

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

James M. Soos
Acting Executive Secretary

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

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

MINUTES

HEALTH COMMISSION MEETING

Tuesday, July 7, 2009

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 4:07 p.m.

Present: Commissioner James M. Illig, President
Commissioner Sonia A. Melara, 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 A. Waters, R.N., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 16, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the minutes of the June 16, 2009 meeting with the following addition to Judy Li's public comment: "She also cited the coordinated effort that CPMC has with NEMS and its Healthy San Francisco program, and its partnership with Chinese Hospital for obstetrics, pediatrics, and tertiary services, and that CPMC is committed to continue to work with NEMS and to continue its partnership with Chinese Hospital."

3) DIRECTOR'S REPORT

Budget Update

This past week the Budget Committee held its final hearings on the 2009-10 fiscal year budget. During a late night session, the Committee made a number of changes that are likely to affect our programs and staff. While we are still early in the process of determining the exact impact of these budgetary shifts, we do know that the Budget Committee did not support contracting out Jail Health services, and voted to restore many cuts to both civil service positions and non-profit contractual services. However, there are also cuts to civil service positions that will take effect later this fiscal year. We anticipate that there will be additional skill mix conversions related to CNAs and we will also be facing cuts to our clerical series and other classifications. At this time, we do not have all the specifics, but we are working as quickly as possible to understand the implications related to position cuts and the individuals who occupy them, and the services provided. Staff should keep in mind that layoff protection was obtained by many bargaining units through mid-November, and the budget is not yet final. I will provide updates as information becomes available.

As I have mentioned a number of times before, this budget year has been the most difficult process in anyone's memory. I am comforted by the continuing commitment I see every day in the staff who are working harder and longer and under increasingly stressful conditions to keep doing the important jobs they have keeping the public and our patients safe. It is this generosity of spirit and nurturing of good public health values that are the core of our employees and those who have made public health their passion. I am grateful to our staff for their enduring commitment to this public health mission that we share and thank them once again for their on-going support for our patients, our programs and, most important of all, for each other. These are difficult times.

This is, undoubtedly, the best Department of Public Health in this nation. Regardless of our economy and its future, I am proud to be the Director of the San Francisco Department of Public Health and look forward to working with my staff as we show this City our very best efforts and our own San Francisco resilience

Medical Respite & Sobering Center Open

The new and consolidated Medical Respite and Sobering Center—with 45 respite and 12 sobering beds—opened with a Mayoral visit and press conference on July 1 at 1171 Mission St. The Center is also the new home of the Community Awareness and Treatment Services (CATS), our long-time community-based partner in delivering services to the hardest to reach men and women who live primarily on the street.

The Medical Respite and Sobering Center provides an important alternative to costly emergency care and also links individuals to longer-term residential options. It project was helped along by a generous award of \$250,000 from the Kaiser Permanente Community Benefits program that supported the renovation of the facility and saw an un-met need in the community to help people who are homeless avoid long hospital stays. Ten acute care hospitals throughout the City discharge patients directly to the Center, preventing hospital beds from becoming temporary housing for homeless patients who are well enough for hospital release but still in need of recuperative care. At the same time, the Center has become a viable option for short term sobering and stabilization services for alcohol-dependent persons thereby decreasing ambulance trips to emergency departments and over-use of emergency medical staff. One of the great efficiencies of the respite-sobering combination is the cross over and sharing of on-site medical staff such as clinicians, nurses and social workers who can deliver appropriate medical services to the clients whose needs are similar during their stay at the Center.

Many thanks to Marc Trotz and Barbara Garcia for their hard work and leadership in making this Center become a reality. A special thanks to Wolfgang Stuwe whose consistency and oversight of the project ensured that the renovations adhered to the program's vision and the architect's plans. Finally, we are grateful to Tae-Wol Stanley and Michelle Schneiderman, MD, who coordinate and oversee the daily activities and life-saving programs that are the hallmark of the Medical Respite and Sobering Center. We are justifiably proud of this Center and believe that it will not only save hundreds of thousands of dollars each year, but many lives will be turned around because of the care and programs the Medical Respite and Sobering Center delivers.

SFGH Earns NICHE Designation

The Hartford Institute for Geriatric Nursing at the New York University College of Nursing has recently designated San Francisco General Hospital and Trauma Center as a geriatric specialty center, continuing a nursing initiative designed to build staff skills to serve an aging patient population.

The designation earned, NICHE, (Nurses Improving Care for Healthsystem Elders) makes SFGH the third hospital in the Bay Area to participate in a national program to improve care for older hospitalized adults. Recognizing the national scarcity of geriatric-trained nurses, the goal of NICHE is to improve the care of older people by focusing on important clinical issues such as falls, use of restraints, pain, skin breakdown, wounds, use of advance directives and family involvement in decision-making.

To meet the challenges of our aging population, SFGH will undertake a number of steps to recognize and prevent or treat health problems specific to elders. The hospital's first phase has already begun by providing education to a core group of 80 "Geriatric Resource Nurses," who will become leaders and role models to their peers on the inpatient units.

The new NICHE designation dovetails with the hospital's Acute Care for Elders (ACE) unit that opened in 2007. The ACE unit is the only one of its kind in California and is expanding from 12 to 24 beds and will include patients requiring specialized cardiac care starting this fall.

