

Edward A. Chow, M.D.
President

David Pating, M.D.
Vice President

Dan Bernal
Commissioner

Cecilia Chung
Commissioner

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

James Loyce, Jr., M.S.
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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MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 20, 2017, 4:00 p.m.

101 Grove Street, Room 300 or Room 302

San Francisco, CA 94102

1) CALL TO ORDER

Present: Commissioner Edward A. Chow M.D., President
Commissioner Cecilia Chung Commissioner
Commissioner Dan Bernal
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.

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF JUNE 6, 2017

Action Taken: The minutes, with the revision noted above, were unanimously approved.

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>

Federal Policy

Senate Seeking Momentum and Criticism in their efforts to repeal and replace the ACA

The Senate has publically shared their goal to vote on the Senate's version of the Affordable Health Care Act (AHCA) prior to their leaving for the July 4th recess. Like the House version, the bill will not be vetted through policy committees and will proceed directly to a full floor vote. Senate Republicans have suggested their bill would be more generous to consumers; however, in order to do this, tax increases would need to remain intact – which will be at odds with future tax plans and tax relief.

The Senate has been criticized for drafting their bill in private and not sharing details of the plan. The Senate bill is likely to phase out the Affordable Care Act's Medicaid expansion more slowly than the House version. It is also expected to provide larger tax credits to older Americans for buying health insurance. The legislation

will be considered in the Senate under an expedited procedure that precludes a Democratic filibuster and allows passage by a simple majority. Similar to the House version of the bill, there will be limited opportunities for both debating and amending it in open committee sessions. Under reconciliation rules, the Senate's bill must achieve the same federal savings as the AHCA passed by the house, \$119 billion. The current savings scored for the AHCA is largely related to the elimination of the Medicaid expansion, which would cause 14 million people to be uninsured in 2018, and grow to 23 million in 2026.

State Policy

California Legislature Approves 2017-18 Budget Package

On Thursday, June 15th, the California State Legislature approved a \$183.2-billion state budget. The pivotal elements of the approved budget include education, tax credit for low-wage workers, cannabis, healthcare, and infrastructure spending. The combination of federal and state funds makes healthcare the single biggest function of state government — with a total of \$105.6 billion in the budget approved by the Legislature. The majority of that spending is focused on Medi-Cal, the healthcare program for low-income Californians. There are an estimated 14.2 million people, more than one in three state residents, enrolled in the program. The new budget's most notable provision will boost the payments made to doctors and dentists who treat Medi-Cal patients using money generated by the tobacco tax increase contained in last year's Proposition 56. The final budget agreement provides up to \$546 million in supplemental payments for FY 2017-18 by allocating the tobacco tax revenues payments for the following:

- \$50 million for women's health;
- \$27 million for to intermediate care facilities for the developmentally disabled;
- \$4 million for HIV/AIDS waiver provider payments;
- \$325 million for physician services; and
- \$140 million for dental services.

Other notable health items in the budget include:

- Changes in the state budget to speed up the use of the Federal CURES Act Opioid Targeted Response Grant, which approves \$44.7 million in federal funding;
- Trailer bill language creating a unified state regulatory system for both medicinal and adult-use cannabis. Broadly speaking, the trailer bill incorporated many of the provisions from the Medical Cannabis Regulation and Safety Act (MCRSA), including: not limiting the authority of cities or counties to regulate the industry at the local level, enhanced public safety and consumer protection provisions, clarified tax and cash payment provisions, and expanded environmental protections.

There were also a several items in the budget that were rejected, which include:

- The delay of the implementation of the Whole Child Model as the Department of Health Care Services;
- The Administration's proposal to no longer allow the use of contract pharmacies in the 340B program in Medi-Cal;
- Child Health and Disability Prevention (CHDP) State Only – The Legislature rejected the Administration's proposal to repeal the statutory provisions for state-only services.

There are a handful of related bills that won't be considered until the following weeks, which includes legislation on marriage and family therapists, restoration of Medi-Cal benefits, diabetes prevention program, emergency preparedness and mental health. Governor Jerry Brown is expected to sign the budget before the state of California's fiscal year starting July 1, 2017.

