

Final Report of the Health Care Services Master Plan Task Force:

Recommendations to the San Francisco Departments of Public Health and Planning

As They Develop the Health Care Services Master Plan

Public Testimony Heard by the Health Care Services Master Plan Task Force

At my clinic, it's convenient because a lot of people speak Chinese. At the hospital, you have to wait for the translator to explain something to you. My English level is okay for daily speaking. For the medical questions I need a translator, but it takes a long time. Sometimes I don't want to wait...so I just guess what [the appointment] is about.

-Chinese-speaking parent

Violence has shaken up our children's lives. It is hard for them to function. We need mental health services and counselors for children to speak with. We need more psychiatrists in the schools. The children are suffering.

- Bayview resident

I have scoliosis and it takes me one to one and a half hours to get to my appointments on public transit, and my mom has to miss work. There should be more services in the Southeast.

- Visitacion Valley youth

[She] is the first doctor . . . to figure out everything that was wrong with me. She wasn't afraid to touch my skin or use her own hands instead of putting on gloves... When you get a good doctor, you want to stay with that doctor because the doctor knows how you are and what you need.

- Transgender resident

If my son has an ear infection that's not necessarily an emergency because it's not life threatening, so to get an appointment is hard. You have to wait 3-7 days to get an appointment if it's busy, but during that time what can you give to your child? I took him once to the emergency room because he was in too much pain.

- Excelsior parent

[The "promotora"] is the one who schedules my health care appointments and also refers me to other places where I can get health related assistance. She is with me during my appointment and helps me get there. She makes my health care services easier; she makes sure I take my medication the right way.

- Spanish-speaking resident of the Mission

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Introduction

Ordinance No. 300-10 mandates the creation of a Health Care Services Master Plan (HCSMP) that:

- Identifies the current and projected needs for, and locations of, health care services in San Francisco, and
- Recommends how to achieve and maintain an appropriate distribution of, and equitable access to, such services.

In this first iteration of the HCSMP, San Francisco's first ever Health Care Services Master Plan Task Force (HCSMP TF) – a diverse 42-member advisory body tasked with developing community-informed recommendations for consideration by the San Francisco Departments of Public Health (SFDPH) and Planning – focused its work on the question of *equitable access* to health care services, particularly for San Francisco's vulnerable populations.

This report represents the culminating effort of the HCSMP TF, and we trust that SFDPH and Planning will rely on our work as they develop a more expansive HCSMP for San Francisco in accordance with Ordinance No. 300-10. We also intend that our findings and our focus on the health care access needs of San Francisco's vulnerable populations will inform the Board of Supervisors, the San Francisco Health and Planning Commissions, and the community-at-large as they review the final HCSMP and plan strategically for San Francisco's health care future.

Our discussions indicate that San Francisco offers a rich array of health care services that are responsive to the needs of San Francisco's diverse population. While these services grew out of each individual organization's laudable goal of meeting the unmet health care needs of the populations it serves, the resulting health care system is at times fragmented and difficult to navigate, particularly for San Francisco's most vulnerable populations.

With the passage of federal Health Reform, the health care landscape in the United States is in the midst of significant change. This is a period of tremendous uncertainty but also potential opportunities. To be responsive to this changing environment, San Francisco's health care system must be forward-thinking and flexible. We must ensure that the city's wealth of existing health care resources, as well as any new health care resources entering San Francisco, coordinate and work together as a system to improve the health of all San Franciscans.

This report represents our year-long journey of learning about the changing health care environment, understanding the implications for health in San Francisco, and hearing from residents and providers about what they need to improve population health and health care access in their communities. As our discussions progressed, key concepts emerged – access, equity, quality, supply, and demand – that seemed crucial to planning for a comprehensive and responsive health care system. The HCSMP TF developed the 12 recommendations outlined below, which address these concepts. As directed by

Ordinance No. 300-10, these recommendations guide land use decisions and address the siting of health care facilities, and through a series of broader policy considerations, they also reach far beyond bricks and mortar to acknowledge that health and wellness result from a complex system of services, community partnerships, neighborhood characteristics, and more. Through this report, we respectfully submit our recommendations to SFDPH and Planning as they develop San Francisco’s first HCSMP. We hope that our work will serve as the foundation for a living and valuable roadmap for improving San Francisco’s health.

