

**Sonia E. Melara, M.S.W.**  
President

**Edward A. Chow, M.D.**  
Vice President

**Cecilia Chung**  
Commissioner

**Judith Karshmer, Ph.D., PMHCNS-BC**  
Commissioner

**David J. Sanchez, Jr., Ph.D.**  
Commissioner

**David B. Singer**  
Commissioner

**Belle Taylor-McGhee**  
Commissioner

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN  
FRANCISCO**

**Edwin M. Lee, Mayor**  
**Department of Public Health**



**Barbara A. Garcia, M.P.A.**  
Director of Health

**Mark Morewitz, M.S.W.**  
Executive Secretary

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**MINUTES**

**HEALTH COMMISSION MEETING**

**Tuesday, January 7, 2014, 4:00 p.m.**

**101 Grove Street, Room 300 or Room 302**

**San Francisco, CA 94102**

**1) CALL TO ORDER**

**Present:**

Commissioner Sonia E. Melara, MSW, President  
Commissioner Cecilia Chung  
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC  
Commissioner David J. Sanchez Jr., Ph.D.  
Commissioner David B. Singer  
Commissioner Belle Taylor-McGhee (left at 5:31pm due to illness)

**Excused:** Commissioner Edward A. Chow M.D. , Vice President

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 17, 2013.**

Action Taken: The Health Commission unanimously approved the minutes of the meeting of December 17, 2013.

**3) DIRECTOR'S REPORT**

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, gave the report. The full report can be viewed at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

**Universal Healthcare Council Final Report Released**

The Universal Healthcare Council (UHC) released its final report to the Mayor on January 6th, 2014. The 41-member group, which included representatives from the City's health care, business, labor, and government sectors, studied how the Affordable Care Act (ACA) intersects with the San Francisco Health Care Security Ordinance (HCSO). The two key findings of the Council are that the local law can exist alongside the federal law, but some affordability concerns will remain for some individuals and businesses that seek to comply with both laws. The report contains a series of suggestions offered by Council members to modify the Health Care Security Ordinance to improve health care access and affordability in San Francisco. The full report and materials from the proceedings are available through the DPH website at

<http://www.sfdph.org/dph/comupg/knowlcol/uhc/default.asp>.

### **FY2014 Federal Budget Signed**

On December 26th, 2013, President Obama signed a bipartisan budget deal to keep the federal government funded for the next two years. The proposed budget includes a key provision with implications for DPH. The bill delays planned payment cuts to Medicaid Disproportionate Share Hospitals (DSH) under the Affordable Care Act. The DSH cuts, which were slated to begin in fiscal year 2014, have been eliminated for 2014, and 2015 cuts are delayed until 2016. While this provides DPH's hospitals a reprieve next year, the cuts in 2016 will be twice those planned for 2015. The DSH cuts are also extended into 2023, and the bill requires the Department of Health and Human Services to make annual reports on the cuts, beginning in 2015, in order to determine the impact of and necessity for the cuts.

### **Covered CA Update**

Covered CA released regional enrollment statistics in late December 2013. As of November 30th, 3,483 San Franciscans enrolled in health insurance through Covered CA. Eighty-two percent (2,854) of these individuals were eligible for federally subsidized coverage, while 18% (629) purchased unsubsidized plans. Also, on January 4th, Covered CA announced that it will extend the deadline (to January 15th, 2014) for payment of first month's premiums for coverage effective January 1st, 2014.

### **PHP Staff Featured in Public Health Report**

In December 2013, the U.S. Public Health Service and the Office of the Surgeon General released a supplemental issue of the Public Health Reports (PHR) which presents a selection of innovative approaches, studies, and lessons learned from efforts to implement program collaboration and service integration (PCSI) in the prevention and control of human immunodeficiency virus (HIV) infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB) in the United States. Three articles from SFDPH, Population Health Division staff (current and former) are featured in the report.

