Health Care Services
Master Plan Task Force

July 27, 2011
Opening remarks

+ Barbara A. Garcia
  ▪ Director of Health, San Francisco Department of Public Health (SFDPH)

+ Roma Guy
  ▪ HCSMP Task Force Co-Chair

+ Dr. Tomás Aragón
  ▪ HCSMP Task Force Co-Chair
Today’s agenda

1. Opening remarks (10 min)
2. Agenda review & introductions (20 min)
3. Overview of HCSMP ordinance (10 min)
4. Task Force member orientation (20 min)
5. Task Force discussion (55 min)
6. Public comment (25 min)
7. Closing comments & next steps (10 min)
Ground rules

+ **Share the floor** – give everyone an equal opportunity to speak
+ **Stay on point** – focus on topics under discussion and TF purview
+ **Show respect** – treat others with respect and courtesy
+ **Look for common ground** – work toward what is mutually acceptable
+ **Be present** – turn off or silence cell phones, avoid checking email
+ **Raise your hand** – wait to be recognized before speaking
+ **Others?**
Introductions

+ What is your name?
+ What organization or group do you represent?
+ What do you bring that will contribute to the success of this Task Force?

+ Limit yourself to 30 seconds
SAN FRANCISCO HEALTH CARE SERVICES MASTER PLAN: OVERVIEW

Presentation to the Health Care Services Master Plan Task Force
July 27, 2011
Lori Cook, Senior Health Program Planner
Overview

- Ordinance Requirements
  - Overview of the Ordinance
  - Development of the HCSMP
  - Consistency of Land Use with HCSMP
Overview of the Ordinance

- Health Care Services Master Plan (HCSMP) Ordinance (no. 300-10)
- Sponsored by Supervisor Campos
- Effective 1/2/11
- Requires the development of a HCSMP for San Francisco
- HCSMP to be used as a guide for land use decisions for health-care related projects
Development of the HCSMP

- Elements of the Plan
  - Health System Trends Assessment
  - Capacity Assessment
  - Land Use Assessment
  - Gap Assessment
  - Historical Role Assessment
  - Recommendations
Development of the HCSMP (cont.)

- Public Process
  - 2 publicly-noticed informational meetings during HCSMP development
  - 30-day comment period on draft HCSMP
  - Joint Health Commission and Planning Commission hearing
  - Additional hearings, if necessary
  - Approval by Health Commission and Planning Commission
Timelines

- Draft HCSMP due by 1/2/12
- No deadline for final HCSMP approval
- Effective date of land use provisions
  - 1/2/13; or
  - adoption of HCSMP by Board of Supervisors
  - whichever is later
- HCSMP to be updated every three years
Consistency of Land Use with HCSMP

- **Consistency Determination Application**
  - Required for “medical use” projects that meet certain size thresholds
  - To determine whether the project is consistent with the HCSMP
  - Planning Department to assess consistency
  - Planning Department may charge a Consistency Determination Fee

- **Project Size Threshold**
  - Any *change* of use to a medical use $\geq 10,000$sf; or
  - Any *expansion* of an existing medical use $\geq 5,000$sf
Consistency of Land Use with HCSMP (cont.)

- **Definition of Medical Use**
  - Services by health-care professionals licensed by a State Board
    - e.g., physicians, surgeons, dentists, podiatrists, psychologists, psychiatrists, acupuncturists, chiropractors, etc.
    - Excludes massage therapists
  - Clinics providing outpatient care in medical, psychiatric or other health services
  - Public or private hospitals, medical centers, or other medical institutions
Consistency of Land Use with HCSMP (cont.)

- **Consistent Applications**
  - Planning Department to issue a Consistency Determination

- **Inconsistent Applications**
  - Application submitted to Health Commission for review at a public hearing
  - Health Commission may:
    - Issue findings that the application is consistent; or
    - Make recommendations to achieve consistency
  - Planning Commission determines whether to issue a Consistency Determination
Consistency of Land Use with HCSMP (cont.)

- **Project Approval**
  - Planning Department may not approve any permit or entitlements for a medical use project that does not have a Consistency Determination
  - Exception provided when countervailing public policy considerations exist

- **Appeals**
  - Appeals may be made to the Board of Supervisors or the Board of Appeals
  - May reverse Planning Department decision
Alignment with DPH Mission and Planning Activities

**DPH MISSION**
The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans. The San Francisco Department of Public Health shall:

- Assess and research the health of the community
- Develop and enforce health policy
- Prevent disease and injury
- Educate the public and train health care providers
- Provide quality, comprehensive, culturally proficient health services
- Ensure equal access to all

**OTHER PLANNING ACTIVITIES**
- Integrated Delivery System Planning
- Public Health Department Accreditation
- 5-year Budget Planning
- Building a Healthier San Francisco / Community Vital Signs
The WHO Systems Framework

System Building Blocks

- SERVICE DELIVERY
  - HEALTH WORKFORCE
  - HEALTH INFORMATION SYSTEMS
  - ACCESS TO ESSENTIAL MEDICINES
  - FINANCING
  - LEADERSHIP/GOVERNANCE

Access

Coverage

Quality

Safety

Overall Goals / Outcomes

- IMPROVED HEALTH (level and equity)
- RESPONSIVENESS
- SOCIAL AND FINANCIAL RISK PROTECTION
- IMPROVED EFFICIENCY

The Six Building Blocks of a Health System: Aims and Desirable Attributes
Desired Outcomes

