1) CALL TO ORDER
Present: Commissioner Sonia E. Melara, President
Commissioner Margine Sako, Vice President
Commissioner Belle Taylor-McGhee
Commissioner Cecilia Chung

Excused: Commissioner Edward A. Chow M.D.
Commissioner David J. Sanchez
Commissioner Catherine Waters

The meeting was called to order at 4:11 pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 17, 2012.

Action Taken: The minutes of the July 17, 2012 Health Commission meeting were unanimously approved.

3) DIRECTOR'S REPORT
Barbara A. Garcia, Director of Health, presented the report which is a current overview of the state of public health in San Francisco. The full report can be viewed at:
http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp

State Legislative Update
The State legislature will wrap up its current two-year session later this month, but I want to give you a brief update on health legislation as it currently stands. Attached to Director's Report is a summary of all of the bills that either continue to make their way through the legislature or that the City and County of San Francisco has taken an official position. Once the legislature completes its session on August 31 and the Governor has taken action to sign or veto bills prior to the September 30 deadline, I will provide you with an updated summary.

Jail Psychiatric Services Develops Crisis Intervention Training to Improve Services
As the mental health providers in the San Francisco City and County Jail, Jail Psychiatric Services (JPS) has worked collaboratively with the San Francisco Sheriff's Department (SFSD) for many years. While there has
been a long history of chronically mentally ill individuals being housed in this forensic setting, there has recently been a dramatic increase in both the population and severity of clients being seen. In response to this, JPS has partnered with SFSD to develop an intensive Crisis Intervention Training (CIT) that is designed to improve the quality of services provided to the mentally ill population and ensure that staff treats clients in a respectful way. Since November 2011, JPS has trained 60 deputies. The feedback from the deputies has been positive and JPS looks forward to continuing to work with the sheriff’s department to help provide high quality services for chronically mentally ill inmates.

SHARP Scholars to Present at Research Symposium
As the Commissioners may recall, in June we announced that the AIDS Research program had been awarded a five-year National Institutes of Mental Health R25 grant to develop a 12-week summer-mentored research experience for college students from under-represented backgrounds in science. Jonathan Fuchs, MD and Willi McFarland, MD, selected four scholars from over 100 applicants to begin their research studies in June 2012 under the Summer HIV/AIDS Research Program (SHARP). As a capstone to the program, each of the SHARP scholars and several other summer scholars from the AIDS Office will be presenting on their research projects at the AIDS Office Research Symposium at 25 Van Ness Avenue, Suite 70 on August 17th from 4:00 p.m.-7:30 p.m., including time for mixing and refreshments. I urge the Commissioners and any member of the public interested in supporting these emerging scholars to attend this research symposium. We are grateful to these young scholars who are on track to become the next generation of researchers and scientists in the field of HIV/AIDS research.

Service Excellence Training
Service Excellence Training began in June and will run through mid-August. The training focuses on the staff and patient experience and introduces practical tools for working with patients and each other. So far over 3000 staff and 300 leaders from SFGH, Laguna Honda and COPC have attended Service Excellence Training, and 91% of attendees have rated the trainings as “excellent” and “good.” This is just the beginning of many process improvement activities and trainings to help us create an environment where patients and staff are always valued and respected.

San Francisco General Hospital and Trauma Center Releases ‘It Gets Better’ Video
A screening for SFGH It Gets Better video, http://youtu.be/6_QqYWWyJnk, was held at the SFGH Wellness Center on July 24th, with several of the featured staff in attendance. San Francisco General Hospital and Trauma Center created the video with inspiring messages of support to lesbian, gay, bisexual and transgender (LGBT) youth who may be struggling with rejection, bullying or even thoughts of suicide.

Weight of the Nation Screening
On July 18, Kaiser Permanente, DPH and Shape Up SF partnered to screen Weight of the Nation, Part 4: Challenges. Emceed by Loel Solomon of Kaiser Permanente, over 100 people came to see the HBO documentary and participate in a discussion panel. Tomas Aragon, MD, Health Officer; Cheryl Davis, Bayview HEAL Zone Coordinator; Kristine Madsen, MD, UCSF; and Loel Solomon comprised the panel and responded to local concerns and issues as they relate to healthy eating and active living. Participants also screened a ten minute highlight reel of the Shape Up PE Advocates' PE Champion case studies. The Weight of the Nation can be screened online as well at www.HBO.com.