Partner Services as Targeted HIV Screening—Changing the Paradigm Kyle T. Bernstein, PhD, ScM / Sally C. Stephens, MPH / Nicholas Moss, MD, MPH / Susan Scheer, PhD, MPH / Maree Kay Parisi, BA / Susan S. Philip, MD, MPH

A Public Health Framework for Developing Local Preventive Services Guidelines

Priscilla Lee Chu, DrPH / Israel Nieves-Rivera, BS / Jennifer Grinsdale, MPH / Sandra Huang, MD / Susan S. Philip, MD, MPH / Amy Pine, MPH / Susan Scheer, PhD, MPH / Tomás Aragón, MD, DrPH

Epidemiology of the Viral Hepatitis-HIV Syndemic in San Francisco: A Collaborative Surveillance Approach

Melissa A. Sanchez, PhD, MA / Susan Scheer, PhD, MPH / Sue Shallow, MPH, CACLS / Sharon Pipkin, MPH / Sandra Huang, MD

### **January is Human Trafficking Awareness Month**

January 10th begins Human Trafficking Awareness Month in San Francisco. This annual campaign was formally recognized by San Francisco elected leaders in 2010 and takes place each year nationally between January 11 (National Human Trafficking Awareness Day) and February 12 (Abraham Lincoln's birthday). In San Francisco, various city and community partners work together to educate the public about this issue of modern day slavery that occurs throughout the Bay Area and the world.

### **Training**

The Department of Public Health's Newcomers Health Program and partner agencies of the Cross Bay Collaborative to Combat Human Trafficking Trainings provide training on human trafficking, indicators, and local resources. For more information or to inquire about training for your agency, program, or community group contact [Cristy.Dieterich@sfdph.org](mailto:Cristy.Dieterich@sfdph.org), or call (415) 581-2479.

**4) GENERAL PUBLIC COMMENT**

There was no general public comment.

**5) FINANCE AND PLANNING COMMITTEE**

Commissioner Chung, Committee Chair, stated that the Committee reviewed and recommended for approval the January Contracts Report; the request for approval of the new contract with Brownstein and Crane Surgical Services; the Request for Site Relocation for the San Francisco Study Center; and the Resolution on Contract Contingency Policy. Commissioner Chung also stated that the Committee reviewed the RFP Update Report and the draft Charity Care Report.

Commissioner Comments/Follow-Up:

Commissioner Singer stated the Committee participated in a detailed discussion of the relocation request from the San Francisco Study Center. He added that the Committee acknowledges that San Francisco is in a period of great prosperity and issues of affordability of the cost of living are apparent; one example is that non-profit organizations are being displaced by for-profit companies. He also stated that the Committee requested that the Health Commission calendar a discussion of the issue of the impact of the economy on non-profit organizations, at a future meeting.

**6) CONSENT CALENDAR**

Action Taken: The following were unanimously approved:

- JANUARY 2014 CONTRACTS REPORT
- REQUEST FOR APPROVAL OF A NEW CONTRACT IN THE AMOUNT OF \$300,000 WITH BROWNSTEIN AND CRANE SURGICAL SERVICES TO PROVIDE TRANSGENDER SURGERY FOR ELIGIBLE HSF PARTICIPANTS FOR THE TERM OF OCTOBER 1, 2013 THROUGH JUNE 30, 2014 (9 MONTHS).
- REQUEST FOR SITE APPROVAL FOR RELOCATION OF THE SAN FRANCISCO STUDY CENTER

**7) RESOLUTION ON CONTRACT CONTINGENCY POLICY**

Anne Okubo, Deputy Finance Officer, presented the policy and resolution.

Commissioner Comments/Follow-Up:

Commissioner Sanchez noted that the policy has been in effect for approximately 10 years; the resolution is simply a mechanism to codify the existing policy.

