

Edward A. Chow, M.D.
President

David B. Singer
Vice President

Cecilia Chung
Commissioner

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

James Loyce, Jr., M.S.
Commissioner

David Pating, M.D.
Commissioner

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

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Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

**Tuesday, November 21, 2017, 4:00 p.m.
Zuckerberg San Francisco General Hospital
1001 Potrero Avenue, Carr Auditorium
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow M.D., President
Commissioner Dan Bernal
Commissioner James Loyce, Jr., M.S.
Commissioner David Pating, M.D.
Commissioner David J. Sanchez Jr., Ph.D.

Excused: Commissioner Cecilia Chung Commissioner
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC

The meeting was called to order at 4:04pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 7, 2017

Action Taken: The Health Commission unanimously approved the minutes.

3) DIRECTORS REPORT

Barbara Garcia, Director of Health, gave the report. The full report can be viewed at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

ACA Birth-Control Mandate in Jeopardy

On November 9th, California Attorney General Xavier Becerra and the attorneys general in four other states moved to intervene in the recent Trump administration's rollback of the Affordable Healthcare Act (ACA) birth-control mandate. The filing for a preliminary injunction is part of a lawsuit the states filed in October which argues the Trump administration's policy change is unconstitutional and discriminatory. The policy change under federal rules that took effect in October allows for for-profits, nonprofits and insurers to stop the birth-control mandate on moral and religious grounds. The new federal rule also allows for publically traded companies to obtain a religious exemption, but not a moral one. Previously, the ACA required that employers

offer health insurance that covers birth-control without a co-pay, with exemptions only for houses of worship and some private companies.

In 2014, California became the first state to pass a contraception mandate that went further than the ACA's contraception coverage requirements. The Contraceptive Coverage Equity Act requires state-regulated health plans such as Medi-Cal managed care plans and private plans to provide coverage for all forms of prescribed and FDA-approved contraceptives for women without a co-pay. In 2016, California further expanded access to contraception by requiring those types of health plans to cover up to a 12-month supply of contraception for women with no co-pay. Existing state laws will preserve contraceptive coverage without cost sharing for women with state-regulated insurance coverage in California. However, because self-insured plans are not subject to state regulation, enrollees in these plans may stand to lose this coverage. It is uncertain how many employers locally and in the state will pursue an exemption based on the new federal rule.

San Francisco has long supported women's health and reproductive rights. Through the San Francisco Department of Public Health (SFDPH), the city has led efforts to promote the health and well-being of women through access to health promotion and health care services. SFDPH remains steadfast in its commitment to providing family planning services through the San Francisco Health Network, and to supporting its partner organizations throughout the city. More information on services provided by SFDPH can be found on SFDPH's website.

President Trump Nominates New Health and Human Services Secretary

President Trump has nominated Alex Azar, a former pharmaceutical executive and George W. Bush administration official, to serve as his next Health and Human Services (HHS) secretary. Azar would fill the role vacated in late September by Tom Price, and is an HHS veteran, having served as deputy secretary and general counsel during the Bush era. But more recently he headed the pharmaceutical Eli Lilly's U.S. arm - a role that could raise questions about the administration's commitment to lowering drug prices. Azar worked at Eli Lilly during the time it was facing accusations of colluding with other pharmaceutical companies to set excessively high prices for insulin. As HHS secretary, Azar would have the authority and industry expertise to follow through on the Trump administration's statements to combat escalating drug prices, many of which are produced by his former employer.

Azar has mostly been critical of the ACA, and, if confirmed as secretary, he is widely expected to alter the way the law's provisions are implemented. He has been an outspoken proponent of converting Medicaid funding to block grants and shifting authority to states to allow them to customize the program's rules.

President's Commission on Opioid Crisis Releases Recommendations

On November 2nd, President Trump's Commission on Combating Drug Addiction and the Opioid Crisis, chaired by New Jersey Governor Chris Christie, released its report of final recommendations to address the nation's opioid crisis. The release comes after the President declared a public health emergency over the epidemic. The Commission's report provides 56 recommendations, including: streamlining federal money for drug addiction, removing barriers to treatment, expanding federal drug courts, new training requirements for prescribers of opioids, the removal of doctor evaluation based on pain score and expanding the deployment of naloxone. Additionally the report calls for tougher prison sentences for fentanyl and a media campaign on the dangers of opioids, both which have been proven to be ineffective. The commission does not say how much funding is needed to implement its recommendations or put a price tag on tackling the opioid crisis. It also does not call for a new, large investment into drug addiction treatment.