Summary of HCSMP Task Force Recommendations and Key Concept Addressed

Recommendation	Access	Equity	Quality	Supply	Demand
1. The HCSMP should increase access to appropriate care for San Francisco’s vulnerable populations.	X	X		X	
2. Promote the integration of behavioral health and medical care services.	X	X	X		X
3. The HCSMP should ensure that San Francisco has a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities, increasing their ability to live independently in the community.	X			X	
4. Ensure that health care providers have the cultural, linguistic, and physical capacity to meet the needs of San Francisco’s diverse population.		X	X	X	
5. Ensure that San Francisco residents – particularly those without regular car access – have available a range of appropriate transportation options (e.g., public transportation, shuttle services, bike lanes, etc.) that enable them to reach their health care destinations safely, affordably, and in a timely manner.	X	X		X	X
6. To maximize service effectiveness, encourage collaboration between San Francisco’s existing health and social services networks and the community.		X	X		
7. Address identified social and environmental factors that impede access to care, such as violence and safety issues.	X	X			X
8. Facilitate the advancement of sustainable health information technology systems that are interoperable and that increase health care access.	X	X	X		
9. Improve local health data collection and dissemination efforts.		X	X		
10. The HCSMP should require implementation of a land use framework that responds to needs identified by the HCSMP TF. The HCSMP TF encourages the Departments of Public Health and Planning to explore incentives for the development of needed health care infrastructure.	X	X	X	X	X
11. Ensure “healthy” urban growth: Assess the need for future facility development and plan for San Francisco’s evolving health care needs.				X	X
12. Foster the development of cost-effective health care delivery models that address patient needs.		X	X	X	

Overview of the Ordinance

Sponsored by Supervisor David Campos and effective January 2, 2011, San Francisco Ordinance No. 300-10 requires SFDPH and Planning to create a HCSMP to guide data collection, the provision of high quality services, and land use decisions for health care-related projects in San Francisco.

Upon the Board of Supervisors' adoption of the HCSMP, the Planning Department must determine whether certain "medical use" projects meeting specified size thresholds are consistent with the HCSMP. Consistent applications may move forward in the permit and entitlement process, while inconsistent applications will have opportunities to achieve consistency. If an application remains inconsistent with the HCSMP, the Planning Department must withhold the approval of any entitlement or permit for that application unless countervailing public policy considerations justify otherwise.

Overview of the Task Force

SFDPH convened the HCSMP TF to guide SFDPH and Planning as they developed the HCSMP. Comprised of a broad range of community stakeholders representing health care consumers, community advocacy groups, labor, hospitals, and more, the HCSMP Task Force served as an advisory body charged with developing recommendations for SFDPH and the Planning Department that reflected both relevant data and community feedback. Ms. Roma Guy and Dr. Tomás Aragón co-chaired the Task Force, providing guidance and leadership throughout the HCSMP's development. A full list of the Task Force members is attached as Appendix A.

San Francisco Ordinance No. 300-10 is broad in its requirements of the HCSMP. To focus its work, therefore, the HCSMP Task Force approached its efforts through an access lens with a focus on vulnerable populations.

Between July 2011 and May 2012, The HCSMP Task Force met 10 times, alternating between meetings in different neighborhoods and meetings to discuss specific issues affecting health care access in San Francisco. Given its focus on vulnerable populations, the HCSMP Task Force met in neighborhoods where data show residents are more likely to have high health disparities. The issue topics were those that the Ordinance specifically requires that affect vulnerable populations. Following is a summary of the Task Force's meeting schedule:

Meeting	Date	Topic
1	7/27/11	Introductory Meeting: Task Force Scope, Purpose + Work Plan
2	9/22/11	<u>Community Meeting</u> : Bernal Heights, Mission, Excelsior
3	10/27/11	<u>Issue Meeting</u> : Health Reform, 1115 Waiver
4	12/3/11	<u>Community Meeting</u> : Chinatown, Central City, South of Market
5	12/22/11	<u>Issue Meeting</u> : Health Care Finance
6	1/26/12	<u>Community Meeting</u> : Inner Richmond, Japantown, Sunset, Western Addition
7	2/23/12	<u>Issue Meeting</u> : Health Information Technology, Innovation
8	3/22/12	<u>Community Meeting</u> : Bayview-Hunters Point, Visitacion Valley
9	4/26/12	<u>Issue Meeting</u> : Connectivity + Review of Draft Final Report Outline
10	5/24/12	Final Meeting: Finalize Report

Guiding Principles

Acknowledging the importance of framing its work with shared values, the HCSMP TF identified the following “guiding principles” at the group’s launch meeting on July 27, 2011:

- Health care is a human right. Strive to eliminate health inequities and disparities.
- Keep discussions transparent and informed by data.
- Approach the HCSMP through a lens of cultural competency and consideration for special populations (e.g., multi-diagnosed persons).
- Consider community health impacts – not just individual outcomes.
- Promote wellness and prevention as well as health care services.
- Consider the role of geography (where we live, where services are) in health outcomes.
- Consider the role of financing in health care services and outcomes.
- Plan with an eye to future policy (e.g., federal Health Reform), health trends (e.g., health information technology) and San Francisco’s changing population.