ZSFG Completes End Stage Renal Disease and Outpatient Hemodialysis Survey

On Thursday, June 16th, the California Department of Public Health Surveyors conducted their exit conference with Hospital Leadership, End Stage Renal Disease Leadership, and the Outpatient Hemodialysis staff. Congratulations to the End Stage Renal Disease Outpatient Hemodialysis staff for a job well done, the

surveyors were extremely complimentary of the care provided by the team on a daily basis to our patients. The surveyor conducted multiple patient interviews, and the patients were extremely appreciative of the staff and care they receive at the End Stage Renal Hemodialysis Center. Special thanks to our Facilities Team, Biomed Team, Roger Mohamed, Arleen Lum, and the Occupational Health Team.

Vocational Rehab selected as one of “100 Brilliant Ideas at Work” by NACo

San Francisco's Vocational Rehabilitation Employment and Training Program has been selected as one of the 100 Brilliant Ideas at Work, as part of the National Association of Counties' (NACo) Brilliant Ideas at Work Presidential Initiative. Under the leadership of NACo President Bryan Desloge, NACo embarked on an initiative in 2016 and 2017 to identify and share 100 examples of visionary county leadership that results in improving residents' quality of life.

This is the second NACo award for the Vocational Rehabilitation Employment and Training Program. The program was recently awarded a 2017 NACo Achievement Award in the category of Health, along with DPH's Peer-to Peer program.

The Vocational Rehabilitation Employment and Training Programs is a service category under the DPH Mental Health Services Act (MHSA) Program. This service category is comprised of ten (10) vocational programs that are designed to ensure that individuals with serious mental illness and co-occurring disorders are able to secure meaningful and long-term employment. In collaboration with the California Department of Rehabilitation, San Francisco Public Health has identified a need for various training and employment support programs to meet the current labor market trends and employment skill-sets necessary to succeed in the competitive workforce.

Graduation Celebration for Chinese Body, Mind & Soul – Life Enrichment class series at Chinatown Public Health Center

The third Chinese Body, Mind & Soul graduation was recently featured in the Singtao newspaper and on the KTSF Cantonese and Mandarin evening news. Chinese Body, Mind & Soul classes were sponsored by Chinatown Public Health Center's Nutrition Education and Obesity Prevention Chinese Project and the San Francisco Evangelical Free Church. The purpose of the classes was to improve the community's nutritional and physical well-being, in order to reduce the risk of obesity and other chronic diseases. The class had 4 components: yijin (Chinese yoga), nutrition messages & food tasting, medical messages and discussion around the topics of Chinese culture, history and mental health issues.

Susan Ehrlich named one of 2017's Top Influential Women in Bay Area Business

Susan Ehrlich, CEO of Zuckerberg San Francisco General Hospital has been named by SF Business Times as one of the 2017 most influential business women in the Bay Area. In the article, Susan states that her biggest professional accomplishment was becoming CEO of Zuckerberg SF General Hospital. Read the article here: <http://www.bizjournals.com/sanfrancisco/news/2017/05/04/most-influential-women-2017-bay-area-business.html#g1>

HR works to revamp recruiting pages on DPH Website

HR Recruiters Tina Hinnant and Daniel Giddings have continued to improve the size and quality of our applicant pools. One of the initiatives that Daniel has completed is a re-vamping of our DPH Jobs page. He worked on this since February as the website information was very dated. Daniel worked with Communications and IT to get the refresh done over the last three months. Check out this new look: <https://www.sfdph.org/dph/comupg/aboutdph/jobs/> Questions can be directed to Daniel Giddings, Recruiter, Department of Public Health, Human Resources, Merit Division, Phone: (415) 554-2883

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

<p style="color: blue; font-size: 1.2em;">June 2017</p> <p style="font-size: 1.2em;">Governing Body Report - Credentialing Summary</p> <p>(6/15/17 MEC)</p>

	6/2017	07/2016 to 07/2017
<i>New Appointments</i>	8	217
Reinstatements		
<i>Reappointments</i>	57	542
Delinquencies:		
Reappointment Denials:		
Resigned/Retired:	8	221
<i>Disciplinary Actions</i>		
Administrative Suspension		
<i>Restriction/Limitation-Privileges</i>		
Deceased		
<i>Changes in Privileges</i>		
Voluntary Relinquishments	10	99
Additions	14	116
Proctorship Completed	22	212
<i>Current Statistics – as of 5/24/17</i>		
Active Staff	548	
<i>Courtesy Staff</i>	503	
Affiliated Professionals (non-physicians)	261	
TOTAL MEMBERS	1,312	
<i>Applications in Process</i>		86
Applications Withdrawn Month of June 2017		0
SFGH Reappointments in Process 7/2017 to 9/2017		194

