

**James M. Illig**  
President

**Sonia E. Melara**  
Vice President

**Edward A. Chow, M.D.**  
Commissioner

**Margine A. Sako**  
Commissioner

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

**Steven Tierney, Ed.D.**  
Commissioner

**Catherine M. Waters, R.N., Ph.D.**  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
**Gavin C. Newsom, Mayor**

**Department of Public Health**



**Mitchell H. Katz, M.D.**  
Director of Health

**Michele M. Seaton**  
Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## MINUTES

### HEALTH COMMISSION MEETING

**Tuesday, October 21, 2008**

At

**4:00 p.m.**

**101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102**

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:05 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia E. Melara, MSW, Vice President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 7, 2008

Action Taken: The Commission approved the minutes of the October 7, 2008 Health Commission meeting.

#### 3) GENERAL PUBLIC COMMENT

None.

#### 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

##### DPH Items at the Board of Supervisors

During the week of October 20, the Land Use & Economic Development Committee meets on Monday and again for a special meeting on Wednesday, the full Board of Supervisors meets on Tuesday, the Budget & Finance Committee meets on Wednesday, and a special meeting of the Rules Committee meets on Thursday. The report detailed the legislation that was being considered by the Board and its committees.

##### Healthy SF Part of KQED Health Dialogues Segment on Universal Health Care

On October 23rd at 8:00 pm, KQED Public Radio, 88.5 FM, will air a segment on Healthy San Francisco. The show is part of KQED's October *Health Dialogues* program. The October program takes a look at universal health care, from the federal level (the health platforms of Obama and McCain) to the state level (what's happening with the California's plans for health coverage) to local initiatives to cover people in the absence of a state or federal plan, such as Healthy San Francisco and the Santa Clara Family Health Plan.

Earlier this month *Health Dialogues* host, Scott Shafer, went to Silver Avenue Health Center and interviewed Primary Care Medical Director Michael Drennan, MD, Center Director Marie Palazuelos, MD, Podiatrist William Tarran, DPM and several new HSF participants. *Health Dialogues* airs on 17 public radio stations around California. You can read more about Health Dialogues by going to: <http://www.kqed.org/radio/programs/healthdialogues/>.

##### Update on Tobacco Sales Ban in Pharmacies

As the Commission is aware, beginning October 1st, San Francisco became the first locality in the United States to prohibit the sale of tobacco at pharmacies. Walgreen's filed suit against the City, asking for the court to halt the ban. The court ruled in the City's favor. The tobacco company Philip-Morris also filed suit against us and the hearing is set for November 6, 2008. Meanwhile, the California Medical Association (CMA) passed a resolution in support of banning tobacco sales in pharmacies. Also, the attached article appeared as a commentary in the *Journal of the American Medical Association*. Dr. Katz said that with Commissioner Chow's help the CMA adopted a resolution supporting the city's ban on sales of tobacco in pharmacies.

##### Diversity Training

On September 12th, over 35 Section Directors, supervisors and leaders within the Community Programs' Department, along with Commissioner Catherine Waters, met and participated in a 6-hour workshop addressing race and racism. The workshop, developed by the African American Health Initiative and the Health Education Training Center, was highly recommended to participants in the Health Equity Leadership Group, chaired by Barbara Garcia. Through a series of lectures, exercises and discussions, participants arrive at a definition of race, interpersonal racism and "institutional" racism; identify how racism is structured into governmental and other regulations, policies and practices; review the literature that describes differential health and medical treatment and outcomes by "race" and identify what we can do to reduce or eliminate interpersonal and structural racism. The lead trainer, Gene N. Ramos, formerly of the DPH award winning WEDGE program, presented an informative, highly participative workshop. The workshop was well received by the participants and many stated that this training opportunity should be expanded, given the importance of race and racism in health outcomes.

The *Understanding the Impact of Race and Racism on Health Disparities and Health Inequities* workshop is offered to supervisors, managers and other Public Health leaders through the HETC. Upcoming classes will be posted on the HETC website, <http://dphnet/Training/HET1st.htm>. For more information on the Health Equity Leadership Group, contact Jenny Chacon, 255-3509 or [jenny.chacon@sfdph.org](mailto:jenny.chacon@sfdph.org).