According to a 2016 report by the surgeon general, only ten percent of Americans with drug use disorders get specialty treatment. During 2016, an estimated 64,000 Americans died of drug overdose, according to preliminary data from the Centers for Disease Control and Prevention. Roughly one-third of those deaths were attributed to fentanyl, a potent synthetic opioid. It's not clear when the White House will approve, or reject,

the final report. Thus far, the Trump administration has not sent a funding request to Congress. Unless further action is taken, the Commission will dissolve in 30 days.

Center for Medicaid and Medicare Services is Revamping Policies for its Waiver Program

In early November, the Trump administration began revamping the policies for Center for Medicaid and Medicare Services (CMS) 1115 Medicaid demonstration waiver program. 1115 waivers have been used in the Medicaid program to provide states the ability to conduct pilots and demonstrations to test and evaluate innovations in coverage approaches. Two notable changes have been announced in the past weeks:

- CMS will offer a more flexible, streamlined approach to accelerate states' ability to respond to the national opioid crisis. New program guidelines emphasize "access to critical levels of care" and require states to report outcomes through an expanded set of specific metrics, including measures of opioid use and overdoses. Rapid approval for demonstrations that waive the Medicaid Institutions for Mental Diseases (IMD) exclusion for residential Substance Use Disorder (SUD) treatment facilities may be the primary tool by which the Trump administration fulfills its pledge to address the opioid crisis by expanding access to residential treatment.
- CMS stated new aims for the Medicaid program that would include allowing work requirements as part of 1115 waivers and cutting program costs. The new objectives aim to allow states to create waivers for cutting costs in their Medicaid program, instituting work and community engagement requirements for Medicaid recipients, setting time limits for Medicaid coverage, and increasing premiums for low-income individuals in the program. The new language does not mention increased or strengthened coverage, improved health outcomes or stronger provider networks as goals for 1115 waivers.

CHIP Funding Legislation Passes House

On November 3rd, the House passed legislation to fund the Children's Health Insurance Program (CHIP) on a vote mostly along party lines. The bill would extend funding for CHIP for five years, extend funding for community health centers for two years, and provide \$1 billion over two years to help bolster Medicaid in Puerto Rico and the U.S. Virgin Islands following the impacts from the recent hurricanes. The bill offsets the costs from these programs by charging higher premiums to wealthier Medicare beneficiaries, cutting more than \$10 billion from Affordable Care Act's (ACA) public health and prevention fund, and shortening the grace period for ACA enrollees who fail to make premium payments. According to a recent analysis, between 259,000 and 688,000 people could lose their insurance as a result of the shortened grace period. Funding for the community health center program and CHIP, which provides health insurance to about nine million children nationwide, expired September 30, 2017 and some states have already requested emergency money from the federal government to continue funding these programs. The bill now heads to the Senate, where a vote is not expected until the end of the year.

Health Care Landscape Impacted by Proposed New Tax Plan

On November 9th both the House Ways and Means Committee and the Senate Finance Committee released their own version of tax reform legislation. While the House and Senate bill include a number of different provisions and policies, both plans have potential health impacts. The following summarizes how the health care landscape would be affected by the Republican tax plans.

On November 14th, the Senate Finance Committee announced their plan to add repeal of the ACA's Individual Mandate to their tax reform legislation. The House legislation does not include repeal of the mandate, but if the bills were to pass their respective chambers, this issue would be contentious during conference committee negotiations. According to the Congressional Budget Office (CBO), a repeal of the mandate would result in decreased government expenditures due to lower government spending on subsidies to help people afford coverage. It is estimated 13 million fewer people would have health insurance in 2027 without the mandate.

Under the House plan, the deduction for medical expenses would be eliminated. This currently applies to taxpayers, spouses or other dependents with health expenses exceeding a tenth of the taxpayer's income. The deduction is used by few tax filers, but its impact can be significant for those with large medical bills like nursing home expenses and insurance premiums paid with after-tax dollars. The Senate bill would preserve the individual deduction for large medical expenses.