Task Force Discussion

As stated above, it became clear through discussion by the HCSMP TF as well as from public testimony at Task Force meetings that San Francisco currently has a rich mix of health care services, especially for our relatively small geographic area of 49 square miles. Further, it became clear that San Francisco residents define health care services more broadly than just medical services. For example, connections to services, such as partnerships with community-based organizations and navigation programs, are as important as health care services themselves. Additionally, it is important to incorporate the concept of wellness into all definitions of health, which speaks to an individual’s ability to be as healthy as s/he can be, regardless of disease or health status.

In recognition of San Francisco’s rich service mix and this broader definition of health, the HCSMP TF determined that it would, as directed by Ordinance No. 300-10, complement recommendations relevant to the siting of health care services with broader policy recommendations to improve access to care for vulnerable populations. The Task Force defined access broadly to include not only geographic access, but also aspects of connectivity, such as transit access and cultural and linguistic competence. “Vulnerable populations” are those with characteristics that leave them at-risk for suboptimal health outcomes; such characteristics are often associated with the social determinants of health. The Task Force discussed vulnerable populations broadly to include (but not be limited to) low-income persons, publicly insured and uninsured persons, immigrants and those facing cultural/linguistic challenges, racial and ethnic minorities, seniors, the severely mentally ill, those with chronic conditions as well as those with co-occurring disorders, and more.

The HCSMP Task Force offers its sincere appreciation to the approximately 100 San Franciscans who participated in the four meetings we held in the community. Their participation was invaluable. Below is a summary of what we learned from those community meetings.

BERNAL HEIGHTS, MISSION, EXCELSIOR COMMUNITY MEETING

- Health-related characteristics of these communities:
 - Higher proportion of deaths due to Alzheimer’s Disease, flu and pneumonia, chronic lower respiratory disease, and chronic liver disease/cirrhosis
 - Lower rate of preventable emergency room visits compared to San Francisco
 - Higher rates of asthma – adult and pediatric – and related hospitalizations and emergency room visits
 - Higher proportion of mothers who receive no prenatal care in the first trimester
 - Higher proportion of Latinos, which, in San Francisco, are disproportionately affected by obesity
- Reported barriers to accessing health care services in these communities:
 - Insufficient geographic proximity to health care services
 - Long travel times, often via public transit
 - Long wait times
 - Linguistic and cultural appropriateness
 - Lack of services tailored to youth
 - Health care facility hours of operation
- Recommendations for increasing health care access and improving health outcomes:
 - Health care services should reflect each community’s cultural and linguistic needs;
 - Increase outreach and education efforts – particularly for hard-to-reach populations (e.g., youth, persons with mental health issues, etc.) to ensure knowledge and appropriate use of available health care services;
 - Increase partnerships between health care facilities and community-based organizations;
 - Use technology (e.g., telehealth services and remote health monitoring) to increase access to health care services;
 - Increase the number of facilities open beyond traditional hours of operation.

CHINATOWN, TENDERLOIN, SOMA, CIVIC CENTER COMMUNITY MEETING

- Health-related characteristics of these communities:
 - In Chinatown, higher proportion of deaths caused by cancer (lung/trachea, colorectal, breast, liver)
 - In the Downtown, Civic Center, and SOMA neighborhoods, higher proportion of deaths caused by unintentional injuries and accidents and other causes such as HIV/AIDS, drug overdose, alcohol and drug use disorders, and stroke
 - Considerably higher rate of preventable emergency room visits in the Tenderloin
 - High rates of hospitalization and emergency room visits across several health conditions
 - In the Downtown, Civic Center, and SOMA, neighborhoods a higher proportion of mothers who receive no prenatal care in the first trimester
- Reported barriers to accessing health care services in these communities:
 - Lack of timely access to primary care appointments
 - Linguistic and cultural appropriateness
 - Neighborhood lack of family health services such as prenatal and pediatric care
 - Insufficient geographic proximity to health care services
 - Long travel times, often via public transit
 - Health insurance coverage
 - Safety
- Recommendations for increasing health care access and improving health outcomes:
 - Increase the availability of urgent care services and/or support a hybrid model of urgent/emergency care;
 - Health care services should reflect each community’s cultural and linguistic needs;
 - Tailor community health care services to the identified needs of the patient population (e.g., prenatal and pediatric care);
 - Increase the number of health care facilities that accept Medi-Cal recipients and the uninsured;
 - Increase access to social intervention services (e.g., escort and navigation services), particularly for vulnerable populations (e.g., seniors).
 - Include the concept of “wellness” in all definitions of health;
 - Create “health safety zones” around health facilities.