- The HCSMP will be:
  - A tool that the Planning Department can use to make land use decisions for medical use projects
  - A tool that DPH and other health care stakeholders can use for planning purposes
  - A tool that the Mayor and Board of Supervisors can use to understand health needs and priorities
Focus Areas of the HCSMP Task Force

- Focus is on access to health care services with particular emphasis on under-served populations
  - Access – ability to obtain needed services; affected by geographic, cultural, linguistic, and financial factors
  - Under-served populations – those disproportionately identified with health disparities, high disease burden, mortality, or lack of insurance; may be geographic (i.e., place-based) or demographic (e.g., age)
  - Services – those identified as most needed and used by under-served populations
Questions?
Task Force Member Orientation
Member roles & responsibilities

+ The HCSMP Task Force is an advisory body

+ Responsibilities
  - Participate in six meetings between now and May
  - Review data, research, and analysis
  - Contribute expertise regarding health care in SF
  - Solicit community participation & hear public comment
  - Develop recommendations that incorporate community feedback for consideration by DPH
Timeline and key dates

Planning & Orientation
- Jul 7/27 Task Force Launch Meeting
- Sept 9/22 Local Meeting #1
- Nov 11/17 Local Meeting #2
- Jan 2012
- Neighborhood Meetings
- Jan 1/02 HCSMP Draft
- 1/26 Local Meeting #3
- March 3/22 Local Meeting #4
- Review Draft & Make Recommendations
- May 5/24 Final Task Force Meeting
- Sept – Jan 2013
- HCSMP draft heard by Health Comm. and Planning Comm.
- Revise & Adopt HCSMP
- Jun Final approval by Board of Supes
Decision making

- The Task Force will strive for **consensus** in developing recommendations to DPH
- **2/3 majority** where consensus cannot be reached
Four neighborhood meetings

- Mission, Bernal, and Excelsior
- Chinatown & Central City (i.e., TDL, SOMA, Civic Center)
- Southeast (BVHP, Vis Valley, Potrero Hill)
- Northwest (Richmond, Sunset, Western Addtn)

Siting based on analysis of Health Matters risk indicators

<table>
<thead>
<tr>
<th>Alcohol Abuse</th>
<th>Bacterial Pneumonia</th>
<th>Heart Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care Sensitive Conditions</td>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>Preventable ER Visits</td>
</tr>
<tr>
<td>Asthma</td>
<td>Diabetes</td>
<td></td>
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</tbody>
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Neighborhood meeting format

1. Opening remarks (5 min)
2. Agenda & introductions (20 min)
3. Overview of HCSMP (10 min)
4. Review of key data & population trends (20 min)
5. Public comment (60 min)
6. Task Force discussion (25 min)
7. Closing comments & next steps (10 min)
## Key data and population trends

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicators by Neighborhood and Citywide</th>
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</thead>
<tbody>
<tr>
<td>Neighborhood characteristics</td>
<td>Age, ethnicity, families with children, poverty, education, language, schools/parks, homelessness</td>
</tr>
<tr>
<td>Health care resources</td>
<td>Health coverage, healthcare facilities, density of PCPs</td>
</tr>
<tr>
<td>Health Status</td>
<td>Birth rate, mortality, health conditions, preventable ER visits, substance use, obesity, children’s health</td>
</tr>
<tr>
<td>Environmental health</td>
<td>Air quality, housing quality, walkable and bikable areas</td>
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<tr>
<td>Neighborhood-specific data</td>
<td>TBD, depending on available data</td>
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</tbody>
</table>
Expectations

+ Come prepared and on time to all Task Force meetings
+ Participate fully and honestly
+ Be reflective - listen, ask questions, and educate yourself
+ Reach out to organizations you represent, and other stakeholders as appropriate, to gather input and ideas
+ Participate in identifying, reviewing, and analyzing recommendations
+ Designate alternates in advance and brief them fully
Task Force Discussion
Guiding Principles

What principles should guide the work of the Task Force?
Health care access

- What elements of access are essential to consider given San Francisco’s unique context?
  - Geographic factors
  - Cultural factors
  - Linguistic factors
  - Financial factors
  - Others?
Community outreach & engagement

Outreach strategies
- Dedicated page on DPH website
- Email distribution list
- Outreach by DPH staff
- Outreach by Task Force members
- DPH Fast Facts

Engagement strategies
- Public comment at meetings
- Written comments at meetings and via email (hcsmptf.dph@sfdph.org)
- Translators available at meetings
- Supplemental stakeholder interviews and meetings
- Review of relevant data submitted to DPH
Public Comment
Next steps

- Summary of today’s meeting posted 10 business days from today
- Agenda and meeting materials for next meeting posted 3 days in advance
- Next meeting:
  
  September 22, 5:00 pm – 7:30 pm  
  Bernal Heights Neighborhood Center  
  515 Cortland Avenue
Future Task Force Meetings

+ September 22, 5:00 pm – 7:30 pm
  - Bernal Heights Neighborhood Center
+ November 17, 5:00 pm – 7:30 pm
+ January 26, 2012, 5:00 pm – 7:30 pm
+ March 22, 5:00 pm – 7:30 pm
+ May 24, 2:00 pm – 4:30 pm
  - Final Task Force Meeting
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