The House proposal repeals the student loan interest deduction — a policy that helped more than 12 million Americans, including new doctors and healthcare workers, with education loans save up to \$2,500 on their tax bills. The Senate bill retains tax deductibility of student loan interest payments.

The House plan eliminates billions of dollars in corporate tax credits that have played a key role in orphan drug industry (those that treat rare diseases affecting fewer than 200,000 people). For over three decades, pharmaceutical and biomedical companies have claimed a 50 percent tax credit for the cost of clinical trials on orphan drugs. The Senate plan would continue to provide these tax credits, but creates new limits for what companies can claim credits for.

Appellate Court Upholds verdict for pre-1951 homes tainted with Lead Paint

On November 14, 2017, City Attorney Dennis Hererra announced this victory for California consumers, which holds paint companies responsible for abatement of lead in pre-1951 homes. In San Francisco, over two thirds (68 percent) of homes were built before 1950, which is more than 235,000 residential units. At least 22,000 housing units in San Francisco that are occupied by low and moderate income families are believed to have lead-based paint hazards. According to the Centers for Disease Control (CDC) and California's Childhood Lead Poisoning Prevention Branch, lead paint and its degradation into lead-contaminated dust and soil is the primary cause of lead exposure for children who live in older homes. The California Legislature has declared that "childhood lead exposure represents the most significant childhood environmental problem in the state today." (Health & Saf. Code, § 124125.)

Health Impact Assessment Report on Legalization of Adult Use Cannabis in San Francisco Released

The San Francisco Department of Public Health (SFPDH) released a new Health Impact Assessment (HIA) report on adult use cannabis legalization in San Francisco. The report examines the most up-to-date health information to better understand the potential health impacts of adult use cannabis retailers on San Francisco communities. The report found that certain communities, especially communities of color, are disproportionately impacted by the location of existing medical cannabis dispensaries (MCDs), current cannabis youth use rates, and negative health outcomes associated with cannabis use. The report provides six evidence-based recommendations that focus on reducing these disproportionate impacts and addressing other potential risks from legalization identified in the assessment, including risks from edibles, and youth normalization and advertising. The executive summary and full report can be found on SFDPH's website. The San Francisco Board of Supervisors recently voted to hold off on a temporary measure that would allow existing dispensaries to sell adult-use cannabis starting January 1, 2018 and give the board more time to create regulations for San Francisco.

Healthy Mothers Workplace Coalition Improves Organizational & Legislative Workplace Policies

Since its development in 2012, The Maternal, Child and Adolescent Health section of SFPDH has been a member of the Healthy Mothers Workplace Coalition. Initiated by the San Francisco Board of Supervisors Taskforce, the Healthy Mothers Workplace Coalition coalesces the commitments of elected officials, county departments, universities, community based organizations, employers, and others to improve workplace practices and conditions for pregnant and parenting workers through public education, public policy development, and a countywide award program that recognizes employer excellence in health and gender equity in three areas: parental leave, lactation accommodation, and work-family balance.

In 2017, 64 San Francisco employers earned recognition for “Bronze,” “Silver,” or “Gold” level of the Healthy Mothers Workplace Award of Excellence. Employers were recognized with certificates signed by Mayor Lee, Public Health Director Barbara Garcia and Director on the Status of Women Emily Murase.

The Healthy Mothers Workplace Coalition has also led various legislative policy efforts to improve workplace conditions for new parents and pregnant employees. 2017 policy successes include the passage of San Francisco’s Lactation in the Workplace policy, which supports new families by ensuring access to breastfeeding by providing dedicated spaces at work. Additionally, Governor Brown signed SB 63 - the New Parent Leave Act, which will result in 2.7 million more Californians being able to access parental leave without fear of losing their jobs, supporting the health of parents and their children. For more information about the coalition, contact jenna.garde@sfdph.org.

SF DPH, DataSF and Google Partner to Improve WIC Retention

Participation rates by families with children under 5 years of age in Maternal, Child and Adolescent Health’s (MCAH) Women, Infants, and Children (WIC) Program have declined. Research shows that children in WIC are more likely to be food secure and experience a range of better health outcomes, including lower risk of iron deficiency anemia, childhood obesity, and improved cognitive development, yet since 2011, nationwide WIC participation rates after age one have significantly declined. To better understand this trend locally and to design interventions for improving retention rates among children, WIC partnered with DataSF, Civic Bridge, and Google to identify and address barriers to participation.

