



MEMORANDUM

October 19, 2004

To: Honorable Edward A. Chow, MD, President and
Members of the Health Commission

Through: Mitchell H. Katz, M.D., Director of Health

From: Anne Kronenberg, Director, Office of Policy and Planning
Jim Soos, Senior Health Program Planner

Re: Strategic Plan: 2004 Update

Attached is the 2004 update of the Department's Strategic Plan, including background on the planning process, community and staff input, and the revised plan. This represents a year-long process on the part of Department staff to evaluate the 2000 Strategic Plan, assess the environment in which the Department now operates, gather and integrate stakeholder input (community, consumers, contractors, and staff), and develop a revised plan.

We look forward to presenting this update of the Strategic Plan to you on October 26. If you have any questions in the meantime, please contact Anne Kronenberg at 554-2556 or Jim Soos at 554-2627.

101 Grove Street, Room 324, San Francisco, CA 94102

San Francisco Department of Public Health

Strategic Plan: 2004 Update

I. The Strategic Planning Process

The goal of strategic planning is to better position the Department of Public Health to fulfill its mission and vision statements. More specifically, however, the Department pursues strategic planning to prioritize health concerns for a period of three to five years. This document presents a summary of the process of updating the plan, the process for public and staff input into the revision, and a proposed revision of the Strategic Plan itself. This section addresses the process of updating the plan.

A. Initiative Guidelines

In keeping with its mission to protect and promote the health of all San Franciscans, the Department has followed specific guidelines in updating its Strategic Plan. These consist of planning goals, key assumptions, issues to be considered, guiding principles and process guidelines developed by the Department. Each set of the guidelines is described below.

1. Strategic Planning Goals

Department staff worked from the initial belief that the goals of the strategic plan would remain the same as or similar to the goals of the 2000 plan. This assumption bore out during the community meetings, e-mail survey, and staff meetings described in Section II, below. There was no expression made that the Department should dramatically change its goals from the original ones, as people believe that these goals continue to serve the Department and its constituents well. Only Goal 1 was modified slightly to make it clearer and increase its impact; it originally read: “San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.” The concept of “target populations” continues to exist in the plan itself in objectives and strategies. The Goals for the 2004 Strategic Plan include:

Goal 1: San Franciscans have access to the health services they need.

Goal 2: Disease and injury are prevented.

Goal 3: Services, programs and facilities are cost-effective and resources are maximized.

Goal 4: Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs and services.

2. *Key Assumptions in Strategic Planning Initiative*

- Mission and Vision Statements—The strategic planning initiative is not designed to change the mission or vision statements adopted by the San Francisco Health Commission. The Department’s mission statement as adopted by the Commission (Resolution No. 30–98) is to “protect and promote the health of all San Franciscans.”
The Department’s vision statement as adopted by the Commission (Resolution No. 30-98) is that San Francisco will be a leader in health. The staff and volunteers for the Department of Public Health will do everything in their power to help all San Franciscans achieve the best possible state of health. We are committed to making this a city where:
 - Everyone lives in a healthy neighborhood.
 - Everyone has equal access to needed, quality care.
 - Services are client-focused and culturally competent.
 - We are partners with clients and communities, and their needs determine resource allocation.
 - We recognize the special contributions of every person working in the system.
 - All providers collaborate as part of a unified citywide health and human services system.
 - All providers emphasize primary prevention and wellness.
 - We ensure the very best use of public funds, and all services are cost effective.
 - We are creative, innovative and continually strive for excellence.
 - We stand for teamwork, collaboration, integrity and accountability.
 - Clients and communities value our services and trust us.

The mission and vision statements approved by the San Francisco Health Commission are fundamental tenets of the strategic planning process.

- Two Roles of the Department—The Department of Public Health will continue its two roles within health because each role supports the other. The Department will continue its role at overseeing population health activities that are fundamental to the entire community. In addition, the Department will continue to be a provider of health care to individuals who seek services at our community-based clinics and hospitals. The recommendations from this strategic planning initiative assume that the Department will continue both its population health and personal health care provider roles. No changes in governance will result from the strategic planning effort.
- Federal and State Regulations and Statutes—The Department is required to follow governmental provisions to receive either funding or licensure. On a regular basis, new regulations and procedures may affect the design and implementation of Department programs. This strategic planning initiative assumes that this situation will not change significantly. In addition, no

changes in the City and County's Administrative Code and/or Health Code are anticipated.

- Health Commission Policies and Resolutions—Over the past three years, the Health Commission has adopted a number of resolutions that are relevant to the strategic planning initiative. Any strategic planning recommendations will be consistent with the following programmatic issues:
 - Strengthening prevention in areas of asthma, breast and cervical cancer, immunizations, lead poisoning, domestic violence, youth suicide and a special prevention emphasis on the African-American community
 - Promoting substance abuse treatment on demand
 - Increasing funding for HIV/AIDS care
 - Creating alternatives to inpatient care
 - Advancing universal health care coverage
 - Expanding community-based long-term care and continuing skilled nursing facility care
 - Developing housing services for the homeless and marginally housed
 - Increasing access to mental health

3. *Key Issues the Department Faces*

In revising the Strategic Plan, the Department had to recognize a number of key issues, both external and internal, that it faces. Those issues include:

The People We Serve

- What are the populations to be served by the Department (both with respect to population health activities and personal health care services)?

