 (6.6-10.4)
94132	8.5 (6.6-10.3)
94109	8.1 (6.9-9.3)
94122	8.0 (6.9-9.1)
94123	7.9 (6.4-9.4)
94105	7.7 (5.7-9.7)
94114	7.7 (6.3-9.0)



COMMUNITY QUOTE: SF VOICES

“We need to be heard—not just surveyed. Mental health is a crisis in my neighborhood, and we’re tired of being ignored.”

— RESIDENT, 94124

SF VOICES PARTNERSHIP: COMMUNITY HEALTH ASSESSMENT (CHA)

Conducted through the partnership between the Office of Health Equity, Population Health Division, and the Department of Emergency Management

SF Voices Goal:

SF Voices is a community engagement initiative to involve San Franciscans in data collection in continuous improvement and policy prioritization efforts.

Purpose of the Road Shows & Survey:

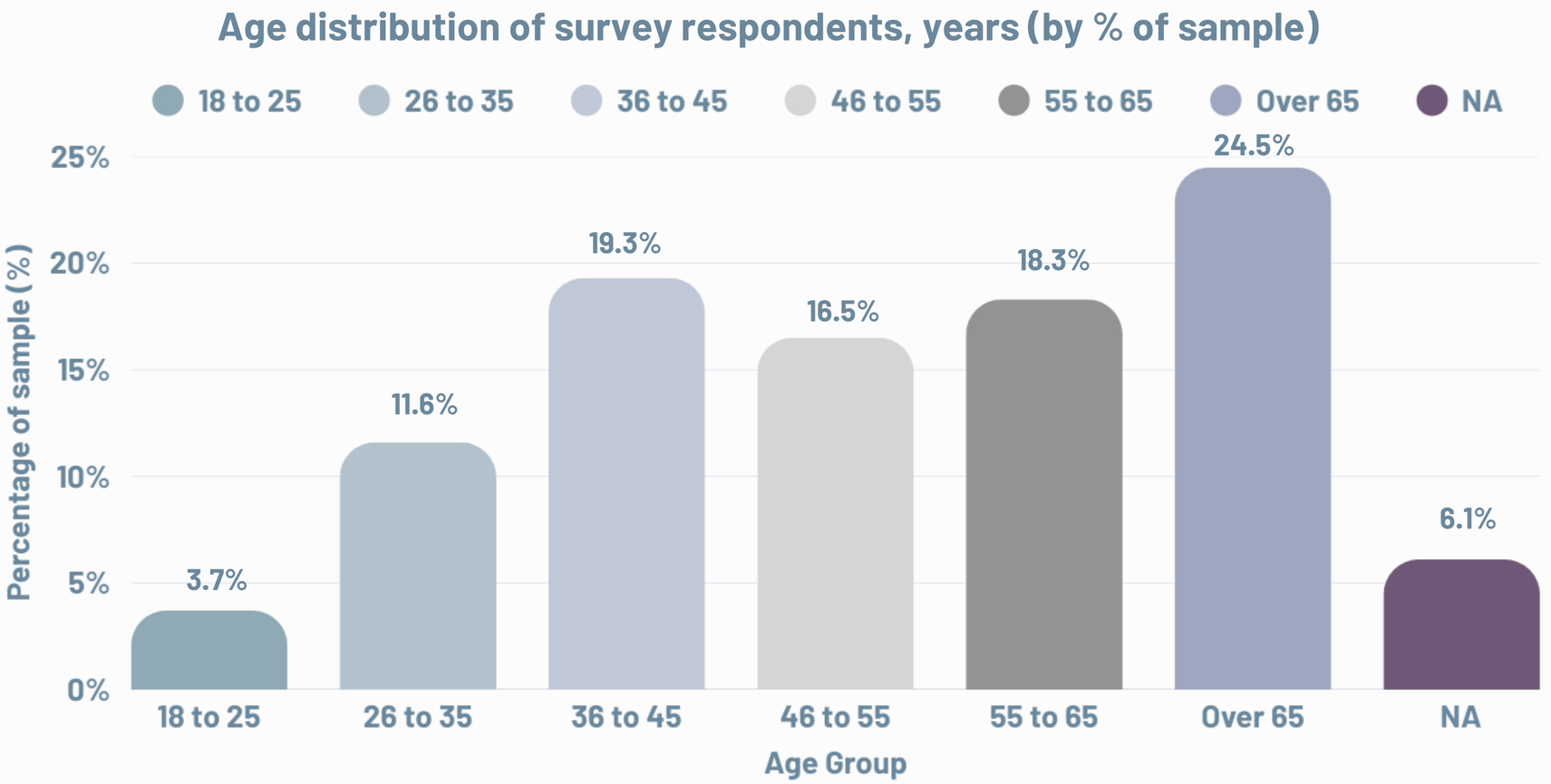
- Gather community input related to CHA
- Conducted via in-person “road shows” and online/paper surveys.
- **327 eligible responses** from San Francisco residents.

