

# Health Care Services Master Plan

## Planning Framework

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### I. BACKGROUND

San Francisco Ordinance No. 300-10, effective January 2, 2011, requires the creation of a Health Care Services Master Plan (HCSMP). The HCSMP is intended to identify the current and projected needs for, and locations of, health care services within San Francisco. It will also include recommendations on how to achieve and maintain appropriate distribution of and equitable access to these services.

### II. OVERVIEW OF THE HCSMP

The ordinance requires the Department of Public Health (DPH) and the Planning Department to prepare a Health Care Services Master Plan that includes the following specific components:

- **Health System Trends Assessment:** to analyze trends in health care services with respect to the City;
- **Capacity Assessment:** to quantify the current and projected capacities of existing Medical Uses medical institutions in San Francisco;
- **Land Use Assessment:** to assess the supply, need and demand for Medical Uses medical institutions in the different neighborhoods of the City;
- **Gap Assessment:** to identify medical service gaps across the City and medically underserved areas for particular services;
- **Historical Role Assessment:** to take into consideration the historical role played, if any, by medical uses in the City to provide medical services to historically underserved groups; and
- **Recommendations:** policy recommendations to promote an equitable and efficient distribution of healthcare services in the City.

DPH must hold at least two publicly-noticed informational hearings during the course of the preparation of the draft HCSMP. Upon completion of the draft, there shall be a public comment period of 30 days, following which the Health Commission and the Planning Commission shall hold a joint public hearing on the draft HCSMP. The HCSMP requires approval by the Health Commission, the Planning Commission, and the Board of Supervisors. The HCSMP shall be updated every three years.

### III. ALIGNMENT WITH THE DPH MISSION

The HCSMP is in alignment with DPH's mission and responsibilities. The HCSMP requires a thorough assessment of the health of San Franciscans from several perspectives to determine the appropriate distribution of health care services in San Francisco.

Community health assessment is one of the core functions of local health departments. The data gathered serves as the foundation for analyzing and identifying community

#### DPH MISSION

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans. The San Francisco Department of Public Health shall:

- Assess and research the health of the community
- Develop and enforce health policy
- Prevent disease and injury
- Educate the public and train health care providers
- Provide quality, comprehensive, culturally proficient health services
- Ensure equal access to all

health issues and determining where the community stands in relation to peer communities, state data, and national data. When complete, the HCSMP will not only be a tool to guide land use decisions for medical use projects in San Francisco but will also provide valuable information about health and health care services citywide.

#### **IV. HCSMP TASK FORCE**

DPH will convene the HCSMP Task Force to engage a broad range of community stakeholders in the development of the HCSMP.

##### **A. Role and Responsibilities**

The HCSMP Task Force will advise DPH and the Planning Department during the development of the HCSMP. Task Force members will have the following responsibilities:

- Participate in six meetings between July 2011 and May 2012;
- Review quantitative data, research, and analysis compiled by DPH and the Planning Department;
- Provide expertise regarding health care in San Francisco;
- Solicit community participation and receive public comment; and
- Develop recommendations that incorporate community input for consideration by DPH and the Planning Department as they develop the HCSMP.

##### **B. Scope of Work**

The HCSMP is broad in its requirements. To prioritize the work of the HCSMP Task Force in a way that is consistent with the DPH mission and that maximizes the HCSMP Task Force's expertise, the HCSMP Task Force will focus on access to health care services, with a specific focus on underserved populations.

###### **1. Access**

Access will be broadly defined across several factors (e.g., geographic, cultural, linguistic, and financial). While physical location will be a strong indicator of access, access will also include, but not be limited to, connectivity to places (i.e., transportation access), availability of services for the publicly-insured (i.e., providers that accept Medi-Cal or charity care patients), and mobility (i.e., for aged and disabled).

###### **2. Underserved Populations**

While the HCSMP Task Force will review citywide data, the HCSMP Task Force will have a special focus on underserved populations and neighborhoods in San Francisco. Underserved populations or neighborhoods may be those disproportionately identified with health disparities, high burden of disease, mortality, lack of insurance, or low socio-economic status.

###### **3. Services**

The types of health care services on which the HCSMP Task Force will focus will be guided by demographic and socioeconomic characteristics, current health resource availability, environmental and behavioral risk factors, and health disparities. The HCSMP Task Force will also address behavioral health and community-based supportive services.