#### Walk to School Day

The Department of Public Health (DPH) and the San Francisco Municipal Transportation Agency (SFMTA) worked with over 20 San Francisco schools to celebrate *Walk to School Day* on October 8<sup>th</sup>, an event designed to promote health, safety and concern for the environment.

Walk to School Day is an annual global celebration that gives children, parents, teachers, administrators and community members an opportunity to make their communities safer and more pleasant for walking. The focus of these activities are to reduce the confusion at school drop-off and pick-up zones, increase awareness of pedestrian safety and encourage more physically active, alert and healthy students.

The largest events took place at Alamo, Jefferson, John Muir, Longfellow, Marshall, and Sunset Elementary Schools. DPH and MTA gave all participating schools items such as posters, brochures, giveaways for schoolchildren and made arrangements for volunteers and traffic enforcement the day of the event.

#### "Infect Me Not" Campaign

At the last Health Commission meeting, Dr. Susan Fernyak presented the Department's new prevention campaign, "Infect Me Not," designed to keep San Franciscans well by introducing healthy habits that prevent the spread of common infectious diseases." The following day, October 8<sup>th</sup>, Dr. Fernyak and I launched the "Infect Me Not" city-wide campaign on the steps of City Hall, followed by band performances from winners of the "healthy habits" song competition, hand washing demonstrations, and unveiling of campaign ads and materials. The campaign was developed in response to public concerns articulated in focus groups. Participants said they felt "threatened" by germs spread by co-workers, friends, and people in public places. They wished people made a greater effort to "keep their germs to themselves." The rally cry "Infect Me Not" echoes these concerns.

The "Infect Me Not" campaign aims both to educate the public about germs and infectious diseases and to encourage habits that protect people from avoidable disease. Fortunately, many of the most common infectious diseases, such as a cold or the flu, can be avoided by practicing healthy habits that reduce the transmission of germs. Clever public transportation ads, songs, videos, and educational materials contain these messages. Materials include a "Germs" brochure with disease transmission information, as well as a Flu Home Care Guide that provides detailed guidance on how to care for someone at home with the flu. To reach the San Francisco general public and special populations, a series of public service advertisements (PSAs) have been launched on BART, MUNI, radio, newspaper, and other media. Materials are being shared with partner organizations and at street fairs, community meetings, health care clinics, trainings, and other venues throughout the city. Visit [www.InfectMeNot.org](http://www.InfectMeNot.org) to learn more about the campaign and preview the materials.

We believe that the "Infect Me Not" message is well-aligned with the Health Commission's emphasis on prevention and will be a highly visible and successful campaign that will be seen and enjoyed throughout the City over the next several months.

### Asthma Task Force Offers Trainings

The Asthma Task Force has had excellent response to three recent training sessions; two hosted by the Environmental Committee on creating healthy housing and one continuing education event hosted by the Clinical Committee with support from Kaiser Permanente SF. Highlights of the sessions follow.

- Twenty-seven property managers, affordable housing developers, and City housing-related workers enrolled in the Sept. 23rd “Healthy Homes, Energy Savings and Building Sustainability” training produced with SFDPH and LaCroix Davis LLC, where participants learned about healthy homes concepts, building envelope defects and moisture infiltration, mold remediation, home ventilation, home furnace performance testing and infrared camera investigations.
- Fifty health professionals, code enforcement and housing rights workers who interact with patients or clients with substandard housing conditions enrolled in the Oct. 16-17 “Essentials for Healthy Homes Practitioners” course, produced with SFDPH, Alameda County Lead Poisoning Prevention, the Regional Asthma Management and Prevention Initiative (RAMP) and Breathe CA. The course introduced participants to the seven concepts of healthy homes developed and illustrated by the National Center for Healthy Housing.
- Sixty-one health professionals from systems of care citywide attended, and heard expert presentations on: Evaluation of Cough in Adults (George Su, MD, UCSF); Update on Treatment of Nicotine Addiction (Neal Benowitz, MD, UCSF); Making a Difference for People with Sleep Apnea (Christine Garvey, Seton Medical Center); Asthma Medication Updates (Manisha Newaskar, MD, Children’s Hospital and Research Center at Oakland) and Working with Complex Cases (Peg Strub, MD, Kaiser Permanente, San Francisco).