This past summer a team of data scientists from the Mayor’s Office (DataSF) analyzed WIC participants and participation data, resulting in a predictive model identifying families at greatest risk of dropping out. Informed by these insights, WIC partnered with a team of Googlers through the Mayor’s Office for Civic Innovation to analyze the data.

Googlers conducted over two dozen participant and subject matter expert interviews, observed interactions at the City’s six WIC clinics, and reviewed over fifty expert articles. DataSF and Google teams found that even though San Francisco’s English speaking population is increasing, participants whose preferred language was English are 1.75 times more likely to drop out of WIC when their child is 13 months old compared to participants whose preferred language was not English, regardless of race/ethnicity. The findings also suggested that red tape, stigma, and expectation gaps are the primary drivers of the drop in retention, particularly among English speaking participants.

Based on this analysis, WIC and Google are now implementing twelve priority improvements, including refreshing the clinics to warmly welcome families with young children, building an automated check-in system, partnering with ridesharing companies to transport participants and their groceries, improving staff engagement through anonymous staff feedback surveys, and developing a playbook for clinic workflow. WIC will continue monitoring retention rates over the coming year to evaluate and improve on the intervention strategies.

Bayview HEAL zone Evaluation Highlights

The Bayview HEAL (Healthy Eating Active Living) Zone, staffed by SFDPH Community Health Equity and Promotion Branch, was funded for the last 5 years by Kaiser Permanente. As part of the initiative, Kaiser recently conducted an evaluation survey of Bay View Hunter’s Point residents. Key areas of the survey asked about: Sugar and Sweetened Beverage (SSB) consumption, physical activity and weight changes.

Of the many HEAL Zone initiatives, the sugary drinks work was among the most comprehensive and included marketing campaigns (Sugar Packs and Open Truth), wellness policies, sugar-savvy trainings and health fair outreach (concurrent soda tax campaigns also impacted awareness). The following statistically significant changes were observed between baseline and endpoint in the Bayview:

- Reduction in soda consumption of 1+ servings per day (16% to 6%)
- Reduction in soda or sweetened drink consumption of 1+ servings per day (20% to 12%)
- Reduction in adults that agree lots of people drink soda (60% to 47%)

Although not statistically significant, the survey saw an increase in ‘normal’ weight, a decrease in ‘obese’, and an increase in overweight (which is likely people shifting from obese to overweight). Although, not statistically significant, the changes seem to indicate we are headed in the right direction.

In addition to the survey findings, the initiative points to numerous other achievements: Bayview residents now have greater access to fresh produce in their corner stores and HEAL Zone (HZ) healthy retail work became the foundation for the citywide HealthyRetailSF program. The Bayview Parks Collaborative was formed through the initiative and continues to activate local parks. HEAL Zone mini grants supported thousands of families as they received greater access to bicycles, physical activity, and nutrition education and dozens of garden beds were developed. Today, stolen/unclaimed bikes are now turned over to Community Based Organizations (CBOs) to refurbish for low-income individuals. Over a dozen organizations adopted wellness policies affecting thousands of staff and participants. Lastly, MLK Park – across from Southeast Health Center - will soon be renovated with a walking path and new playground equipment.

November is Prematurity Awareness Month

Being born prematurely is the leading cause of death for children under 5, worldwide, and infants born prematurely who do survive often face a lifetime of health complications. Unlike other developed nations, rates of preterm birth are on the rise in the US, particularly for women of color. For the past several decades, 10 percent of California children have been born too soon, placing them at high risk of developmental and chronic physical conditions, including adult chronic disease (hypertension, diabetes, obesity) and a shortened life expectancy.

Prematurity disproportionately affects low-income women and women of color and has a profound impact on California’s most vulnerable and chronically stressed families and communities. A three day symposium, organized by UCSF Preterm Birth Initiative was held Nov 15-17 and was capped off with a rally on Friday, November 17, at City Hall, to raise awareness of preterm birth as an important health equity issue. Health Officer Tomás Aragón spoke at the rally on behalf of the Health Department to help bring attention to the this important public health issue.

