

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

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

Overview of the Ordinance

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- 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

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- Elements of the Plan
 - Health System Trends Assessment
 - Capacity Assessment
 - Land Use Assessment
 - Gap Assessment
 - Historical Role Assessment
 - Recommendations

Development of the HCSMP (cont.)

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□ 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

Development of the HCSMP (cont.)

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□ 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

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- 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 $\geq 10,000\text{sf}$; or
 - ▣ Any **expansion** of an existing medical use $\geq 5,000\text{sf}$

Consistency of Land Use with HCSMP (cont.)

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- 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.)

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- 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.)

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- 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

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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:

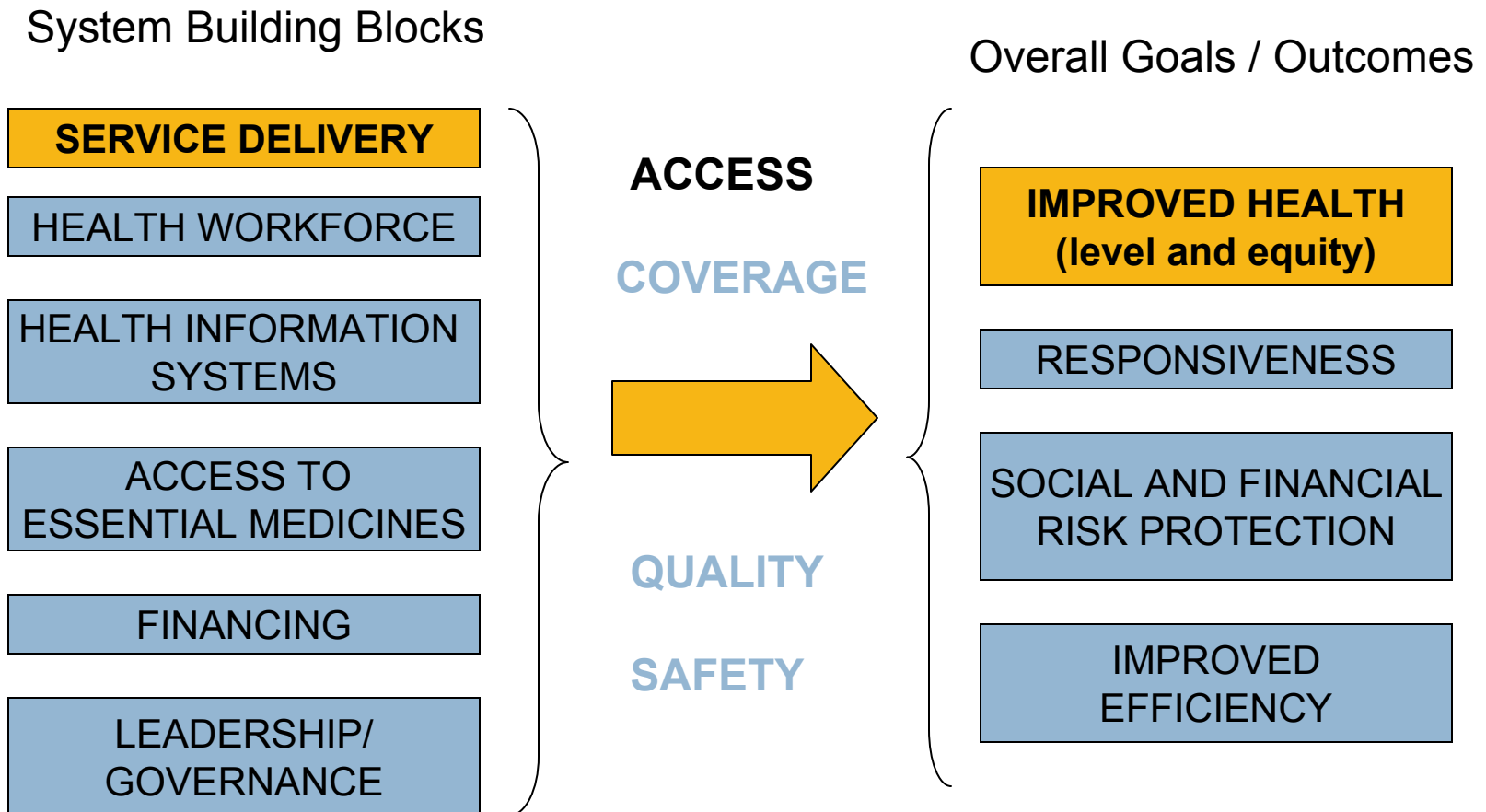
- Assess and research the health of the community
- Develop and enforce health policy
- Prevent disease and injury
- Educate the public and train health care providers
- Provide quality, comprehensive, culturally proficient health services
- Ensure equal access to all

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

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

Desired Outcomes

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- 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

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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



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

Alcohol Abuse	Bacterial Pneumonia	Heart Failure
Ambulatory Care Sensitive Conditions	Chronic Obstructive Pulmonary Disease	Preventable ER Visits
Asthma	Diabetes	

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

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

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 (hcsmpf.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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