COMMUNITY SURVEY RESPONSES BY DEMOGRAPHIC

Race/ethnicity	n	percent
AIAN or NHOPI	27	8.3%
African American or Black	50	15.3%
Asian	96	29.4%
Indigenous from Latin America	23	7.0%
Latine/x	28	8.6%
Multiethnic	40	12.2%
White	47	14.4%
Missing response	16	4.9%
Total	327	100.0%

Most Common Zip Codes

94110, 94134, 94109, 94103 & 94102



Note: AIAN or NHOPI stands for American Indian / Alaskan Native or Native Hawaiian / Other Pacific Islander
NA indicates individuals who did not report their age

SF VOICES RESULTS: HIGHEST HEALTH CONCERNS

MENTAL HEALTH/ BEHAVIORAL HEALTH

HEART HEALTH

DIABETES

HIGH BLOOD PRESSURE

SUBSTANCE OR DRUG USE

COMMUNITY QUOTE: SF VOICES

“You can’t talk about diabetes or heart problems without talking about food deserts and rent. It’s all connected.”

-COMMUNITY MEMBER, BAYVIEW

RACIAL EQUITY ACTION PLAN (REAP) UPDATES

Over the 2024–2025 fiscal year, OHE and HR continued its partnership in to build a respectful, equitable, and inclusive workplace through the following three focus areas:

1

Fostering a culture of respect

- The Respect Campaign reached 1,030 staff across ZSFG and LHH from January 25 to October 25.
  - 10-point increase in employees reporting feeling respected in the 2025 Employee Engagement Survey since 2019.
- Respect Campaign to expand its reach in FY25.

2

Investing in Diverse Talent Pools and Internal Advancement

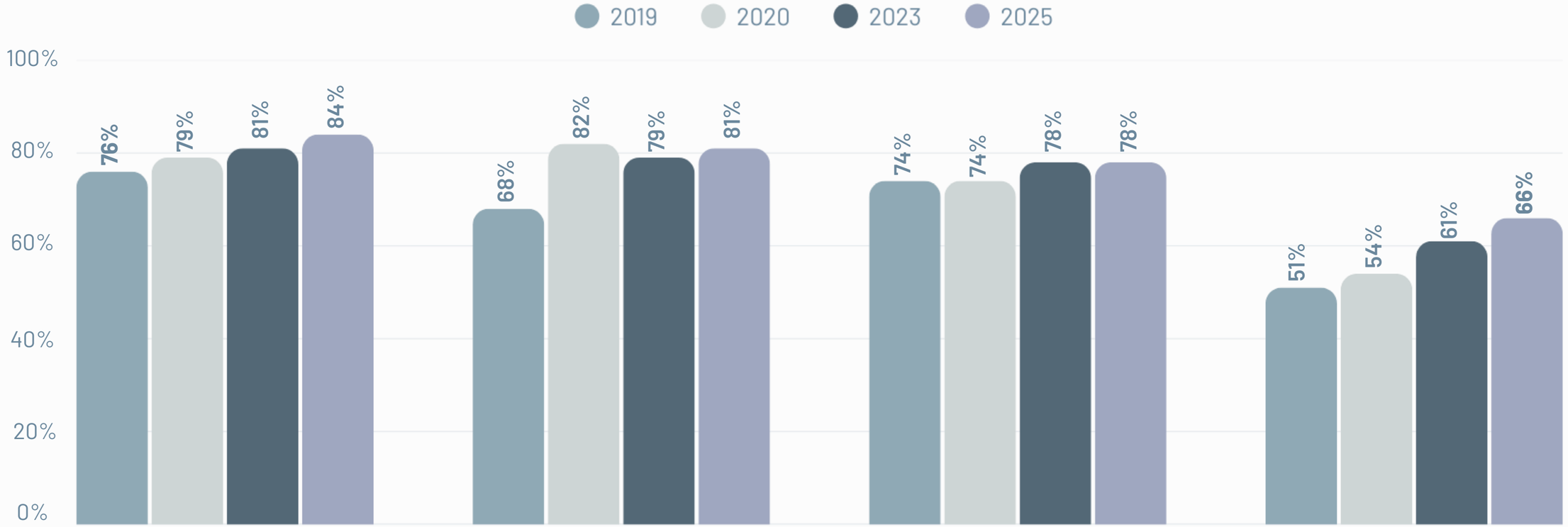
- The Health Worker to Health Program Coordinator Group coached and supported 49 participants.
  - 22% advanced to higher-paying roles within a year.
- The Career Kickstarter pilot involved over 20 Behavioral Health Fellows.
  - 7 secured permanent clinician positions.