Commissioner Singer stated that at the Finance and Planning Committee meeting, the Committee recommended an amendment to the resolution. Mr. Morewitz stated that the Committee recommended the following language to the resolution:

*FURTHER BE IT RESOLVED that in 2014, 2015, and 2016, the SFDPH will present the Health Commission with data and analysis regarding its use of the 12% contract contingency in the previous year.*

*FURTHER BE IT RESOLVED that in 2017, the Health Commission will conduct a review of the SFDPH contingency policy to insure it remains an effective tool in the SFDPH contracting process.*

Action Taken: The Resolution on Contract Contingency Policy, with the amendment, was unanimously approved. (See Attachment A)

## **8) REDUCING SUGARY DRINK CONSUMPTION: RESOLUTION**

Christina Goette, Senior Health Planner, gave the presentation and introduced the resolution. Dr. Tomas Aragon, SFDPH Health Officer, presented a summary of the connection between consumption of drinks with a high content of sugar and Metabolic Syndrome.

### Public Comment:

Jeff Ritterman, Physician for Social Responsibility, asked the Health Commission to support this issue and approve the resolution. He stated that liquid sugar much more dangerous than sugar in food.

Brittini Chicuata, American Heart Association Government Relations Director, stated that obesity prevention takes a multi-prong approach. Educating the public on consuming unhealthy food, including sugary drinks and taxing sugar drinks, are all part of the solution.

Janna Cordella, Shape Up SF Coalition, urged the Health Commission to support the resolution and to take a firm stand on the issue of reduction of consumption of sugary drinks and to support a sugary drink tax. (Ms. Cordella's daughter, Ava was also present)

Todd David, San Francisco parent, co founder of San Francisco Political Action Committee, asked the Health Commission to approve the resolution. He added that during the last 50 years, the percent of smokers has dramatically decreased due to warnings of the Surgeon General and public health education efforts.

### Commissioner Comments/Follow-Up:

Commissioner Singer asked if there is evidence that a tax on sugary drinks will reduce public consumption of these beverages. Ms. Goette stated that the proposed two-cent tax being considered derived from UCSF studies on the issue. In addition, the SFDPH can look at how tobacco use has been impacted by taxes and public health education as a model to use for interventions to reduce the consumption of sugary drinks.

Commissioner Karshmer asked for clarification on the image in the presentation of a person drinking Mountain Dew and another drinking diet soda. Ms. Goette stated that the image is supposed to relate that sodas can be harmful due to the amount of sugar and that diet sodas may also be harmful due to the level of acid in the beverages.

Commissioner Sanchez stated that the consumption of sugary drinks is an epidemic and the Health Commission should take a policy stance; the SFDPH should continue to provide education and relevant services.

Commissioner Chung thanked Ms. Goette for the presentation and stated that the Health Commission worked with the Mayor's Office to strengthen the resolution. She asked whether drinks like Gatorade or chocolate milk would be considered sugary drinks since they have added sweeteners. Ms. Goette stated that drinks with added sugar except milk or nutritional supplements-are how include in the definition of sugary drinks in the draft legislation.

Commissioner Singer stated that it is rare to have an issue where data is clear that consumption of a product is harmful. This is an issue where the policy can positively impact young San Franciscans.

Commissioner Melara stated that she is not certain that the tax on tobacco had as much impact as health education on the issue of tobacco use. She added that it is vital that health education be part of this effort so the public is educated on the negative impact on sugary drinks.

**9) SFDPH BUDGET UPDATE**

Greg Wagner, CFO, gave presentation which outlined the Mayor's Budget instructions and timeline.

Commissioner Comments/Follow-Up:

Commissioner Singer thanked Mr. Wagner for his ongoing high quality work at the SFDPH.

**10) CIVIL SERVICE OVERVIEW**

Ron Weigelt, SFDPH Human Services Director, gave the presentation.

Commissioner Comments/Follow-Up:

Commissioner Singer asked for more information on the percentage of voluntary and involuntary turnover of SFDPH staff. Mr. Weigelt stated that he did not have the data with him but that he would provide this information to the Health Commission at a later date through an email to Mr. Morewitz.

