

# Health Care Services Master Plan Task Force

## Issue Meeting Minutes: Connectivity

April 26, 2012 – 2 pm to 4:30 pm, San Francisco City Hall, Room 305

### Key themes and potential recommendations regarding connectivity from Task Force discussion and public comment:

- **Alternative Transportation Modes.** Ensure that San Francisco residents – particularly those without regular car access – have available a range of appropriate transportation options that enable them to reach their health care destinations safely, affordably, and in a timely manner. Many low-income people do not have regular access to cars and need appropriate and efficient public transportation that enables them travel to health care facilities. Alternative transportation modes are also desirable for and by San Franciscans who do have regular car access.
- **Transportation Access to Health Care Facilities.** When discussing and studying transportation access to health care services, include smaller health care facilities in addition to major hospitals.
- **Navigation and Support Services.** Older adults, people with disabilities, and people with behavioral health issues may need additional support such as escorts or navigators to appropriately access needed health care services
- **Health Literacy + Cultural and Linguistic Competency.** Health care services should reflect patient needs in terms of level of health literacy as well as cultural and linguistic appropriateness. In addition, “culture” should be defined broadly. For example, youth constitute a distinct cultural group, and different communities associate certain health issues (e.g., mental health) with differing degrees of stigma.
- **Location matters.** Public comment included a recommendation for the establishment of a health care facility on Third Street in the Bayview District.

1. **Opening remarks** from Roma Guy and Dr. Tomás Aragón, Task Force Co-Chairs. Ms. Guy welcomed Health Commissioner Cecilia Chung to the Task Force and acknowledged the presence of Hillary Ronen, Senior Aide to Supervisor David Campos (District 9).
2. **Agenda and Public Comment Review: Clare Nolan, Harder+Company.** Ms. Nolan reviewed the agenda and public comment guidelines.
3. **Overview of Health Care Connectivity: Lori Cook, Department of Public Health.** Ms. Cook gave a presentation in which she addressed the range of connectivity gaps highlighted in Task Force discussions and public comment (e.g., geographic connectivity, health literacy, cultural/linguistic competence), discussed the health care implications of connectivity gaps on San Francisco’s vulnerable populations, and

initiated a discussion of land use-specific and other policy considerations that may help bridge San Francisco's connectivity gaps.

4. **Overview of San Francisco Municipal Transportation Authority (SFMTA) Transit Effectiveness Plan (TEP) + Other Initiatives Impact Health Care Access: Frank Markowitz, Senior Transportation Planner, SFMTA.** Mr. Markowitz outlined the TEP, which is a strategic plan that aims to improve the reliability, convenience, and cost-effectiveness of Muni service, focusing on routes along major corridors. Access to hospitals is one consideration of the TEP. The SFMTA is also working to enhance the provision of paratransit options for people who are unable to independently use Muni, to provide "travel training," and to ensure that people with differing physical abilities use appropriate modes of transportation. In addition, SFMTA has plans to enhance pedestrian and bicycle facilities, improve taxi dispatching regulation, incentivize ridesharing and other alternatives to driving alone for employees of health care facilities, and to increase parking, handicapped access, and short-term drop off areas for health care facilities.
5. **Task Force Discussion: Clare Nolan, Harder and Company.** Common themes that emerged from the Task Force member discussion include:

#### **Transit Effectiveness Plan (TEP)**

- While Mr. Markowitz mentioned that the TEP will address transportation to major hospitals, the SFMTA should also consider access to the numerous health care providers who are not located in major hospitals.

#### **Transportation Access to Health Care Facilities**

- Many uninsured and underinsured people lack regular access to cars and rely on alternative means – public transportation, predominantly – to reach their health care destinations. Ensure that these residents have safe, affordable, and timely access to needed health care services.
- While, according to 2007 data from the California Health Interview Survey (CHIS), 79.6 percent of adult San Franciscans have regular car access, CHIS does not indicate how those adults reach their health care destinations (i.e., some adults with regular car access likely reach their health care destinations via alternative modes such as by walking, cycling, or taking public transportation). As such, ensure that all San Franciscans have a range of transportation options from which to choose when accessing health care.
- Consider coordinating street cleaning near health care facilities at a time that will minimize the impact on patients who drive private vehicles.
- Promote alternative modes of transportation (e.g., health care facility shuttle services, taxi vouchers, gurney service, etc.) to decrease the inappropriate and costly use of ambulance services.
- Transportation for emergency psychiatric patients is often provided via police cars or ambulances, which can be costly and traumatic for patients. Develop more effective and humane means of transportation for these patients.
- The aging and disabled populations, including those with behavioral health challenges, may need escort or navigator services along with the provision of transportation to health care facilities via taxis and vans.

