

James M. Illig  
President

Edward A. Chow, M.D.  
Vice President

Sonia E. Melara, MSW  
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

Mark Morewitz, MSW  
Executive Secretary

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**MINUTES**  
**HEALTH COMMISSION MEETING**  
**Tuesday, August 3, 2010, 4:00 p.m.**  
**101 GROVE STREET, ROOM 300 or ROOM 302**  
**San Francisco, CA 94102**

**1) CALL TO ORDER**

Present: Commissioner James Illig, President  
Commissioner Edward A. Chow, Vice President  
Commissioner Catherine Waters  
Commissioner Margine Sako  
Commissioner Sonia E. Melara  
Commissioner Steven Tierney, Ed.D.

Absent: Commissioner David J. Sanchez

Commissioner Illig called the meeting to order at 4:04pm.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF July 20, 2010**

Action Taken: The Commission voted unanimously to approve the minutes.

**3) DIRECTOR'S REPORT**

Please see the following link for full text of the Director's Report:

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

**Office Based Opiate Addiction Treatment (OBOT) Program Marks Seventh Year**

I am please to report that both patient and provider satisfaction has been extremely high. All OBOT patients receive integrated primary care and addiction treatment services. Drug use has dropped dramatically, and a number of patients have secured employment, re-united with family, found permanent housing, and/or tapered off the medication. Some patients have also transferred care to the private sector.

## **2010 Annual Flu Forum Expanded to Include Pertussis & Measles**

Each year the Communicable Disease Control and Prevention Section (CDCP) and the San Francisco Immunization Coalition sponsor the Annual Flu Forum to discuss the latest findings about the upcoming flu season. Always well-attended, the July 29th event welcomed nearly twice the number of participants this year. Over 100 representatives from family practice groups to pediatricians and community clinics spent three hours at Pier 1 hearing presentations from Erica Pan, MD, talk about H1N1-swine and this year's flu, Kathleen Harriman, from CA Department of Public Health updated the group on pertussis, and Diane Portnoy provided a measles overview. Questions from the participants focused on flu vaccine distribution, the new pertussis vaccine recommendations and disease surveillance of flu, pertussis and measles. On the good news front, this year's flu vaccine will include the H1N1 swine flu which means we will not have to set up special clinics as we did last year. I am grateful to the staff for this important outreach to our healthcare partners throughout the City.

## **City Clinic's Facebook and Fan Pages**

In keeping with the current trend of using social media to reach some portions of the public, City Clinic has launched its own Facebook & Fan Pages. Facebook users can visit <http://www.facebook.com/SFCityclinic> to find out anything they want to know about the STD Clinic such as special announcements, access to statistics, the location of community-based screening events and other STD-related items of interest. Staff will be focusing on promoting the new site over the next several months.

## **Female Condom 2(FC2)**

The STD Section, in collaboration with the AIDS Office and the Female Health Company, the manufacturer of the female condom, are launching an initiative in San Francisco to raise awareness about the female condom 2. This effort is similar to ones in Chicago, NYC and Washington, DC. The female condom can be used by women for vaginal sex and is also a viable sexual health option for MSM who have anal sex. FC2 costs 65% less than the original, but still has the same look and strength of the original and is compatible with water-based, silicone-based and oil-based lubricants. Education about the proper use of FC2 is crucial.

A train-the-trainer workshop was held on July 29 for anyone interested in distributing the FC 2. The newly-trained group will be listed as local experts and available to train other interested consumers and agencies. We anticipate a citywide launch event in early Fall. Visit [www.fc2sf.org](http://www.fc2sf.org) for more details or to join the FC2 email list.

## **World Breastfeeding Week Celebration**

San Francisco WIC Program and San Francisco General Hospital Baby Friendly Task Force are observing World Breastfeeding Week Celebration on Thursday, August 5 at San Francisco General Hospital. The event marks the 20<sup>th</sup> anniversary of creation of the "Ten Steps to Successful Breastfeeding" guidelines that were established by the World Health Organization for hospitals and birth centers to support breastfeeding as the norm of infant feeding. Hospitals have to adhere to these Ten Steps in order to be certified as Baby-Friendly. SFGH received the designation as Baby Friendly in 2007 and remains the only Baby Friendly hospital in San Francisco.

Dr. Katz stated gave a brief update on issues related to the Board of Supervisors:

Supervisor Mar introduced legislation which will extend the ban on tobacco sales in pharmacies to include grocery stores with pharmacies in them. Supervisor Campos introduced healthcare legislation which will have a review period of up to 90 days because, if passed, it will amend the Planning Code.