### Childhood Lead Poisoning Prevention Week, October 19-25

The Childhood Lead Prevention Program is offering free educational classes for parents and consultation for contractors to celebrate National Lead Poisoning Prevention Week, October 19-25. The theme of this year’s Prevention Week is, “Let’s Wipe out Lead Poisoning: Renovate Right!” Classes for parents are scheduled for the Asian Women's Resource Center, 940 Washington Street, San Francisco, October 20 and 21, from 10 a.m. to noon.

There are new California and federal rules that contractors must follow if they demolish, remodel or paint pre-1978 buildings. The new state law went into effect on April 30, 2008 and applies to everyone including contractors, painters, homeowners, renters and maintenance staff. Contractors can bypass the state law by having paint tested and proved not to be lead-based.

The new federal regulations are effective March 31, 2010. Other than requiring “lead safe” work practices for remodeling, renovation, and painting activities, the US Environmental Protection Agency (USEPA) will require that at least one contractor working on a pre-1978 residential building or child-care facility become “lead safe certified.” Contractors must renew their certification every five years by completing a four-hour refresher course.

Today, childhood lead poisoning is considered to be the most preventable environmental disease of young children. A simple blood test can prevent a lifetime spoiled by the irreversible damage caused by lead poisoning.

### STD Update: Early Syphilis on the Rise

In September, 80 early syphilis cases were reported in San Francisco, the largest single month's report of syphilis morbidity in SF history. As of August 2008, syphilis cases had increased 54% compared to the same time last year and we are estimating that the total number of cases for the year will exceed 500 cases, putting us back to the rates we were seeing during 2003 and 2004. Cases are increasing among both MSM and heterosexuals. No specific risk factors have been identified yet for MSM cases, except for anecdotal stories about the increased use of Methamphetamine. Cases among heterosexuals seem connected to the Tenderloin/South of Market areas and some preliminary risk factors are female gender, crack use, sex for drugs/money, homelessness and incarceration in county jails.

As always, we are strongly recommending that health care providers examine, screen and test patients for syphilis frequently. Our recommendations include screening HIV infected MSM for syphilis with every CD4 count or viral load test and non-monogamous MSM every 3-6 months, regardless of HIV status. We are also reminding providers to prophylactically treat anyone reporting possible syphilis exposure in the past 90 days to prevent infection.

### DPH Working With Bicycle Coalition on Treasure Island Plan

Treasure Island's redevelopment gives San Francisco the chance to build a model community that assigns a high priority to biking and walking. The Department's Occupational and Environmental Health Division has teamed up with the San Francisco Bicycle Coalition to create a Community Based Transportation Plan for a Walkable and Bikeable Treasure Island. Over the past year both agencies have conducted outreach to the community, researched best practices from around the world and through experts and are currently hosting a series of community workshops to gather input on the current proposals.

We believe that creating sustainable communities, of which biking and walking are integral parts, provides people with better options for maintaining healthier lifestyles. For more information on these upcoming workshops scheduled for Oct 22 and 23, go to [www.sfbike.org/treasureisland](http://www.sfbike.org/treasureisland).

### NYT Applauds San Francisco City Clinic

The October 3 issue of the *New York Times* featured the following observation about the STD Section's website in its Science Times /Decoding Your Health Section. Here is the link to the entire article.

<http://www.nytimes.com/2008/09/29/health/30exploring.html?sq=jascha%20hoffman&st=cse&adxnnl=1&scp=1&adxnnlx=1222808400-mbUhBKUZc4P5ffCHOkeGIA>

### San Francisco General Hospital & Trauma Center October 2008 Credentials Report

	<b>10/08</b>	<b>07/08 to 06/09</b>
New Appointments	16	124
Reinstatements	0	1
Reappointments	40	189
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	18	89
Disciplinary Actions	0	0

Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	26	36
Voluntary Relinquishments	3	16
Proctorship Completed	15	49
Proctorship Extension	0	0
Current Statistics – as of 09/01/08		
Active Staff	506	
Courtesy Staff	557	
Affiliate Professionals (non-physicians)	233	
TOTAL MEMBERS	1,296	
Applications In Process		49
Applications Withdrawn Month of August 2008		0
SFGH Reappointments in Process 10/2008 to 02/2009		231

#### Comments/Next Steps

- Commissioner Illig asked about the increase in syphilis. Dr. Katz said this is a real increase. Syphilis is a cyclical disease, and no one has ever been able to eliminate the reservoir of the disease. DPH is not 100% sure if one factor is the cause of the increase. They have asked both the state and federal government for additional resources because we would like to be doing more tracking. It may get worse before it gets better. Commissioner Illig asked if other cities are experiencing an increase. Commissioner Tierney said that major cities throughout the country are showing a similar increase.