#### **Treasure Island/Yerba Buena Island**

- Treasure Island does not have a large population but does have a high rate of uninsured and underinsured residents. Ms. Cook noted that this first iteration of the Health Care Services Master Plan (HCSMP) does

not include data specific to Treasure Island and Yerba Buena Island; however, these areas will be considered in a future iteration of the HCSMP.

**6. Public Comment.** Two individuals spoke; specific public comment included the following:

- **Megan Gaydos, SFDPH Environmental Health.** In addition to supporting the SFMTA’s TEP, Ms. Gaydos offered additional suggestions regarding transportation access to health care services and regarding Task Force recommendations more broadly. These suggestions include the following:
  - Prioritize Bus Rapid Transit (BRT) stops in front of hospitals;
  - Consider the role of transit provided by large organizations (e.g., shuttles) in health care access;
  - Create a stand-alone recommendation category for transportation access;
  - Consider the degree of demand and use of afterhours public transit services based on neighborhood demographics and socioeconomic characteristics (e.g., paid sick days, mobility access)
  - Clarify that “support services” include transportation;
  - Include traffic safety as a characteristic enforced in Health Safety Zones (e.g., speed limits, pedestrian right of way);
  - Incentivize projects that contribute to public transit access;
  - In each Task Force recommendation, note the responsible agency and timeline recommendation achievement; and
  - Use stronger language than “consider” in Task Force recommendations.
- **Brandy Miller, Bayview Resident.** Ms. Miller advocated for services for children and families on Third Street, adding that she has to take two buses to get to San Francisco General Hospital. She noted that many young people in the Bayview have posttraumatic stress issues and would benefit from services like yoga and meditation as opposed to medication.

**7. Review Draft Task Force Report and Recommendations.** Ms. Cook reported that the two Task Force co-chairs, nine Task Force members, DPH staff, and Ms. Nolan met to discuss the Task Force recommendations framework distributed to Task Force members in advance of the April 26 meeting. Ms. Guy solicited comments from all Task Force members in attendance, which included the following:

Framework and General Approach

- Add to the opening narrative more context for Task Force recommendations (i.e., clarify that the Task Force is an advisory body and note that that Task Force recommendations will inform the larger Health Care Services Master Plan created by the San Francisco Departments of Public Health and Planning).
- Add more details and examples to recommendations where possible.
- Bear in mind that the future of Health Reform is still largely unknown, and continue to plan for the future.
- Note that the Task Force went beyond its charge of health care access for underserved populations and made a number of recommendations around health and wellness.

- Regarding the mention of “vulnerable populations” in the introduction, acknowledge that, while San Franciscans are generally healthy, residents can succumb to vulnerabilities for reasons over which we may or may not have control (e.g. through aging, etc.).
- Some Task Force members felt that, throughout the HCSMP Task Force process, public attendance and participation has been relatively low; expressed their desire for even greater community engagement in future iterations of the HCSMP. Dr. Aragón noted the difficulty of holding in-depth Task Force discussions while engaging the public given time constraints. As such, he reminded the Task Force that its 41 members are charged with representing the community.

### Specific Recommendations

- Ms. Claudia Flores from the City Planning Department suggested that the Planning Commission might incentivize medical use projects that offer transportation choices and/or that the Board of Supervisors might prioritize those who offer vouchers, shuttles, or other transportation options.
- Due to legislative timing, some recommendations might need to come off the table; for example, potential essential benefits under the California Health Benefit Exchange are currently pending in Sacramento.
- It is not feasible to establish specialty services in multiple locations, as they often need to be co-located near major medical facilities (i.e., hospitals). In such cases, the public must be educated about the location and travel options for such services.
- Regarding the recommendation for more facilities that serve Medi-Cal patients, it will likely be difficult to increase the number of private practices that serve this population.
- Collaborations with community partners may be limited by those organizations’ funding and capacity.
- Exercise caution when incentivizing new and/or expanded Federally Qualified Health Centers (FQHCs): Satellite sites may have to re-explore reimbursement rates, which could ultimately result in less funding for FQHCs.
- Regarding local health data collection and dissemination efforts, health information should be made accessible and usable for people in and outside the policy realm.
- In-Home Supporting Services (IHSS) and Multipurpose Senior Services Programs (MSSP) will shift to Medi-Cal managed care, so pursuit of a 1915(i) and/or other Medi-Cal waivers may not be advisable.
- Ensure that the recommendation around health safety zones results focuses on creating environments through which patients will not fear to pass while accessing health care; phrase the recommendation so as to avoid discriminating against particular groups (e.g., sex workers).