The Services We Offer

- What guidelines should be used to develop and prioritize services?
- What are the priority services for funding?
- Are there services that could be regionalized or shared with other communities?
- What is the appropriate configuration and level of services to meet community need (with respect to population health activities and personal health care services)?
- How can we strengthen prevention activities?
- How do we work to integrate physical health, mental health, substance abuse and social services?

The Delivery System We Support

- Should the Department focus principally on serving those with no choice of providers (e.g., the indigent and uninsured) or also be a provider for people

who have a choice of providers and choose the Department? If so, under what circumstances and for what other populations?

- What are the strategic issues facing the Community Health Network in 2004?

Operational Advancements We Endorse

- How can the Department use data and evaluation to guide program planning and priority setting?
- How can outcomes-based evaluation be integrated better into Department operations?
- Should consistent eligibility criteria be developed for personal health care and population health services?
- How can the Department increase collaborations to engage the community and other entities in improving community health?
- How can benchmarks be used more fully within the Department?
- What improvements can be made in the contract development, monitoring and payment process?
- How can the Department use the benefits of E-commerce applications to improve systems?
- What improvements can be made to address staff recruitment, retention, training and management issues?

Financing Health Services

- What are potential strategies to enhance revenues and reduce expenditures?
- Does caring for the insured financially allow the Department to cover a portion of the costs of the uninsured?
- How can the Department better blend funding to achieve service integration?
- How can the Department fund needed infrastructure and ensure adequate capitalization?

4. Guiding Principles

A number of implicit principles have and continue to guide the Department's daily activities. In order to be effective in developing a Strategic Plan, Department staff felt it important to make these guiding principles explicit. They include:

- Ensure that the Department develops a clear strategy for fulfilling its mission and vision statements and clearly articulates its role in the delivery of services to San Franciscans.
- Take a broad view of health given that there are many social determinants that impact the community's health – e.g., income, education, housing.
- Continue to support the Department's roles in overseeing the public's health and delivering health care services.

- Use health data (quantitative and qualitative), community needs, health mandates and program evaluation to guide the development of the Department's services.
- Ensure that health services are comprehensive (including a continuum of care) and integrated to effectively address the health problems of communities and individuals.
- Emphasize the expansion of primary prevention activities to reduce preventable illness and injury.
- Emphasize improving service integration at the following levels:
 1. Population Health and Prevention and Community Health Network services,
 2. Department services with community resources and providers,
 3. Department services with the services of other City departments for the same populations, and
 4. Program contracting functions to improve contracting efficiency for the contractor and Department.
- Emphasize blending revenues where possible to support service integration.
- Recommend strategies for the Department's legislative advocacy to improve San Francisco's health status and the Department's ability to address health issues.
- Develop a strategic vision for the Department that recognizes current fiscal realities but is not driven by them.

5. *Process Guidelines*

The process guidelines that Department staff used in revising the Strategic Plan include:

- The strategic planning initiative and process is open to staff, the public and consumers of health services in San Francisco. Their input will be considered before the Department finalizes analyses and recommendations.
- The strategic planning initiative and process are culturally competent and address the linguistic and cultural diversity of San Francisco.
- The Department will develop consensus recommendations and be respectful of staff and public input. In those cases where consensus cannot be reached, minority opinions will be included.
- The strategic planning initiative will complete its work within the timeframe established by the Health Commission.

B. Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

As part of the strategic planning process, Department staff undertook "Strengths, Weaknesses, Opportunities, and Threats Analysis," better known as "SWOT Analysis" both within the Office of Policy and Planning and the Director's Cabinet, which served as the internal advisory body for the revision. The purpose of this analysis is grounded in

the idea that in order to respond effectively to changing environments, organizations must understand their internal and external contexts and develop effective strategies to link the two. Simply put, the Department is one player (albeit an influential one) in health and health care, and to plan appropriately, it must understand its position in the larger environment. The SWOT analysis for the Department revealed:

1. *Strengths – Internal*

- Committed ethnically-diverse staff/expertise culturally-competent care
- Creative leadership
- Supportive/involved leadership
- Community partners
- Offer broad continuum of care
- Strong research/Statistical data
- Strong MIS
- Pioneering spirit/willingness to take risks
- Community-wide facilities

2. *Weaknesses – Internal*

- Aging physical infrastructure
- Under staffed
- Difficulty moving patients through continuum
- Large system creates difficulties in communicating/coordinating
- Limited ability to expand capacity
- Bureaucracy

3. *Opportunities – External*

- SFGH rebuild
- LHH rebuild
- Health insurance expansion
- Strong support for supportive housing

4. *Threats – External*

- Nationwide staffing shortages
- Increasingly multiply-diagnosed/complex patients
- Medical costs increasing
- Changing city demographics (aging, ethnicity, disability)
 - Nearly 18 percent of San Francisco residents are over age 60 compared with 14 percent in California and 16 percent nationally. Seniors are the fastest growing age group and will comprise an increasingly larger share of San Francisco's population.