Record number of Abstracts chosen from DPH staff for Conference on Retroviruses and Opportunistic Infections

Six abstracts from Department of Public Health staff were recently accepted at the Conference on Retroviruses and Opportunistic Infections (CROI) 2018, to be held in March in Boston.

These abstracts include:

- Getting to Zero New HIV Diagnoses in San Francisco: what will it take? (Susan Buchbinder)
- The Rapid ART Program Initiative for HIV Diagnoses (rapid) in San Francisco (Oliver Bacon)
- Disparities in PrEP Uptake Among Primary Care Patients Screened for HIV/STI in SF (Hyman Scott)
- Factors Impacting Appropriate HIV/STI Screening and PrEP Persistence in Primary Care (Matt Spinelli)
- Improvement in HIV Care Indicators Among the Homeless in San Francisco (Susan Scheer)
- Degree of Housing Instability Shows Independent “dose-response” with HIV Suppression (Asa clemenzi-allen)

Congratulations to all the SFDPH researchers and staff involved in this remarkable achievement.

SFDPH Employees Eligible for discounted Green/Environmentally Friendly Services and Products

Many city employees have taken advantage of discounted residential solar installations and other green opportunities courtesy of the Bay Area Sunshares program. Through the program, employees have the opportunity to receive:

- A free, no obligation solar evaluation of their home by a pre-selected solar installer.
- Discounts from three solar companies, starting at 15% below market rate. Employees may also be eligible for a 30% Federal tax incentive or incentives available to San Francisco residents, on top of the SunShares discount.
- A discount on the Toyota Mirai hydrogen fuel cell vehicle. (Please note: the previously offered discount on the Nissan Leaf is no longer available, as all Leafs in the Bay Area have been sold out.)
- Information on “solar for renters” programs on offer through Bay Area cities and utilities.

Solar prices are currently lower than they have ever been, but may increase in the near future due to a pending federal trade case, making this an excellent year to go solar!

SunShares is administered by the non-profit Business Council on Climate Change (BC3), a partner of the San Francisco Department of the Environment. Anyone living in the Bay Area is eligible to participate to SunShares. The deadline has been moved to November 30, 2017. More information can be found at www.bayareasunshares.org

**SAN FRANCISCO HEALTH NETWORK
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL & TRAUMA CENTER**

November 2017
Governing Body Report - Credentialing Summary
(11/16/17 MEC)

	11/2017	07/2017 to 07/2018
<i>New Appointments</i>	8	145
Reinstatements		
<i>Reappointments</i>	32	272
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	5	102
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	10	43
Additions	21	71
Proctorship Completed	24	115

Current Statistics – as of 11/3/17		
Active Staff	569	
<i>Courtesy Staff</i>	528	
Affiliated Professionals (non-physicians)	267	
TOTAL MEMBERS	1,364	

<i>Applications in Process</i>	22
Applications Withdrawn Month of November 2017	1
SFGH Reappointments in Process 12/2017 to 2/2018	131

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

November 2017

Health Commission - Director of Health Report

(November 2, 2017 Medical Exec Committee)

	October	(FY 2017-2018) Year-to-Date
<i>New Appointments</i>	2	10
Reinstatements	0	0
<i>Reappointments</i>	5	27
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired	1	6
<i>Disciplinary Actions</i>	0	0
<i>Administrative Suspension</i>	2	6
<i>Restriction/Limitation-Privileges</i>	0	0
Deceased	0	0
<i>Changes in Privileges</i>		
Additions	1	1
Voluntary Relinquishments	0	0
Proctorship Completed	2	2
Proctorship Extension	0	0

<i>Current Statistics – as of 11/01/2017</i>	
Active Medical Staff	37
As-Needed Medical Staff	9
<i>External Consultant Medical Staff</i>	44
<i>Courtesy Medical Staff</i>	2
<i>Affiliated Health Professionals</i>	15
TOTAL MEMBERS	107

<i>Applications in Process</i>	4
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Commissioner Comments:

Commissioner Chow asked if there are updates to the proposed Republican Congressional tax legislation that would remove the Affordable Care Act individual mandate. Director Garcia stated that there are no updates at this time.

4) GENERAL PUBLIC COMMENT

Tina Talatrai stated that the Samoan Community Development Center has helped her be a better family member. She now feels she has a voice to talk for herself.