LHH Wins Orchard: Plans Celebration on August 13
Thanks to online voters who cast 34,582 votes, Laguna Honda will be the recipient of an entire fruit tree orchard from Dreyer’s Fruit Bars and the Fruit Tree Planting Foundation. Their Communities Take Root program awards orchards to the highest vote-getters every year. The planting celebration is scheduled for August 13 at 2 p.m. Many thanks to West of Twin Peaks neighbors who joined hospital residents, staff, volunteers, and families who participated in the online voting.

New Medical Director for Substance Abuse Services
Please join me in welcoming Judith Martin, MD, who has joined San Francisco’s Community Behavioral Health Services in the role of Medical Director for Substance Abuse Services. Dr. Martin is an Addiction Medicine specialist who has been working in the Bay Area with addicted patients and their families since 1987. She
originally trained as a family physician, and later became board certified in addiction medicine. Her latest position was Medical Director at BAART Turk Street Clinic in San Francisco’s Tenderloin district, an integrated care clinic that offers methadone maintenance, buprenorphine maintenance, mental health services, drug counseling, perinatal enhancement care for opioid addicted women and their families, and medical home primary care. Dr. Martin has been President of the California Society of Addiction Medicine, a professional organization of physicians who treat addiction in California, and has extensive experience serving on regional and national boards and committees and has published a number of articles in journals and textbooks.

Staff Abstracts Accepted for Annual Meeting of American Public Health Association
The Maternal, Child and Adolescent Section has had four abstracts accepted for presentation during the 140th American Public Health Association Annual Meeting (October 27 - October 31, 2012) in San Francisco. APHA noted that these abstracts were selected from a large number of excellent submittals and judged to be of high quality and interest.

Medical Respite Featured in Journal Publication
The August issue of Journal of Health Care for the Poor and Underserved features a retrospective study authored by Michelle Schneidermann, MD, Medical Director and Alice Moughamian, Nurse Manager of the Medical Respite program. Medical Respite addresses the care needs of homeless patients post-hospital discharge and is linked to reduced rehospitalization compared with standard discharge. “Leaving before Discharge from a Homeless Medical Respite Program: Predisposing Factors and Impact on Selected Outcomes,” looked at the outcomes for respite patients who left before completing post-acute treatment and discharge plans. Of 860 encounters, 31% ended when a patient chose to leave before discharge. Females living on the street immediately prior to Respite and substance use were associated with increased risk of leaving early. Patients who left early were more likely than others to decline referrals to services and more likely to be re-admitted within 90 days.

Also in the August issue of the same journal, Dr. Schneidermann and Shannon Smith-Bernardin, Coordinator for the Sobering Center, published “Safe Sobering: San Francisco’s Approach to Chronic Public Inebriation.” The article offers readers an overview of the Sobering Center that has served 8,100 unduplicated clients in 29,000 encounters. The Center offers sobering and health care services to some of the city’s most vulnerable people.

IMMUNITY Campaign Wins Award
The IMMUNITY campaign, developed by the Communicable Disease Control & Prevention Section and Better World Advertising, won a Silver Communicator Award for Integrated Social Responsibility. The IMMUNITY campaign launched in September of 2010 and was designed to promote public awareness of adult vaccines and encourage San Franciscans to protect themselves from common vaccine-preventable diseases. Products of the campaign included a brochure describing common vaccine-preventable diseases that adults commonly acquire, a one-page check-list intended to spark conversations between a patient and their health-care provider, a website full of information including stories of real people affected by vaccine preventable diseases and a map of San Francisco with icons indicating pharmacies and clinics that provide vaccine to the public. Communicator Awards is the leading international awards program recognizing big ideas in marketing and communications and honors work that transcends innovation, moves people and makes a lasting impact. The awards are judged by the International Academy of Visual Arts, an invitation-only body consisting of top-tier professionals from media, communications, advertising, creative and marketing firms.

Director Garcia also stated that she attended the Mayor’s press conference on reducing violence in the Southeast area of San Francisco. The focus of his efforts will be reducing gun violence and increasing jobs for youth; he will not be implementing the “Stop and Frisk” policy used by New York City police.
4) **GENERAL PUBLIC COMMENT**
There was no public comment.

5) **FINANCE AND PLANNING COMMITTEE**
Commissioner Melara stated that she chaired the Committee in Commissioner Chow’s absence. The Committee heard an update on the activities of the 5 Year Budget Subcommittee’s which included the development and piloting of a tool to assist the DPH and the Health Commission in budget prioritization activities. The tool will also be piloted with the Commission in upcoming months. In addition, the Committee reviewed and recommends that the full Commission approves the August Contracts Report in the Consent Calendar.