Mayor's Alzheimer's Summit

San Francisco General Hospital and Laguna Honda Hospital & Rehabilitation Center are among the community organizations participating in the Mayor's Alzheimer's Summit. Laguna Honda Clinical Nurse Specialist Gail Cobe and Edgar Pierluissi, MD, from San Francisco General Hospital, serve on the Mayor's Task Force. They will be developing public policy to address the growing number of Alzheimer's cases. The Task Force will present its report at the all-day Summit scheduled for July 8 at City Hall.

Healthy San Francisco Wins Consumer Action Award

We are pleased once again to announce another award for the Healthy San Francisco program. Consumer Action, a national non-profit education and advocacy organization whose primary interest is in financial literacy and consumer protection, presented its "Consumer Excellence Award" to Healthy San Francisco at its annual awards night on June 24 here in San Francisco. Tangerine Brigham accepted the award on behalf of Healthy San Francisco.

Soda Free Summer Update

At the June 2 Health Commission meeting, the Commissioners passed the 2009 "Soda Free Summer" resolution, encouraging San Francisco residents, especially parents and children, to

eliminate or decrease the amount of soda consumed during the summer. Soda Free Summer is a Bay Area initiative and has grown into a popular campaign that has produced successful, measured public health results.

As a follow up activity to this year's campaign, Jennifer Siebel Newsom, First Lady of San Francisco, Shape Up SF and First 5 San Francisco are urging young children to "rethink your drink" this summer and go soda free. Kids are being encouraged to choose healthier beverages like tap water over soda and other sweetened drinks. To help families break an unhealthy habit, the Soda Free Summer campaign is distributing free copies of the children's book "'Drink Water!' Said the Otter," and an accompanying instructional toolkit to preschools and child care centers, as well as parents and caregivers of children ages 5 and under. The campaign is also providing Soda Free Summer brochures to more than 20,000 students in the San Francisco Unified School District to encourage kids to take the soda-free pledge.

Preventing Hepatitis A & B

The Communicable Disease Prevention Unit (CDPU), along with the national "HepTeam" collaborative, gave 360 hepatitis A and B vaccinations during Pride weekend.

Communicable Disease Teams Up with Vital Records and Travel Clinic

On July 8, a pilot project will be starting between Vital Records, the Adult Immunization and Travel Clinic, the San Francisco Immunization Coalition Pertussis Task Force and our Communicable Disease Prevention Unit. Vital Records will be distributing tri-lingual pertussis (whooping cough) prevention flyers to those who pick up birth certificates for infants. The flyers contain two coupons and discuss the importance of being protected from pertussis in adults who are around infants. For protection, adults should go to their own doctor for a Tdap vaccination, or they can use the coupon and go right across the hall to the Adult Immunization and Travel Clinic and receive a Tdap immunization for \$35. The project will be evaluated and, if successful, marketed for statewide replication at local health departments.

Internet Posting Blog about HealthySF

"As a long-time resident of San Francisco I had heard several times about a program called Healthy San Francisco, which purported to be a kind of health insurance....". So begins a compelling diary from a HealthySF member, detailing his experience signing up for the program and ultimately being treated for a kidney tumor at San Francisco General Hospital. Nothing any of us who created or administer the HealthySF program could possibly say would eclipse the moving testimony found at <http://www.dailykos.com/storyonly/2009/6/23/746067/-How-the-Public-Option-Saved-My-Life>. I urge the Health Commissioners to read this posting and the comments that follow it. We are grateful to this blogger for his willingness to share his story and we wish him well in his recovery.

Summer Interns Bring Fresh Energy to DPH

The San Francisco Department of Public Health has always been fortunate to attract many fine students who are looking to do summer internships with our programs and staff. Sometimes these positions come with a small stipend, but, more frequently, interns come as volunteers. We are grateful to these students who help us expand our own reach into the community, whether through research or more practical work experience. Following is a sampling of the interns working this summer. I was very impressed with the range of ages, background and training that our team of interns brings to the Department and thank them for their interest in public health and wish them continued success in their future studies and careers.

Olivia Chang is an MPH student from the UC Berkeley School of Public Health, Infectious Disease Program working in TB Control with Jennifer Grinsdale, Program Manager/Epidemiologist. Olivia is working on a epidemiology project looking at the negative predictive value of Quantiferon in children less than 15 years of age. She will be with us for a total of 12 weeks and during her time with us will also be taking a Program Management course from the Francis J. Curry, National TB Center.

Alyson Weber is an MPH student from UC Berkeley School of Public Health, Infectious Disease Program working in STD Prevention & Control with Jeff Klausner, MD, Director of STD Prevention & Control. Alyson is leading several projects including the evaluation of online prescriptions for emergency contraception, Plan B; online prescriptions for the epidemiologic treatment of sex partners exposed to chlamydia or gonorrhea and the use of oral fluid for the diagnosis of acute HIV infection and the determination of HIV resistance. She is also spending time with local investigators and outreach specialists to go out into the field and see the benefits of real-world public health in action during patient disclosure, field-delivered treatment and partner notification activities and street-based outreach at community events, fairs and sex clubs.

Paul Adamson, MPH, is working this summer in the STD Prevention & Control program and is also a State of California Epidemic Intelligence Service Officer. Paul is building his skills in clinical research in a public health setting, coordinating several trials to improve the diagnosis of sexually transmitted diseases. "On call" for disease outbreaks in California, Paul will also have the opportunity to investigate and respond to public health emergencies under the guidance of the California Epidemic Intelligence Service program.