Star Puaavli stated that the Samoan Community Development Center has taught her valuable skills about being a better family member.

Lema Amilale stated that the Samoan Community Development Center teaches valuable skills about being a good family member.

Jon Osaki, Executive Director of the Japanese Community Youth Council, stated that he is concerned that the SFDPH will reduce the organization's contract by over 20%. He added that this will impact the organization's ability to meet the needs of the growing Asian/Pacific Islander youth population in San Francisco.

Debbie Irawan, Prevention Coordinator at the Japanese Community Youth Council, stated that prior to becoming a staff member, she was a participant. She noted that the program has helped guide and shape her into an adult that contributes greatly to her community.

Orion Lee stated that the Asian Youth Prevention Services program has been very important to helping him learn important values related to community and family.

Marcela and Carol stated that they are 14 year old Lowell High School students. They requested that the funding cuts be rescinded and reminded the Commissioners that these programs serve low income immigrants and people of color.

Dean Bayauwa stated that the Asian Youth Prevention Services helps teenagers understand the intersections of immigrant and low income communities, and substance use.

Alis stated that she is a Mission High School student who has participated in Horizon's programs for two years. She noted that San Francisco is a wealthy city but communities of color continue to suffer. Over 300 youth will lose services if cuts to Horizon go through.

Gerber stated that he has worked with Horizons for over 5 years focusing on alcohol prevention and gun control education. Horizon successfully advocated to prevent powdered alcohol from being sold in San Francisco because it would have adversely impacted the City's youth.

Evonne Zheng, stated that the Community Youth Center serves Asian families and teaches that cannabis use for adolescents is a problem.

Miguel, participate on the Horizon's DJ Project, stated that Hip-hop is used as a tool to teach adolescents about substance use. He added that he has been involved in the project for several years and it has been impactful for him and others.

Cecing Luceno, Horizon's Executive Director, stated that the organization has been helping the community for over 52 years; she added it is important that the SFDPH partner with community organizations to help youth

face the complex challenges they face. She noted the City is in a period of prosperity and wealth; it is not fair that the communities most in need will have services cut.

William Lei, Asian Youth Prevention Services participant, stated that the program is very effective in teaching youth about the dangers of alcohol and marijuana addiction. He noted that recent bus ads for marijuana businesses have been particularly confusing for many youth.

Jeffrey Wong, 11th grader at Galileo High School, stated that the Community Youth Center helps children and teenagers learn about substance use to improve their decision-making.

Judy Young, Executive Director of the Vietnamese Youth Development Center, stated that the organization services Southeast Asian Youth. She noted that there is little data collected on the state of mental health of this population. She added that the organization provides valuable parenting programs that assist parents who were refugees to parent their adolescents in San Francisco. She also stated the program helps many families who live in the Tenderloin.

Elijah Chhum, participant at the Vietnamese Youth Development Center, stated that 55% of Asian/Pacific Islander youth say they are drinking alcohol; this population also has a higher rate of depression. The program teaches youth to advocate and speak up for their rights. Youth are here to request that reductions to these valuable programs be eliminated.

Christine stated that the Vietnamese Youth Development Center taught her that alcohol and drugs are dangerous.

Cahan, 12 year old living in the Tenderloin, stated that he is a participant in the Samoan Community Development Center, which has helped him calm down when with speaking to his parents and family.

Soknay Lim, Vietnamese Youth Development Center participant, stated that she has been a participant of the program for 9 years and recently graduated college through the help of this program. She noted that she was recently hired to be a program coordinator and will continue the tradition of helping the next generation of youth.

Tho Danh, former Community Youth Center participant, stated that the program taught how alcohol and other substances impact the body and development.

Liai Gutu stated that Asian Youth Prevention Services funds services for Chinese immigrant communities who are monolingual. She added that the parenting program is very effective and urgently needed due to the cultural and linguistic issues related to parenting children in a different country.

Herman, 23 years old, stated that he has been involved with the Horizon's DJ Project for years. The program has provide hope and inspiration while he survived a family with murder, drug abuse, and mental illness. He also stated that the program has given voice and hope to participants to pursue their dreams.

Chris Cuadrado, Program Coordinator at Horizons, stated that three of Horizon's programs will be in jeopardy due to the budget cuts. He noted that the programs serve youth who are marginalized and low-come from broken homes.