6) **CONSENT CALENDAR**

**Action Taken:** The following was unanimously approved by the Health Commission:
- August Contracts Report

7) **PROPOSED COMMUNITY VISION AND VALUES FOR HEALTH IN SAN FRANCISCO; OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PLANNING ACTIVITIES**
Colleen Chawla, Deputy Director of Health and Director of Policy and Planning gave the presentation.

**Commissioner Comments/Follow-Up:**
Commissioner Taylor-McGhee thanked Ms. Chawla for the thorough presentation and asked how the implementation of the vision statement will interact and be integrated with activities of other City Departments. Ms. Chawla stated that Department Environment conducted the local public health assessment which included a broad representation of City Departments and other community partners. In addition, at the 8/28/12 Community Health Needs Assessment Prioritization meeting, only three DPH staff will participate which will enable the other 100 attendees representing a broad spectrum of community groups to give input.

Commissioner Taylor-McGhee stated that she is interested in the common themes found in the qualitative data of the focus groups. Ms. Chawla stated that the DPH can share the reports from the Health Care Master Plan Taskforce and Population Health and Prevention reorganization focus groups with her. Commissioner Chung stated that she observed some of the focus groups and witnessed the diversity of the responses; it is difficult to summarize the responses because of the wide spectrum of issues discussed.

Commissioner Chung proposed an amendment to the resolution of adding the term “Healthy Families” to the vision statement because the term “people” does not always mean “families” to everyone.

**Action Taken:** The Health Commission unanimously approved the amended resolution.
(See Attachment A)

8) **HEALTH CARE SERVICE MASTER PLAN (HCSMP) TASKFORCE FINAL REPORT**
Colleen Chawla, Deputy Director of Health and Director of Policy and Planning gave the presentation.

**Elizabeth Watty** from the San Francisco Planning Department stated that the Planning Commission hope the final Health Care Services Master Plan will aid them in making decisions regarding their review of health care-related applications.

Roma Guy, HCSMP Taskforce Co-Chair, stated her appreciation of the Health Commission’s support during the HCSMP Taskforce process. She added that the result of the process will enable systematic planning based on data. The Final HCSMP will address the location of services and identify service gaps. She also stated that the Consistency Determination may be controversial but this process will enable the Health and Planning Commissions to make more informed decisions in future planning efforts. In addition, she added that a lack of budget to plan and implement the HCSMP may impact the effectiveness of the project’s outcome.
Tomas Aragon, M.D., HCSMP Taskforce Co-Chair, stated that he is excited the City is moving in the right direction and feels the HCSMP is very effective policy.

Director Garcia acknowledged Ms. Chawla, the Co-Chairs, the taskforce members, and other DPH staff who worked on this process.

Public Comment:
Lucy Johns submitted the following written comments:
I helped to create the HCSMP, served on HCSMP Task Force. I highlight professionalism and leadership shown by DPH:
1. Responsiveness. Issue Papers not anticipated. They respond to Task Force request. Done by DPH staff; required additional meetings;
2. Data silos melting. DPH leads by sharing its own and using others’ data.
3. Multiple Determinants of Health. DPH, a service provider, understands this strategic framework to support "upstream" interventions to improve health.
4. Health in All Policy. DPH demonstrates its support of HIAP to promote health through other SFCC agencies. HIAP concept is decades old, it’s influencing state policy development. DPH leads introduction of this perspective into SF policy-making.
Please support the planning DPH has demonstrated it can do – with policy encouragement and resources!
Thanks!

Helynna Brooke, Mental Health Board Member, stated that she is speaking on behalf of several Mental Health Board Members who were unable to attend today’s Health Commission meeting. Ms. Brook attended several HCSMP Taskforce meetings and has two comments: there is not a clear mention of behavioral health issues and requested that gender be added to the DPH Vision statement because there are so many gender-specific issues related to health and mental health.

Commissioner Comments/Follow-Up:
Commissioner Sako asked for the next steps in the process. Ms. Chawla stated the HCSMP Ordinance requires five assessment to be conducted:

- Health System Trends Assessment, comprised of all the issue-briefs used in the HCSMP Taskforce meeting;
- Capacity Assessment, looks at the current capacity of health care services;
- Gap Assessment, looking at benchmarks and standards for health care services;
- Land Use Assessment, Planning Department taking a lead on this assessment;
- Historical Role Assessment, requiring that the history of specific types of providers and the role they play.