Dr. Tomas Aragon, SFDPH Health Officer, gave an update on the February 2017 incident of poisonous herbal tea purchased in San Francisco's Chinatown. The following has been excerpted from the "Investigation of Aconite Poisoning from Consumption of Chinese Herbal Tea:"

On Tuesday, March 7, 2017 the San Francisco Department of Public Health (SFDPH) received an email notification the California Poison Control System at Zuckerberg San Francisco General (ZSFG). The poison center was consulted from Hospital A about a critically ill patient (Patient 1) who was admitted to Hospital A on February 8, 2017, for cardiac arrhythmias, cardiac arrest, hypotension, and resuscitation. This patient had consumed medicinal tea that day provided by a Chinese herbalist. The toxicology tests were positive for aconitine. The poison center had established that Patient 1 was prescribed Chinese herbal tea from a vender in San Francisco. SFDPH Environmental Health Branch (EHB) inspectors visited the vendor for the first time on March 8, 2017.

On Friday, March 10, 2017, the SFDPH received another email notification from the California Poison Control System. The poison center was consulted from Hospital B about a patient (Patient 2) who was admitted to Hospital B's intensive care unit on March 9, 2017, for cardiac arrhythmias, about one hour after consuming Chinese herbal tea that was purchased the same vendor. The toxicology tests were also positive for aconitine. Patient 2 was discharged from Hospital B on March 11, 2017.

Combined, Patient 1 and Patient 2 consumed 35 herbal ingredients. Over the course of six (6) separate site visits, SFDPH EHB inspectors impounded all of the products containing these 35 ingredients. Of these 35 ingredients, Patient 1 and Patient 2 consumed five ingredients in common. The SFDPH EHB advised wholesalers that the vendor to stop selling these five herbal ingredients to any retailers. The California Department of Public Health (CDPH), Food and Drug Branch was notified and updated with the status of the investigation. On March 11, 2017, the SFDPH issued a press release urging the public to discard any herbal tea purchased from the vendor. On March 13, 2017 the SFDPH issued a clinician Health Alert to the medical community to raise awareness of possible new poisoning cases from consuming herbal tea. On March 16, 2017, the five herbal ingredient samples (common to both patients) were analyzed by Zuckerberg San Francisco General Toxicology Laboratory. The lovage root (Item 2) tested positive for aconitine. On March 18, 2017, Patient 1 died at Hospital A. The California Department of Public Health, Food and Drug Branch, Emergency Response Unit, with assistance from the SFDPH, conducted an investigation at the vendor and a trace-back investigation of the positive lovage root (Item 2) from the wall dispensary drawer. The vendor and all the U.S. wholesalers fully cooperated with the investigation. The CDPH tested lovage root samples from all the suppliers of the ingredients of the tea and all tested negative for aconitine. Through investigation, it was determined that both sources of lovage root shared a common geographic region in China (Guangdong and Hong Kong) before being distributed to U.S. wholesalers.

The store proprietor and all the wholesalers fully cooperated with the SFDPH investigation and recommendations. The SFDPH was successful in preventing the occurrence of new herbal tea poisonings by rapidly impounding all suspected products early in the investigation, and by notifying the public not to consume any herbal tea product already purchased from the vendor. No additional cases were detected or reported in California.

The most likely explanation is that transient contamination with unprocessed aconite occurred overseas in China, not at the wholesalers in the U.S., and not at the in San Francisco vendor.

Commissioner Comments:

Commissioner Chow asked if there are cases of poisoning from tea in China. Dr. Aragon stated that there have been no other reports of this type of poisoning.

Commissioner Pating asked what type of monitoring is being conducted to prevent future poisoning events. Dr. Aragon stated that routine surveillance by the SFDPH Environmental Health section will continue. He noted that the SFDPH has worked closely with the California Poison Control Center, based at ZSFG.

Commissioner Chow thanked Dr. Aragon for the update. He also thanked SFDPH for its updates on the California and federal policy and budget updates.

Commissioner Pating thanked the SFDPH for its work with UPS during this time of crisis.

4) GENERAL PUBLIC COMMENT

Nancy Cross is concerned that the SFDPH maximize its impact on health of people in shelters. She noted the high rate of smoking inside the shelters and near the entrances. She added that secondhand smoke from smokers exhaling in public spaces impacts the rest of the residents in the shelter.

Maria Resalvado, registered nurse at St. Luke's Hospital for 35 years, stated that the St. Luke's sub-acute unit is packed with needy patients. There is much anxiety among patients, families, and staff regarding the plans for patient's discharge.