#### 5) **PRESENTATION OF EMPLOYEE RECOGNITION AWARDS**

Commissioner Illig presented the employee recognition awards.

<b><u>Individual Award</u></b>	<b><u>Division</u></b>	<b><u>Nominated By</u></b>
Robert Dean Goodwin Administrative Analyst	HIV Health Services	Michelle Long and Bill Blum

<b><u>Individual Award</u></b>	<b><u>Division</u></b>	<b><u>Nominated By</u></b>
Gary Scherer, MA, MFT CBHS Placement Team	CBHS	The entire staff of Mission Mental Health

<u>Team Award</u>	<u>Division</u>	<u>Nominated By</u>
HSF Design, Development and Implementation Teams <ul style="list-style-type: none"> <li>▪ Central Administration</li> <li>▪ Community Behavioral Health Services</li> <li>▪ Community Oriented Primary Care</li> <li>▪ Eligibility and Enrollment Unit; Patient Financial Services</li> <li>▪ Finance</li> <li>▪ Human Resources</li> <li>▪ Information Technology</li> <li>▪ July Debut</li> <li>▪ New Patient Appointment Unit</li> <li>▪ One-e-App</li> <li>▪ Point-of-Service</li> <li>▪ San Francisco General Hospital</li> </ul>	Various	Tangerine Brigham

7) **CONSIDERATION OF A RESOLUTION ADOPTING BUDGET PRINCIPLES FOR THE DEPARTMENT OF PUBLIC HEALTH**

Commissioner Tierney said the Finance Committee and the citywide planning committee held discussions, which were well attended by staff and members of the public, about the proposed budget principles. The principles include more language about the importance of our partnerships. Commissioner Tierney said the important work is to make sure that during discussions about mid-years and next year’s budget discussion, the Commission is clear about what the priorities are and what process exists to make sure that partners are included in the preparation of all the budgets that move forward. Commissioner Tierney said that the Citywide Health Planning and Effectiveness Committee, at its meeting earlier in the day, amended the principles to remove the strategies that were included in italics for Principle #8 and Principle #10. Implementation strategies will be developed at subsequent meetings.

Action Taken: The Commission approved the budget principles via Resolution # 18-08, “Approving Principles to Guide Development of Public Health’s Budget for Fiscal Year 2009-2010,” (Attachment A).

Comments/Follow Up

- Commissioner Illig asked that the principles be sent to the Mayor’s Office and the Mayor’s Budget Director with a letter from the Commission.

8) **DEPARTMENT OF HUMAN RESOURCES PRESENTATION ON SUCCESSION PLANNING**

Micki Callahan, Director of the Department of Human Resources, gave an overview of succession planning as it relates to executives in departments throughout the city. The goal of succession planning is to have the right skills in the right place at the right time to deliver services. DHR is talking to departments about succession planning in the hopes that Departments will include this topic in their strategic plans. Donna Kotake, Director of Workforce Development, overviewed a model for succession planning. Succession planning is a long-term investment, not just about the replacement of employees who leave.