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- Almost 37 percent of San Francisco residents were born outside the U.S. This is more than three times higher than for the nation as a whole and 40 percent higher than for California.
- Currently, 18 percent of non-institutionalized San Franciscans age 16 to 64 are disabled. It is expected that the total number of adults with disabilities in San Francisco will increase, with older adults comprising an increasing share of the disabled population.
- Funding for indigent healthcare decreasing
- Budget constraints at all levels of government

C. Timeline

The Department estimated that the evaluation and updating of the strategic plan would take approximately eleven months to complete culminating in a final report for Commission modification and approval by October 2004. Department staff has been able to work within that timeframe. Details related to the timeline are contained in the chart below.

<i>Task</i>	2003		2004					
	Nov	Dec	Jan - Apr	May - Jul	Aug	Sept	Oct	Nov
Report to Health Commission								
Develop Planning Process								
Gather Quantitative Information								
Conduct Community, Staff and Industry Expert Forums								
Develop Draft for Director's Review								
Director Reviews, Modifies, and Approves								
Report Goes to JCCs for Review and Discussion								
Finalize Report for Commission Approval								
New Strategic Plan Ready for Implementation								

Gray Shading: Tasks Completed

Black Shading: Tasks to Be Undertaken

II. Community and Staff Input

Revision of the Strategic Plan required gathering and interpreting input from community and staff. To engage with these groups, the Department hosted 18 community and three staff Town Hall meetings (dates and locations listed below) and conducted an e-mail survey of 623 of the City's non-profit leaders to present an overview of the existing Strategic Plan and to request ideas and input from the community. Department staff organized and advertised the meetings to maximize attendance for San Francisco's numerous cultures and ethnic populations. The outcomes demonstrate success in hearing from the wide variety of people who live and work in the City.

A. Community Meetings and E-Mail Survey

In planning community and staff meetings for the 2004 update of the Strategic Plan, we first turned to evaluation of the outreach from the 2000 planning initiative. Specific suggestions for improvement included incorporating community leaders and existing groups into the outreach process. Department efforts to work with the community to gather input on the initiative included working through:

- Each of the 11 Supervisors' offices.
- The Mayor's Office and the Office of Neighborhood Services.
- Hundreds of community groups, which were identified through City Hall, residents, and the San Francisco Public Library.

Advertising for the initiative included e-mail and direct mail to residents and groups identified by previous participation in strategic planning meetings or City Hall Offices, and calendar announcements to the Chronicle, SF Independent, The Examiner, all local ethnic and neighborhood media, and postings on electronic bulletin boards such as Craigslist. Department staff was informed of all meetings through posted flyers, and announcements in FastFacts and voice mail. Additionally, the Department's Web site prominently featured information about the initiative, and e-mail surveys were sent to more than 600 community groups (and then forwarded by them to thousands of residents).

Through these efforts, the Department was able to engage with San Francisco's residents in ways most convenient to them. For example, the Department was able to participate in the popular Town Hall meetings of Supervisor Maxwell and Supervisor Peskin, as well as the April meeting of the West Twin Peaks Council, a group of ESL classes for Chinese immigrants in Visitacion Valley, the monthly meeting of NICOS Chinese Health Coalition, a group of Pilipino service providers organized by the Mayor's Office of Neighborhood Services, and the Community Advisory Committee of St. Francis Memorial Hospital. Any group or organization that requested a meeting was accommodated. Also, residents unable to attend meetings, such as members of the Mission Community Council and the Tenderloin Neighborhood Development Corporation, were able to participate in the initiative through Web and e-mail technology.

B. Results

The Department received input from 433 San Franciscans, including 412 in face-to-face interactions through community and staff Town Hall meetings, and 21 in web-based responses through the Department’s e-mail survey. All comments and concerns were recorded, posted on-line through the Department’s Strategic Planning web site, and incorporated into a master document used to update the Strategic Plan. Below is a listing of the dates and locations of each of the community and staff Town Hall meetings.