Commissioner Sanchez stated that there is a large pool of qualified nurses in San Francisco who have passed their state board exams. He asked if it is SFDPH policy to test them again as part of the job application process. Mr. Weigelt stated that the SFDPH is attempting to cease its practice of testing nurses for minimum skills. Instead, criteria will be developed to measure specialty skills to help place qualified nurses. As part of this process, the SFDPH will assess an applicant's previous training and experience as part of the interview process. He has worked out an arrangement with the CCSF Merit section to have them review the RN selection process and create a streamlined process that will work for managers and is also defensible under Civil Service rules. Mr. Weigelt stated that regarding the RN classification, there are 1,184 positions in the budget with 820 of those at SFGH, while they have 91 vacancies that may include positions being held for salary savings and positions in the process of being hired. There are also 517 external temporary RN available as needed.

Commissioner Karshmer asked if all SFDPH classifications have to take an exam and who is responsible for writing the exams. Mr. Weigelt stated that all classifications have to take an exam, except certain exempt positions. He added that SFDPH Human Resource staff develop the exams. Commissioner Karshmer requested data showing whether exams result in the best candidates, Mr. Weigelt said that such data is difficult to identify, that the Civil Service is a merit based system and the most qualified person is selected according to criteria established under the Civil Service rules He went on to say that we will continuously improve our system in order to attract and retain the best talent.

Commissioner Melara stated that there are no incentives included in the San Francisco the civil service system. This results in the SFDPH losing some very good and motivated employees and retaining some employees who are not the most effective. She asked what the SFDPH is doing to prepare for the shift in leadership as the Baby Boomer generation retires. Mr. Weigelt explained that the development of metrics including retirement trends and projections is on his work list and he also believes incentives can help with retention and are something to consider as we move forward.

Ms. Chawla stated that, on behalf of Director Garcia, she commends Mr. Weigelt for his effective work as new Human Resources Director, especially in helping prepare for the Affordable Care Act by pushing through critical positions

**11) OTHER BUSINESS**

This item was not discussed.

**11) JOINT CONFERENCE COMMITTEE REPORTS**

No Joint Conference Committees have met since the December 17, 2013 full health commission meeting. Therefore, no reports were heard during this item.

**13) COMMITTEE AGENDA SETTING**

Commissioner Melara stated that she would be absent at the January 21, 2014 meeting and encouraged the other Health Commissioners to notify Mr. Morewitz of any expected absences for that meeting.

**14) ADJOURNMENT**

The meeting was adjourned at 5:52pm.

**HEALTH COMMISSION  
RESOLUTION 14-1**

**RESOLUTION ON CONTRACT CONTINGENCY POLICY**

WHEREAS, in October 2001 the San Francisco Board of Supervisors created the Non-Profit Contracting Task Force to review city contracting policies and procedure and make recommendations to improve and streamline contracting process for non-profit health and human services providers; and

WHEREAS, in 2003 the SFDPH developed a contract contingency model in response to efforts to streamline the contracting process. The model used a 12% contingency as a way to streamline the contracting process to eliminate multiple contract certifications, build in financial flexibility into contracts, to anticipate foreseeable cost increases, and to avoid interruptions in payment to non-profit contractors; and

WHEREAS, in 2004 the SFDPH piloted the contract contingency model for behavioral health contracts; and

WHEREAS, in 2005 the Non-Profit Contracting Task Force reviewed best practices of non-profit contracting and recommended the SFDPH contract contingency model as a best practice to streamline the contracting process; and

WHEREAS, in 2005 the SFDPH implemented the contract contingency model department-wide for all contractors; and

WHEREAS, in 2012 the Budget Analyst prepared a report for the Board of Supervisors on a performance audit of professional service contracts for the SFDPH and the Human Services Agency. In this report the Budget Analyst recommended that the Health Commission develop a written policy on contract contingency;

WHEREAS, at its August 6, 2013 meeting, the Health Commission Finance and Planning Committee reviewed and discussed the *Performance Audit of Professional Service Contracts for the Department of Public Health and Human Services Agency*, and reviewed the SFDPH use of a 12% contingency as a tool in its contracting process.