INNER RICHMOND, JAPANTOWN, SUNSET, WESTERN ADDITION COMMUNITY MEETING	BAYVIEW-HUNTERS POINT, VISITACION VALLEY COMMUNITY MEETING
<ul style="list-style-type: none"> ▪ <u>Health-related characteristics of these communities:</u> <ul style="list-style-type: none"> ○ Higher proportion of deaths caused by heart disease, stroke, and Alzheimer’s Disease ○ Higher rates of premature deaths due to violence/assault or HIV/AIDS for men in the Western Addition ○ Higher rates of preventable emergency room visits ○ High hospitalization and emergency room visits across health conditions ▪ <u>Reported barriers to accessing health care services in these communities:</u> <ul style="list-style-type: none"> ○ Linguistic and cultural appropriateness ○ Safety/violence ○ Lack of sufficient outreach and education re: available services ○ Clinic location and hours of operation ○ Displacement and continuity of care issues ○ Stigmatization of certain health care issues, particularly mental health ▪ <u>Recommendations for increasing health care access and improving health outcomes:</u> <ul style="list-style-type: none"> ○ Health care services should reflect the community’s cultural and linguistic needs; ○ Include the concept of “wellness” in all definitions of health; ○ Increase outreach and education efforts – particularly for hard-to-reach populations (e.g., youth, persons with mental health issues, etc.) to ensure knowledge and appropriate use of available health care services; ○ Consider availability of health care services when planning and approving commercial developments; ○ Design and provide health care services tailored to health inequities caused by the social determinants of health. 	<ul style="list-style-type: none"> ▪ <u>Health-related characteristics of these communities:</u> <ul style="list-style-type: none"> ○ Higher rates of respiratory disease (e.g., asthma) ○ Mental health issues, particularly as they relate to violence-related trauma ○ Higher rates of premature deaths via homicide for males 29 and younger ○ Environmental hazards ○ Higher rates of women not receiving first trimester prenatal care, pre-term births, and low/very low birth weight babies ▪ <u>Barriers to accessing health care in these communities:</u> <ul style="list-style-type: none"> ○ Health insurance coverage ○ Transportation ○ Linguistic and cultural appropriateness ○ Health literacy ○ Unemployment ○ Violence and crime ○ Lack of adequate, affordable housing ○ Long-term care and housing for older adults ▪ <u>Recommendations for increasing health care access and improving health outcomes:</u> <ul style="list-style-type: none"> ○ Increase the number or capacity of health care facilities in these communities (including hospitals, primary care centers, mental health services, and specialty clinics); ○ Increase access to basic lab services, including phlebotomy and radiology, in these communities; ○ Create incentives for health care providers to practice in this community; ○ Partner with youth centers to increase health care access for youth; ○ Increase social capital and interconnectedness; ○ Implement home visits by health care providers; ○ Enforce environmental regulations.

Common Themes

Several key themes emerged from Task Force discussion and public testimony. For example, the Task Force discussed at length the need to design health care services with an eye to the future, responding to health system trends (e.g., Health Reform, changes in health care finance and health information technology, etc.) and paying particular attention to the needs of San Francisco’s vulnerable populations. Other themes include:

- Wellness: Any definition of health must be broad enough to encompass the concept of “wellness”;

- **Cultural and Linguistic Competence:** Health care services must be tailored to the cultural (defined broadly) and linguistic needs of the patient population to be effective and help patients improve their health outcomes;
- **Collaboration:** Collaboration between health care providers, community-based organizations, and other entities will be required to increase health care access and effectiveness, particularly for San Francisco’s vulnerable populations and given the existing economic climate of declining resources;
- **Outreach and Education:** Outreach and education efforts – particularly for hard-to-reach populations (e.g., youth, persons with mental health issues, etc.) – are needed to ensure knowledge and appropriate use of available health care services;
- **Location and Hours:** The physical location and hours of operation of health care facilities impact patient access to services, particularly for San Francisco’s vulnerable populations;
- **Safety:** Real and perceived safety issues often act as barriers to health care;
- **Reducing Fragmentation – and Promoting Integration – in Health Care:** The Task Force acknowledged that the existing health care system is largely fragmented, resulting in more expensive and less effective care. Task Force members discussed the need for greater integration across systems, particularly as concerns carve-outs for specialty mental health services and long-term care;
- **Social Determinants of Health:** To improve population health, the local public health system must address the social determinants of health, potentially by advancing an actionable health in all policies approach.