Community Town Hall Meetings

Date	Location
3/24/04	Park Branch Library
3/30/04	Excelsior Playground
4/3/04	San Francisco General Hospital
4/5/04	Sunset Recreation Center
4/7/04	Presidio Branch Library
4/8/04	Visitation Valley Community Center
4/9/04	NICOS Chinese Health Coalition/Chinese Hospital
4/12/04	Harvey Milk Civil Rights Academy
4/15/04	Department of Public Health, 101 Grove St., Room 300
4/17/04	Richmond Recreation Center
4/19/04	Southeast College
4/22/04	Francisco Middle School
4/26/04	Forest Hill Clubhouse
4/27/04	Visitation Valley Family Support Center
4/27/04	Visitation Valley Community Center – ESL Classes
4/29/04	St. Mary’s Recreation Center
5/5/04	South of Market Recreation Center – Pilipino Service Providers
5/21/04	St. Francis Memorial Hospital Community Advisory Committee

Staff Town Hall Meetings

Date	Location
4/6/04	San Francisco General Hospital, Room 2A6
4/13/04	Laguna Honda Hospital, Simon Auditorium
4/15/04	101 Grove St., Room 300

III. The Revised Strategic Plan

A. Introduction

Strategic planning is the formal and ongoing process of developing, implementing, and evaluating goals to guide the actions and decision making of an organization. It is used by organizations to help them determine how best to meet their missions. Its overarching goal is to match the organization's resources and capabilities to the external environment faced by the organization. In the Department, for example, there are numerous and often competing health issues of concern to the community. Due to resource constraints (e.g., financial, time, expertise), some of these concerns may not be able to be addressed fully. A strategic plan helps the Department prioritize the community health concerns it identifies. This proactive planning tool helps ensure that new funds are allocated prudently to meet community needs as well as minimize reductions in priority program areas when faced with declining financial resources.

B. Evaluating and Updating the Original Plan

Initially adopted in 2001, the plan, conceived as a three- to five-year document, is now more than three years old. During the initial period, the Department's emphasis was on implementation of the plan and achievement of the goals and objectives outlined in the 2001 document. By its nature, strategic planning is an iterative process. Following implementation, there is a need to evaluate the plan continually. This process helps determine the effectiveness of the plan and the need to update it. This document is the outcome of that process of evaluating and updating the plan, including the internal processes to gather and interpret input from Department staff as well as the external process to solicit and include feedback from community members and contractors.

C. Strategic Plan Overview

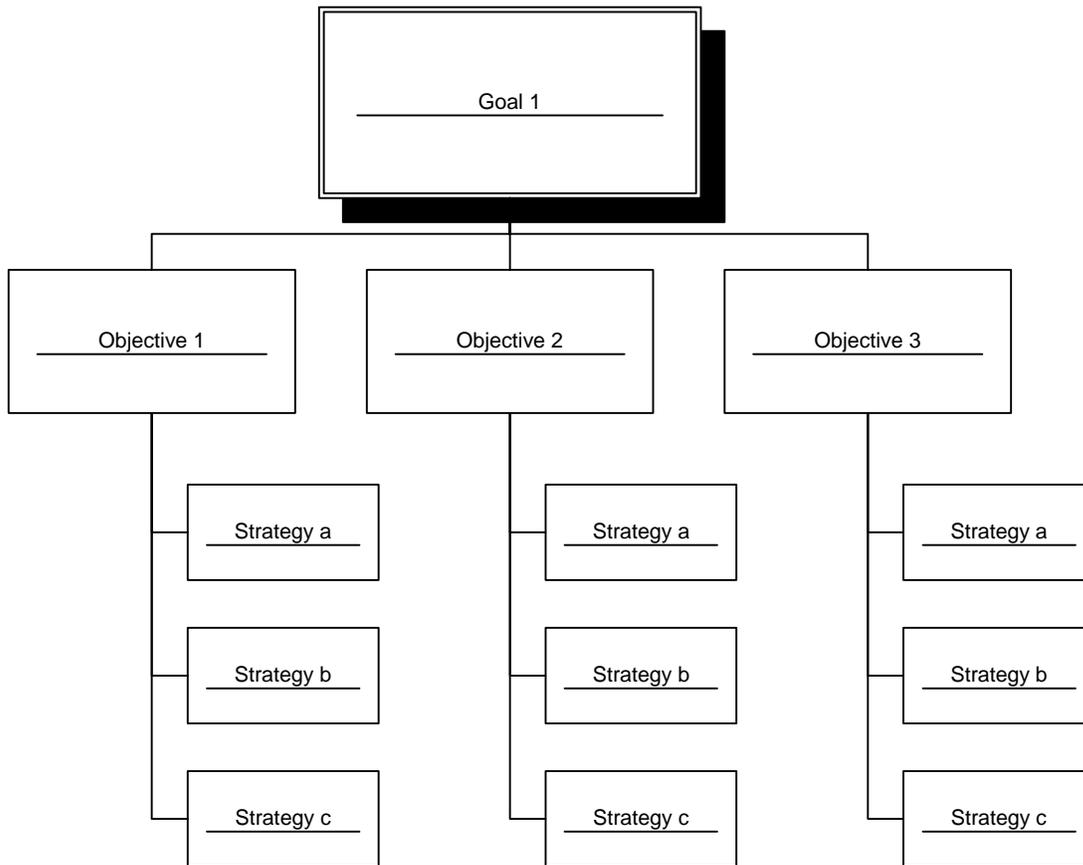
Like the original plan, the updated Strategic Plan identifies four goals for the Department to meet its mission. They include:

1. San Franciscans have access to the health services they need.
2. Disease and injury are prevented.
3. Services, programs, and facilities are cost-effective and resources are maximized.
4. Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services.