Miguel Navarro, Horizons, stated that the program taught him how to communicate in a constructive manner and to bond with others. The program kept him off the street and helped him get a job and be a good family member.

Johnny stated that Horizon's programs helped him interact more effectively with his family.

Donna stated that the youth have spoken to the members of this meeting to say that Horizon's services have made a difference in their lives.

Berenice stated that Horizon's programs prevents teen use of alcohol and drugs. It also teaches values and customs. She is a recent immigrant from Mexico and the organization has helped her have community and support.

Jayevann Guierrez stated that he lives in a neighborhood where he sees a lot of people doing drugs and drinking. The Community Youth Center has taught him about drugs and alcohol prevention.

Steve lives in the Sunset and is a participant in the Samoan Community Development Center. He said that there are a lot of billboards and advertisements for marijuana in his neighborhood which can be tempting but the program has taught effective alcohol and drug prevention.

Janine Lacap, Samoan Community Development Center participant, stated that many corner-stores sell alcohol and tobacco which can be tempting. She noted that mentors help educate her and her friends about the issues that are important to her community.

Ramon Bonifacio stated that he lives in the South of Market area and there is a lot of drug use and drinking in addition to advertising for marijuana. The Samoan Community Development Center has helped him learn to avoid drugs and alcohol and to care about his community.

Pete stated that he used to be a participant in the Samoan Community Development Center and is not a staff member. He added that these programs teach youth to be involved in their communities.

TJ Basa, Samoan Community Development Center, stated that the organization takes a holistic approach to working with youth. Youth are approached about environmental pressure to develop confidence and critical thinking about important decisions.

Erica, Asian Youth Prevention Services and Japanese Community Youth Council, requested that funding be restored for these two programs.

Dean Bayauwa advocated for all the programs discussed today to have full funding.

Patricia Barahora, Youth Leadership Institute, stated that some of the work that will be cut is in building capacity within these communities. She commended the young speakers for attending the meeting and noted that they represent many communities that could be impacted by the reductions.

Patsy Tito, Executive Director of the Samoan Community Development Center, stated that the organization strengthens community by strengthening families. It works with parents and young people to teach communication skills. Seniors are an important part of the organization to teach cultural values. She noted that the budget cuts will directly hurt the Samoan community.

John stated that he facilitates parents groups at the Samoan Community Development Center. He asked that the cuts be rescinded so the community would not be hurt.

Cally Wong, Director of the API Council of San Francisco, requested that the SFDPH consider amending the RFP to state a maximum amount of cuts to a specific population in San Francisco.

James McElroy, Bayview Hunters Point Foundation, stated that his organization supports the work of all the programs protesting cuts. He noted that no other organizations work with the youth of these communities. Cuts to these organizations will have a dramatic and negative impact.

Director Garcia thanked all those who made public comment. She noted that the speakers are addressing a recent San Francisco Health Network RFP. She added that the SFDPH will work with leaders of these communities on the issues addressed in the comments prior to making any decisions about funding.

Commissioner Chow stated that he appreciates that the public speakers discussed the strengths and benefits of these programs.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Pating, Chair, stated that the committee heard an update from Bridge HIV. This Population Health branch continues its exciting research on HIV prevention vaccines/vaginal rings, and Pre-exposure Prophylaxis. The Committee also heard a presentation on the new SFDPH Kaizen Promotion Office (KPO). The KPO will be working on Lean activities through the SFDPH.

6) ZUCKERBERG SAN FRANCISCO GENERAL (ZSFG) EMPLOYEE RECOGNITION AWARDS

Commissioner Edward A. Chow, MD SFGH JCC Chair, introduced the awards.