Rebecca Miller, SEIU United Health Care Workers, stated that 72 St. Luke's Hospital workers have received layoff notices. Patients have already been told they are being discharged. SEIU has attempted to meet with St. Luke's since last year to determine the process forward. However, St. Luke's has accelerate the closure process for the unit. She noted the original schedule for the closure was 2020. Workers received a guarantee in 2010 that no workers would be laid off. In addition patients are not being told where they can go or educated on their appeal process.

Mario Rick Vallejo, is a brother of a patient in the St. Luke's subacute unit and has been an employee of St. Luke's Hospital for 13 years, and thinks the care provided to his sister has been a blessing because of her complex medical issues. He noted that none of the facilities listed in the letter from St. Luke's will accept his sister due to her medical condition. He feels St. Luke's management brushed him aside. He urged the Health Commission to hear the patients' voices in regard to this closure.

Marina Chavez, worked at St. Luke's Hospital for 18 years. She is unsure where patients can go because few facilities have availability or will accept them.

Valende Javier, nurse at St. Luke's Hospital for 26 years, stated that she always believed in the hospital's mission to help patients. However, he feels badly that families were simply left a packet explaining the closure.

Gretchen Wong, worked at St. Luke's Hospital as a nurse for 11 years. She noted that patients received a letter two weeks ago and have been in shock. Most families are very worried about what will happen to these patients because there is no place for them to go.

Beetriz Quarin stated that she worked at St. Luke's for 16 years. She said that the patients in the subacute unit have no family or voice in this process.

Michael Lyon, Gray Panthers, stated that there will be a fight from the community to keep this subacute unit open.

Roberto Cativo stated that when he received the letter stating that his father will no longer be in the unit because of the closure, he was very upset and did not sleep. His father is on a ventilator and cannot speak. He added that St. Luke's Hospital is close to his family and it is convenient to visit. The patients are sick and live in pain every day; they feel hopeless. He also stated that many patients have no family to speak up for them.

Laurie Jones stated that her father has been in the unit for six months and it will be very difficult to place him in another unit. She is unsure of any viable options.

Marshia Pushia, daughter of a patient in the subacute unit, said she is scared and concerned that two of her disabled siblings will not be able to visit her mother if she is moved far away. She is also concerned about the staff layoffs.

Lonnie Sanchez, worked as a respiratory therapist at St. Luke's Hospital until May 2017, stated that CPMC continues to tear apart community services. He added that they harass employees and do not support patients in this dire situation. He feels the individual staff members will be responsible for making things happen for the patients.

Ruben Garcia, CNA representative, stated that CPMC is making more money and building a new huge hospital campus; they are closing this unit out of greed. He urged the Health Commission to help take care of these patients.

Ron Anderson stated he visits his father every day in the St. Luke's subacute unit. He is concerned about where his father can go and whether it will be too far to visit frequently. He said this is a very stressful time for the patients and families.

Mary Ann Carnock, St. Luke's subacute floor nurse, stated patients are suffering because there are no facilities to accept them. Some patients have been told they will have to be transferred to Los Angeles. No mental health counseling has been offered during this stressful time for patients and families.

Maria Dizon, St. Luke's subacute nurse, stated that patients are very anxious and there is not adequate planning for appropriate transfers to facilities that will accept people with such complex medical conditions.

Anthony Than stated that his mother is a patient at the St. Luke's Hospital subacute facility and is very happy there; he sees her every day. He also sees the other patients happy and well-cared for at the subacute unit. His mother was expected to live only 2 years but has been there for 10 years. He added that if she moves out of the city, her family will not be able to visit her regularly.

Commissioner Chow explained that the Health Commission participates in the Proposition Q process to review closures or medical facilities to determine if the closure will be detrimental to the health of San Franciscans.

5) COMMUNITY AND PUBLIC HEALTH COMMITTEE

Commissioner Pating, Chair, stated that Susan Phillip, MD, Director of Disease Prevention and Control, presented STD Prevention for Women, Youth, and Transgender Persons. He stated that the SFDPH is attempting to increase STD screenings for this population, including pregnant women, to lower the incidence of disease in the community. In the future, vaccines or medical prophylaxis may assist in STD prevention.

Commissioner Pating also stated that the Committee hear an update on Transitions, from Kelly Hiramoto, regarding the branch's assistance in patient flow and discharge planning throughout the entire San Francisco Health Network. Lack of resources in lower level of care, dementia care, and inpatient psychiatric care impact the ability of this unit to place patients/clients in external facilities.