Under each goal is a series of between five and 12 objectives, each with specific strategies, which articulate the approach or recommendation that the Department should pursue. It is predicated on the notion that successful implementation of the policy directions articulated in the objectives will enable the Department to fulfill its goals, and therefore its mission.

The plan is graphically represented in Diagram 1.

Diagram 1: Hierarchy of the Strategic Plan



Goals are long-range, broad statements that affect the Department’s ability to meet its mission.

Objectives represent the approach or direction that the Department should pursue in order to achieve its goals. Because they are not operational, objectives are stated in broad, conceptual terms.

Strategies state the activity to be pursued to achieve the objective and therefore further the Department’s goals. By their nature, strategies are specific.

D. How the Strategic Plan Is Used

The Strategic Plan is the roadmap for the Department. Sections within the Department will use the plan to evaluate their own program priorities and direction, and in some cases to develop their own strategic plan based on the Department’s document. The major divisions within the Department (Population Health and Prevention, Community Health Network, and Central Administration) are responsible to implement relevant portions of the plan and report regularly to the Office of Policy and Planning, the unit responsible for oversight and monitoring of the plan. Each section is asked as part of its annual update to the Health Commission to report its accomplishments within the context of the Strategic

Plan, notably how its work fits within and furthers the goals and objectives of the plan. On the broadest level, the Department uses the plan to determine priorities when planning for program development and reductions.

E. Relationship to Other Planning Documents

Whenever possible, the Department acknowledges and incorporates other relevant planning documents into its Strategic Plan. This document specifically makes reference to and includes *Healthy People 2010*, the DAAS *Living with Dignity in San Francisco* strategic plan, the DPH *Prevention Strategic Plan*, and the *San Francisco Plan to Abolish Chronic Homelessness*. To the extent that there are other relevant planning documents that coincide with Department goals and objectives, or that other such documents are released during the life of this plan, they will be evaluated for relevance and fit, and incorporated into this plan.

F. Addition of Focus Areas from 2000 Strategic Plan

A number of focus areas have been added or emphasized from the 2000 document. They include increased emphasis on cultural competence, emphasis on patient flow and the continuum of care, assurance of the quality of pre-hospital medical services, explicit integration of prevention into program planning across the Department, inclusion of urban planning and land use policy as a public health issue, explicit inclusion of the Department's emergency and disaster preparedness responsibilities, inclusion of behavioral health prevention, assurance of the public health infrastructure, emphasis on outcomes-based evaluation, and inclusion of the business community as a partner in public health. These new objectives are included in section G, below, The Revised Strategic Plan, in bold typeface so that they can be easily referenced. New or significantly revised strategies are also in bold typeface for easy reference. These additions to the 2000 plan came about through a number of factors including response to community, staff, and contractor input; response to Health Commission recommendations; response to the September 11, 2001 terrorist attacks and recognition of the role the Department plays as a first responder; changes in fiscal and budgetary constraints; and changes in the health field and medical practice.

G. The Revised Strategic Plan

Goal 1: San Franciscans have access to the health services they need.

Objectives		Strategies	
1	Improve health outcomes among San Francisco residents.	a	Provide core public health services to all San Francisco residents.
		b	<p>Provide clinical services to target populations. Target populations include:</p> <ul style="list-style-type: none"> ▪ Uninsured (working and non-working), indigent, and under-insured. ▪ Low-income and impoverished. ▪ Homeless. <p>Vulnerable populations within the Department's target population include (in alphabetical order):</p> <ul style="list-style-type: none"> ▪ Children (infants, toddlers, school-age, disabled, foster) and youth, and low-income families with children. ▪ Frail Elderly. ▪ Incarcerated. ▪ Low-income racial and ethnic minority persons. ▪ Mentally ill. ▪ Multiply-diagnosed. ▪ People with chronic disease ▪ People with disabilities. ▪ Persons at risk of STDs including HIV/AIDS (e.g., MSM, Transgendered). ▪ Pregnant women. ▪ Substance users. ▪ Undocumented immigrants, newcomers, and monolingual persons. ▪ Workers in unsafe and unregulated work environments (e.g., sex workers, sweat shop workers, artists).