Addressing Health Inequities

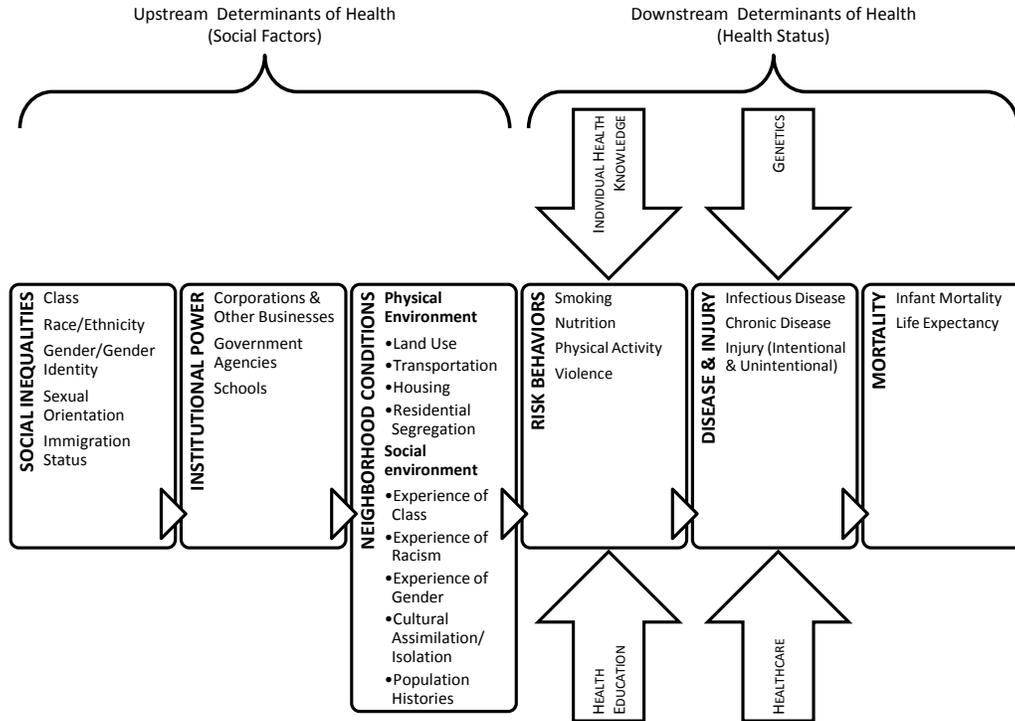
As noted above, the HCSMP TF focused on *health care access* for vulnerable populations. These communities often experience *health disparities*; that is, they have poorer health outcomes than other segments of the population. Health disparities that are avoidable, associated with social disadvantages that create barriers to opportunity, and considered ethically unfair are called *health inequities*.¹

Consistent with the HCSMP Task Force’s focus on *equity* for San Francisco’s vulnerable populations, work done by the Bay Area Regional Health Inequities Initiative (BARHII)² was incorporated into HCSMP TF discussion. BARHII is an association of Bay Area public health departments with a mission to transform public health practice to eliminate health inequities. BARHII created a Conceptual Framework for Understanding and Measuring Health Inequities that helped the HCSMP TF in framing its work beyond the bricks and mortar of health care facilities. An adapted version of this model appears on the next page. For more information on the original BARHII model and on health inequities more broadly, please visit the [BARHII website](#).

¹ Truman BI, Smith KC, Roy K, Chen Z, Moonesinghe R, Zhu J, Crawford CG, Zaza S; Centers for Disease Control and Prevention (CDC), “Rationale for Regular Reporting on Health Disparities and Inequalities — United States,” MMWR Surveill Summ. 2011 Jan 14;60 Suppl:3-10. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a2.htm>, accessed 4/15/12.)

² BARHII is a unique undertaking by local health departments in the San Francisco Bay Area to confront health inequities. The regional collaboration includes public health directors, health officers, senior managers and staff from Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma counties, and the City of Berkeley.

Understanding Health Inequities



Adapted from the BARHII Framework for Understanding and Measuring Health Inequities.

Ordinance No. 300-10 focuses on the “downstream” elements of the medical model (specifically, health care providers). Additionally, the Ordinance requires that the HCSMP assess some of the more “upstream” health system trends. Study, concern, and action to address the “upstream” issues, such as neighborhood conditions and social inequalities, is now common throughout the United States and the Ordinance brings this rigor to San Francisco. To that end, the HCSMP TF developed a series of recommendations that address various factors on the spectrum of health determinants.