As part of the City Operations and Neighborhood Services Committee's consideration of Laura's Law, Dr. Katz was asked to answer a number of questions. He attempted to clarify misperceptions of the proposed law (e.g. the law would mandate medications or treatment). He also stated that the Board asked for Health Commission input on the issue. He encouraged the Commission to schedule the issue as an item at a future meeting. Additionally, he has directed Jo Robinson, Director of Community Behavior Health, to address the issue of families of mentally ill people not feeling they have a safety net. In addition, he asked her to look into the complexities of conservatorship for this population.

Commissioner Illig asked whether Petussis is a concern for San Francisco. Dr. Katz stated that most of the cases have been in Southern California but there have been a number of cases in San Francisco which occurred in schools in which a large percentage of parents decided not to vaccinate their children. He hopes these cases can be used to educate about the benefits of vaccinations. San Francisco was the first to recommend vaccinations for people over 65 and pregnant women. In addition, San Francisco is also offering subsidized vaccines and immunizing affected family members even if they are not patients of the San Francisco Health system.

#### **4) GENERAL PUBLIC COMMENT**

None

#### **5) FINANCE AND PLANNING COMMITTEE REPORT**

Commissioner Tierney stated that the Committee approved the Contracts Report with the exception of the Westside contract for which they have directed Barbara Garcia to get updates on its Corrective Action plan before the September 7, 2010 Committee meeting.

The Committee also heard updates on the Healthcare Reform Taskforce Process and DPH Human Resources. The Committee created the following statement for the full Commission to consider as a resolution:

The Health Commission supports the DPH Human Resources policy that states employees working in all DPH divisions should be formally evaluated each year. The Health Commission's expectation is that DPH employees working as managers will carry out this policy by completing evaluations of employees in Divisions for which they supervise.

Action Taken: The Commission unanimously passed the resolution. *(Please see Attachment 2)*

#### **6) FY 2010-2011 BUDGET UPDATE**

Jen Louie, Budget Director presented an update on the FY 2010-2011 Budget.

The following are highlights of the discussion of this item:

Commissioner Sako asked that future budget presentations include information showing how each line-item cut impacts specific Divisions with a 3 year history of cuts to each of these Divisions.

Commissioner Tierney asked how Project Homeless Connect Services will be coordinated with other DPH funded programs. Dr. Katz stated that Barbara Garcia, Deputy Director, understands that Project Homeless Connect must work with other programs for follow-up and is looking for programs within the DPH-funded service system for these referral relationships.

Commissioner Chow asked for an update on the proposal to contract out DPH security services. Dr. Katz stated that the Mayor's Office has requested that DPH explore managing its own security services, as it did before the Sheriff's Department took on this role. Dr. Katz stated that the initial reason DPH began using the Sheriff's Department for its security is that there were several incidents when it managed its own security that made it clear DPH did not have expertise in managing this area. Dr. Katz has asked DPH staff to research the cost and details of taking on this function again and asked the Commission for assistance in determining how to move forward on this issue.

Dr. Katz stated that the DPH property to be sold is the land near Laguna Honda which currently has a gas station operating on it.

Commissioner Illig requested that Gregg Sass give an update on the General Fund presentation he made to the Commission in February, 2010 which shows how the final budget cuts impact both DPH Divisions and DPH funded contractors.

#### **7) Proposed Alcohol Mitigation Fee**

James Stillwell Deputy Director Community Behavioral Health; Michelle Simon, Marin Institute Research and Policy Director, and Raquel Redondiez, Legislative Aide to Supervisor Avalos, made presentations.

#### **The following are highlights from the discussion of this issue and draft resolution:**

The City would be the only recipient of this Fee. If passed, DPH will not be responsible for collecting the Fee but will receive money from the Fee to support unreimbursed costs of alcohol-related services.

Supervisor Avalos has asked the Controller to update the report on the expected cost benefits of this legislation in one year.

The language of the current draft legislation would enable DPH to receive funds to reimburse its own Divisions as well as relevant contractors.

It was suggested that the language of the final legislation include stipulation that the funds from this Fee cannot supplant existing General Funds.

The Commissioners requested that the resolution be changed to add "excessive use of alcohol" rather than indicating that any alcohol use is dangerous.

Commissioner Tierney suggested the following amendment to the resolution:

On the last "Whereas," add "treatment on demand programs," to the third option so that it reads,

**WHEREAS**, according to the legislative digest, “the Fee would reimburse the City for the following costs: 1) the unreimbursed health care costs of treating alcohol-attributable conditions, 2) the unreimbursed costs of emergency transport due to alcohol, 3) alcohol prevention and treatment programs **including treatment on demand programs** administered by the Department of Public Health, and 4) administration costs, including but not limited to fee collection, investigation, and enforcement costs,” and

Commissioner Waters suggested an amendment to delete the following statement from the resolution because it does not indicate what data it is based on, “Whereas, two-thirds of San Francisco adults are current drinkers, compared with 55% of United States adults, and”

Action Taken: The Commission unanimously passed the resolution with the three amendments listed above. *(Please see Attachment 1 for the final resolution)*

Public Comment

Arthur Bosse, National Council on Alcoholism and other Drug Addictions of Bay Area, Supported the resolution and recommended that alcohol prevention efforts in San Francisco be doubled.