Objectives		Strategies	
		c	Prioritize San Francisco residents for direct patient care.
		d	Develop and distribute a directory of Department services, including ways to access services.
		e	Reduce the incidence and prevalence of specific diseases. For example: <ul style="list-style-type: none"> ▪ Continue tuberculosis control efforts. ▪ Reduce STD infections. ▪ Address hepatitis, especially in at-risk Asian communities. ▪ Address West Nile virus threat. ▪ Continue to employ the Community Oriented Primary Care approach to leading clinical problems such as hypertension, diabetes, hypercholesterolemia, and osteoarthritis.
2	Decrease health disparities between racial and ethnic populations and between residents of different neighborhoods.	a	Use technology to improve communications with monolingual individuals.
		b	Provide services to target neighborhoods. Target neighborhoods include (in alphabetical order): <ul style="list-style-type: none"> ▪ Bayview Hunters Point ▪ Chinatown ▪ Mission ▪ Outer Mission ▪ Potrero Hill ▪ South of Market ▪ Tenderloin ▪ Visitacion Valley
		c	Maintain culturally appropriate staffing (e.g., make efforts to replace departing staff with someone who culturally reflects or is representative of the client base).

Objectives		Strategies	
3	Decrease the rate of uninsurance among San Francisco residents.	a	Enroll eligible individuals into existing public and private insurance programs.
		b	Continue to work locally on expansion and access to health insurance and health services.
		c	Advocate for expansion of State and federal insurance programs.
4	Provide a comprehensive array of quality and culturally competent services.	a	Continue the academic affiliation with UCSF.
		b	Continue SFGH as a Level 1 Trauma Center.
		c	Ensure that clinical sites provide services that meet the diversity of residents' needs.
		d	Offer specialty care when feasible at community clinic sites.
		e	Ensure access to Behavioral Health services (including substance abuse and mental health services, parenting skills, and domestic violence programs).
		f	Ensure access to Environmental Health services (including infectious waste cleanup, sharps disposal, pet feces disposal).
8	Provide continuity of care for recipients of Department services.	a	Ensure that a single standard of care is provided to all clients regardless of eligibility, income, or documentation status, including recipients of Jail Health Services.
9	Ensure contractor viability.	a	Bring contractor salary structures in line with market rates.
		b	Assess contractor needs, and provide technical assistance as needed, particularly related to use of technology.
		c	Streamline the contract development, monitoring, and payment processes, especially for small contract amounts.
10	Improve integration of services.	a	Complete the integration of Community Behavioral Health Services.
		b	Integrate Primary Care and Community Behavioral Health Services.
		c	Train staff to deliver integrated services.

Objectives		Strategies	
11	Improve patient flow and standardize record keeping, in order to improve continuity of care and reduce decertified days. The continuum of care should include acute care (SFGH), skilled nursing (LHH), residential care, intermediate care, and community-based care.	a	Ensure patients are transferred to the appropriate level of care within the continuum of services provided by or contracted by the Department
		b	Define the role of discharge planning and develop alternative placement options for LHH, SFGH, our community partners and inmates being released from the criminal justice system.
		c	Expand community-based services and use them in place of institutional placements whenever clinically appropriate.
12	Ensure the quality of pre-hospital emergency medical services	a	Expand the availability of automated external defibrillators (AEDs) in public buildings.
		b	Ensure the regulatory aspects of emergency medical transport as well as the quality of the response.
		c	Evaluate the impact of proposed reconfiguration of Fire EMS services.

Goal 2: Disease and injury are prevented.

Objectives		Strategies	
1	Decrease injury and disease among San Francisco residents.	a	Implement the Prevention Strategic Plan.
		b	Test and monitor the toxicity of public buildings and sites (e.g., schools, playgrounds).
		c	Improve the safety of public buildings and sites throughout the City.
		d	Develop community-based programs that address behavioral and social-economic-environmental factors that promote healthy lifestyles, including nutrition, physical activity, use of substances, anger and conflict management, etc.
		e	Develop community-based programs that address behavioral and social-economic-environmental factors that promote or prevent intentional violence, such as access to firearms and other weapons use, intimate partner violence, etc.
		f	Develop community-based programs that address behavioral and social-economic-environmental factors that reduce unintentional injuries – especially falls in seniors, pedestrian and traffic injuries and fatalities, and self-inflicted injury.
2	Decrease injury and disease among the Department’s target populations.	a	Develop culturally and linguistically appropriate prevention materials.
		b	Support Department and partners’ efforts regarding physical activity and nutrition among children (e.g., Balboa High bicycle model project).
3	Integrate prevention activities into program design throughout the Department.	a	Ensure that prevention is a core component of new program initiatives and is part of the overall design where appropriate. (Prevention Strategic Plan Objective 1.2 (a))