Areas for Future Consideration

The current effort represents San Francisco’s first attempt to create a HCSMP. While, as a Task Force, we have done our best to ensure that this report is as representative of San Francisco’s health care needs as possible, time limitations and the scope of Ordinance No. 300-10 have required us focus our discussions as indicated. In future iterations of the HCSMP, however, we encourage SFDPH and Planning – as well as our Task Force successors – to investigate HCSMP data gaps we have identified via Task Force discussion and public comment. Finally, we encourage SFDPH and Planning to expand on their existing commitment to engage community members in meaningful ways throughout the HCSMP development process. Resident perspectives are key to creating a meaningful HCMP representative of community needs, and extensive community outreach and engagement are invaluable.

HCSMP TF Recommendations

The HCSMP TF directs the following recommendations to SFDPH and Planning for inclusion in the final HCSMP to be developed by those bodies. Please note that these recommendations are intended to both guide land use decisions and promote a range of public policy goals, as our efforts have demonstrated that health and wellness result from the complex interplay of multiple systems and community characteristics. Beyond the original intent of the HCSMP, we ask that SFDPH and Planning – in addition to the San Francisco Mayor’s Office and Board of Supervisors – be mindful of these recommendations as they approach budgetary and program planning decisions related to population health. To assist in implementation, we list specific examples of how each recommendation may be achieved.

1. The HCSMP should increase access to appropriate care for San Francisco’s vulnerable populations.

- Support innovative education and outreach efforts that:
 - Target youth and other hard-to-reach populations, such as homeless people and those with behavioral health problems that inhibit them from seeking medical care and other health services as well as “invisible” populations that are often overlooked due to their legal status (e.g., sex workers, undocumented people, etc.).
 - Educate the public about the appropriate use of health care facilities (e.g., urgent vs. emergency care).
 - Help low-income, publicly insured, and/or uninsured persons identify health care facilities where they may access care.
- Promote support services (e.g., escorting patients to medical appointments, using case managers to help patients navigate the health care system) for patients likely to have difficulty accessing or understanding health care services (e.g., multiply diagnosed or homeless persons).
- Increase the supply of providers serving low-income and uninsured populations by:
 - Encouraging teaching partnerships with universities and other forms of collaboration.
 - Extending the Medicaid primary care physician reimbursement rate established under Health Reform beyond 2014.
- Interview staff from existing after-hours clinics that serve San Francisco’s vulnerable populations to assess degree of demand for and use of such services. Depending on results, encourage providers to offer extended facility hours to accommodate patients who work during traditional business hours. **NOTE:** When using interview data to make recommendations, interviewers should take into consideration each clinic’s location, patient distance from care, and transportation access. For example, patients might be less likely to seek care from an after-hours care from a clinic with poor transit access.
- Preserve the Healthy San Francisco program.
- Support mobile enrollment efforts to expand opportunities for people to enroll in health insurance or other health care programs.
- Investigate and make recommendations to address the need for prenatal care in the Tenderloin neighborhood.
- Increase laboratory (including phlebotomy and radiology) services and adult-oriented primary care services in the Bayview-Hunters Point and Visitacion Valley neighborhoods.
- Partner with the Mayor’s Office of Housing and any successor to the City’s Redevelopment Agency to develop criteria for locations for future affordable housing to ensure that low-income

households are provided housing options in locations that have robust connections to health care and wellness opportunities.

2. The HCSMP should promote the integration of behavioral health and medical care services.

- For the severely mentally ill, explore implementing a patient-centered medical home model in which a mental health care provider leads an integrated team of service providers, including primary care practitioners.
- Explore the connection between specialty mental health services and Medi-Cal managed care for Medi-Cal beneficiaries.

3. The HCSMP should ensure that San Francisco has a sufficient capacity of long-term care options for its growing senior population and for persons with disabilities, increasing their ability to live independently in the community.

- Prioritize community-based services to help seniors and persons with disabilities live independently in the community.
- Work in collaboration with the Department of Aging and Adult Services to promote a continuum of community-based long-term supports and services, such as home care to assist with activities of daily living, home-delivered meals, and day centers. Such services should address issues of isolation as well as seniors' basic daily needs.
- Advocate for California to expand Medi-Cal long-term care services through the Home- and Community-Based Services 1915(i) state plan option.

4. The HCSMP should ensure that health care and support service providers have the cultural, linguistic, and physical capacity to meet the needs of San Francisco's diverse population.

- Electronic health records must capture key patient data to facilitate the provision of culturally and linguistically competent care.
- Support workforce development and diversity efforts to develop a health care and home-based services workforce that reflects community characteristics (e.g., race/ethnicity, cultural and linguistic background, etc.) and increases provider supply and patient satisfaction in underserved areas.
- At intake, providers or qualified clinic staff should assess the health literacy and cultural/linguistic needs of the patient, so care may be tailored to each patient's needs.
- Building on the model of the National Physician's Post-Exposure Prophylaxis Hotline, expand the availability of provider "warm lines" to foster the exchange of information – including best practice information on the provision of culturally competent services – in San Francisco.

