

# Health Care Services Master Plan Task Force

## Meeting Minutes - September 22, 2011

5 pm to 7:30 pm, Bernal Heights Neighborhood Center, 515 Cortland Ave.

### Key themes from data, public comment, and Task Force discussion:

- Location. Public comment and Task Force discussions touched on the importance of the location of health care facilities. Several members of the public shared stories of time-consuming commutes they undertook in order to receive health care. The Task Force deliberated about the extent to which location matters in terms of increasing health care access for underserved populations, and discussed the relative values of local siting versus connectivity.
- Cultural competency, including and language access. The data presentation indicated that these neighborhoods' residents are culturally and linguistically diverse. The need for culturally competent health care services, including language access, is a theme that emerged in public comment and was further discussed by Task Force members.
- Outreach and education. Members of the public and the Task Force advocated for conducting innovative outreach to youth and other hard-to-reach populations, such as people with insurance who have behavioral problems that prevent them from visiting a doctor.
- Appropriate access. Several Task Force members addressed the need to educate the public about the appropriate use of health care facilities, such as when urgent care services should be used instead of emergency rooms.
- Partnerships with community-based organizations. Examples of health care facilities successfully partnering with community-based organizations were given in public comment.
- Technology. Task Force members also discussed ways to take advantage of technology, such as the monitoring of patients in their own homes, telecommunication, and electronic communication.
- Extended hours. A few members of the public noted that they experienced limited access to health care services due to limited hours of operation.

1. **Opening remarks** from Dr. Tomás Aragón and Roma Guy, Task Force Co-Chairs.
2. **Agenda and public comment guidelines review: Clare Nolan, Harder and Company**. Ms. Nolan reviewed the agenda, public comment guidelines, and interpretation services. She explained that Task Force members would not be introduced individually in the interest of time and referred people to the roster and name tents for identification of members.
3. **Overview of Health Care Services Master Plan: Lori Cook, Department of Public Health**. Ms. Cook discussed the background, purpose, requirements, application, and timeline of the Plan. She provided an

overview of the Task Force’s responsibilities, guiding principles, and public meeting schedule, and shared the Task Force website and email address for those who want more information.

4. **Review of Key Data and Population Trends: Erika Takada, Harder and Company.** Ms. Takada presented data on the neighborhoods of Bernal Heights, the Mission, Excelsior, and Ocean View/Merced Heights/Ingleside (OMI); which consist of zip codes 94110 and 94112. She suggested the audience consider the following questions throughout her presentation:

- What am I looking at? What is this telling me?
- Why is this important to me?
- What does this data say about health access in my neighborhood?
- How can I use this information?

Ms. Takada reviewed various indicators of demographics, healthcare resource utilization, health status, and safety in these neighborhoods and in San Francisco as a whole.

5. **Welcome:** Supervisor Campos expressed his excitement about the Plan and thanked Task Force members, the public, the Department of Public Health, and the Bernal Heights Neighborhood Center.
6. **Public Comment:** Members of the public were invited to speak. All speakers were requested to identify themselves by name and state the organization and/or neighborhood they represent. In addition, the following guiding questions were provided:

- What is working in terms of health care access in your neighborhood?
- Who in your neighborhood has trouble getting health care and what do they need?
- What would help increase health access for people in your neighborhood?

One member of the public spoke on behalf of a group (Chinese Progressive Association) and five individuals spoke, four of whom identified an organization they were representing (Independent Living Resource Center of San Francisco, Bernal Heights Neighborhood Center, Latina Breast Cancer Agency, and St. Luke’s Women’s Center). Key topics raised in public comment include:

- **Location:** several people mentioned the lack of health care facilities in their communities, and long travel times, often via public transportation, to get to facilities
- **Patient care:** some people addressed long wait times and the importance of cultural competence, including language services
- **Youth services:** one person advocated for more active outreach to youth and expanding locations and hours of youth health care services

Specifically, public comment included the following:

- **Chinese Progressive Association (CPA):** CPA is administering a survey about health care service needs in the Southeast, Excelsior, Mission, and Chinatown and plans to submit results and recommendations to the Task Force. They are analyzing results this semester. Preliminary findings include the health impacts of environmental pollution in the Southeast,

where many low-income working class people of color reside. There are only two major hospitals in southern San Francisco, which does not meet the demand of residents in the area and some residents have to travel for up to one hour on public transportation to see a doctor.