Andrey Ostrovsky is a medical student from Boston University who just completed his third year. He took a year off from medical school to come to San Francisco to participate in a Doris Duke Research Fellowship at UCSF and simultaneously volunteer with the DPH. He is working with Anne Kronenberg in the Office of Budget and Planning to develop a Health Report Card for the city of San Francisco. Andrey will be analyzing various health indicators to summarize the efficacy of health interventions throughout the city. The summary data will be used as a metric to gauge the city's progress in addressing health issues and in planning future health interventions.

Grace Alderson just graduated from Pitzer College in Claremont, CA where she studied Anthropology and Spanish. Last summer, Grace worked at Children's Hospital Los Angeles researching policy on mental health, intervention models, and nutrition programs. She is spending her summer with the Office of Policy and Planning, working with Rebecca Varela on emergency preparedness and other policy issues. In addition, Grace is assisting Jim Soos with his duties as acting Health Commission secretary.

Earlier this past month, Rachel Rees, a DrPH student at UC Berkeley School of Public Health, paired up with Sally Liska, Director of the Public Health Lab here at 101 Grove St. Rachel wanted experience working in both a local public health lab and at the state health lab level. In addition to the traditional public health lab duties and activities, Rachel also spent some time focusing on the financial aspects of public health lab management, looking at revenue streams and creating and managing a budget. She has since moved on to work at the California State Lab in Richmond.

Jody Davis is an undergraduate at UC Davis working with Anne Kronenberg in the Office of Policy and Planning. Jody is compiling information, reports and data for the 2008-09 Annual Report and is working with community partners planning the upcoming "Big Rumble" event to mark the 20th anniversary of the Loma Prieta earthquake.

Adrienne Von Schulthess is a 16 year old high school student from the Urban School whose interest in journalism and politics has her working three days a week with the Department's communications staff. Adrienne has been attending press events, organizing materials, assisting with Health Commission duties and will be creating a local business flyer for the influx of new workers who will be building the new San Francisco General Hospital.

Barbara Wismer, MD, Elected Chair of National Network

Congratulations to Barbara Wismer, MD, medical director at Tom Waddell Health Center, who was elected as Chair of the Healthcare for the Homeless Clinicians' Network at the National Health Care for the Homeless Conference in Washington DC. The Health Care for the Homeless Clinicians' Network is the nation's leading organization connecting hands-on providers from many disciplines who are committed to improving the health and quality of life of our homeless neighbors.

Araceli Theatre Project

The Araceli Theatre Project is once again presenting an original production reflecting the complex personal, political and spiritual elements surrounding the cancer experience. This season's performance is entitled "Life...is 4 Living!" and will be presented on July 15 at Carr Auditorium and on July 17 & 18 at the Mission Cultural Center. The production was written by Donald E. Lacy, Jr., director, and a multi-cultural collective of cancer patients who face tremendous challenges related to their personal economies, diagnosis and expanding medical needs. The project is a component of CARE (Cancer Awareness, Resources and Education) program of San Francisco General Hospital.

In addition to the items above, Dr. Katz also provided an update on H1N1 influenza. There continue to be a large number of cases. The Department is encouraging persons with symptoms to stay home, and encouraging only those with severe symptoms to report to health facilities. In San Francisco, there have been 35 confirmed and probable cases with several deaths in San Francisco and the Bay Area. Epidemiology of H1N1 is different than that of the seasonal flu. Usually, influenza only kills aged individuals and those with underlying conditions. H1N1 is striking younger and middle aged individuals. This could be due to differences in underlying immunity. In addition, there has been a resident of San Francisco who in Hong Kong was diagnosed with H1N1 resistant to Tamiflu. This is only the third case of resistance worldwide. There are no direct implications in San Francisco, since the person is still in Hong Kong. There is a concern that there may be quite a bit of influenza in the coming flu season, but H1N1 does appear to grow easily for vaccine production.

Commissioner Comments/Requests for Follow-Up:

Dr. Sanchez noted that there is a lot of academic interest in this influenza outbreak at UCSF and UC Berkeley.

Commissioner Chow asked whether the H1N1 vaccine will be incorporated into the seasonal flu vaccine and whether it will require multiple vaccinations. Dr. Katz responded that he does not yet know whether it will be incorporated into the seasonal flu vaccine or whether it will require two vaccinations. He believes those decisions are still under discussion.

Commissioner Waters commended SFGH on its NICHE designation.

4) **GENERAL PUBLIC COMMENT**

None

5) **FINANCE COMMITTEE REPORT**

Commissioner Steven Tierney reported on the activities of the Finance Committee.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Consent Calendar of the Finance Committee.

6) **RESOLUTION DECLARING FINDINGS ON CALIFORNIA PACIFIC MEDICAL CENTER'S INSTITUTIONAL MASTER PLAN**

Commissioner James M. Illig introduced the item, noting that the Lewin Group was hired to provide a 90-day study on the health implications of the CPMC IMP. The report has been forwarded to the Planning Department. Today's hearing is for the Health Commission to make a statement to the Planning Department and the Board of Supervisors.

Commissioner Illig also announced that he met with City Attorney regarding the role of the Commission in the IMP process and regarding Commissioners' potential conflict of interest in taking action on the IMP. According to the City Attorney, the Health Commission does not approve or disapprove the IMP, but only weighs in on the health impacts of the IMP. The Department is to analyze the relationship between the City's long term health care needs and facility planning for medical institutions in order to provide the Planning Department with perspectives for review of master plans to help prevent loss of service and inefficient or redundant development of services. Because there is only a remote connection between the Commissioners and the IMP process, there is no conflict of interest for any Commissioner.

