

Health Care Services Master Plan Task Force

Meeting Minutes – May 24, 2012

2 to 4:30 pm, San Francisco City Hall, Room 305

Key themes from public comment and Task Force discussion:

- **Collaboration.** Collaboration and partnership are critical for residents to be able to advocate for their communities, especially for communities that face major health inequities.
- **Accountability.** Health Care Services Master Plan (HCSMP)_recommendations should specify the party(ies) responsible for realizing each objective. The HCSMP must hold leadership accountable for action.
- **Community Support for Health Facility Planning.** Health care facility planning is most successful when done with community support. While certain projects may meet crucial community needs, it is also important that these projects are also supported by the community and do not exacerbate existing community health problems, real or perceived.

1. **Welcome and agenda review: Clare Nolan, Harder+Company; Dr. Tomás Aragón and Roma Guy, Task Force Co-Chairs.** Ms. Nolan reviewed the agenda. Dr. Aragón and Ms. Guy provided opening remarks and spoke on Task Force accomplishments to date.
2. **Comments from Supervisor David Campos and Barbara Garcia, Director of the Department of Public Health.** Supervisor Campos and Ms. Garcia expressed their appreciation for the work of the Task Force and also for community participation in the HCSMP process. Both Supervisor Campos and Ms. Garcia look forward to the individual and community health outcomes expected from HCSMP recommendation implementation.
3. **Discussion of Revised Task Force Report.** Elizabeth Watty, Planning Department, presented examples of possible land use incentives that could support HCSMP Task Force Recommendation. Ms. Watty also explained the process by which final incentives will be selected for inclusion in the final HCSMP. Lori Cook, Department of Public Health, next provided an overview of changes made to the draft of the HCSMP Task Force final report since the April 26, 2012 Task Force meeting. She noted that Task Force members may provide additional feedback via email if submitted by close of business Friday, June 1, 2012. Hard copies with written comments were also accepted during the May 24 meeting.

Following the presentation, HCSMP Task Force members made the following comments regarding the draft of its final report:

- The wording of HCSMP recommendations matters, as certain language may result in unintended consequences. For example, Task Force members advised against using language such as “prohibit” in recommendations.
- When proposing health care facilities, there should be a careful review of needs, as well as attention to potentially adverse consequences, such as displacement of residents.
- The Task Force is only one source of input; the final HCSMP will go through other reviews at key points in its development.
- The following issues should be acknowledged in the report: Seniors and persons with disabilities and their mobility and transportation needs, the need for increased promotion of bicycle safety, and further discussion of disease prevention and health promotion.
- The final report should include written acknowledgement of the report’s authors and contributors.
- The final report should acknowledge that more data collection, analysis, and discussion of health care costs are needed than could be accommodated in initial planning.
- Incorporate language regarding the importance of developing, demonstrating, and monitoring interventions that reduce preventable hospital admissions and unnecessary emergency room visits.
- Make linkages between the data collected and presented by Harder+Company, community input, and Task Force recommendations.
- Note the importance of assessing how new projects contribute to HCSMP goals (i.e., metrics).

4. **Timeline and Next Steps: Colleen Chawla, Department of Public Health.** Ms. Chawla reviewed the HCSMP timeline and reminded the group that the HCSMP is one component aligned with broader community health improvement efforts. The Department will keep Task Force members and interested parties informed of key milestones in the completion of the full HCSMP. In response to Ms. Chawla’s presentation, Task Force members made the following comments:

- Leadership (e.g., the Board of Supervisors, San Francisco Health Commission, etc.) must be made aware of the SFDPH costs associated with developing and implementing a HCSMP every three years. As the HCSMP goes through its review process, SFDPH and Planning must hold leadership accountable for realizing the aims of the HCSMP. For example, consider televising Health Commission meetings. Such action will further benefit the community by educating members of the public about the HCSMP and its intent as well as other current health issues.
- Land use-specific recommendations are one means by which SFDPH and Planning will use the HCSMP; the final HCSMP will also be used as a roadmap to guide health planning efforts more broadly.
- The HCSMP will be reviewed three years from now, at which point these conversations may look different, depending on the timeframe and how health care reform and economic conditions play out.

5. **Public Comment:** Ms. Nolan reviewed the public comment guidelines and invited members of the public to speak. All speakers identified themselves by name and stated the organization and/or neighborhood they represented.

Eight individuals spoke. Key topics raised in public comment include:

- **Community Health Issues Facing Bayview-Hunters Point.** Several members of the public indicated that the Bayview-Hunters Point neighborhood lacks services that appropriately address the major health issues of the community. Provision of these services must be reconciled with toxicity concerns.
- **Need for Community Leader Involvement.** Community leaders must be involved in key decision-making processes that affect their communities.

Specific public comment included the following:

- **Francisco Da Costa, resident:** It is important to ask questions about quality of life issues for all planning projects. Innovative thinking is necessary to create new models for how planning can play a positive role in community health.
- **Espanola Jackson, Bayview advocate and resident:** 3450 Third Street was re-zoned in order for a wellness clinic to be built there, but this area is a toxic site. In addition, the community was not aware of the plans to construct a clinic there. Only a few people in the community knew about the HCSMP Task Force meetings in the Bayview-Hunters Point community, as many do not have access to email. This area should be re-zoned back to what it was before (i.e., a PDR-2 zoning district).
- **Veronica Shepard, Bayview Health and Wellness Center:** It is critical to consider how community leaders and organizations will be able to translate the HCSMP Task Force’s work to those they serve – especially those with health literacy challenges – so they can remain involved as the final HCSMP is developed and implemented. Key community members must be part of any discussion and decision-making process that involves their communities to ensure accountability.
- **Deandra Bryant, Bayview resident:** Many kids in this community have experienced trauma. While toxicity issues concern the community, a wellness center is needed to address the needs of these youth and mitigate triggers of violence.
- **Stephanie Alvarenga, Bayview Health and Wellness Center:** The proposed wellness center would benefit youth in the Bayview-Hunters Point community and serve as an outlet for them to speak with others who understand the issues they face.
- **Kissi Carpenter, Bayview resident:** While the wellness center is greatly needed, its location is not ideal. The Bayview-Hunters Point community experiences various health disparities and needs more services for people experiencing homelessness, drug and alcohol abuse, and mental health issues. There also needs to be more facilities focused on services for children. *NOTE: Since the May 24 meeting, Ms. Carpenter emailed the Task Force to retract her public comment. After independent research, Ms. Carpenter now supports the proposed wellness center to be located at 3450 3rd Street.*
- **Vanessa Banks, Bayview-Hunters Point Youth Wellness:** Bayview-Hunters Point residents historically seem to be excluded from decisions about their community. Services, such as student counseling, in the Bayview-Hunters Point school district must be restored.
- **Leona Hunter, Bayview resident:** The focus should be shifted away from the toxins in the community and, instead, on developing a centralized health and wellness center for the entire community that has resources that address mental health, drugs, alcohol, and other health issues.

Task Force members noted:

- That current discussion of the planned Bayview wellness clinic represents a need to address specific community issues (e.g., toxicity concerns in Bayview-Hunters Point) by thinking holistically about health in all policies.
- All new health care facility projects should be vetted in the community and should be required to demonstrate that they have community support (e.g. through letters of support) and that they plan to accomplish goals deemed important to the community.
- DPH has a responsibility to ensure that collaboration occurs and should work on developing community capacity and creating dialogues for problem-solving.
- The final report should include stronger language around the importance of engaging people who are active in their communities and of addressing environmental issues that impede service access.
- The Task Force proposed sending a letter to the Department of Public Health noting the public testimony on the proposed Bayview clinic and, because it is outside of the timeline and scope of the work of the Task Force, requesting that the Department of Public Health investigate the concerns that have been expressed.

6. Closing: Ms. Nolan asked Task Force members to provide final thoughts on their participation in this process. In general, Task Force members:

- Appreciated the opportunity to hear from community members and to foster local leadership,
- Gained a deeper understanding of health issues in San Francisco and working outside of their organizations/silos,
- Valued the leadership and facilitation of the meetings,
- Recognized that there are many more health concerns to address, and
- Hoped that the ideas that emerge from this process are translated into action in the three years until the next review of the HCSMP.

Evaluations were collected from Task Force members, and results include:

Statement	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
The meeting was a good use of my time.	6	7	-	-	-
The purpose of the meeting was clear.	6	6	-	-	1
The meeting topic was important to the HCSMP.	8	5	-	-	-
The meeting materials (e.g., agenda, briefing paper) were useful.	9	4	-	-	-
The presentation was helpful.	5	8	-	-	-
The meeting was well facilitated.	10	3	-	-	-
I felt comfortable sharing my ideas with the group.	6	6	1	-	-
SFDPH and the Task Force Co-Chairs will use my contributions to the discussion.	5	7	1	-	-
The meeting format was effective.	8	5	-	-	-
I am likely to come to future HCSMP Issue Meetings.	5	5	-	-	3
I am committed to the HCSMP Task Force.	6	6	-	-	1

Task Force Members

Members in Attendance

Name	Representing
Dr. Tomás Aragón, Task Force Co-Chair	San Francisco Department of Public Health
Roma Guy, Task Force Co-Chair	At-Large Seat
Brian Basinger	AIDS Housing Alliance
Michael Bennett	At-Large Seat
Cecelia Chung	San Francisco Health Commission
Masen Davis	Transgender Law Center
Regina Dick-Endrizzi	Small Business
David Fernandez	LGBT Executive Directors Association
Steve Fields	Human Services Network
Claudia Flores (Alternate: Elizabeth Watty)	San Francisco Planning Department
Stuart Fong	Chinese Hospital
Jay Harris	UCSF Medical Center
Lucy Johns	At-Large Seat
Perry Lang	BCA/Rafiki Wellness, African American Leadership Group
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Judy Li (Alternate: Emily Webb)	California Pacific Medical Center
Le Tim Ly	Chinese Progressive Association
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
Randy Wittorp (Alternate: Elizabeth Ferber)	Kaiser Permanente
Abbie Yant	St. Francis Memorial Hospital

Members Not in Attendance

Name	Representing
Kathy Babcock	San Francisco Unified School District
Margaret Baran	Long-Term Care Coordinating Council
Aine Casey	Independent Living Resource Center
Eddie Chan	Northeast Medical Services
James Chionsini	Planning for Elders in the Central City
Linda Edelstein	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
John Gressman	San Francisco Community Clinic Consortium
Dr. Michael Huff	African American Health Disparities Project
Paul Kumar	National Union of Healthcare Workers
Mary Lou Licwinko	San Francisco Medical Society
Anson Moon	San Francisco General Hospital and Trauma Center
Timothy N. Papandreou	San Francisco Municipal Transit Authority
Roxanne Sanchez	Service Employees International Union Local 1021
Kim Tavaglione	California Nurses Association
Maria Luz Torre	San Francisco Health Plan Advisory Committee
Eduardo Vega	Mental Health Association of San Francisco