## Comments/Follow Up

- Commissioner Tierney asked if there are resources available to do clinical training. Ms. Kotake said she could meet with CBHS, understand their needs and see what DHR resources are available.
- Commissioner Illig said he is aware of the depth of knowledge with back up for Dr. Katz on the service side, but not on the public health side. Dr. Katz said that in his absence Anne Kronenberg is the Acting Director and Tomas Aragon is the Acting Health Officer. Dr. Katz said the department is rich in its depth of legally designated deputy health officers.
- Dr. Katz said he was not prepared for the intense reaction he received from employees when he began to talk about the possibility of leaving, even though he had not identified a date. On one hand it is desirable to be able to discuss these issues openly, but it is also very destabilizing, and what is the best balance. Ms. Callahan said part of DHR's job is to get these discussions going so that people getting used to talking about succession planning, and getting people talking about redundancies and knowledge transfer. This can make the thought of someone leaving less frightening. Dr. Katz said that outside consultants have been critical of the Health Department's practice of promoting from within, even though this has served the department effectively. This raises the question about how much the Commission and others should look externally, and how this is balanced with the desire to mentor someone internally. Ms. Callahan said this is a challenge, particularly in a civil service system, and DHR is looking at this. It is important to have discussions about what you want in terms of executive leadership in the future, determine the profile and assets of the desired leader and see if this is more amenable to an external search. There is no general approach—must perform a case-by-case analysis. If the Commission is really interested in promoting an internal candidate, she would advise against doing an external search just to make the search look good and/or more thorough.
- Commissioner Illig is going to schedule a closed session in January to discuss Dr. Katz evaluation, aligned with the Mayor's new policy around department head evaluation.

### 9) **UPDATE OF THE HEALTH CARE ACCOUNTABILITY ORDINANCE MINIMUM STANDARDS AND CONSIDERATION OF A RESOLUTION APPROVING THE MINIMUM STANDARDS**

Secretary's Note – This item was heard directly after Item 8.

Frances Culp, Office of Policy and Planning, presented an overview of the Health Care Accountability Ordinance and the proposed revision to the minimum standards. The HCAO ordinance requires that minimum standards be reviewed every two years, and they were last reviewed in 2004. The Health Commission has complete authority over the minimum standards. The Board of Supervisors must approve changes to the employer fee. The Office of Policy and Planning convened a work group to review and revise the Minimum Standards and the employer fee. Approximately 14 organizations were represented on the work group, which met six times from July to September.

The proposed revisions to the Minimum Standards are:

## 2008 MINIMUM STANDARDS - FOR HEALTH PLAN BENEFITS: EFFECTIVE NOV. 1, 2008

Minimum Standards Requirement	2004 Standards	2008 Standards ( <i>Revisions</i> )
<u>Type of Plan Required</u>	<u>HMO</u>	HMO
<i>Employee Premium Contribution</i>	Not allowed. Employer pays full premium.	Not allowed. Employer pays full premium.
<i>Annual Out-of-Pocket (OOP) Maximum</i>	\$2,500	\$3,500 maximum, including any prescription drug deductible.
<i>Prescription Drug Deductible</i>	Not allowed.	Allowed. Maximum amount not specified, but must not exceed \$3,500 when added to the OOP maximum.
<i>Regular Deductible</i>	Not allowed.	Not allowed.
<i>Copayments for Office Visits</i>	\$15 (Closed Panel HMO) \$20 (All other HMO models)	\$30 maximum for all HMO plans.
<i>Services:</i> <ul style="list-style-type: none"> <li>• <i>Office visits</i></li> <li>• <i>Physician services</i></li> <li>• <i>Hospital inpatient</i></li> <li>• <i>Prescription drugs</i></li> <li>• <i>Outpatient services and procedures</i></li> <li>• <i>Diagnostic services (x-ray, labs, etc.)</i></li> <li>• <i>Perinatal and maternity care</i></li> <li>• <i>Emergency room and ambulance</i></li> <li>• <i>Mental health services, outpatient and inpatient</i></li> <li>• <i>Alcohol and substance abuse care, outpatient and inpatient detox</i></li> <li>• <i>Rehabilitative therapies, outpatient and inpatient</i></li> <li>• <i>Home health services</i></li> <li>• <i>Durable medical equipment</i></li> <li>• <i>Hospice care</i></li> <li>• <i>Skilled nursing services</i></li> </ul>	Plan must include these services, but copayment amount is not specified.	Plan must include these services, but copayment amount is not specified.

It is also proposed to increase the employer fee from \$2/hour to \$2.80/hour, with a maximum of \$112 weekly. This adjustment will place the employer fee more in line with health insurance.

#### HCAO Unresolved Issues/Solutions

- Issue: Option 3 – impossible for DPH to create a small number of HCAO uninsured workers. Solution: Healthy San Francisco coverage for the uninsured.
- Issue: very part-time workers – there is no insurance plan that will cover those who work less than 20 hours/week. Solution: revise definition of covered worker from 15 hours or more to 20 hours or more per week.