Public Comment:

Marianna Ferris, a St. Luke's neighbor requested that the language in the resolution requiring that substantially more beds be built be stricken from the resolution. What the neighborhood needs is emergency department and outpatient services.

Pierre Gasztowtt of the Cathedral Hill Neighbors Association noted that the site is small and that traffic is heavy. He requested that St. Luke's be rebuilt at an appropriate size.

Marlayne Morgan with Cathedral Hill Neighbors questioned the evidence that tertiary care and quaternary care consolidation is improved.

Jonica Brooks, an RN at CPMC urged that the resolution be voted for approval in its entirety, especially the call for more skilled nursing beds. Any verbal agreement that CPMC makes needs to be in writing.

Nato Green, California Nurses Association, urged that the resolution be approved as written. The CPMC IMP and Lewin report did not provide enough evidence for the plan as written. Why should it be okay to move services traditionally provided at St. Luke's to another CPMC campus while it's not okay to move services from other CPMC campuses to St. Luke's.

Jane Martin, California Nurses Association noted that St. Francis provides significantly more charity care than does CPMC. The rebuild so close to St. Francis will siphon off paying patients from St. Francis to CPMC.

Michael Garlinger, of CPMC spoke in favor of the CPMC rebuild. The Tenderloin would be served well by the rebuild on Cathedral Hill.

Jessica Eads, Director of Women and Children's Services at CPMC noted that the new hospital will double CPMC's ability to care for new babies and mothers in private room. New St. Luke's will provide for better care for newborns as well.

Grant Davies, Sr. Vice President of Operations for CPMC spoke on behalf of Dr. Warren Browner. He noted that the proposed resolution poses several broad concerns for CPMC. CPMC has committed to address charity care, post acute care and psych. bed availability, and the viability of the St. Luke's campus and to find workable solutions. CPMC's planning process has been inclusive, transparent, and respectful. Asks that resolution not be adopted.

Laura Norell, Director of Ob/Gyn at St. Luke's Hospital, noted that the Blue Ribbon Panel was a groundbreaking process. She noted that the hospital will remain open during the rebuild and will be rebuilt with all private rooms.

Sam Michaels, Vice Chief of the Medical Staff at CPMC stressed: 1) That the integrated IMP model is financially viable and clinically sound. 2) That the plan optimizes continuity of patient care. 3) For the long-term, St. Luke's needs a solid network of physicians.

Russ Braun, Chief of Emergency Services at St. Luke's, noted the level of service provided by St. Luke's Emergency Department. Volume continues to increase. He questioned what would happen to the 30,000 Emergency Department patients seen at St. Luke's without a rebuilt St. Luke's.

Diana Karner, Chief Nursing Officer at CPMC noted that quality care requires collocated subspecialties. Specialty services must be provided in a consolidated clinical setting. Urge approval of IMP as written.

Mickey Rockeach, an emergency medicine physician spoke about emergency care and need for CPMC to be rebuilt as the IMP proposes. If San Francisco wants state-of-the-art care, it makes no sense to divide the hospital into two

Scott Plymale, Executive Director of the Community Health Resource Center spoke in favor of the CPMC rebuild as proposed. Many of the service they provide would not be available without CPMC.

Andrea Saint-Prix spoke as a CPMC patient. She noted the competence of and quality of care she received through CPMC. Her son was born premature at CPMC and he received exceptional care at CPMC. She noted how much easier it would be to have care available at one facility.

Ted Fang, Director of Asian Week Foundation spoke in favor of the CPMC rebuild. He noted that CPMC has worked extensively with the community including through the SF Hep B Free program and the Asian Heritage Festival.

T.J. Hoeft, a traveling nurse spoke in favor of CPMC rebuild. He has worked at Pacific, Davies and St. Luke's campuses. He noted the need for private rooms.

Ray Ju an SF resident and native, and a member of the Integrated Project Delivery design testified that he helped write the IMP. He's been a patient of CPMC and has always received excellent service there. He requested that the Commission consider CPMC's plan an investment in the city's future.

Derek Parker, an architect and CPMC patient noted the quality of care of CPMC but the dismal state of the current facility. He noted that the room was too small for a chair, and his wife needed to bring a camp stool when visiting.

Jane Sandoval spoke in favor of the resolution. She works at St. Luke's in the Emergency Department. St. Luke's needs more rooms.

Susan Blaschak, a nurse at CPMC noted her concern with having everything located at one location. She's concerned about the closure of SNF and psychiatric beds and the lack of services South of Market. She noted the need to have everything in writing.

Jason Fried, Coalition for Public Health Planning. He supports the resolution and paper as written, but would like to add that the Lewin report does not consider alternatives. Since the last Commission meeting, CPMC held a community meeting that proposes removal of the 57 building.

