

# Health Care Services Master Plan Task Force

## Meeting Minutes – July 27<sup>th</sup>, 2011

2 pm to 4:30 pm, San Francisco City Hall, Room 305

1. **Opening remarks** from Barbara Garcia, Director of Health, San Francisco Department of Public Health (DPH); Roma Guy, Task Force Co-Chair; and Dr. Tomás Aragón, Task Force Co-Chair
2. **Agenda review and introductions: Clare Nolan, Harder and Company.** Ms. Nolan reviewed the agenda and ground rules, taking member suggestions for additional ground rules. She then reviewed public comment guidelines. Public comment cards were available to members of the public and were handed out at sign-in, and the public was informed that there would be opportunities for written comment. Tear sheets and post-it notes were also available during the meeting. In addition, Ms. Nolan indicated that community members may submit comments via email as indicated on the [DPH website](#). Task force members gave feedback and suggestions regarding meeting locations, translation services, and public comment protocol.

Task Force Member Introductions: Members were asked to state their name, whom they represent, and one thing they will contribute to this task force. (Please see the appended attendance roster for more information. Please also note that this roster does not list every member of the Task Force – only those members who attended the July 27<sup>th</sup> meeting. To view a list of all members, [please visit the DPH website](#).)

3. **Overview of Health Care Services Master Plan Ordinance: Lori Cook and Colleen Chawla, Department of Public Health.** Ms. Cook and Ms. Chawla discussed the development of the Plan, the consistency of land use applications with the Plan, its alignment with DPH and Planning activities, desired outcomes, and focus areas. They opened it up for questions from task force members, who discussed the pros and cons of past area-wide planning efforts, including the distinction between “underserved” and “inappropriately served,” and the types of services and facilities that are and are not included in the Health Care Services Master Plan. Specific discussion points included the inclusion of UCSF and the categorization of residential care facilities as “housing,” not as “medical use” and the exclusion of massage therapists in the ordinance. DPH staff is looking into whether adult day health centers, medical marijuana, and board and care facilities are included. Members were encouraged to direct additional questions to Clare Nolan via email.
4. **Task Force Member Orientation: Clare Nolan, Harder and Company.** Ms. Nolan presented on member roles and responsibilities, the Plan’s timeline and key dates, the task force’s decision-making process, information about community meetings, and expectations of task force members. She opened it up for questions from task force members. They discussed the inclusion of several specific populations and communities in San Francisco (e.g., LGBT, non-English speakers, people with disabilities) and Clare said that the final Plan will acknowledge data gaps. Ms. Nolan also encouraged members to share relevant data to which they have access. Task force members also asked how indicators would be selected and how data would be used, and were told that DPH will ultimately be responsible for marrying the data with qualitative information provided in task force meetings. Members also suggested

including financial considerations in the final Plan. Finally, task force members stressed the importance of allowing sufficient opportunity for deliberation among task force members.

5. **Task Force Discussion: Clare Nolan, Harder and Company.** Ms. Nolan posed the following questions to task force members:
  - *What principles should guide the Task Force members' work with each other and key Health Care Services Master Plan stakeholders?* See the attached document for an outline of the guiding principles as defined by Task Force members.
  - *What are the key elements of access that should be examined, in addition to those already given (i.e., geographic, cultural, linguistic, financial)?* Member responses included health literacy and education; consumer choice; transportation; financial factors; immigration status; the timeliness, convenience, and coordination of care; disaster response; planning for future growth; duplication of services; specialty care; long-term care, and electronic access.
  - *How can we support community outreach and engagement?* The task force discussion included contacting neighborhood associations, using public spaces including supermarkets and hospitals, reaching the harder-to-reach populations through existing outreach teams in those communities, oversampling those who may be underrepresented, and using many types of media, including ethnic media. Members also expressed concern about limitations on public testimony, and were told that each task force member was chosen because he or she represents thousands of people and they are expected to represent their communities and to help with outreach.
6. **Public comment:** No members of the public chose to participate in public comment.
7. **Closing comments and next steps: Clare Nolan, Roma Guy, Dr. Tomás Aragón.**
  - Provided dates for future community meetings. [These dates are listed on the DPH website.](#)
  - Requested that task force members give their feedback about what worked or didn't work at today's meeting.

## Health Care Services Master Plan Task Force

### Meeting Attendees – July 27<sup>th</sup>, 2011

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
Brian Basinger	AIDS Housing Alliance
Michael Bennett	At-Large Seat
Aine Casey	Independent Living Resource Center
Eddie Chan	Northeast Medical Services
James Chionsini	Planning for Elders in the Central City
Masen Davis	Transgender Law Center
Regina Dick-Endrizzi	Small Business
Shireen McSpadden (Alternate)	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
David Fernandez	LGBT Executive Directors Association
Steve Fields	Human Services Network
Claudia Flores	San Francisco Planning Department
Stuart Fong	Chinese Hospital
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
John Gressman	San Francisco Community Clinic Consortium
Jay Harris	UCSF Medical Center
Dr. Michael Huff	African American Health Disparities Project
Lucy Johns	At-Large Seat

Paul Kumar	National Union of Healthcare Workers
Perry Lang	BCA/Rafiki Wellness, African American Leadership Group
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Mary Lou Licwinko	San Francisco Medical Society
Judy Li	California Pacific Medical Center
Le Tim Ly	Chinese Progressive Association
Ellen Shaffer	Individual Seat
Ron Smith	Hospital Council of Northern California
Brenda Storey	Mission Neighborhood Health Center
Dr. Steven Tierney	San Francisco Health Commission
Maria Luz Torre	San Francisco Health Plan Advisory Committee
Eduardo Vega	Mental Health Association of San Francisco
Elizabeth Watty (Alternate)	San Francisco Planning Department
Elizabeth Ferber (Alternate)	Kaiser Permanente
Abbie Yant	St. Francis Memorial Hospital

# Health Care Services Master Plan Guiding Principles

## Task Force Meeting - July 27, 2011

Below is a summary of the “guiding principles” that Task Force members felt should drive their work based on a discussion at the July 27<sup>th</sup> meeting.

### Process characteristics

- Maintain transparency.
- Be data-driven while distinguishing what is and what is not usable information, and recognizing the need to draw insights from the data and digest information usefully.
- Have “courageous conversations” and accept that we can have differences and manage those differences for the greater cause of the communities we serve.

### Culture and consideration of special populations

- Maintain respect for culture and traditions.
- Consider the needs of multi-diagnosed populations.
- Incorporate the concept of universal design (i.e., not just ADA compliant but accessible for a broader scope of disabilities).
- Consider a behavioral health perspective.

### Equity and human rights

- Seek to reduce or eliminate health inequities, not just disparities.
- Maintain that health care is a human right.
- Consider structural barriers that impact health care because they lead to inequities (e.g., housing).

### The future

- Have a future orientation and plan for evolving modalities of care.
- Be mindful of state and federal policy context.
- Pay attention to trends and keep goals in mind.

### Community health

- Consider community health impacts, not just individual outcomes.
- Promote the most appropriate services in the most integrated setting possible.

### Geography

- Think about where and how we provide services.

### Health promotion

- Consider health promotion and disease prevention, not just treatment.

### Costs

- Bear costs of health care services for different populations and geographies in mind.