#### Comments/Follow Up

- Commissioner Tierney asked staff to look at whether the Mental Health Parity Act requires that co-pays for mental health and substance abuse services be the same as co-pays for other services.
- Commissioner Melara asked if private businesses were involved in the work group. Ms. Culp said they had been involved in the past. She requested participation this year, but none served on the work group.
- Commissioner Sako asked why pharmaceuticals do not have a co-pay, but instead a prescription drug deductible. Ms. Culp said there is a co-pay for prescription drugs, and prescription drug deductibles are getting more common, particularly with brand name drugs.
- Commissioner Chow would like to see a stated maximum for a prescription drug deductible. This is one of the areas where people are most impacted out of pocket. Ms. Kronenberg said that they were trying to keep the standards as flexible as possible. No insurance product has a prescription drug deductible that is higher than \$250. However they could add a maximum for prescription drug deductibles.

#### Public Comment

Debbi Lerman conveyed HSN's support for the minimum standards. HSN's member organizations are negotiating insurance for next year right now, so please approve the standards today. She asked the Health Commission to consider in the future the issue of premium cost sharing and coverage for dependents, and the issue of removing temporary workers from HCAO and instead including them under the Healthy San Francisco Ordinance. She submitted written testimony, which is on file in the Health Commission Office.

Alice Rogoff, Living Wage Coalition, supports a maximum amount for the prescription drug deductible.

#### Comments/Follow Up (Continued)

- Commissioner Chow said that with the assurance from staff that no plan currently has a prescription drug deductible that is higher than \$250, he has no objection to passing the resolution as currently proposed. He asked that staff monitor this issue closely.
- Commissioner Illig supports DPH evaluating HSN's recommendation about premium cost-sharing in exchange for dependent coverage. Ms. Kronenberg said they will look at this the next time the standards are revised. Commissioner Illig said staff should monitor and evaluate

on the following three issues, and report back to the Commission: drug deductible; dependent coverage; and salary tiers.

Action Taken: Commission approved Resolution #19-08, "Amending the Minimum Standards and Supporting Other Modifications to the Healthcare Accountability Ordinance," (Attachment B).

**10) CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE REPORT**

Commissioner Melara, Committee Chair, said that the committee discussed and approved the budget principles, then had a detailed and informative presentation from Liz Gray, Long Term Care Director, about the Department's long term care services. The co-chairs of the City's Long Term Care Coordinating Council attended the meeting and gave testimony. The committee received an update from Anne Kronenberg on Community Benefits Partnership activities, including the work they are doing on asset mapping. The committee agreed to Commissioner Sako's request to have a year-long discussion about the efforts to place clients in the most appropriate and least restrictive level of care, and this will be a standing agenda item at future meeting.

Commissioner Melara added that the committees will be rescheduled during the month of November, and the Finance Committee will be November 18 and the Citywide Planning Committee will meet on November 4<sup>th</sup>.

**11) DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**

Anne Kronenberg, Director, Office of Policy and Planning, presented that Annual Report. The report covers who is served by the Department, highlights DPH stars and discusses the strategic plan in the context of the work of the Community Benefits Partnership. She noted that there are two new chapters: Local Market Assessment, to reflect the Lewin Group analysis that was done last year; and a Cultural Competency chapter. For next year's report, best practice contractors that are highlighted through the Commission's Finance Committee could be included. Ms. Kronenberg highlighted initiatives in the following areas: Healthy San Francisco; Local Market Assessment; Advancing Cultural Competency; Improve Access to Care; Prevent Chronic Disease and Increase Wellness; Reduce the Incidence of Communicable Disease; and the FY 2007-2008 Budget.

Comments/Follow Up

- The Commission thanked Ms. Kronenberg for the report and accepted the report. The report will be sent to the Mayor, members of the Board of Supervisors and other city officials with a cover letter from President Illig.

**12) OTHER BUSINESS**

None.

**13) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Chow attended an Asian Alliance Against Domestic Violence event for the unveiling of two powerful presentations, one on date rape and another on the abuse of young children in the

Asian community. He noted the absence of DPH's involvement in this event and he wants to make sure that the organization's video products are connected to the Health Department.

**14) ADJOURNMENT**

The meeting was adjourned at 6:35 p.m.

---

Michele M. Seaton  
Health Commission Executive Secretary

Attachments: (2)