Lucy Johns, health planner, testified, "Planning for hospitals is hard. They're big, they're expensive, years of lag time are always involved. I want to thank the Commission for keeping the question of how many beds are needed in the forefront of discussion of the CPMC IMP. Keeping people OUT of hospitals has to be a key goal of the Commission and of all providers who come before them. This applies to discussion of replacement of St. Luke's as well. People south of Market need ambulatory services above all. Just to emphasize how tricky the bed need issue is: Healthy San Francisco, the Department's and especially Tangerine Brigham's amazing creation, has reduced patient days and emergency room visits significantly. Here's the reference: *Healthy San Francisco Has Increased Access, Reduced Utilization, Cheryl Clark, for HealthLeaders Media, July 2, 2009. 'Healthy San Francisco, held up as a model employer 'pay or play' strategy is two years old today-and its supporters view the program as a possible solution to the nation's 47 million uninsured. The program has added 43,000 of 60,000 targeted San Franciscans to its rolls since it began and has been adding about 1,800 people per month. The earliest participants in the program appear to have reduced their need for the most expensive kinds of healthcare, such as emergency room care. For example, the number of hospital declined from 103 to 61 per 1,000 participants.'* Statistics like this underline the importance of analyzing bed numbers in the IMP, in terms of patient age and diagnoses, plus advances in medical technology, something the Lewin report did not do. Please keep hammering on this. The cost and quality of care in SF for decades depends on your doing so. Thank you."

Mary Micaluchi, a nurse for 35 years, noted that St. Luke's currently does not have enough staff or facilities to serve the patients that it currently receives. She believes that 86 beds is designed for failure.

Catherine Dodd, of the Mayor's Office noted that she was a member of the Blue Ribbon Panel. The Commission has received its report from the Lewin Group. She requested that the discussion paper

be forwarded to the Planning Department rather than the draft resolution. She believes it provides for a richer discussion and better demonstration of the richness of the consideration.

Roma Guy, also a member of the Blue Ribbon Panel, and a patient and neighbor of St. Luke's noted that the tone of the resolution could be changed, but requested that the Commission forward a resolution and not just the discussion paper to the Planning Commission. She believes that the issue of equity and non-profit status needs to be included.

Tony Rodriguez of the Sprinkler Fitters 483 spoke in favor of the IMP. He has used a number of the hospitals in San Francisco. He believes that a new hospital is required. He also represents a thousand construction workers, all of whom need work on a project of this size.

John Rocha, of Ironworkers Local 377 spoke in favor of the master plan for CPMC. They are in dire need of jobs in the Bay Area. The Bay Area is well known for medical care, which needs to be continued.

Ted Hoffman, a native San Franciscan and local business owner. He's also a board member of the CPMC Foundation. He believes in the mission of the hospital. His family has used CPMC services over many years. Staff deserves upgraded facilities as do patients. He requested support for the CPMC IMP.

Joel Koppel of the San Francisco Electrical Contractor's Association spoke in favor of the CPMC IMP. He's not only concerned about jobs, but also about the quality of healthcare in San Francisco. He believes CPMC has done its due diligence.

Paula Lykins, spoke on behalf of a foundation board member, Roy Eisenhart. He requested support for the IMP. As a citizen and as a volunteer, he requests that the Commission support the IMP.

Kevin McCormack, Media Relations director of CPMC spoke on behalf of two doctors and a patient of CPMC. He noted that the staff does a wonderful job in spite of the outdated facility.

Judy Li of CPMC administration noted that the discussion paper applauds CPMC's effort to support Healthy SF, but raised concerns about CPMC's \$1 million cap. CPMC was asked to adopt NEMS for its inpatient care. She continues to work closely with DPH staff on Healthy SF and continuity of care. Secondly she noted a fundamental shift at CPMC. CPMC has been responsive to community concerns throughout the IMP process. During the Blue Ribbon process, CPMC went out to the community many times. She requests that the Commission not adopt the resolution.

Goeffrey Nelson, Director of Enterprise Development at CPMC, noted that the findings in the resolution are not supported by analysis. He notes that there has been an analysis of a larger number of beds at St. Luke's. Viability is not dependent upon the number of beds. The ED, ob, and ICU will be significantly enlarged. Do not adopt the resolution, but forward discussion paper.

Thomas Robert Simpson spoke in favor of the CPMC IMP. He's director of Afro Solo, an African-American arts groups, which does a health fair. CPMC was the first partner for the fair. They currently have about 1,000 participants in the health fair. He asked that uninsured do receive care and enhance the charity care budget.

Joseph Smooke spoke in support of the resolution. He asked whether San Francisco needs a large high-end hospital on Van Ness or a more equitable distribution of health services throughout the City. Alternatives need to be studied.

Reiko Furuya, a nurse at St. Luke's ICU. She believes that CPMC is undermining the number of patients at St. Luke's in order to build a smaller facility. Please support the resolution as written.

Terrence Dunnigan, an ironworker and San Francisco native, noted that his children were born at and he has received care at CPMC. He noted that parking is a problem at the current facility. Members of his union are not working. He requested support for the CPMC rebuild.

Commissioner Comments:

Commissioner Sanchez requested clarity on the Commission's scope with regard to the IMP process. He does not believe that a resolution is the vehicle to move forward. Commissioner Illig responded that he would like to focus on what should be said in the discussion paper. The vehicle to carry it forward will be discussed later.

Commissioner Melara noted that the Commission supports the process because there is the need for state-of-the-art health care in San Francisco. She understands that there are a lot of unanswered questions, but believes that the Health Commission can outline what those questions are for the Planning Commission.

Commissioner Sako noted that she supports a new state-of-the-art facility, and that the process outlines the strengths and weaknesses of CPMC. The weaknesses are the decline in the number of psych, subacute and SNF beds, and support for charity care and Healthy SF. She is also concerned that there are not two pots of money for St. Luke's and Cathedral Hill. She believes that if there is not enough funding for two hospitals, that St. Luke's should not suffer as a result. She also has concerns about traffic on the Van Ness corridor. She does not want community partnerships and charity care suffer.

