

Health Care Services Master Plan Task Force

Memorandum

DATE: August 15, 2011

TO: Members of the Health Care Services Master Plan (HCSMP) Task Force

FROM: Dr. Tomás Aragón, Co-Chair, HCSMP Task Force
Ms. Roma Guy, Co-Chair, HCSMP Task Force

RE: July 27, 2011 Meeting of the HCSMP Task Force

This memo responds to questions and discussion topics stemming from the first meeting of the Health Care Services Master Plan (HCSMP) Task Force on July 27, 2011.

POLICY CLARIFICATIONS

San Francisco Ordinance No. 300-10 requires that land use applications falling under the “medical use” sections of the Planning Code and meeting certain size thresholds must be compared for consistency against the HCSMP.

The Ordinance defines “medical use” as follows:

- A retail use which provides medical and allied health services to the individual by physicians (e.g., surgeons, psychiatrists, podiatrists, etc.), dentists, psychologists, acupuncturists, chiropractors, or any other health-care professionals when licensed by a State-sanctioned Board overseeing the provision of medically oriented services.
- A clinic, primarily providing outpatient care in medical, psychiatric or other health services, and not part of a hospital or medical center.
- A hospital or medical center, which provides inpatient or outpatient medical care, medical offices, clinics, and laboratories.
- Medical use *excludes* providers of massage and housing operated by a medical provider (e.g., employee or student dormitories adjacent to medical facilities when the dormitories are operated by and affiliated with a medical institution.)

Following are the size thresholds for medical use projects that are subject to a HCSMP Consistency Determination:

- Any of change of use from a non-medical use (e.g., commercial) to a medical use that would occupy 10,000 gross square feet or more.
- Any expansion of an existing medical use by 5,000 gross square feet or more.

Any medical use project falling short of these size thresholds would not be subject to a Consistency Determination; however, they may be relevant to the HCSMP and the Task Force discussions. Please see the table below for additional information.

Entity	Defined as “medical use” in the HCSMP Ordinance?¹	Subject to Consistency Determination if they meet size thresholds?²	Relevant to HCSMP Task Force discussion?
Health Care Professionals Licensed by State Board (e.g., physicians, psychologists, acupuncturists, etc.)	Yes	Yes	Yes
Clinics Providing Outpatient Medical and Psychiatric Care or Other Health Services	Yes	Yes	Yes
Public or Private Hospitals, Medical Centers, or Other Medical Institutions	Yes	Yes	Yes
Massage Therapists	No	No	No
Housing Operated by a Medical Provider (e.g., employee or student dormitories and other housing operated by and affiliated with the institution)	No	No	No
Skilled Nursing Facilities	Yes	Yes	Yes
Adult Day Health Centers	Yes	Yes	Yes
Residential Care Facilities (RCF), a.k.a. Board and Care	No ³	No	Yes
Medical Cannabis Dispensaries	No ⁴	No	No

DELIBERATION MECHANISMS

San Francisco Ordinance No. 300-10 requires that two public meetings be held during the course of the HCSMP’s development. The HCSMP Task Force will build on this requirement by meeting a total of six times at various community locations. However, given the breadth of the HCSMP’s requirements – and the depth of discussion needed to develop well-informed recommendations – Task Force members

¹ Per San Francisco Ordinance No. 300-10, “‘Medical Use’ shall mean a use as defined in Sections 790.114, 790.44, 890.114, 890.44, 209.3(a) and (c) of the Planning Code, excluding any housing operated by a medical provider or any massage use.”

² Certain land use applications falling under the “medical use” sections of the Planning Code must be compared for consistency against the Health Care Services Master Plan. Please see San Francisco Ordinance No. 300-10, Section 342.5 for more information.

³ RCFs are listed under Planning Code Sections 209.3 (b) & (c), 790.50 (e), and 890.50 (e).

⁴ Medical cannabis dispensaries are listed under Planning Code Sections 209.3 (k), 790.141, and 890.133.

voiced concerns regarding the amount of meeting time allotted to Task Force deliberation. To address this concern, we, along with SFDPH and Harder + Company staff, will monitor the deliberation process to assess its effectiveness as planning progresses. Additional mechanisms to support deliberation will be implemented on an as-needed basis. Such mechanisms may include convening subgroups to investigate specific needs and issues, extending deliberation time at community meetings, and/or extending the duration of the Task Force’s final meeting. In addition, we ask that Task Force members keep notes on and share ideas for potential recommendations as they participate in meetings.