##### **C. Membership**

Dr. Tomás Aragón and Roma Guy will co-chair the HCSMP Task Force. The HCSMP Task Force will comprise approximately 35 members with broad representation across San Francisco stakeholders and communities. A current list of the HCSMP Task Force members is included as Attachment A.

#### **D. Decision-making**

The HCSMP will strive for consensus in the development of its recommendations. In cases where consensus cannot be reached, a two-thirds majority vote will be conducted.

#### **E. Meetings**

The HCSMP Task Force will host six community meetings at various locations in San Francisco every other month between July 2011 and May 2012. The first meeting, which will be on July 27, 2011 in Room 305 of City Hall, will provide an introduction to the HCSMP, address the role and responsibilities of the HCSMP Task Force, and review an outline for the HCSMP Task Force.

The following four meetings will be scheduled for the early evenings, approximately one meeting every other month, at different locations in the community. At these neighborhood meetings, there will be a brief presentation of the quantitative data, research, and analysis gathered relative to the City generally and to that neighborhood specifically. The HCSMP Task Force may also identify experts and community leaders to provide information and context. The HCSMP Task Force will then receive public comment on key issues related to the health care needs of the community. At the conclusion of each meeting, the HCSMP will discuss and synthesize the themes heard from community stakeholders into general recommendations for DPH to consider as it drafts the HCSMP.

The final meeting in May 2012 will be a review of the draft HCSMP and recommendations. Following is the potential schedule of HCSMP Task Force meetings:

- July 27, 2011, 2pm-4:30pm, City Hall, Room 305
- September 2011, date and location to be determined
- November 2011, date and location to be determined
- January 2012, date and location to be determined
- March 2012, date and location to be determined
- May 2012, date and location to be determined

### **V. CONSULTANT**

DPH has retained Harder + Company (Harder) to support the HCSMP Task Force planning effort and to conduct community research and data analysis.

#### **A. Community Research and Data Analysis**

Harder will perform community research and data analysis to assist in the development of the assessment components of the HCSMP. Specifically, Harder will:

- Identify and obtain relevant community information (e.g., demographic, health status, burden of disease, distribution of services, utilization, etc.) from a variety of secondary data sources, both public and private, to gain an understanding of the health status of the community;
- Apply high-level data analysis techniques to collected data and interpret data results to assess the health care needs of the community;
- Design and field-test an appropriate community health interview protocol;
- Identify and interview 25-30 key community stakeholders and consumers to obtain more in-depth qualitative information, securing all necessary participant consents for the interview process; and
- Develop neighborhood-based white papers that: 1) incorporate secondary data on population health, health status, and access to health care, and 2) include community stakeholder perspectives.

## **B. Planning Support**

Harder will also provide planning assistance to support the work of the HCSMP Task Force. In broad terms, Harder will:

- Convene and facilitate all HCSMP Task Force meetings.
- Prepare and distribute meeting materials to Task Force members and the public. For example, Harder will collect and analyze neighborhood data for presentation before the HCSMP Task Force. Data will be specific to the neighborhoods in which the Task Force meetings take place.
- Record, summarize and distribute written notes from the Task Force meetings, which will highlight key meeting activities and identify themes and recommendations.

## **VI. TIMELINE**

It is anticipated that drafts of each of the five assessment components of the HCSMP will be completed by December 31, 2011. The HCSMP's recommendations will be developed through the community engagement process, which will conclude in May 2012. A draft HCSMP is expected in October 2012 with consideration by the Health Commission and the Planning Commission in November 2012 and final consideration by the Board of Supervisors in June 2013. The HCSMP timeline is included as Attachment B.

## Health Care Services Master Plan Task Force

Membership Roster - October 06, 2011

Name	Representing
Dr. Tomás Aragón, Task Force Co-Chair	San Francisco Department of Public Health
Roma Guy, Task Force Co-Chair	At-Large Seat
Margaret Baran	Long-Term Care Coordinating Council
Brian Basinger	AIDS Housing Alliance
Michael Bennett	At-Large Seat
Aine Casey	Independent Living Resource Center
Eddie Chan	Northeast Medical Services
James Chionsini	Planning for Elders in the Central City
Kim Coates	San Francisco Unified School District
Sue Currin	San Francisco General Hospital and Trauma Center
Masen Davis	Transgender Law Center
Regina Dick-Endrizzi	Small Business
Linda Edelstein	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
David Fernandez	LGBT Executive Directors Association
Steve Fields	Human Services Network
Claudia Flores (Alternate: Elizabeth Watty)	San Francisco Planning Department
Stuart Fong	Chinese Hospital
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
John Gressman (Alternate: Richard Hodgson)	San Francisco Community Clinic Consortium
Jay Harris	UCSF Medical Center
Dr. Michael Huff	African American Health Disparities Project
Lucy Johns	At-Large Seat
Paul Kumar	National Union of Healthcare Workers
Perry Lang	BCA/Rafiki Wellness, African American Leadership Group
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Mary Lou Licwinko	San Francisco Medical Society
Judy Li	California Pacific Medical Center
Le Tim Ly	Chinese Progressive Association
Timothy N. Papandreou	San Francisco Municipal Transit Authority
Roxanne Sanchez	Service Employees International Union Local 1021
Ellen Shaffer	Individual Seat
Christina Shea	Asian Pacific Islander Health Parity Coalition