Commissioner Chow added that financing may be a concern given that there are two facilities being rebuilt. He believes a strength is that CPMC has reversed its decision and will rebuild St. Luke's. He noted that CPMC has committed to ongoing support for ob/peds specialty care for Chinese Hospital patients. He noted that the Commission needs to give the health context to the Planning Commission, which is not familiar with health planning.

Commissioner Sako requested that the Planning Commission report back to the Health Commission on the outcome of the IMP.

Commissioner Chow requested that the Planning Commission review the plan with the Health Commission in a collaborative process.

Dr. Katz noted that what's missing from the discussion paper and the resolution is how this moves forward. He noted that in all of the public comment, no one has recommended not rebuilding the hospitals. No one favors closure without rebuilding. Given disagreement about the future, we should be on the side of helping resolve that so the hospitals get rebuilt. The biggest land use issue is whether we need a 555-bed hospital. CPMC believes that collocating specialists provides a patient-care synergy, which improves quality, and there is medical literature to support that. UCSF faced that same decision, but chose a different solution due to inability to financial considerations.

The other items concern what the City wants from CPMC for its tax exempt status. Dr. Katz suggested that the Health Commission give CPMC and the Planning Commission advice on how to build these hospitals rapidly and how to resolve the disagreements and trust issues.

Commissioner Illig questioned the need for a 555-bed hospital from quality and efficiency perspectives when CPMC is doing well on both accounts with four separate campuses. He also questions the "global healthcare destination" argument, when it is the role of the Commission to protect and promote the health of San Franciscans. He believes the issues for the Commission are SNF, subacute, and psych. beds; St. Luke's viability; and charity care/Healthy SF/Chinese Hospital contributions.

Commissioner Sanchez stated that he supports CPMC as world-class medical destination.

Commissioner Tierney recommended withdrawing the resolution and drafting a set of Health Commission recommendations to the Planning Commission and the Board of Supervisors.

Commissioner Melara stated that the role of the Commission is to move the matter forward. She supports turning the discussion paper into a series of recommendations.

Commissioner Waters stated her agreement with Commissioners Tierney and Melara, and believes that the Commission should draft recommendations after sitting down to discuss concerns with CPMC.

Commissioners Illig, Melara, and Tierney agreed to meet with CPMC prior to the next Health Commission meeting to draft a set of recommendations for approval at the July 21, 2009 Health Commission meeting to forward to the Planning Commission and the Board of Supervisors. Other Commissioners agreed to forward to Mr. Soos their suggestions for recommendations to include in the final document.

7) **FY 2009-10 BUDGET UPDATE**

Gregg Sass, CFO presented the FY 2009-10 Budget Update. A copy of his presentation is attached and hereby incorporated into the minutes of the meeting.

Public Comment:

Ed Warshauer of SEIU 1021 testified, "SEIU's position regarding the \$500,000 add-back for CNA Restoration, as unanimously approved by the Budget Committee's vote on July 1, 2009, is that these funds are to be used for the restoration of the 88 Certified Nursing Assistants now at SFGH who were demoted to the "PCA" classification. These employees should be reinstated into the Nursing Assistant classification by August 15, 2009. In our view the labor market has historically discriminated against occupations filled predominantly by women and/or persons of color. Fortunately, SF voters and elected officials have resoundingly rejected this insidious form of discrimination. Under the leadership of Mayor Diane Feinstein and others, SF proudly blazed a trail implementing equal pay for equal worth. From 1987-1999 SF gradually implemented equity increases, based on the principles of comparable worth, for those classifications, including the Nursing Assistant classification. These gains should not be a casualty of the current budget and economic crisis. We will join with DPH staff, Health Commission members, SF elected officials, labor and community groups, and the public-at-large to gain common sense revenue measures to protect health services and defend the principle of equal pay for women and persons of color."

Commissioner Comments/Requests for Follow-Up:

Commissioner Illig asked whether the salary structural problem at SFGH was funded. Mr. Sass responded that part of all of the structural items were funded, but not entirely.

Commissioner Illig noted that he has spoken with the City Attorney's office about the role of the Commission on mid-year cuts. According to the City Attorney, the Health Commission has the same role in mid-year cuts as it does in the budget process, which means mid-year cuts are presented to the Commission for approval before forwarding to the Mayor's Office.

8) **REPORT BY SAN FRANCISCO FOOD SYSTEMS ON IMPROVEMENTS TO THE SCHOOL MEALS PROGRAM**

Paula Jones, Director of Food Systems, Environmental Health Section and Zetta Reicker of the San Francisco Food Systems presented on the San Francisco Food Systems and improvements to the school meals program. A copy of their presentation is attached and hereby incorporated into the minutes of the meeting.

Commissioner Comments/Requests for Follow-Up:

Commissioner Waters asked about incorporating health outcome studies into the school meals program. Ms. Jones noted that they are looking into a potential collaboration with UCSF and the Robert Wood Johnson Foundation. Commissioner Waters commended Ms. Jones and Ms. Reicker on their work.

9) **OTHER BUSINESS**

JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Sako reported on the Laguna Honda Joint Conference Committee meeting of June 24, 2009:

For the 3rd straight year, LHH passed the CA Department of Public Health site survey. The staff, administrators, and medical staff endured the grueling examination by multiple surveyors, and came through with flying colors.