6) PROPOSITION Q HEARING: ST. MARY'S MEDICAL CENTER PROS AND WOUND CLINIC CLOSURE; RESOLUTION

Colleen Chawla, Deputy Director and Director of Policy and Planning, introduced the item. Margine Sako, St. Mary's Medical Center Foundation Vice President of Philanthropy, presented data from St. Mary's Medical Center.

Commissioner Comments:

Commissioner Karshmer recused herself from the vote because she is still officially an active member of the St. Mary's Medical Center Community Advisory Board.

Commissioner Sanchez stated that historically St. Mary's Medical Center has played an important role in the health and wellbeing of San Franciscans. He wants the institution to be able to sustain and provide the highest level of care to its patients. Ms. Sako stated that St. Mary's is holding a meeting of its senior managers and St. Francis Hospital to ensure that its procedures include proper attention to Prop. Q proceedings.

Commissioner Bernal wished St. Mary's a happy 160th anniversary. He asked if the hospital received any feedback from organizations working with seniors in regard to the closure of this service. Ms. Sako stated that St. Mary's Medical Center received no feedback from these organizations regarding its closure of the clinic.

Commissioner Loyce offered a motion to move the resolution forward using the term "Will have a detrimental impact of the availability of these health care services."

Action Taken: The Health Commission approved the resolution (Yes: Bernal, Chow, Chung, Loyce, Sanchez; No: Pating. Commissioner Karshmer recused herself) (Attachment A)

7) WORK GROUP TO RE-ENVISION THE JAIL REPLACEMENT PROJECT

Colleen Chawla, Deputy Director of Health and Director of Policy and Planning, introduced the item.

Commissioner Comments:

Sheriff Hennessy thanked Director Garcia and Roma Guy for their leadership on the work group to re-envision the jail replacement project. She also thanked the Health Commission for its interest in the process and recommendations from the work group.

Director Garcia thanked Sheriff Hennessy and Ms. Guy for helping lead the work group and community process. She added that the process helped her and the Sheriff better understand each other's Departments.

Commissioner Chow thanked Director Garcia, Sheriff Hennessy, and Ms. Guy for working together on this important project.

Roma Guy stated that this is the first time in the City's history that the City has a consensus on decreasing the population of the San Francisco jails and closing jail 4. This consensus includes the Mayor, Board of Supervisors, Sheriff Department and the SFDPH. She added that Commissioner Loyce participated in the group prior to being appointed to the Health Commission.

Commissioner Loyce thanked Sheriff Hennessy, Ms. Guy, Director Garcia, and Ms. Chawla. He noted that joined the Committee as a private citizen before being appointed to the Health Commission. He also stated that the group was comprised of a very diverse group of people with differing perspectives. He noted that the group members learned to be open to each other's perspectives during the process.

Commissioner Karshmer thanked the group and its leadership. Regarding bail reform, she asked if there is some variability in how much amount of bail is set. Ms. Chawla stated that there are ranges set by the Superior

Court. She added that bail reform can include differences in amounts of bail or assistance with paying bail. Ms. Guy added that amount of bail can be related to the number of charges against someone.

Commissioner Karshmer asked for whether there are projections for other recommendations beyond bed day reductions. Ms. Chawla stated that within a year, there will be more recommendation and data to review.

Commissioner Chow asked Director Garcia when the Health Commission should schedule an update on this item. Director Garcia stated that as new information is available, the SFDPH will bring it to the Health Commission. Commissioner Chow suggested that this item be scheduled for spring 2018.

Commissioner Bernal thanked Director Garcia, Ms. Guy, and Sheriff Hennessy for their leadership on this issue. He asked if recidivism data was reviewed when considering the impact of longer stays on bed days. Ms. Chawla stated that it was difficult to obtain recidivism data from Adult Probation and other criminal justice systems.

Commissioner Chung thanked everyone for the presentation. She asked what methods are best to track transgender individuals when they are incarcerated. Director Garcia stated that the San Francisco Health Network, including Jail Health Services, can record self-reported gender identity. She noted the Sheriff's Department has a different data system and is working to update how gender is recorded in this database.

8) RESOLUTION IN HONOR OF DR. MARCELLINA OGBU

Barbara Garcia, Director of Health, introduced the resolution.

Commissioner Comments:

Commissioners Chow, Pating, and Loyce thanked Ms. Ogbu for her many years of dedicated service to the SFDPH and many vulnerable communities in San Francisco.