### Additional Recommendations

- Greater emphasis should be placed on outreach and navigation services.
- Place greater emphasis on the concepts of wellness and prevention.
- In the care of seniors and persons with disabilities, prioritize the development of community-based long-term services and supports that allow people to remain in their homes or in the community. Include incentives for cultural competence training, including training for people who work with mainstreamed HIV/AIDS patients and IHSS workers who work with LGBT and/or HIV positive clients.
- In the modified Bay Area Health Inequities Initiative (BARHII) diagram, include the following groups in the “Social Inequalities” box: gender/gender identity and sexual orientation.
- Recommendations should account for non-San Francisco residents who receive health care services in San Francisco.

- Integrate support services information in electronic health records.
- Add some onus on commercial developers who build “vertical communities” to contribute to health care for those new residents.

#### Next Steps

- Write recommendations in SMART (specific, measurable, achievable, realistic, time-bound) format, so they are more likely to be followed.
  - Consider further analysis of any unintended consequences that could result from implementation of recommendations.
  - Communicate with and learn from the work of other local groups. For example, the San Francisco Planning and Urban Research (SPUR) Association works on transportation issues in San Francisco.
  - Ms. Flores reminded the Task Force that Task Force recommendations should be designed for consideration by the San Francisco Departments of Public Health and Planning. She noted that these departments will review the finalized Task Force recommendations and will work out the details of their implementation. For example, the Planning Department wants to speak with providers to learn about what incentives are the most meaningful and useful for them (e.g., impact fee deferrals, priority processing).
- 8. Closing Comments and Next Steps: Ms. Guy, Dr. Aragón, and Ms. Nolan.** Ms. Nolan asked members to complete a meeting evaluation and reminded members that the next and final meeting will take place on Thursday, May 24th from 2 to 4:30pm at San Francisco City Hall, room 305.

## Evaluation Results

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The meeting was a good use of my time.	2	5	-	-	-
The purpose of the meeting was clear.	2	5	-	-	-
The meeting topic was important to the HCSMP.	2	5	-	-	-
The meeting materials (e.g., agenda, briefing paper) were useful.	2	5	-	-	-
The presentation was helpful.	2	2	3	-	-
The meeting was well facilitated.	2	3	2	-	-
I felt comfortable sharing my ideas with the group.	2	4	1	-	-
SFDPH and the Task Force Co-Chairs will use my contributions to the discussion.	1	3	2	-	-
The meeting format was effective.	2	4	1	-	-
I am likely to come to future HCSMP Issue Meetings.	3	4	-	-	-
I am committed to the HCSMP Task Force.	3	4	-	-	-

## Task Force Members

### Members in Attendance

Name	Representing
Dr. Tomás Aragón, Task Force Co-Chair	San Francisco Department of Public Health
Roma Guy, Task Force Co-Chair	At-Large Seat
Margaret Baran	Long-Term Care Coordinating Council
Cecelia Chung	San Francisco Health Commission
Masen Davis	Transgender Law Center
David Fernandez	LGBT Executive Directors Association
Claudia Flores (Alternate: Elizabeth Watty)	San Francisco Planning Department
Stuart Fong	Chinese Hospital
Jay Harris	UCSF Medical Center
Dr. Michael Huff	African American Health Disparities Project
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Judy Li (Alternate: Russ Lee)	California Pacific Medical Center
Timothy N. Papandreou (Alternate: Frank Markowitz)	San Francisco Municipal Transit Authority
Christina Shea	Asian Pacific Islander Health Parity Coalition
Ron Smith	Hospital Council of Northern California
Elizabeth Ferber (Permanent alternate for Randy Wittorp)	Kaiser Permanente
Abbie Yant	St. Francis Memorial Hospital

## Members Not in Attendance

Name	Representing
Brian Basinger	AIDS Housing Alliance
Michael Bennett	At-Large Seat
Kathy Babcock	San Francisco Unified School District
Aine Casey	Independent Living Resource Center
Eddie Chan	Northeast Medical Services
James Chionsini	Planning for Elders in the Central City
Regina Dick-Endrizzi	Small Business
Linda Edelstein	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
Steve Fields	Human Services Network
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
John Gressman	San Francisco Community Clinic Consortium
Lucy Johns	At-Large Seat
Paul Kumar	National Union of Healthcare Workers
Perry Lang	BCA/Rafiki Wellness, African American Leadership Group
Mary Lou Licwinko	San Francisco Medical Society
Le Tim Ly	Chinese Progressive Association
Anson Moon	San Francisco General Hospital and Trauma Center
Roxanne Sanchez	Service Employees International Union Local 1021
Ellen Shaffer	At-Large Seat
Brenda Storey	Mission Neighborhood Health Center
Kim Tavaglione	California Nurses Association
Maria Luz Torre	San Francisco Health Plan Advisory Committee
Eduardo Vega	Mental Health Association of San Francisco