LHH is preparing for a Department of Justice visit in August. This is the second visit by the DOJ to ensure that LHH is adhering to the 2008 settlement agreement. This is the final phases of a 12 year case. The 1st visit took place in early 2009 and found LHH in full compliance. This is supported by the fact that LHH is leading the state and national benchmarks, and regulatory standards for quality indicators. John Kanaley and Mivic Hirose led this phenomenal turn-around. With Mivic's appointment to CEO, she and the staff are committed to carry on John's work.

The rebuild is on track. In October two buildings will be completed, in December the third building will be done. In 2010, January – April, LHH will be inspected, licensed, outfitted and tested, and staff will be trained. The actual move-in will take place on April 20th and 21st. Any and all commissioners are invited to tour the site at any time.

The 2009 Annual Report will be presented at the next Commission meeting. It will review the 2008-09 accomplishments and detail our new 2009-10 strategic goals: Resident Success, Healing Environment, Community Partnerships, and Innovative Excellence.

Commissioner Chow reported that Dr. Todd May has taken over as Chief of Staff at SFGH, replacing Dr. Jeff Critchfeld.

COMMITTEE AGENDA SETTING

The July 21, 2009 Citywide Health Planning and Effectiveness Committee will take place at Laguna Honda Hospital prior to the Commission's annual meeting at LHH, and will address the effects of the Behavioral Health cuts and follow-up by Barbara Garcia on the Community Stakeholder Planning Process.

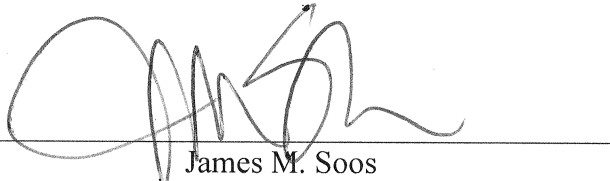
The Commission also agreed to a closed session on July 21 to undertake Dr. Katz's personnel evaluation.

EXECUTIVE SECRETARY POSITION

Dr. Katz reported that Anne Kronenberg has identified a Public Service Aide (9924), a recent college graduate, to provide temporary support to the Commission while doing a search for a permanent replacement. He also recommended that the Commission hire a half-time position, which would be easier to get requisition released. This item will be discussed further at a later Commission meeting.

10) ADJOURNMENT

The Commission adjourned at 7:38 p.m.



James M. Soos
Acting Health Commission Executive Secretary

San Francisco
Department of Public Health
Budget Update
FY 2009-2010

Budget Overview

	Mayors Budget Incl Tech adj	Budget Analyst	Budget Committee	Submitted To BOS
Increases to Revenue	\$ (107,312,488)	\$ -	\$ -	\$ (107,312,488)
Inflationary Increases	2,662,320	-	-	2,662,320
Regulatory Increases	-	-	-	-
Structural Increases	5,773,608	-	-	5,773,608
Reductions	(67,052,096)	(1,175,209)	25,737,273	(42,490,035)
New Initiatives	560,849	-	-	560,849
Total Reduction to General Fund	\$ (166,987,810)	\$ (1,175,209)	\$ 25,737,273	\$ (140,805,746)

The Board of Supervisor's will consider the budget at the July 14 meeting.

Budget Analyst Cuts

\$ 235,443	SFGH - Overtime plus Fringe Benefits.
34,372	SFGH - Vacant Clerk Typist plus Fringe Benefits.
42,324	LHH - 0.46 FTE Vacant Health Worker IV plus Fringe Benefits.
79,300	LHH - Premium Pay plus Fringe Benefits.
29,019	Central Admin - Premium Pay plus Fringe Benefits.
137,138	Primary Care - Attrition Savings, & Premium Pay plus Fringe Benefits.
64,004	Primary Care - Vacant Industrial Hygienist plus Fringe Benefits.
69,680	Mental Health - Premium Pay plus Fringe Benefits.
71,761	HUH - Scattered Site Housing
20,000	HUH - Other Current Expenses
199,065	Children's Baseline - Attrition savings plus Fringe Benefits
193,103	Adjustments to Materials and Supplies
\$1,175,209	

Budget Committee Restorations

	Reduction	Restoration	Remaining
Security Outsource	\$ (1,626,678)	\$ 1,626,678	\$ -
Jail Health Outsource	(13,466,728)	13,066,728	(400,000)
HIV/AIDS Housing Subsidy	(559,360)	559,360	-
MH Single Standard of Care	(707,352)	707,352	-
Behavioral Health Contract Reductions	(3,605,572)	3,605,572	-
Behavioral Health RFP	(4,000,000)	4,000,000	-
HIV Benefit Counseling and Advocacy	(230,133)	230,133	-
HIV Outreach and Testing	(283,332)	214,192	(69,140)
Drug Court Assessment & Referral	(125,000)	1,000,000	(25,000)
Vocational Services	(1,000,000)	400,000	(600,000)
Relocation of SE Mission Geriatric Clinic	(36,646)	36,646	-
CATS Mobile Assistance Patrol	(366,867)	300,000	(66,867)
Position Reductions and Conversions	(8,911,575)	500,000	(8,311,575)
SRO Collaboratives	(750,000)	736,000	(14,000)
Support for Victims/Families of Violence	-	25,000	25,000
IT Contract Reductions	-	(723,388)	(723,388)
Primary Care in the Mission	-	150,000	150,000
Total	\$ (35,772,043)	\$ 25,737,273	\$ (10,034,770)

Unfunded Items

SFGH Infection Control Surveillance Worker, Materials and Supplies	\$ 143,000
LHH Salary Structural Shortfall	696,717
LHH Pharmaceutical Shortfall	900,000
CBHS Community Placement Shortfall	5,034,998
CBHS Salary Structural Shortfall	35,000
LHH Utility cost for new facility	256,000
Dept Wide IT Expenses	777,583
Attrition Adjustments	4,500,000
Total	\$ 12,343,298

Although we met budget targets and funded each of these items with revenue, these were not funded in the final budget. Our total appropriations will be less than expected spending by this amount.