## Health Care Services Master Plan Task Force

Membership Roster - October 06, 2011

Name	Representing
Ron Smith	Hospital Council of Northern California
Brenda Storey	Mission Neighborhood Health Center
Kim Tavaglione	California Nurses Association
Dr. Steven Tierney	San Francisco Health Commission
Maria Luz Torre	San Francisco Health Plan Advisory Committee
Eduardo Vega	Mental Health Association of San Francisco
Randy Wittorp (Alternate: Elizabeth Ferber)	Kaiser Permanente
Abbie Yant	St. Francis Memorial Hospital

**Attachment B: Health Care Services Master Plan (HCSMP)  
Projected Project Timeline**

ID	Task Name	Start	Finish	Duration	2011												2012												2013					
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1	<b>Funding Development</b>	1/3/2011	4/29/2011	17w	[Gantt bar]																													
2	<b>Retain Consultant</b>	1/3/2011	6/30/2011	25.8w	[Gantt bar]																													
3	RFP Development, Issuance	1/3/2011	3/31/2011	12.8w	[Gantt bar]																													
4	Selection and Contract Approval	4/1/2011	6/30/2011	13w	[Gantt bar]																													
5	<b>HCSMP Development (SF Planning Code §342.2)</b>	1/3/2011	12/30/2011	52w	[Gantt bar]																													
6	Research and Data Collection	1/3/2011	12/30/2011	52w	[Gantt bar]																													
7	Data Analysis	3/1/2011	12/30/2011	43.8w	[Gantt bar]																													
8	Draft Assessments	7/1/2011	12/30/2011	26.2w	[Gantt bar]																													
9	<b>Community Engagement</b>	3/1/2011	4/30/2012	61w	[Gantt bar]																													
10	Set HCSMP Task Force Membership	3/1/2011	3/29/2011	4.2w	[Gantt bar]																													
11	Initial Task Force Meeting	4/1/2011	5/2/2011	4.4w	[Gantt bar]																													
12	Task Force Meetings to be Held in the Community (SF Planning Code §342.3(b))	7/1/2011	4/30/2012	43.4w	[Gantt bar]																													
13	<b>HCSMP Draft (SF Planning Code §342.3)</b>	3/1/2012	1/30/2013	48w													[Gantt bar]																	
14	Develop Recommendations	3/1/2012	5/30/2012	13w													[Gantt bar]																	
15	Finalize Draft HCSMP for Public Review (SF Planning Code §342.3(a))	6/1/2012	8/31/2012	13.2w													[Gantt bar]																	
16	Health Commission Hearing on Draft HCSMP	9/3/2012	9/28/2012	4w													[Gantt bar]																	
17	Public Notice of Availability for Review (SF Planning Code §342.3(c))	10/1/2012	10/30/2012	4.4w													[Gantt bar]																	
18	Joint Health and Planning Commission Hearing (SF Planning Code §342.3(d))	11/1/2012	11/30/2012	4.4w													[Gantt bar]																	
19	Additional Health and Planning Commission Hearings (as needed) (SF Planning Code §342.3(d))	12/3/2012	1/30/2013	8.6w													[Gantt bar]																	
20	<b>Environmental Impact Report</b>	12/5/2011	4/30/2013	73.4w													[Gantt bar]																	
21	<b>Approval of HCSMP (SF Planning Code §342.3(e))</b>	5/1/2013	6/28/2013	8.6w																									[Gantt bar]					
22	Health Commission and Planning Commission Approval	5/1/2013	5/31/2013	4.6w																									[Gantt bar]					
23	Board of Supervisors Approval	6/3/2013	6/28/2013	4w																									[Gantt bar]					