
San Francisco Department of Public Health, Office of Health Equity

Health Equity Impact Assessment – Contracts

Name:

Date:

Email:

Department Section:

Name of Contract:

Is your section's Equity Lead aware of this contract?

Yes

No

Does this contract align with your section's Equity A3?

Yes

No

Step #1: Proposal

1. Briefly describe the contract and its intended health impacts on the target population and/or geographic area.
2. What is the funding amount?
3. How is this distributed between target groups (if known)?
Community-based HCV testing program data indicate that Black/African-American San Franciscans constitute 37-41% percent of all program participants tested from 2019 to mid 2021. This proportion exceeds even that of the white counterparts, which ranged from 19% to 33% despite white San Franciscans accounting for approximately 29% of the overall population (compared to 10% of the Black/African American proportion of Tenderloin residents).

Step #2: Data Review

4. What relevant racial health inequities are seen in local health data? Are there data gaps?
Black/African-American community members bear a disproportionate burden of HCV cases. In 2018 and 2019, the most recent years HCV data are available, Black/African-American San Franciscans made up approximately a quarter of HCV cases reported despite being only about 5% of the overall population.
5. Will the contract have impacts in specific geographic areas or demographic groups?

6. If geographic areas, what are the relevant demographics of those areas?

In the Tenderloin where Glide's services are focused, approximately 10% of the population is Black/African-American, which is about double the general population's representation of Black/African-American San Franciscans.

Step #3: Community Engagement

7. Who are the most affected community members who are concerned with or have experience related to this contracted service?

Our most affected community members are people who use drugs, who are unhoused, and who belong to BIPOC and non-cisgender communities. Individuals at the intersections of these marginalized identities are impacted by barriers within healthcare systems that most effectively serve housed, cisgendered, white people who do not use drugs.

Glide's community navigator program participants are a cohort of individuals who have largely utilized Glide's syringe service program or HCV testing and linkage services. These individuals have been cured of HCV themselves and are training to do outreach to their community members.

8. What has your engagement told you about who will be burdened and who will benefit by the contracted service? Describe these groups in some detail.

Our engagement has told us we need to spend time and resources in culturally humble service to BIPOC communities to avoid perpetuating health inequities that exist within traditional public health systems. We aim to serve groups already overburdened by HCV and HIV infection prevalence relative to their proportion of the community in San Francisco. Through research and engagement we have learned that the stigma surrounding HIV infection in particular in the Black and Latino communities necessitates gentle and persistent relationship-building to engage these communities in testing and linkage services offered through this contract, rather than burden or alienate them through well-intentioned approaches informed by white-centered health system practices.

Step #4: Analysis & Strategy

9. Given what you have learned from research and stakeholder involvement, how will this contract increase or decrease racial equity?

This program seeks to ensure that the populations most overburdened by HCV will have access to curative treatment. Glide h`ess. We focus on equity strategies to ensure their program success.

Step #5: Implementation

10. Describe your plan for implementation and how it will mitigate inequities or advance equity?

Prior to this contract's initiation, we participated as a part of a wider effort through End HepC SF to address HCV risks via extensive community meetings and the training of cohorts of community navigators to assist with peer-driven interventions. This effort both allowed us to identify the scope of the need for HCV care among Black/African Americans, people who use drugs, and people experiencing homelessness as well as gather input from community members and people with lived experience to drive effective and appropriate service design. Our implementation has included ongoing assessment of our services through a racial equity lens to determine that we are addressing existing inequities in HCV burden through multiple service modalities (street outreach, on-site testing and linkage, etc) and venues (SROs, hotels, encampments, etc).

Step #6: Accountability & Communication

11. How will you make sure your efforts to advance racial equity is working and sustainable for the long-haul? List any partnerships with community oversight and feedback.

We will continue to address services through a racial equity lens, modifying service design to meet community need for the populations we aim to serve. We will continue to engage in best practices research and training to ensure our staff and program administrators are equipped with the tools needed to provide culturally humble care for our communities. We intend to develop a community advisory board reflective of the communities we serve to hold us accountable to our commitments to advance racial equity through these services. Glide partners with SFAF, Street Medicine and SFDPH for priority setting, data monitoring, and support for OPT-IN.