Public Health and School Food in San Francisco

Update from Environmental Health and SF Food Systems

July 7, 2009

Overview

- ◆ The role of school food in health
- ◆ Background on SFUSD school meals
- ◆ Pressing challenges
- ◆ History of DPH and SFUSD School Food
- ◆ Updates – salad bar program and Balboa High pilot
- ◆ Next steps
- ◆ Questions

School food/public health

- ◆ Hunger
 - 1 in 4 children at risk for hunger in SF
- ◆ Nutrition
 - ~29% 5th, 7th, 9th graders not at a healthy weight (Fitnessgram)
 - ~50% middle and high school students do not consume 5 servings fruit/vegetables daily (YRBS)
- ◆ Equity
 - Stigma around free school lunch at Middle and High schools

Background on school food in SF

- ◆ SFUSD – ~55,000 students
- ◆ 55% qualify for free/reduced meals
- ◆ Largest public food service operation in SF
- ◆ Daily meals
 - 22,100 lunches
 - 5,600 breakfasts
 - 7,400 snacks
 - Almost 4 million lunches served 2007-2008
 - Also serves "a la carte" meals at middle and high schools (separate cash based program)
- ◆ ~\$18 mil budget 2009-2010
- ◆ Funded primarily through federal reimbursements (National School Lunch Program - NSLP)
- ◆ NSLP serves primarily students from low income households

Pressing challenges

- ◆ \$1.5-\$2 million deficit (2008-2009)
- ◆ Low reimbursement rates prohibits cooking, chopping, washing, etc.
- ◆ Majority of food comes from meal service provider based in Chicago
- ◆ Kitchens - closed in 1988 at elementary level
- ◆ High costs in San Francisco
- ◆ Lack of distribution facility
- ◆ Lack of culinary training
- ◆ Not enough management staff
- ◆ School sites lack of support (competitive foods, etc.)

History of DPH & SFUSD

- ◆ Long history of support – 1974 first breakfast program funded by DPH (Mission Rebels)
- ◆ Since 2003, DPH is a member of SFUSD Nutrition Committee
 - Technical assistance, education, evaluation, etc.
- ◆ High priority programs:
 - Increasing fresh produce – salad bars
 - Eliminating stigma – Balboa High pilot

Increasing fresh produce – salad bars

- ◆ 2004 SF Food Systems/DPH initiated farm to school salad bar
- ◆ 2007-09 salad bars were added to all middle schools and some elementary schools – currently ~36 salad bars
 - Funded by Mayor's Office and DCYF
- ◆ Evaluation led by DPH & DCYF

Evaluation Results

- ◆ Participation in school lunch increased at salad bar schools
- ◆ 12 schools increased by 10%
- ◆ About half students took items from the salad bar
- ◆ Most students eat the salad they take
- ◆ Parents report positive changes
- ◆ School staff supportive
- ◆ Need to include more variety of produce

Salad bar program



Eliminating stigma – Balboa High pilot

- ◆ Problem – two different meal programs in all middle and high schools in SF
 - “free lunch” vs. cash based lunch program
 - Separate locations, different quality and variety of food
 - Inefficient
 - Creates stigma – many students skip lunch
 - After school programs must feed hungry students

Solution – Balboa High Pilot

- ◆ Phase I
 - Goal: Make all food available to all students regardless of their ability to pay
 - ◆ Redesign physical space
 - ◆ Point of Sale technology critical
 - ◆ Expand menu
 - ◆ Staff training
 - ◆ Student education
 - ◆ Parent education

Results from Phase I – April-May 2009

- ◆ Successfully transformed meal program
- ◆ Increased meal options
- ◆ Eliminated stigma
- ◆ Increased in participation in meal program +45%
- ◆ Increase in consumption of complete meals – milk, produce
- ◆ Faster lines – now 3 points of service

Separate programs

Main Cafeteria - free lunch

Cash based meal program



New layout at Balboa High



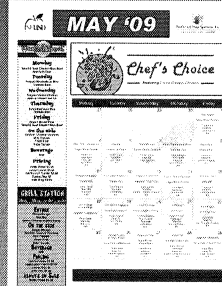
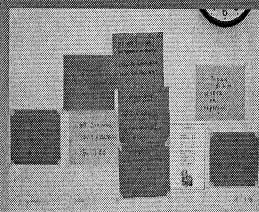
Efficiency and Eliminating Stigma



Improved and expanded menu

Old Menu

New Consolidated Menu



Next steps

- ◆ Balboa High
 - Add more vegetarian options
 - Explore adding new freshly prepared entrees
- ◆ District wide rollout in 2009-2010
- ◆ Salad bars - increase variety
- ◆ School meals in San Francisco
 - Growing community interest to transform program - return to cooking locally

Questions?