Ms. Chawla added that the DPH and Planning Department are working together to develop incentives to assist in the effectiveness of the Consistency Determination processes. For example, if an applicant proposes primary care services in a neighbor that has been identified in the HCSMP as having a deficiency of that type of care, the applicant may get priority for Planning Commission review or be allowed to pay associated fees over a period of time instead of in one payment at the time of review. Once the incentives are developed, a draft HCSMP will be released to the public for a 30-day review period before it is acted upon by the Health Commission and Planning Commission.

Commissioner Sako stated that the assessments are giving the DPH and Health Commission tools to understand shifts that need to be made; the challenges will be how to implement the necessary changes.

Commissioner Taylor-McGhee acknowledged all the hard work that went into this process. She stated that she did not see any recommendations regarding women’s health in the Report. Dr. Aragon stated that there is a national prevention strategy that will guide the DPH in regard to reproductive and women’s health. Ms.
Chawla stated that health equity is one of the values contained in the Resolution 12-9 that the Commission approved earlier in the meeting.

Commissioner Chung stated that she is a strong advocate of the HCSMP because of her grandfather’s experience of having to travel from Excelsior to access his medical care in Chinatown where he could get linguistic and culturally appropriate care. Later when he was acutely ill, he went to SFGH and was diagnosed with cancer and eventually went home to receive palliative care.

Commissioner Melara stated that health care planning should incorporate an understanding that as men and women age, they have very different health care needs. She also would like to hear more information about the cost effectiveness of the HCSMP especially in consideration of the Affordable Care Act.

9) OTHER BUSINESS

JOINT CONFERENCE COMMITTEE REPORTS
Commissioner Margine Sako, LHH JCC Chair, stated that at the July 24, 2012 meeting, the Committee heard a report from LHH Executive Administrator Mivic Hirose that highlighted LHH activities related to Integrated Delivery Service including insuring that patients are assigned to the appropriate level of care. In addition the Committee reviewed the Budget Initiatives for 2012-2013 and approved the Gift Fund Budget for the upcoming fiscal year. Due to a loss of quorum, the LHH JCC met again on July 31, 2012 to review and approve the Closed Session Credentials and Quality Assurance Reports.

COMMITTEE AGENDA SETTING
This topic was not discussed.

10) ADJOURNMENT
The meeting was adjourned at 5:41pm.
HEALTH COMMISSION  
City and County of San Francisco  
Resolution No.12-9

ENDORsing the Community Vision and Values  
For Health in San Francisco

WHEREAS, the mission of the San Francisco Department of Public is to protect and promote the health of all San Franciscans; and,

WHEREAS, one of the Health Commission’s three five-year goals for the Department is public health accreditation to advance quality and performance within and across the Department; and,

WHEREAS, to prepare for public health accreditation and to coordinate various planning efforts already underway, the Department has initiated a comprehensive Community Health Improvement Planning effort; and

WHEREAS, visioning is among the first steps towards public health accreditation that provides purpose, direction, and focus for community health planning; and,

WHEREAS, the Department engaged more than 40 residents representative of San Francisco’s diverse neighborhoods and populations through a series of focus groups to create a vision for health in San Francisco; and

WHEREAS, the work of these focus groups resulted in the following community vision and values for health in San Francisco:

VISION

• Healthy People and Healthy Families in Healthy Communities: living, learning, playing, earning in San Francisco.

VALUES

• To promote community connections that support health and wellbeing.
  o Getting to know each other and looking out for one another.
  o Collaboration among the individuals and organizations that make up a community.
• To create and sustain healthy environments.
  o Ensuring that all neighborhoods are clean, safe, and toxin-free with access to green spaces and healthy food.
  o Making sure that all residents have safe, affordable housing.
• To ensure that health equity is addressed throughout program planning and service delivery.
  o Improving health by eliminating differences in health outcomes, and access to health services across racial, ethnic, sexual orientation, socioeconomic, and geographic considerations.
  o Embracing San Francisco’s diversity to develop creative solutions to community concerns.

now, therefore, be it;
RESOLVED, that the San Francisco Health Commission sincerely thanks the San Franciscans who gave their time and energy to launch this Community Health Improvement Planning process and develop the community vision and values for health in San Francisco; and be it further

RESOLVED, that the Health Commission strongly endorses the community vision and values for health in San Francisco.

I hereby certify that the San Francisco Health Commission at its meeting on August 7th, 2012 adopted the foregoing resolution.

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Mark Morewitz
Executive Secretary to the Health Commission