**8) DISASTER PREPAREDNESS UPDATE**

Rebekah Varela, Senior Health Program Planner made the presentation.

The following are highlights of the discussion of this item:

All DPH employees are disaster workers; the Department of Emergency Management has a callback system linked to DPH Human Resources that enables workers to get called and emailed instructions about how to proceed in an emergency.

If DPH has time to prepare for an event such as the H1N1 vaccine distribution, it can pull resources from language banks and volunteers to adequately reach non-English-speaking residents. This is more difficult to do in an unplanned event where short-term emergency planning must be used.

There were two pilot projects in Chinatown and Bayview Hunter’s Point which were neighborhood emergency planning programs that attempted to provide disaster plans and training for vulnerable and non-English speaking populations. Although the funding for these projects was discontinued, the Department of Emergency Services has since hired three staff to work at creating neighborhood based disaster plan capacity building.

Commission Comments/Follow-Up

Commissioner Chow requested a report on the neighborhood based emergency planning activities with focus on how vulnerable and non-English speaking populations will be assisted.

Commissioner Illig requested that the Commission receive a copy of all after-action reports.

**9) OTHER BUSINESS**

**COMMITTEE AGENDA SETTING AND COMMITTEE STRUCTURE**

The Commission decided to calendar discussion of "Laura's Law" as an item at the next appropriate Health Commission meeting. Mr. Morewitz was asked to obtain copies of the existing state law and the proposed legislation by Supervisor Alioto-Pier.

The Laguna Honda Gift Fund will be discussed at Sept. 28 Laguna Honda JCC. The Controller's Office will be invited to submit input and present at the meeting.

Commissioner Melara gave an update from the July 27, 2010 LHH JCC Meeting:

Final licensing and certification survey from the CA Dept of Public Health had a result of showing substantially high quality of care, quality of life, and resident safety. Surveyors found no substandard care. This is the 4<sup>th</sup> year in a row the hospital license was renewed without requiring a re-survey.

Update was given on the rebuild and transition.

- The South Residence is now under city ownership. Installation of furniture and equipment is complete with the exception of phones and IT equipment. Staff training is currently underway.
- The North Residence is midway in the OSHPD process. Installation of furniture is projected to be complete by the end of August.
- In the Pavilion, only the kitchen remains to be approved by OSHPD. Installation of furniture and equipment is almost complete.
- Obstacles in coordination between OSHPD and Licensing are delaying the move-in date.

The Committee has requested that a full update on the LHH Gift Fund be provided at the September 28<sup>th</sup> LHH JCC meeting. Information from that meeting will be passed along to the full Commission at the October 5<sup>th</sup> annual LHH meeting.

The Commissioners directed Mr. Morewitz to distribute copies of all JCC minutes to the full Commission and to contact SFGH and LHH-based City attorneys to work out any changes that may need to be made to Health Commission procedures to insure compliance with all regulatory requirements.

## 10) ADJOURNMENT

The meeting was adjourned at 6:24pm.

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Mark Morewitz  
Health Commission Executive Secretary

**Health Commission  
City and County of San Francisco  
Resolution No. 09-10**

**Resolution to Support a Alcohol Mitigation Fee Program**

**WHEREAS**, excessive alcohol use is a leading cause of death for men and women in San Francisco, and

**WHEREAS**, excessive alcohol use is a leading cause of death and injury, from impaired driving to violence, sexual assault, and suicide, and

**WHEREAS**, illness, disability and premature death can be directly attributed to excessive alcohol use, and

**WHEREAS**, the Centers for Disease Control and Prevention (CDC) has called excessive alcohol consumption the third leading preventable cause of death in the United States, and

**WHEREAS**, a 2010 study published in *The Open Epidemiology Journal*, found that excessive alcohol use resulted in approximately 10,600 deaths and 72,000 nonfatal hospitalizations in California during 2006 alone, and

**WHEREAS**, in another peer-reviewed study, the estimated annual economic costs of excessive alcohol use in California for 2005 are between \$35.4 billion and \$42.2 billion, including \$5.4 billion in medical and mental health spending, \$25.3 billion in work losses, and \$7.8 billion in criminal justice spending, property damage, and other public program costs, and

**WHEREAS**, the San Francisco Department of Public Health considers excessive alcohol use a major public health problem, and

