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MINUTES

CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE

Tuesday,
March 17, 2009
2:00 p.m.

101 Grove Street, Room 302
San Francisco, CA 94102

Present:

Commissioner Sonia E. Melara, MSW, Chair
Commissioner Margine A. Sako, Member
Commissioner Steven Tierney, Ed.D., Member (arrived at 2:14 p.m.)
Commissioner James M. Illig, Ex Officio

Staff:

Barbara Garcia, Ginger Smyly, Jenny Chacon, Jim Soos, Grant Colfax, Jeff Klausner, Susan Fernyak, Jennifer Grinsdale, Christopher Rubino, Tomas Aragon, Dick Hodgson, Michael Huff, Celia Sampayo, Alex Kutik.

1) CALL TO ORDER

Commissioner Melara called the meeting to order at 2:05 p.m.

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 21, 2009 CHPEC MEETING

The Committee (Melara, Sako) approved the minutes of February 21, 2009.

3) PRESENTATION AND DISCUSSION OF CONTROL AND PREVENTION OF COMMUNICABLE DISEASE

Four DPH staff members presented information about specific control and prevention efforts. Copies of their presentations are included as part of these minutes, and each of the following sections describe the key points of ensuing discussions.

Dr. Jeff Klausner: Sexually Transmitted Disease (STD)

- With the advent of HIV, it was determined that AIDS needed a high-level separate and distinct response. The community takes the lead in doing the day-to-day communication work.
- Primary contracted services are for social marketing and some peer-based interventions.
- Increased infection in 2008 has possibly been a result of diffused marketing efforts after the healthy penis campaign. The program is now on track with concerted efforts, and expects to see decreases between November and February, although it is difficult to isolate causes of movement in infection rates.
- The STD programs refer patients to primary care, as well as substance abuse programs and other services. Staff members are trained to maintain links and receive some support from Community Behavioral Health Services.
- Repeat rates are included in the data. It is estimated that 10-15% of individuals who are infected will have another infection within 3 months. Follow up occurs to prevent this.
- The STD programs have relationships with various community organizations, and are open to partnering with the African American Health Disparities Project (AAHDP).

Dr. Grant Colfax: HIV

- Regarding viral load data, “other unknown” includes homeless and missing data. Noe Valley’s viral load appears high because of a few people who were infected without knowing it. Late testers may also skew data slightly.
- Disparities have been falling somewhat and program staff are watching this carefully. HIV prevention programs are funded primarily to address new infections.
- Coordination with community clinics occurs at monthly meetings among all infectious disease programs, which share activities where collaboration can occur. Specific initiatives, such as MSM, draw community participants, and outreach.
- Increases in HIV and STD infection rates may be expected soon. Due to the bad economy, people have more time, methamphetamine is a relatively inexpensive drug, and there are high rates of infection among users. Per Dr. Klausner, one-third of new syphilis cases report some methamphetamine use. Barbara Garcia confirmed that the Department is cutting crystal meth programs, although all substance abuse programs deal with methamphetamine.
- There is no higher use of methamphetamine among the African American community.
- Commissioner Melara advised that staff cuts should be strategic in considering cultural competency, and caution should be used when affecting lowest incidence groups.
- Low incidence among Asian Pacific Islander (API) populations is expected due to social networks and HIV prevention work. API status may coincide with certain social low risk networks and higher testing rates.

Jennifer Grinsdale, MPH: Tuberculosis

- In 1980 and 1981 infection rates fell due to heavy involvement from Southeast Asian community in screening and treatment efforts.
- Missed diagnosis can be a problem, and/or receipt of treatment for pneumonia without checking for TB.
- LTBI means Latent Tuberculosis Infection.
- Revenue sources are: general fund (55%); CDC (35%); 10% from state. Total amount of GF is about \$1.6 million and the total budget is \$3.3 million.
- When a person has active TB and becomes very infectious, they need to be treated immediately to stop spreading the infection.

Dr. Susan Fernyak: Communicable Disease Control and Prevention

- To focus on core services, it can be difficult to identify which diseases pose the greatest risks.
- Commissioner Illig asked about STD incidence rates, and Dr. Klausner subsequently clarified that he presented rates of gonorrhea and chlamydia in San Francisco per 100,000 population. This means that the 2007 rates shown in his presentation should be multiplied by approximately 8 to arrive at the population of 800,000. Also, in 2008, there were 2,005 gonorrhea cases and 4,106 chlamydia cases.
- Commissioner Illig asked about organizational structure, collaboration among the programs, and shared population groups. The group explained that at one time there had been a communicable disease bureau, but due to budget cuts there are now direct reports to Mitch and Barbara. Additionally, Tomas Aragon serves as health officer to Dr. Katz, and assesses programs for the Department. They noted that integration can be important for many patients, for example to receive TB and Hep B tests, but some separation is required due to expertise, and Dr. Kawamura has considered creating a communicable disease panel. Dr. Colfax noted that counseling, testing and linkages requires collaboration, and they are working to make testing routine, without silos, although some providers are uncomfortable performing HIV testing. Everyone agreed that because of budget cuts, it is very important to get everyone involved in collaborating and improving effectiveness and efficiency among populations. Also, social marketing is very important, as is what happens at the point of access – at a medical home – relative to infectious disease. For example, the DPH TB clinic is a specialty referral only clinic, and CDC has asked the Department to integrate services but keep the expertise. Since all testing is done at Community based clinics, it is very important to educate providers well.
- Disaster preparedness for pandemics is funded with a special grant and includes DVD video training for all city and county staff. This is in the hands of the City’s Department of Human Resources to get to all employees.

4) **PRESENTATION AND DISCUSSION OF AFRICAN AMERICAN HEALTH DISPARITIES**

Rescheduled for April 21, 2009

5) **DISCUSSION OF INSTITUTIONAL MASTER PLAN REVIEW**

Rescheduled for April 21, 2009

6) **EMERGING ISSUES**

None

7) **PUBLIC COMMENT**

None

8) **ADJOURNMENT**

The meeting was adjourned at 4:00 p.m.

Alicia V. Neumann for James M. Soos
Acting Health Commission Executive Secretary