Action Taken: The Health Commission unanimously approved the resolution. (Attachment B)

9) FY2017-18 AND FY2018-19 PATIENT RATES

Anne Okubo, Deputy Financial Officer, presented the item.

Commissioner Comments:

Commissioner Chow asked how the proposed rates compare to cost-to-charge-ratio with state and local hospitals. Greg Wagner, SFDPH CFO, stated that a few years ago, a study was conducted showing that the SFDPH was out of alignment with other local hospitals. However, over the past several years, the SFDPH has moved the rates more in alignment with these hospitals. He noted that the SFDPH now has a 28% cost to charge ratio, which is within its target range.

Commissioner Chow asked for more information regarding the rate of medical inflation. Mr. Wagner stated the general medical inflation rate is approximately 5-6%.

Commissioner Chow asked for clarification regarding how these rates are applied to patients. Mr. Wagner stated that it is very rare that a patient pays the patient rates because usually patients have MediCal or Medicare. These rates generally apply to commercial insurance companies or wealthy individuals who can pay out-of-pocket.

Action Taken: The Health Commission unanimously approved the FY2017-18 and FY2018-19 Pating Rates.

10) RESOLUTION ENDORSING SAN FRANCISCO'S CLIMATE AND HEALTH ADAPTATION FRAMEWORK AND AFFIRMING THE COMMISSION'S COMMITMENT TO COMBAT CLIMATE CHANGE

Cyndy Comerford, Climate and Health Program Director, presented the resolution.

Commissioner Comments:

Commissioner Pating stated that he is pleased that the Health Commission can take action in support of climate change strategies. He thanked Director Garcia and Commissioner Chow for placing this item on the agenda.

Commissioner Loyce asked if other United States Health Departments have staff working on climate change issue. Ms. Comerford stated that the SFDPH is part of a local, state, and national public health organizational response to climate change.

Commissioner Bernal stated that he is proud the SFDPH is taking leadership in the area of climate change. He asked for more information regarding the different between urban and rural areas in regard to climate issues. Ms. Comerford stated that urban areas make up only 2% of global mass but comprise 70% of global greenhouse gases; 50% of the world's populations live in cities.

Action Taken: The Health Commission unanimously approved the resolution. (Attachment C)

11) OTHER BUSINESS:

This item was not discussed.

12) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sanchez, LHH JCC Chair, stated that at the June 13, 2017 LHH JCC meeting, the committee primarily discussed closed session items pertaining to quality reports.

13) COMMITTEE AGENDA SETTING

Mr. Morewitz reminded the Health Commission that the July 18, 2017 meeting will be held at 1099 Sunnydale Avenue and will focus on public health issue pertaining to Visitation Valley.

14) ADJOURNMENT

The meeting was adjourned at 6:48pm.

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 17-6**

DETERMINING THAT THE CLOSURE OF THE PROS & WOUND CLINIC AT DIGNITY HEALTH - ST. MARY'S MEDICAL CENTER – SAN FRANCISCO WILL HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICES IN THE COMMUNITY

WHEREAS, St. Mary's Medical Center (St. Mary's), a non-profit hospital and member of Dignity Health, is an acute care hospital in San Francisco; and

WHEREAS, On February 7th, 2017, St. Mary's notified the Health Commission of its PROS & Wound Clinic closure, effective August 31st, 2016; and

WHEREAS, To be in compliance with the Community Health Care Planning Ordinance (Proposition Q), private hospitals in San Francisco are required to notify the Health Commission 90 days prior to service reductions or lease, sales or transfer of management; and

WHEREAS, St. Mary's stated the reason for the notification delay was due to an interim hospital president and leadership team; and

WHEREAS, Approximately 6.7 million Americans suffer from a non-healing wound, with the most common wounds being pressure ulcers (2.9 million) and Diabetic foot ulcers (2.1 million) and caring for chronic, non-healing wounds exceeds \$50 billion in costs to the healthcare system per year; and

WHEREAS, Wound care treatment facilities have increased wound healing rates, lowered amputation rates, and shortened hospital stays and wound care is becoming increasingly important with the increased rates of diabetes and obesity in the US; and

WHEREAS, Wound healing slows with age due to changes in the skin that put elderly patients at a substantially greater risk for chronic wounds such as leg ulcers, diabetic foot ulcers, and pressure ulcers; persons aged 80 years and older are three to four times more likely to develop leg ulcers and five to seven times more likely to develop pressure ulcers than those aged 65 to 70; and