PUBLIC PARTICIPATION

Task Force members requested clarification of the role of HCSMP Task Force meetings as a tool for community engagement. After lengthy discussions with staff and Harder + Company –and given existing Task Force concerns regarding the time allotted for deliberation – we have concluded that Task Force meetings would be most effective if structured as public meetings with specified time allotted for public comment. We believe that this structure will yield the greatest opportunity for dialogue among Task Force members while keeping the HCSMP’s development process transparent and informed by community feedback.

To ensure a deeper level of community engagement, the San Francisco Department of Public Health has contracted with Harder + Company to conduct a series of 25 community stakeholder interviews to better inform the final HCSMP, particularly the required Gap Assessment and final recommendations. We believe that one-on-one interviews will infuse the HCSMP with a rich level of qualitative information that we would be otherwise unable to tap during HCSMP Task Force meetings.

Finally, a reminder that Task Force members represent constituencies at the Task Force table. As part of that role, we encourage you to keep those whom you represent informed of all Task Force goings on. Such efforts range from notifying your constituents of upcoming Task Force meetings, soliciting their perspective and input to help guide your participation in Task Force meetings, and reminding them that they may submit written feedback on the HCSMP development process by emailing hcsmp.tf@dph.sfdph.org. Please feel free to encourage those you serve to learn more about the Task Force by visiting the [SFDPH website](#).

DATA FRAMING

Under the leadership of Harder + Company, data necessary to complete the required HCSMP assessments are being gathered, synthesized, and analyzed along the following areas: **demographic characteristics, socioeconomic characteristics, special populations, health resource availability, health status, quality of life, behavior risk factors and environmental health indicators**. At present, approximately 120 indicators are being examined. Of those, key indicators have been selected for presentation at each of the four Task Force community meetings, including data that are specific to particular neighborhoods within the host community. Please see below for examples of indicators in each of these areas:

Demographic Characteristics (Examples)

- Population breakdown by age, ethnicity
- Families with children under 19

Socioeconomic Characteristics (Examples)

- Employment levels
- % below poverty for children and families
- Primary language

Health Resource Availability (Examples)

- Rate of licensed primary care physicians
- Licensed acute hospital beds
- Proportion of population with regular source of care
- Healthy San Francisco participation rate

Health Status (Examples)

- Leading causes of death in San Francisco
- Morbidity in San Francisco (chronic diseases, infectious diseases, injury)
- Birth rates
- Rate of preventable emergency room visits

Quality of Life (Examples)

- Rates/incidence of violence in San Francisco by neighborhood
- Proportion of adults satisfied with health care system
- Proportion of parents in a Parent Teacher Association (PTA)

Behavior Risk Factor (Examples)

- By age/life-stage and special populations
- Substance use
- Obesity
- Health screenings

Environmental Health Indicators (Examples)

- Housing quality – affordable housing, lead exposure, housing safety
- Walkable/bikable areas

- Air quality

In addition to meeting HCSMP assessment requirements, these data will form the basis of a San Francisco Community Health Profile that will inform the City's health planning efforts more broadly. Please note that the Community Health Profile will use as its framework the Mobilizing for Action through Planning and Partnerships (MAPP) methodology developed by the National Association of County and City Health Officials (NACCHO).

We are committed to a data-driven approach throughout the HCSMP's development while maintaining a sensible use of the data, paying special attention to access and equity issues that matter to San Francisco's unique communities. To guide our efforts throughout the data collection and analysis process, we have formed a HCSMP Data Working Group to review data and to discuss issues including but not limited to:

- How to use the HCSMP development process to create a replicable health assessment tool, and
- Which key pieces of data are necessary to make sound, data-driven decisions.

Harder + Company leads the HCSMP Data Working Group, which meets monthly and comprises staff from various City agencies and HCSMP Task Force members. For a copy of the current list of indicators – or to ask any data/analysis questions you may have – please contact Erika Takada, Harder + Company Data Lead, at etakada@harderco.com.