The following individuals were recognized:

Care and Hospital Employee's Activities Recognition and Service Committee:

Brandi Frazier, Josie Huang, Peggy Weix, and Debbie Ibarra

Kaizen Promotion Office

Brent Costa, Will Huen, Jenna Bilinski, Joseph Clement, Jessica To, Christopher Ross, Shalisha Maddela, Samantha Shapiro, Aldon Mendez, Natalie Bates, Dr. Hermal Kanzaria, Paymon Bagheri, Sabrina Lim, Zachary Mar, and David Smith

Nursing Executive Committee Safety and Quality Team

Sara Cole, Kathy Ballou, and Jennie Farr

Catheter Associated Urinary Tract Infections Team

Allyson Villaneueva, Rhonald Abitona, Jignasa Puncholy, Amy Murphy, Elaine Dekkler, Mariel Lontoc, Joy Capacillo

Performance Improvement and Patient Safety Committee

William Huen, Leslie Safier, Jenny Chacon, and Nisha Anand

7) FY 2016-17 ZUCKERBERG SAN FRANCISCO GENERAL (ZSFG) ANNUAL REPORT

Susan Ehrlich, MD, MPP, ZSFG Chief Executive Officer, presented the report.

Commissioner Comments:

Commissioner Chow stated that the Health Commission members on the ZSFG JCC have observed meaningful changes since the hospital began its Lean process. He added that he looks forward to how the SFDPH can utilize Lean for improvements throughout the organization. He thanked Dr. Ehrlich for the presentation and excellent report.

Commissioner Sanchez thanked Dr. Ehrlich for the exceptional report. He noted that ZSFG continues to have excellent faculty and staff that ensure the hospital is thriving. He noted that ZSFG medical staff were

instrumental in the 1960's and 1970's in developing community organizations that have continued to serve the diverse San Francisco communities.

Commissioner Bernal thanked Dr. Ehrlich for the report and her presentation. He appreciates that the rate of workforce responses to the annual survey have increased and data shows improvements.

Commissioner Loyce stated that he appreciates the hard work and dedication that led to the excellent annual report. He added that he is pleased that ZSFG has fully embraced Lean as a tool for continuous improvement.

Commissioner Pating stated that during the past year he has thoroughly enjoyed being a member of the ZSFG JCC. He noted that it is not Lean or any quality assurance activities that make ZSFG a great hospital, but the dedicated staff who are full of compassion for the patients.

8) ENVIRONMENT OF CARE ANNUAL REPORT

Susan Ehrlich, MD, MPP, ZSFG Chief Executive Officer, presented the report.

Mr. Morewitz stated that at its October 24, 2017 meeting, the ZSFG JCC members reviewed and recommended that the full Health Commission approve the report.

Action Taken: The Health Commission approved the Environment of Care Annual Report.

9) ZUCKERBERG SAN FRANCISCO GENERAL (ZSFG) PERFORMANCE IMPROVEMENT AND PATIENT SAFETY POLICY

Susan Ehrlich, MD, MPP, ZSFG Chief Executive Officer, presented the policy.

Mr. Morewitz stated that at its October 24, 2017 meeting, the ZSFG JCC members reviewed and recommended that the full Health Commission approve the policy.

Action Taken: The Health Commission unanimously approved the ZSFG Performance Improvement and Patient Safety Policy.

10) ZUCKERBERG SAN FRANCISCO GENERAL (ZSFG) HOSPITAL PLAN FOR PROVISION OF CARE POLICY

Susan Ehrlich, MD, MPP, ZSFG Chief Executive Officer, presented the policy.

Mr. Morewitz stated that at its October 24, 2017 meeting, the ZSFG JCC members reviewed and recommended that the full Health Commission approve the policy.

Action Taken: The Health Commission unanimously approved the ZSFG Hospital Plan for Provision of Care Policy.

11) OTHER BUSINESS

This item was not discussed.

12) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez, LHH JCC Chair, stated that at the November 14, 2017 meeting, the Committee discussed the following items: Administrator's Report, Lean Update, and the Discharges Value Stream Mapping Workshop Report. The Committee approved hospital-wide policies and procedures in open session and the Credential Report in closed session.

13) COMMITTEE AGENDA SETTING

Commissioner Chow stated that the 12/5 Health Commission meeting will take place at Laguna Honda Hospital and the 12/19 Health Commission meeting will take place at 101 Grove in room 220.

14) CLOSED SESSIONS

- A) Public comment on whether to convene in closed session and all matters pertaining to the closed session.
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.
- D) Closed session.

Consideration of Credentialing Matters

RECONVENE IN OPEN SESSION:

- 1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

E) Reconvene in Open Session:

Action Taken: The Health Commission voted not to disclose the discussion held in closed session.

15) ADJOURNMENT

The meeting was adjourned at 6:01pm.