3

Equity & Culture (Employee Engagement Survey)

- OHE and HR partnering to address the 2025 Employee Engagement Survey disparities in the following areas:
  - Safety
  - Adequately Staffed
  - Respect in the Workplace
- We will utilize the existing OHE infrastructure, of DPH equity-focused staff, and HR Survey Champions.

REAP UPDATE: EMPLOYEE ENGAGEMENT SURVEY RACIAL EQUITY SCORE COMPARISON 2019-2025



1 Outreach
One-way communication (e.g., websites, materials)

2 Consult
Gathering input (e.g., surveys, focus groups)

3 Involve
Stakeholders help shape plans (e.g., advisory boards)

4 Collaborate
Shared decision-making (e.g., co-led meetings)

5 Shared Leadership
Community leads strategy with public health support

MOVING FORWARD REAP PHASE II FOCUS AREAS: CONTINUE INTERNAL *AND NEW EXTERNAL FOCUS* ON COMMUNITY ENGAGEMENT

Purpose of the Survey:
To evaluate how SFDPH engages with community stakeholders—defined as **community-based organizations (CBOs), patients, or residents**—and identify strengths, gaps, and opportunities to enhance **community-centered practices.**

Average Engagement Score: 3.08 out of 5
- **Most divisions are operating just above "Involve" (3)** on the engagement continuum — suggesting moderate community participation, with room to grow toward collaboration and shared leadership.

Common Barriers Identified:
- Siloed and duplicative efforts
- Varying levels and understanding of community engagement
- Lack of strategic alignment

Next Steps:
- Communicate back results to divisions
- Develop community engagement structure to support DPH-wide priorities
- Foster cross-division collaboration
  - Break down silos to align efforts and share best practices.
  - Create a centralized approach for community engagement

CBO/DPH BUDGET ENGAGEMENT: COMMUNITY-CENTERED PLANNING IN PROGRESS

DECISION-MAKING PRINCIPLES:

TRANSPARENCY & COMMUNICATION	**Communicate budget decisions openly and clearly**
FOCUS ON CORE MISSION	**Protect essential public health functions and critical health services that safeguard community health and save lives**
STRATEGIC ALIGNMENT	**Every decision will align with DPH's strategic goals and values**
EQUITY-CENTERED DECISION MAKING	**Minimize impacts on communities facing the greatest health disparities and maintain culturally congruent care**
DATA-INFORMED CHOICES	**Decisions will be grounded in evidence and data — balancing fiscal responsibility with community health outcomes**

Goal:

- To partner with our community to manage DPH budget growth in line with fiscal projections at local, state, and national levels.
- Engage partners early for input for identifying solutions and minimizing service impacts, support our core mission equitably and effectively.
- Commitment to transparent, solutions-oriented bi-directional dialogue between DPH and community partners.

Internal Planning Process:
(Dr. Naveena Bobba, Executive Sponsor)
Convening of internal DPH community focused staff with **an integrated, systems approach, working as one DPH, for community engagement.**

- **1st Meetings** in **October had ~150 attendees**
- **2nd Meeting** in **November had over ~100 attendees**

Ongoing engagement expected though out the budget process

2025-2026 DPH EQUITY FOCUS:

01

Address Overdose Disparities

- **BHS:** All drug use overdose deaths by race/ethnicity
- **STAR:** Client retention in medication management by race/ethnicity

02

Decrease Preterm Births (<37 weeks)

Use collective impact model with goal of decreasing/ eliminating preterm birth disparities

03

Heart Health

SFHN: (QIP Metrics)

- Hypertension Control by race/ethnicity
- Diabetes A1C Poor Control by race/ethnicity

PHD: Chronic Disease metric expected Winter 2026

04

Community/Patient Engagement

Meaningfully engage with the community in what we do through shared decision-making

- Expand collaborative bi-directional partnerships

05

Create an Equitable DPH Culture For All

- Expand Respect Campaign
- Address Employee Engagement Survey Disparities for Safety. Adequate Staffing & Respect

SF DPH HEALTH EQUITY

San Francisco Department of Public Health

Thank You!