THEREFORE BE IT RESOLVED that the following contract contingency policies be adopted:

1. A 12% contract contingency may be included in SFDPH contracts.
2. The 12% contingency is added to the total contract amount (contract not-to-exceed amount) but is not funded.
3. The DPH budget does not include an appropriation for contract contingency funds.
4. When unspent or new funds are identified, these funds may be reallocated or added to a contract using the contract contingency.
5. Allowable uses of contract contingency are for any use that complies with the SFDPH goals of streamlining the contracting process, as described above.
6. When a contract is modified, a 12% contingency may be added for future services but any unused contingency remaining from prior contract periods will be reduced to \$0.

FURTHER BE IT RESOLVED that the contract policies stated in this resolution shall become the policies of the SFDPH.

FURTHER BE IT RESOLVED that in 2014, 2015, and 2016, the SFDPH will present the Health Commission with data and analysis regarding its use of the 12% contract contingency in the previous year.

FURTHER BE IT RESOLVED that in 2017, the Health Commission will conduct a review of the SFDPH contingency policy to insure it remains an effective tool in the SFDPH contracting process.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of 1/7/14.

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Mark Morewitz,  
Executive Secretary to the Health Commission

**HEALTH COMMISSION  
RESOLUTION 14-2**

**IN SUPPORT OF DECREASING SUGARY BEVERAGE CONSUMPTION IN THE CITY AND COUNTY OF  
SAN FRANCISCO COUNTY**

WHEREAS, Since 1980, obesity among children and adolescents has tripled nationwide<sup>1,2</sup>. As recently as 2010, nearly a third of children and adolescents in San Francisco were obese or overweight<sup>3</sup>; and two thirds African American and Latino adults are overweight/obese;<sup>4</sup> and

WHEREAS, Sugary beverages represent 50% of added sugar in the American diet<sup>5</sup> and, on average, 11 percent of daily calories consumed by children in the U.S. A recent survey found that California teenagers are consuming more sugary beverages; and

WHEREAS, Beverages sweetened with naturally-derived caloric sweeteners such as sucrose (table sugar) or high fructose corn syrup contain “empty calories” – because they add calories but little to no vitamins or minerals-- as defined by the US Department of Agriculture<sup>6</sup> and are generally described as “sugary beverages”; and

WHEREAS, Sugary beverages, though they can contain hundreds of calories in a serving, do not signal “fullness” to the brain. Studies show that sugary beverages flood the liver with high amounts of sugar in a short amount of time, and that this “sugar rush” over time leads to fat deposits that cause diabetes, cardiovascular disease and other serious health problems;<sup>7, 8</sup> and

WHEREAS, Every additional sugary beverage consumed daily increases a child’s risk for obesity by 60 percent;<sup>9</sup> One or two sugary beverages per day increases the risk of Type II diabetes by 26 percent;<sup>10</sup> and

WHEREAS, One in three children born today will develop Type II diabetes in their lifetime if sugary beverage consumption does not decline<sup>11</sup>; researchers estimate that for Latino and African American children, the rates are as high as one in two;<sup>12</sup> and

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<sup>1</sup> Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. *Journal of the American Medical Association* 2012;307(5):483-490.

<sup>2</sup> National Center for Health Statistics. Health, United States, 2011: With Special Features on Socioeconomic Status and Health. Hyattsville, MD; U.S. Department of Health and Human Services; 2012.

<sup>3</sup> Overweight and obesity among children by California city, 2010, California Center for Public Health Advocacy ([http://publichealthadvocacy.org/research\\_overweight2010.html](http://publichealthadvocacy.org/research_overweight2010.html))

<sup>4</sup> Community Health Information Survey, 2011.

<sup>5</sup> Center for Science in the Public Interest, 2012.