WHEREAS, The population aged 65 years and older is the fastest growing population segment in San Francisco and is projected to make up one-fifth of all residents; and

WHEREAS, The PROS & Wound Clinic cared for an average of 1,026 patients during fiscal years 2014-2015 and 2015-2016; and

WHEREAS, Although the majority (55%) of patients were aged 18-64 years, adults aged 65 years and older comprised a disproportionate share (44%) of patients compared to their share of San Francisco's population (14%); adults aged 80 years and older make up only two percent of San Franciscans, but nearly one in five clinic patients; and

WHEREAS, the population in need of these services will be increasing; and

WHEREAS, A large majority of patients at the PROS & Wound Clinic were covered by Medicare or commercial insurance; and

WHEREAS, To ensure continuity of care, St. Mary's referred patients to existing PROS & Wound Clinic physicians' alternate practice locations and/or centers with comparable wound care services; and

WHEREAS, there are no other facilities in San Francisco that provide the services of the PROS and Wound Clinic, and placement required utilizing facilities outside of the county.

WHEREAS, placement required utilizing facilities as far as Stanford; and

WHEREAS, St. Mary's is unable to determine whether patients continued to receive care; and

WHEREAS, Since the closure of the PROS & Wound Clinic, St. Mary's stated that they have received no patient complaints regarding wound care; and

WHEREAS, the Department of Public Health stated that there is limited information and data to reliably determine the impact of the PROS & Wound Clinic closure on the community; and

WHEREAS, St Mary's administration has informed the Health Commission of steps being taken to initiate a Prop Q hearing as required by the City Proposition Q ordinance; and

WHEREAS, In accordance with Proposition Q, the San Francisco Health Commission held public hearings on June 6, 2017 and June 20, 2017; and

NOW, THEREFORE, BE IT RESOLVED, that the closure of PROS & Wound Care Clinic at St. Mary's Medical Center will have a detrimental impact on the availability of these health care services in the community.

Further resolved that St. Mary's leadership is urged to develop policies to assure initiating a Prop Q hearing, when required, in a timely manner.

I hereby certify that the San Francisco Health Commission at its meeting of June 20, 2017 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

**Health Commission
City and County of San Francisco
Resolution No. 17-7**

RESOLUTION IN HONOR OF DR. MARCELLINA OGBU

WHEREAS, Marcellina Ogbu, DrPH has served the City and County of San Francisco as an exceptional leader at the Department of Public Health (DPH) for 31 years; and

WHEREAS, At DPH, Dr. Ogbu has been the Deputy Director of the San Francisco Health Network, since its formation in 2014; and

WHEREAS, Prior to her current position, Dr. Ogbu has served DPH in multiple capacities, as the Director of Community Programs, the Chief Operational Officer for Primary Care, and Director of Maxine Hall Health Center; and

WHEREAS, Dr. Ogbu is widely respected by her colleagues for her selfless dedication, humility, expertise, and wisdom; and

WHEREAS, To many whom she has worked with, Dr. Ogbu has been a mentor and guide with incredible intuition, thoughtfulness, and genuine care; and

WHEREAS, Dr. Ogbu is an admirable example of public service and an inspiration to her colleagues, staff, and the community; and

WHEREAS, Dr. Ogbu will be retiring from City employment on June 30, 2017; now therefore be it

RESOLVED, That the San Francisco Health Commission honors Dr. Marcellina Ogbu for her outstanding service and leadership.

I hereby certify that the San Francisco Health Commission at its meeting of June 20, 2017 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary

**Health Commission
City and County of San Francisco
Resolution No. 17-8**

**RESOLUTION ENDORSING SAN FRANCISCO'S CLIMATE AND HEALTH ADAPTATION FRAMEWORK AND
AFFIRMING THE COMMISSION'S COMMITMENT TO COMBAT CLIMATE CHANGE**

WHEREAS, climate change is happening now and the current warming trend on earth is unprecedented; and

WHEREAS, the increasing concentration of greenhouse gases in the earth's atmosphere is the main reason for climate change primarily caused by the burning of fossil fuels such as coal, gas and oil; and

WHEREAS, according to the Lancet Commission, climate change is the biggest global health threat of the 21st century, while tackling climate change could be the greatest global health opportunity of the 21st century; and

WHEREAS, climate change has already affected San Francisco to varying degrees including drought and flooding and is projected to increase the number of extreme heat days, increase sea level rise and flooding, increase the frequency and severity of droughts and extreme storms and worsen air quality; and

