

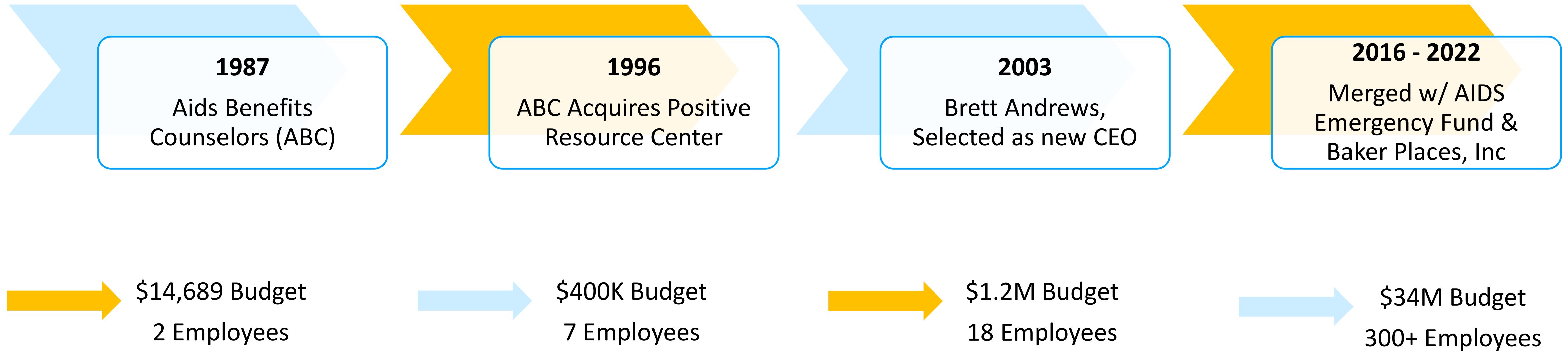
Brett Andrews, CEO PRC

AB 3121: Reparations Task Force Hearing – Public Health

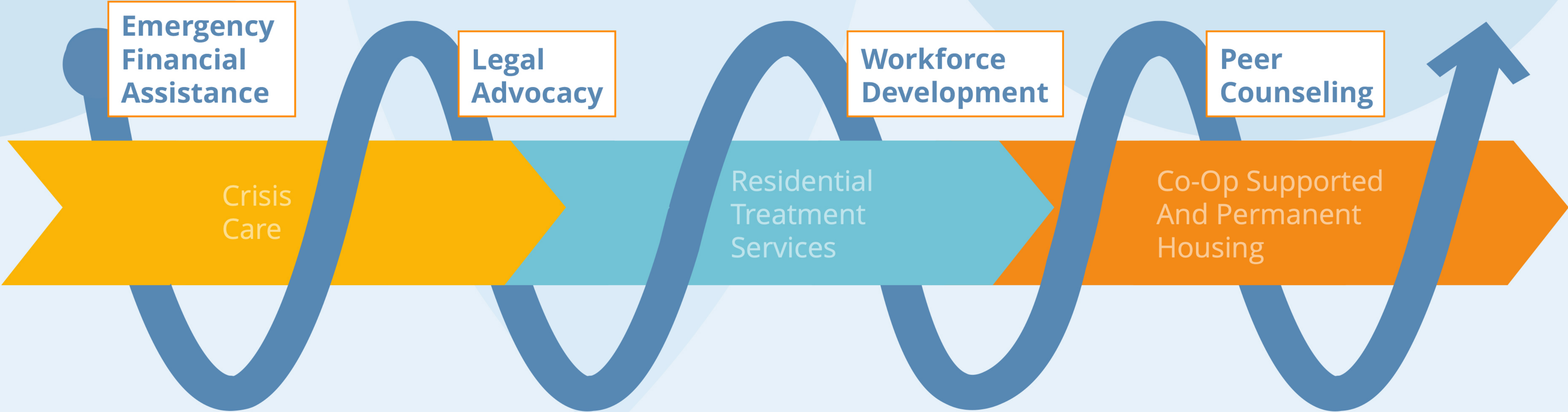
January 27, 2022



# The Evolution of PRC



# The Value OF OUR CONTINUUM OF CARE AND WRAP-AROUND SERVICES









# San Francisco Department of Public Health 2018 Black/African-American Health Report

## BY THE NUMBERS:

- 5% of population but 37% of total homelessness population
- 19% of clients represented in behavioral health services
- Overall unemployment < 3% compared to 18%
- 2x likely to experience a disability
- Lowest medium income (~\$30K/yr)
- Lowest non-graduation rates 63% vs 16%
- Highest mortality rate for 9 of top 10 causes of death
- 6% of the state, hold approximately \$4,000 in household wealth, as compared to more than \$355,000

**Our Mission:** To advance meaningful change across our systems of care that have historically harmed Black Health, Wealth and Prosperity. Bring Change through legislative and partnership strategies.

## We Do This Across Four Policy Pillars

| HEALTH  | WEALTH   | HOUSING   | EDUCATION   |
|---|--|---|---|
|  |  |  |  |



# BLC Outcomes

## POLICY SCORE CARD

25 Legislator Meetings

23 Supported Bills

8 Public Testimonies

## SUPPORTED BILLS

SB 17(Pan) Office of Racial Equity

AB 1406 (Burke) Nurses: Implicit Bias

SB 2 (Bradford) Peace Officers: Certification: Civil Rights

## RECOMMENDATIONS

Debt Relief Provisions – Build Back Boldly Budget

CDE - Alternative solutions to Preschool expulsions/suspensions

Capacity Building Trainings for BLOs

# Critical Social Issues

History of  
Misdiagnosis



APA Apology Resolution:  
*“Created, sustained, and promoted a view of people of color as deficient or damaged”*

13% of US Population  
5% of Physicians



Lack of Diversity in Medical Field

9% Rise in CA  
Since 2019



Disproportionate representation of homeless & behavioral health issues (Rise in SF, San Jose & Oakland)

\$24%  
Smaller Revenue



Underfunded Black-led Health Organizations



# Where do we go From Here?

## Research and Investments

- Need significant investments in Black-led health organizations that are serving CA diverse communities in culturally responsive and relevant ways
- Create a more diverse workforce - pipeline of medical and behavioral health professionals to address the cultural considerations of clients served in Black-led behavioral health organizations
- Require ongoing meetings with National Health Associations (ie. American Medical Association) to create joint educational and research opportunities
- Conduct comprehensive reviews of health care policies within governmental entities to unveil where and how implicit and explicit racist policies and practices are embedded in the creation and provision of services
- Create and deepen relationships with faith-based institutions as a primary place to outreach to the community
- Enlist public figures to elevate and broaden the conversation of health equity by sharing their stories and making strategic investments in the community







**Thank you!**



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