Objectives		Strategies	
		b	Strengthen primary prevention activities and secondary prevention activities related to the identified health outcomes in Clinical services (e.g., Primary Care and Behavioral Health). (Prevention Strategic Plan Objective 1.2 (b))
		c	Incorporate the practices set forth by the Youth Development Standards into programs serving youth.
4	Increase attention to social and economic factors that affect health status (e.g., wages, employment, child care, housing, social safety net, transportation, education), especially for low-income, uninsured, under-insured, and homeless populations.	a	Improve transportation to services, especially for seniors and the disabled.
		b	Increase the number of supportive housing units.
		c	Develop more housing options for non-ambulatory, substance abuse, and mental health discharges.
		d	Identify and address the needs of special populations living in SROs (e.g., seniors, families).
		e	Coordinate services in SROs.
		f	Focus efforts on the root problems (e.g., substandard housing for asthma in the Bayview, adverse health effects from food insecurity and hunger).
5	Recognize urban planning/land use policy as a public health activity.	a	Promote pedestrian safety.
		b	Promote policies that encourage public transportation use, bicycling, and other alternatives to automobiles.
		c	Plan for services in new residential areas and neighborhoods (e.g., Schlage Lock site, Mission Bay).

Objectives		Strategies	
		d	Work with the San Francisco Planning Department, Municipal Railway, Department of Parking and Traffic, and Police Department on relevant activities related to urban planning and land use policy.
6	Prepare to respond to any emergency or disaster situation.	a	Prepare emergency and disaster plans.
		b	Train staff on emergency and disaster procedures.
		c	Educate the public on emergency and disaster procedures and preparedness.
		d	Work with the established communities (e.g., business, ethnic, neighborhood, non-governmental) on emergency and disaster procedures and preparedness.
		e	Practice and refine the Department's emergency response procedures (e.g., SRO fires, mass inoculations, mass casualty events), while continuing to respond to emergency situations.
		f	Ensure the Department's role as a first responder along with the San Francisco Police Department, San Francisco Fire Department, Office of Emergency Services, and Department of Human Services.
		g	Design and build a helipad on Wing A of San Francisco General Hospital in order to support its activities as the only Level I Trauma Center for a service area of over one million people.
7	Develop prevention and intervention programs that address major behavioral health issues.	a	Develop coordinated violent injury response services at SFGH and throughout community based services.

Objectives		Strategies	
		b	Provide counseling and support services to families affected by addictive gambling. Identify and implement prevention activities focused on the Asian community.
		c	Publish culturally sensitive suicide prevention materials.
		d	Address suicidal ideation among young people.
		e	Develop community-based programs that address behavioral and social-economic-environmental factors that promote or prevent alcohol related problems.
		f	Develop community-based programs that promote positive mental health.

Goal 3: Services, programs, and facilities are cost effective, and resources are maximized.

Objectives		Strategies	
1	Ensure adequate staffing to meet programmatic needs through improved recruitment, retention, and training of staff.	a	Continue to support nursing recruitment and retention efforts in the CHN sites.
		b	Continue to work with City College and San Francisco State University on programs that ensure adequate levels of social work, nursing, and allied health professional staff.
		c	Work with employee organizations to ensure adequacy of staffing and training.
2	Determine service levels by need rather than by availability of funding.	a	Use existing health data and reports (e.g., BHSF Community Needs Assessment, Health Status Report Card) to inform decisions about services levels.
3	Ensure the public health infrastructure.	a	Establish and maintain adequate reserves to protect against revenue losses.
		b	Develop a capital replacement and maintenance fund.
		c	Pursue a bond proposal to fund the San Francisco General Hospital rebuild.
		d	Complete the Laguna Honda Hospital rebuild on schedule and on budget.
		e	Allocate funding for primary care infrastructure needs.
		f	Identify funding sources for capital improvements to contract agency sites.
		g	Work with the San Francisco Unified School District to define the scope, location, and appropriateness of school-based health programs.
		h	Invest in patient-friendly service environments (e.g., security at SFGH).
		i	Work with private hospitals to ensure the provision of charity care.
		j	Use new bioterrorism preparedness resources to strengthen the public health infrastructure.

Objectives		Strategies	
4	Maximize external funding sources (e.g., grants, fees, federal financial participation).	a	Expand efforts to bill and claim all appropriate revenues.
		b	Increase eligibility outreach efforts and coordinate eligibility efforts with other City departments and community agencies.
		c	Pursue grant and other funding sources. Invest resources in developing grant and other funding sources.
		d	Review existing user fees and rates.
		e	Explore ways to leverage additional funding.
		f	Increase the number customers with a payer source.
		g	Increase MDS accuracy for better Medicare reimbursement.
		h	Pursue HHS waiver grants to expand existing services.
		i	Ensure provider UPIN for billing Medi-Cal and Medicare.
		j	Improve third-party billing for services accessed by insured patients, including Kaiser patients.
		k	Enter into agreements with private insurers.
5	Maintain efficiency throughout the Department.	a	Create a baseline budget for the Department.
		b	Develop common databases where possible (e.g., SORIAN).
		c	Consolidate, coordinate, and unify programs where possible (e.g., disease prevention – STD, HIV, hepatitis, tuberculosis).
		d	Reduce duplication of paperwork for clients seeking services.
6	Increase use of benchmarks to compare Department activities to local, state, and federal standards.	a	Incorporate <i>Healthy People 2010</i> Leading Health Indicators and other national standards into program design and evaluation.

