FINAL MEETING OF HEALTH CARE SERVICES MASTER PLAN TASK FORCE

Thursday, May 24, 2012
HCSMP Task Force Accomplishments

- Sustained community dialogue + engagement.
- Shared expertise + thoughtful discussion of local health data and issues affecting San Francisco’s health care future.
- Cultivated city-/county-wide awareness of health care access needs of San Francisco’s vulnerable populations.
- Developed range of policy recommendations for consideration by SFDPH and Planning.
Land Use Framework + Possible Incentives
Final Task Force Report:
Recommendation 10

The HCSMP should require implementation of a land use framework that responds to needs identified by the HCSMP Task Force. The HCSMP Task Force encourages DPH 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 Task Force.
Sample Planning Code Changes

Specific changes to San Francisco’s Planning Code could help achieve HCSMP goals. For example, amend the Planning Code:

- To require that the Planning Commission make HCSMP-specific “findings” during approval for certain Medical Use projects.
- To emphasize a global approach to public health. For example, by prohibiting liquor stores and bars but permitting grocery stores and gyms around specified health care facilities.
Sample Land Use Incentives

- Certain land use incentives could help achieve HCSMP goals. For example:
  - **Priority Processing:** Expedites project review
    - **Current Examples**
      - Hospital seismic retrofit projects
      - Affordable housing projects
      - Green building projects
  - **Fee Deferrals:** Postpones payment of a percentage of required impact fees
    - **Current Example**
      - All projects subject to the applicable fees may request fee deferrals (expires 2013)
Finalizing HCSMP Process Incentives

Before finalizing HCSMP process incentives:

1. Planning and SFDPH will review Task Force recommendations to identify:
   - What uses/features/services should be incentivized and where?
   - What could Planning regular and/or analyze differently to achieve better health outcomes?

2. Planning and SFDPH will collaborate with industry/providers to assess what types of incentives would facilitate HCSMP goals.
Final Task Force Report
Final Task Force Report: Overview of Changes

- Reframed Introductory Narrative
  - Highlights importance of broader policy goals
  - Clarifies how Task Force recommendations fit into larger HCSMP development process
  - Emphasizes importance of wellness as component of health

- BARHII Model

- Areas for Future Consideration
Final Task Force Report: Overview of Changes

- **Recommendations**
  - Clarified that all recommendations are directed to SFDPH and Planning
  - Importance of outreach, education, and support services (e.g., navigation) highlighted
  - Recommendation 5 created to capture importance of transportation for health care access
  - Language clarifications requested by Task Force made
    - **Examples**
      - Rec 3, Long-Term Care: More inclusive of persons with disabilities
      - Rec 7, Health Safety Zones: Language more inclusive, focused on reducing fear
  - Language generally stronger
Final Task Force Report: Next Steps

1. At final meeting, share additional thoughts + requests for changes.

2. No later than Friday, June 1, 2012, submit any additional changes via email to Colleen Chawla (colleen.chawla@sfdph.org) and Lori Cook (loraine.cook@sfdph.org).

3. SFDPH will finalize the Task Force per Task Force comments.

4. In June 2012, SFDPH will email the final report to all Task Force members and interested parties and will post the final report to the HCSMP Task Force web page.
What Happens Next
HCSMP Timeline

1. • Release of Draft and Public Comment Period
   • Anticipated Fall 2012

2. • Draft Consideration by Health and Planning Commissions
   • Anticipated Winter 2012-2013

3. • Final approval by Board of Supervisors
   • No deadline but expected Summer 2013

Every 3 Years
• HCSMP updated
HCSMP Critical Component of Broader Community Health Improvement Effort

- **Health Care Services Master Plan**
- **Hospital Community Health Needs Assessment**
- **Public Health Accreditation**

**CHA CHSA**

**Community Health Assessment (CHA)**
A process that engages the public health system, health care providers, and community members to systematically collect and analyze qualitative and quantitative health-related data from a variety of sources.

**Community Health Status Assessment (CHSA)**
The collection and analysis of core indicators (data elements) to answer the question, “How healthy are San Franciscans?” to inform community decision-making, the prioritization of health problems, and the development and implementation of community health improvement plans.

**Community Health Improvement Plan (CHIP)**
**Community Vital Signs (CVS)**
An action-oriented plan outlining the priority community health issues and how these issues will be addressed, including strategies and performance measures, to improve the health of the community.

- **Hospital Community Benefits Plans**
- **DPH Strategic Plan**

**Improved Community Health**
Continued Engagement

- DPH will keep HCSMP TF updated on status of HCSMP development and milestones
- Community Health Improvement Process efforts will continue into the summer
- DPH will connect HCSMP TF to broader Community Health Improvement Process efforts
THANK YOU!