5. The HCSMP should ensure that San Francisco residents – particularly those without regular car access – have available a range of appropriate transportation options (e.g., public transportation, shuttle services, bike lanes, etc.) that enable them to reach their health care destinations safely, affordably, and in a timely manner.

- Support the recommendations of the Municipal Transit Authority’s Transit Effectiveness Project, which is expected to positively impact passenger travel times on high ridership routes, including those that service San Francisco’s major health care facilities.
- Develop health care transit options beyond the public transportation system (e.g., more bike lanes, health care facility shuttle service, etc.) to increase health care access for those without regular car access and in places where public transportation is often a barrier to health care services (e.g., neighborhoods in San Francisco’s southeast corridor).
- Develop a mobility training program for older adults to help them retain independence, access to health care and other opportunities. This will become especially important as San Francisco’s aging population grows.
- For new and expanding Medical Uses subject to an HCSMP Consistency Determination, develop standards to ensure health care access via appropriate contributions to transportation choices and/or the direct provision of transportation choices (e.g., shuttle services).
- Ensure that special consideration is given to how the consolidation or retention of transit stops will impact access to health care services from sensitive uses such as housing for seniors and persons with disabilities who may regularly need health care services.
- Promote ongoing collaboration with SFMTA and SFCTA staff to consider pedestrian safety near health care facilities as well as how safety may be impacted by ongoing transportation planning and projects. Such collaboration would help identify hazards such as heavy traffic volumes and high traffic speeds near these facilities and would ensure that such issues are addressed with pedestrian safety engineering improvements to protect vulnerable populations (e.g., seniors, people with temporary and/or permanent disabilities, families with younger children).
- Work with health care and transit providers to publicize transportation options to clinics during clinic hours. This may include but not be limited to providing relevant bus information in providers’ offices.

6. The HCSMP should, to maximize service effectiveness, encourage collaboration between San Francisco’s existing health and social services networks and the community.

- Support collaborations between medical service providers and existing community-based organizations with expertise in serving San Francisco’s diverse populations.
- Support inter-health system collaboration (e.g., via provider consultation hotlines, systems support for electronic health records adoption and implementation) that offers potential for improving care access, the patient experience, and health outcomes.
- Leverage medical and community-based resources to provide wellness services.
- Support collaboration between San Francisco clinics and United Way to ensure that the 2-1-1 system reflects information on all clinics and services.
- Publicize collaboration outcomes.

7. The HCSMP should address identified social and environmental factors that impede access to care, including but not limited to violence and safety issues.

- Advance an actionable “Health in All Policies” (HiAP) policy for the City. HiAP is an approach that looks at all policy-making through a health lens with the objective of promoting and protecting the health of the population by addressing the social and physical environment influences on health.
- Establish “health safety zones” around health facilities to ensure patient safety, reduce fear, and increase appropriate health care service use.
- Continue to support the expansion of permanent supportive housing and other affordable, safe housing options.

8. The HCSMP should facilitate the advancement of sustainable health information technology systems that are interoperable and that increase access to health care and wellness services.

- Incentivize the implementation of interoperable computerized resources that protect patient privacy, enable patient access to records, and communicate important patient health information between providers.
- Support technology-based solutions that expand access to health services, such as telehealth (e.g., video medical interpretation, remote health monitoring, etc.). Such technology must be provided in a culturally and linguistically competent way, tailored to the needs of the target population, and accessible to San Francisco’s vulnerable populations.
- Ensure that electronic health records capture key patient data and are interoperable by supporting ongoing technical assistance and support.
- Ensure integration of support service information (e.g., receipt and source of case management services) in electronic health records to paint a more complete picture of each patient’s health.
- Assess level of local will to support the National Association of Community Health Centers’ federal advocacy efforts on behalf of safety net clinics, including advocacy to reduce undue administrative burdens on Community Health Centers, which cannot receive Medicare and Medicaid Electronic Record incentive payments directly.

9. The HCSMP should improve local health data collection and dissemination efforts.

- Improve collection, availability, and understandability of data on San Francisco’s existing health care resources (e.g., the physical location of health care providers by type and population served).
- Gather and disseminate more data about the connection between safety and public health.
- Disseminate relevant health status data to health care providers when they may be able to affect key indicators of population health through their individual patient care decisions.