<sup>6</sup> <http://www.choosemyplate.gov/weight-management-calories/calories/empty-calories.html>

<sup>7</sup> **Nseir, Nasser and Assy, “Soft drinks consumption and nonalcoholic fatty liver disease” *World J Gastroenterol.* 2010 June 7; 16(21): 2579–2588**

<sup>8</sup> Pan A, Hu FB. Effects of carbohydrates on satiety: differences between liquid and solid food. *Curr Opin Clin Nutr Metab Care.* 2011;14:385-90

<sup>9</sup> Relationship between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis.” *Lancet*, 2001. 357:505-508.

<sup>10</sup> Malik VS, Popkin BM, Bray GA, Despres JP, Willett WC, Hu FB. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes Care.* 2010;33:2477-83

<sup>11</sup> Ibid.

WHEREAS, 7% of San Franciscans are diagnosed with diabetes.<sup>13</sup> And it is estimated that the City and County of San Francisco pays \$87,221,078 for direct and indirect diabetes care costs of which \$4,230,222 is attributable to sugary drinks.<sup>14</sup>

WHEREAS, Metabolic syndrome is the clinical condition of increased visceral fat, liver insulin resistance, and hyperinsulinemia that results in obesity, Type 2 diabetes, and other cardiovascular disease risk factors (hypertension, stroke, and dyslipidemias).<sup>14a</sup>

WHEREAS, Diseases connected to sugary beverages disproportionately impact minorities and low-income communities. Diabetes hospitalizations are more than triple in low income communities as compared with higher income areas.<sup>15</sup> According to Head Start of San Francisco, 18 percent of 3-4 year olds enrolled in its programs are obese. Overall, 37 percent of African American children and 40 percent of Latino children in San Francisco are obese;<sup>16</sup>

WHEREAS, Low and high cost estimates of \$48.1 million to \$61.8 million represent costs incurred by San Franciscans with obesity and diabetes that are attributable to SSB consumption.<sup>17</sup>

WHEREAS, The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans and the Population Health Division of SFDPH focuses on assurance of healthy places and healthy people;

THEREFORE BE IT RESOLVED, That the San Francisco Health Commission is concerned about the overweight/obesity and diabetes epidemics and related disparities in San Francisco, and be it

FURTHER RESOLVED, That the San Francisco Health Commission supports efforts to decrease consumption of sugary beverages, and bring about a corresponding increase in the overall health of San Franciscans; and be it

FURTHER RESOLVED that the San Francisco Health Commission supports innovative solutions to decrease consumption of sugary beverages, including evidence based practices that supplement/compliment currently available services/programs designed to address obesity-related issues.

FURTHER RESOLVED that the San Francisco Health Commission supports a study of how new revenue can be used to address obesity-related issues, including specific programming, implementation planning, outcome objectives and evaluation.

I hereby certify that at the San Francisco Health Commission at its meeting of January 7, 2014 adopted the foregoing resolution.

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Mark Morewitz,  
Executive Secretary to the Health Commission

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<sup>12</sup> Narayan K, Boyle JP, Thompson TJ, Sorensen SW, Williamson DF. Lifetime Risk for Diabetes Mellitus in the United States. *JAMA*. 2003;290(14):1884-1890. doi:10.1001/jama.290.14.1884.

<sup>13</sup> Community Health Needs Assessment, 2010.

<sup>14</sup> San Francisco Budget Legislative and Analysts Study of Health and Financial Impacts Caused by Consumption of Sugar Sweetened Beverages, December 2013.

Source: Bremer AA, Mietus-Snyder M, Lustig RH. Toward a unifying hypothesis of metabolic syndrome. *Pediatrics*. 2012 Mar;129(3):557-70. doi: 10.1542/peds.2011-2912.

<sup>15</sup> Health Matters in San Francisco, 2007 -2009.

<sup>16</sup> Children Now, California County Fact Book 2007

<sup>17</sup> San Francisco Budget Legislative and Analysts Study of Health and Financial Impacts Caused by Consumption of Sugar Sweetened Beverages, December 2013.