Objectives		Strategies	
		b	Establish appropriate benchmarks in programs for which no <i>Healthy People 2010</i> Leading Health Indicators or other national standards exist.
		c	Achieve a ten percent or lower rate of ambulance diversions at SFGH.
7	Increase use of data to guide program development, reorganization, reprioritization, reduction, or elimination, and to assess the impact of programs on health status.	a	Ensure that outcomes measurement is incorporated into Department programs.
		b	Prioritize programs through outcomes measurement.
		c	Continue to develop local population health data, and link it to what is known about the determinants of health and evidence-based interventions for improving population health.
		d	Develop a report card annually to monitor programs on key objectives.

Goal 4: Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services.

Objectives		Strategies	
1	Recognize and accommodate cultural and linguistic differences among residents.	a	Identify and address the cultural and linguistic factors that affect health status.
		b	Adapt and develop programs for cultural and linguistic factors that affect health status.
		c	Ensure that programs are culturally appropriate.
		d	Distinguish between individual ethnic groups (e.g., Pilipino from Asian/Pacific Islander).
		e	Communicate all messages in San Francisco's threshold languages (English, Chinese, and Spanish).
		f	Educate staff about health beliefs, practices, and services for ethnic and linguistic communities, especially immigrants.
		f	Educate ethnic and linguistic communities, including immigrants, about available health services.
		g	Conduct health fairs and other activities that accommodate different cultures.
		h	Work with clients who use complementary alternative medicine in order to accommodate cultural differences and partner with clients to improve health outcomes.
2	Pursue State and federal health policy changes consistent with Department priorities.	a	Engage in local, State, and federal advocacy efforts through the Mayor's Office.
		b	Advocate for State and federal legislative changes addressing programmatic issues.
		c	Coordinate with the State on licensing and regulatory matters.
3	Enhance the Department's relationship with community groups.	a	Initiate new and sustain existing partnerships with external agencies that are working on programs addressing Department priorities.

Objectives		Strategies	
		b	Examine and restructure the Department's existing community advisory groups.
		c	Increase print and television public relations.
		d	Use e-mail and the Internet as communications tools.
		e	Utilize the Mayor's public liaison positions (Mayor's Office of Neighborhood Services) to transmit information about Department activities and public health, especially to ethnic communities.
		f	Work with existing community and neighborhood groups and coalitions, especially by periodic presentations to existing community meetings.
		g	Improve communication with communities about DPH activities and how communities can support the work of DPH.
4	Partner with other providers on health issues of common concern.	a	Foster inter- and intra-departmental coordination.
		b	Explore regionalization of services.
		c	Work with other City departments (e.g., DHS, DAAS, DCYF, SFFD, SFPD, Sheriff, SF Housing Authority) on issues of common concern (e.g., domestic violence, elder abuse, juvenile justice, Direct Access to Housing, 911 services, discharge planning, chronic disease prevention, new 311 system.)
		d	Work with other City departments and agencies to implement strategic plans involving mutual objectives (DAAS – <i>Living with Dignity in San Francisco</i>, DCYF, DHS, <i>San Francisco Plan to Abolish Chronic Homelessness</i> etc.).
		e	Work with the San Francisco Unified School District to define the scope, location, and appropriateness of school-based health programs.

Objectives		Strategies	
		f	Partner with complementary alternative medical practitioners to encompass alternative health practices within western medicine.
		g	Develop relationships with hospitals, clinics, CBOs, foundations and other providers in San Francisco (e.g., Catholic Healthcare West, San Francisco Community Clinic Consortium).
		h	Ensure best practices at non-City clinics and service providers.
		i	Continue to work with CBOs on health fairs, immunization projects, and other community-based events (e.g., Hawkins Clinic/Visitacion Valley Community Center as a successful example).
5	Work with business to improve the health of San Franciscans.	a	Continue to provide Environmental Health training to food service workers on safe food handling through the Restaurant Association.
		b	Outreach to the business community on health issues of community importance (e.g., West Nile Virus, influenza, SARS, etc.)
		c	Partner with business to solve the problem of chronic homelessness.

H. Implementation and Evaluation

Among the first tasks of Department staff following adoption of the revised Strategic Plan by the Health Commission will be to draft a three-year implementation and evaluation plan including: (1) assigning responsibilities for implementation to divisions and to persons within divisions; (2) prioritizing the strategies of the plan; and (3) developing a tool to track the Department's progress. As with the Department's original Strategic Plan, most of the implementation and evaluation efforts will be the responsibility of program staff in the Community Health Network (CHN) and Population Health and Prevention (PHP) divisions of the Department. Responsibility for Department-wide objectives and strategies related to finance, contracting, and planning will fall to Central Administration (CA) staff. Staff will be returning regularly to update the Commission on the progress of implementation and evaluation efforts.