10. The HCSMP should require implementation of a land use framework that responds to needs identified by the HCSMP TF. The HCSMP TF encourages the Departments of Public Health and Planning to explore incentives for the development of needed health care infrastructure. Incentives should be designed to facilitate and expedite projects that meet the goals of the HCSMP TF, such as:

- Health care facilities that serve Medi-Cal and/or uninsured patients, particularly in underserved neighborhoods.
- Urgent care centers or hybrid models of emergency care and urgent care.
- New, innovative, or integrative models of health care service delivery that improve access for vulnerable patients, such as the integration of behavioral health and primary care services.
- Those that provide transportation options (e.g., taxi vouchers, shuttles, other innovative transportation options, etc.) from low-income communities – particularly those with transportation access barriers – to health care.
- For providers that demonstrate the ability and commitment to provide and facilitate access to specialty care for underserved populations (e.g., transportation assistance, mobile services, and/or other innovative mechanisms).
- Projects that demonstrate the existence of partnerships between and among existing providers, such as the medical community (including private sector providers), schools, etc. to leverage their expertise and resources to provide needed and accessible services.
- New facilities (e.g., publicly available walking space, exercise equipment and classes) that advance health promotion, disease prevention, and overall wellness.

11. The HCSMP should ensure “healthy” urban growth: Assess the need for future facility development and plan for San Francisco’s evolving health care needs.

- Plan with an eye to the future: As part of each HCSMP update cycle, Planning, in collaboration with DPH, should review the pipeline of residential development projects in the city. For significant projects and/or expected areas of new growth, evaluate the potential impact on neighborhood residents’ future health care needs and plan for adequate health care facility siting and/or service connectivity (e.g., through public transportation).
- Promote transportation service connectivity and on-site transit coordination by large-scale development projects, particularly those serving seniors, persons with disabilities, or other populations with limited mobility options. Such projects should employ a range of transportation demand management strategies (e.g., shuttle service, gurney service, to address the project’s impact and utility for the community).
- Explore ways to ensure that large development projects (e.g., new housing development) that affect health care utilization address increased demand for health care services (e.g., health impact fee) or provide other mitigations (e.g., public spaces for physical activity, other community benefits).
- Support the expansion of networks of open spaces and physical recreation facilities, including the network of safe walking and biking facilities.
- In a future iteration of the HCSMP, explore the “geographic sensitivity” of health access – and health outcomes – to specific services. For example, people may benefit from having certain types of health services available in their neighborhood (e.g., primary care, prenatal care), but other types of health services (e.g., specialty care) may be more appropriately provided in

centralized locations due to the need for special equipment, proximity to other specialists or sub-specialists, etc.

12. The HCSMP should foster the development of cost-effective health care delivery models that address patient needs.

- Use nurse practitioners and physician assistants to the full extent of their training.
- Increase flexibility between primary care and specialty care (e.g., specialty mental health) provider roles. Such flexibility might include:
 - Allowing specialists with a history of treating patients with certain conditions to serve as those patients' primary care provider;
 - Better equipping primary care providers to manage chronic conditions to maximize the appropriate use of specialists; and/or
 - Creating a health care delivery framework that allows for a shared scope of responsibilities between primary care providers and specialists that best supports the patient care experience.

Appendix A: HCSMP Task Force Membership Roster

Name	Representing
Dr. Tomás Aragón, Task Force Co-Chair	San Francisco Department of Public Health
Roma Guy, Task Force Co-Chair	At-Large Seat
Kathy Babcock	San Francisco Unified School District
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 (Alternate: Donna Willmott)	Planning for Elders in the Central City
Cecilia Chung	San Francisco Health Commission
Masen Davis (Alternate: Kara Desiderio)	Transgender Law Center
Regina Dick-Endrizzi	Small Business
Linda Edelstein	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
Elizabeth Ferber	Kaiser Permanente
David Fernandez	LGBT Executive Directors Association
Steve Fields	Human Services Network
Claudia Flores (Alternate: Elizabeth Watty)	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 (Alternate: Melissa White)	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
Judy Li (Alternates: Emily Webb, Russell Lee)	California Pacific Medical Center
Mary Lou Licwinko	San Francisco Medical Society
Le Tim Ly	Chinese Progressive Association
Anson Moon	San Francisco General Hospital and Trauma Center
Timothy N. Papandreou (Alternates: Carli Paine, Frank Markowitz)	San Francisco Municipal Transit Authority
Roxanne Sanchez	Service Employees International Union Local 1021
Ellen Shaffer	At-Large Seat
Christina Shea	Asian Pacific Islander Health Parity Coalition
Ron Smith	Hospital Council of Northern California
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
Randy Wittorp	Kaiser Permanente
Abbie Yant (Alternates: Allan Fox, Shay Strachan)	St. Francis Memorial Hospital