**WHEREAS**, in San Francisco, excessive alcohol use ranks among the leading causes of premature mortality; Specifically, from 2004-2007, the Department of Public Health found that excessive alcohol use is a leading cause of premature death among men in San Francisco, accounting for approximately 10% of all their years of life lost. The Department of Public Health also found that excessive alcohol use is a notable cause of premature death among women in San Francisco, falling between fifth and fifteenth as the leading cause of premature death for that group, and

**WHEREAS**, in Fiscal Year 2006-2007 – the most recent year for which the San Francisco Medical Examiner published findings – excessive alcohol use was the primary cause of death in 7.7% of natural deaths certified by that office. Excessive alcohol use also is involved in a significant number of accidental deaths in San Francisco. In FY 2006-2007, 33% percent of all non-vehicular accidental death victims tested by the Medical Examiner had significant levels of alcohol in their blood. In that same year, alcohol was present in 32.7% of all vehicular fatalities in San Francisco. Alcohol also was present in 25% of all suicides tested by the Medical Examiner that year. In addition, 31.8% of all tested homicide victims in San Francisco in FY 2006-2007 had positive blood alcohol levels at the time of death, and

**WHEREAS**, the City and County of San Francisco incurs a range of substantial costs that are attributable to excessive alcohol consumption, including but not limited to, the costs of medical care for people with alcohol-related illnesses, treatment and prevention of alcohol misuse, law enforcement for alcohol-related incidents, and emergency response for alcohol-related motor vehicle collisions. In addition, San Francisco incurs costs when individuals experience disability, diminished capacity, and premature death due to alcohol use, and

**WHEREAS**, in 2010, The Lewin Group and Oxford Outcomes, Inc. ("Nexus Study Authors") conducted a nexus study to calculate a portion of the City and County of San Francisco's health costs attributable to Alcoholic Beverages. The report, *The Cost of Alcohol to San Francisco: Analyses Supporting an Alcohol Mitigation Fee* ("Nexus Study") is incorporated herein by reference, and

**WHEREAS**, conservative estimates conclude that the City of San Francisco bears the cost of \$17.1 million annually, for medical care of people with alcohol-related illnesses; alcohol abuse treatment and prevention; alcohol-related emergency medical transport; as well as disability and death due to alcohol use, and

**WHEREAS**, the proposed Ordinance file number 100865 introduced by Supervisor John Avalos June 22, 2010, and cosponsored by Supervisors Ross Mirkarimi and Sophie Maxwell, establishes the Alcohol Mitigation Fee to reimburse the City and County of San Francisco for portion of its otherwise aforementioned unreimbursed annual costs attributable to excessive alcohol use as identified in the Nexus Study, and

**WHEREAS**, according to the legislative digest, "Alcoholic beverage wholesalers, and certain other businesses who sell alcohol in San Francisco without wholesalers in the distribution chain, must pay the Fee quarterly to the Office of the Treasurer and Tax Collector"

**WHEREAS**, the fee is wisely allocated to primarily regional wholesalers, and on importers and on products produced and consumed in the city, instead of on consumers, retailers or bars and restaurants, and

**WHEREAS**, according to the legislative digest, "the Fee would reimburse the City for the following costs: 1) the unreimbursed health care costs of treating alcohol-attributable conditions, 2) the unreimbursed costs of emergency transport due to alcohol, 3) alcohol prevention and treatment programs including treatment on demand programs administered by the Department of Public Health, and 4) administration costs, including but not limited to fee collection, investigation, and enforcement costs," and

**THEREFORE, BE IT RESOLVED**, The Health Commission commends the efforts involved in recovering alcohol-related costs to the City of San Francisco to sustain needed alcohol-related services.

**AND BE IT FURTHER RESOLVED**, that:

The Health Commission urges the Board of Supervisors and the Mayor to support the establishment of the San Francisco Alcohol Mitigation Fee, a crucial policy measure to restore funding for some of

the essential services and programs essential to treatment and provider agencies, health care institutions, transport services, youth education, and medical service employment.

I hereby certify that the San Francisco Health Commission at its meeting of August 3, 2010 adopted the foregoing resolution.

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Mark Morewitz, MSW  
Health Commission Executive Secretary

**HEALTH COMMISSION  
City and County of San Francisco  
Resolution No. 10-10**

**RESOLUTION SUPPORTING ANNUAL EVALUTIONS OF ALL DPH EMPLOYEES**

WHEREAS, the San Francisco Department of Public Health (DPH) Human Resource Division has a policy stating that DPH employees working in all Divisions are to be evaluated annually,

THEREFORE, BE IT RESOLVED, the Health Commission supports this DPH Human Resources policy and expects that DPH employees working as managers will carry out this policy by completing evaluations of employees in Divisions for which they supervise.

I hereby certify that the San Francisco Health Commission at its meeting of August 3 2010 adopted the foregoing resolution.

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Mark Morewitz

Executive Secretary to the Health Commission