WHEREAS, by the year 2100, climate scientists project up to 90 extreme heat days locally and the San Francisco Bay to rise 108 inches above current levels from the combination of sea level rise and storm surge; and

WHEREAS, the impacts of climate change threaten human health and well-being in many ways: increases in rates of cardiovascular and respiratory diseases; increases in water and foodborne illnesses; greater incidence of vector-borne diseases such as West Nile Virus; multiple injuries and preventable injuries due to extreme weather events; increases in incidence of heat-related illnesses such as heat stroke, heat exhaustion, or even death – all which can lead to impaired mental health and stress; and

WHEREAS, the elderly, the poor, young children, those with pre-existing medical conditions and communities of color are the most likely to suffer the greatest health impacts of climate change; and

WHEREAS, climate change will likely magnify health disparities and inequities due to a reduced ability to respond to stressors; and

WHEREAS, climate change is a public health issue and it is the responsibility of public health departments around the country and the world to take action to reduce the impacts of climate change and prepare for potential risks; and

WHEREAS, since 2010 the San Francisco Department of Public Health's Climate and Health Program has been part of nation-wide effort to build capacity to address the health impacts of climate change through research and assessment, outreach and engagement, and planning and policy development; and

WHEREAS, the Climate and Health Program has developed: vulnerability assessments such as the Extreme Heat Vulnerability Assessment (2013), Climate and Health Profile (2014) and Flood Health Vulnerability Assessment (2016); innovation tools, such as the Community Resiliency Indicator System (2014); plans, such as hazard-specific annexes to the Emergency Operation Plan; outreach and engagement materials, trainings, and

presentations; and has worked interdepartmentally on citywide initiatives to address health, demographic and environmental factors linked to climate change; and

WHEREAS, on March 7th, 2017, a Climate and Health Program presentation to the Health Commission detailed the importance of local health department involvement in climate change, provided information about current Department and citywide climate change initiatives, and summarized the Climate and Health Program's planned strategic activities including the Climate and Health Adaptation Framework; and

WHEREAS, on March 9th 2017, the Department's Climate and Health Program released San Francisco's Climate and Health Adaptation Framework, the first comprehensive health adaptation plan for the City and County of San Francisco that describes the connection between climate change and local health impacts and outlines a set of potential strategic solutions. Each set of strategies offers opportunities to promote actions that yield health benefits and protect against climate; and

WHEREAS, the Trump Administration is seeking to dismantle environmental protections by rolling back Clean Air and Clean Water policies and defunding critical Federal programs that protect public health and safety; and

WHEREAS, on June 1st 2017, the Trump Administration withdrew the United States from Paris Climate Agreement which the United States signed in 2016 along with 194 other nations as part of the global effort to hold global warming to well below 2 Celsius; and

WHEREAS, San Francisco, in joining the State of California in the fight against climate change, has set ambitious greenhouse gas emission reduction targets of 40 percent below 1990 levels by the year 2025, and 80 percent by the year 2050 (Board of Supervisors Ordinance No. 81-08); and,

WHEREAS, in the wake of President Trump's decision on the Paris Climate Agreement, San Francisco joined more than 211 U.S. mayors representing more than 54 million Americans in reaffirming their cities' commitments to climate action as part of the Mayors' National Climate Action Agenda;

NOW THEREFORE BE IT RESOLVED that the Health Commission affirms that climate change threatens the health and well-being of our residents and the patients we serve, with disproportionate negative impacts to underserved communities and communities of color; and, be it,

FURTHER RESOLVED, that the Health Commission endorses the implementation on Department's San Francisco Climate and Health Adaptation Framework, which includes such actions as working collaboratively with communities and City departments on strategic climate initiatives and educating our clients, patients and the medical community regarding the potential adverse health effects of global climate change; and be it,

FURTHER RESOLVED, the Health Commission encourages the Department to support the City's greenhouse gas emission reduction targets, the Mayors' National Climate Action Agenda and to review and improve their carbon footprint regardless of actions taken by the Trump administration; and, be it,

FURTHER RESOLVED, that the Health Commission supports efforts to communicate with our local, state, and national legislators, and request that they take action to adapt to and mitigate the effects of climate change in order to protect public health.

I hereby certify that the San Francisco Health Commission at its meeting of June 20, 2017 adopted the foregoing resolution.

Mark Morewitz
Health Commission Executive Secretary