- **Independent Living Resource Center of San Francisco, representing people with disabilities and seniors, especially Latinos:** My consumers have mentioned long waits to see doctors, the time in between appointments is too long, they cannot get a hold of doctors when they need to, interpreters are sometimes not provided, some doctors assume because you speak English well it should be sufficient but it is not, some providers don't take cultural differences into account, some doctors keep you in the room for half an hour and see you for five minutes, and transportation is an issue—one consumer didn't get transportation help with a walker and oxygen machine. Please make sure that seniors and people with disabilities are understood.
- **Resident, Ocean and Geneva:** My son had a stomachache and I had to bring him to the doctor; it took us 40 minutes driving to get to UCSF Medical Center. When we got there it took so long to see the doctor, I had to stay with my son almost overnight in the emergency room, and even then we still don't know what happened to his stomach. I hope that in the future there are places nearby in our neighborhood where I can take my son.
- **Bernal Heights Neighborhood Center, youth service provider:** I am glad that I work for an organization that provides health care, and worried about having health care in the future as a young working person in San Francisco. Youth have trouble getting health care—for young women, that means access to birth control, pap smears, and mammograms. I used to take them to Planned Parenthood but it is not available as a service anymore, there is one location by St. Luke's and the one on Eddy St. closed. They have to go to walk-in hours at the Family Planning Center, it is first come first serve and a limited number of slots are available. Young people are sexually active, their diets are horrible corner store diets, they don't have physical education in schools, and they are not paying attention to their health. What would help is service and access to service, longer hours and outreach to youth at schools, and help filling out paperwork because it is daunting.
- **Latina Breast Cancer Agency:** We have had a long partnership with CPMC St. Luke's campus. San Francisco is diverse and it is very important to have easily available translation services. With more partnerships with community nonprofits that serve people of color, we could address many issues in a culturally sensitive manner. Our partnership with St. Luke's has proven to be a successful model for access to health care services for people of color. It is important to have staff in place to service the population that enters hospital, such as Latinos at St. Luke's, who speak those languages, and to identify and work with key community partners.
- **St. Luke's Women's Center, midwife:** We serve a diverse population from all over San Francisco. I grew up in San Francisco and many of us who work at St. Luke's live in the community and raise our families in the community we serve. It's important to us that every patient gets treated with dignity and respect, and we are proud of that and grateful for the partnership with CPMC to facilitate the type of health care services we provide. We help women establish insurance if they don't have it, including for contraceptive care and screening tests, so we provide the services as well as the opportunity for women to access the services and have them paid for. We speak Spanish and Tagalog and want to be able to continue giving the services to our patients and to continue to grow.

7. **Task Force Discussion: Clare Nolan, Harder and Company.** Ms. Nolan posed the following guiding questions to task force members:

- What key themes emerge from data and public comment?
- What would help increase health access for people in these neighborhoods?

Ms. Nolan drew members' attention to the ground rules on display and reminded them that the discussion should focus on what is under the purview of the Task Force. She requested that members explain those connections where it was not obvious. Many Task Force members acknowledged the public in attendance and thanked people who spoke during public comment. Some of the common themes that emerged from the Task Force member discussion include:

- **Help people access the services that already exist. People may not be aware of existing services, think that they are not eligible for services, and/or not know how to use them.** Several members addressed the need to educate the public about the appropriate use of health care facilities. Members gave several examples that illustrate this need, including the eligibility of people with disabilities to continue receiving MediCal when they go back to work with certain income limitations, and Kaiser's 24-7 model of urgent care. It was noted that many Kaiser members are not aware of this model, which aims to keep people out of emergency rooms, and there is a need for an educational campaign around when to go to the emergency room. One person suggested conducting innovative types of outreach for youth and other hard-to-reach populations, such as people with insurance who have behavioral problems that prevent them from visiting a doctor. One member added that California has a managed care system in which Medicaid members do not have a choice to use all health care facilities except in emergencies.
- **How important is it to have services locally sited, and is that enough? Are local services reaching people who lack access?** One member identified the need to consider patients' transportation time and expenses as well as the availability of culturally appropriate services. Another person called for Chinese-speaking primary care providers in this neighborhood and noted that some things may get lost in the process of interpretation or be culturally inappropriate to say. Another member pointed to the high density of children and births to young mothers in these neighborhoods as a reason to establish more local pediatric services.
- **Consider alternatives to local siting and design a system for the next century. More is not necessarily better; smaller may be better if it is more efficient.** Ms. Nolan added that this idea is consistent with the current public funding environment. Some members remarked that local access is critical in neighborhoods where people live, while others cited instances of patients being monitored in their own homes. Several people expressed their desire to continue discussions about how much the location of health care facilities matters in terms of access. One member noted the importance of considering new housing that is currently under construction and the burden of future residents on neighborhoods' healthcare infrastructures. Another member added that the Plan should address different forms of communication about health care, including telecommunication and electronic communication, such as health

kiosks with FAQs. It was noted that many doctors may not serve the uninsured or those on MediCal, so it is important to look at the number of physicians per population along with the communities that they serve. One member urged people to think about coherence and the sacrifice and cooperation required to expand health care delivery and make the system more efficient.

In addition, Task Force members posed some clarifying questions and suggestions about the presentations, including:

**Q:** Where is Healthy San Francisco categorized in the “sources of payment for health services” data?

**A:** Ms. Takada said that it is included in “all other” and that the data is from OSHPD.

**Q:** Do the top ten most used hospitals by neighborhood residents include psychiatric hospitalizations, or only medical hospitalizations?

**A:** Ms. Takada responded that the data does include psychiatric hospitalizations and the full list can be made available.

**Q:** Does the Plan only consider health care facilities that exceed size thresholds in the legislation?

**A:** Colleen Chawla from the Department of Public Health answered that the Plan will look at health care access overall but will only be used by the City Planning Department for facilities that exceed those size thresholds.

Task force members made the following suggestions:

- In the explanation of the Plan, identify to what body appeals can be made.
- Gather more information about the lack of prenatal care in the first trimester to understand what the barriers to access are.
- Investigate characteristics of people with diagnoses such as asthma and cardiovascular disease that have a high relevance to poverty and insurance status.
- Include data on aging.
- Include trend data about hospitalizations and mortality.
- Include data about undocumented people and their access to health care.
- One member said that she hopes to hear the results of the Chinese Progressive Association survey and surveys in other neighborhoods.

- 8. Task Force Updates: Roma Guy, Dr. Tomás Aragón, Clare Nolan.** Ms. Guy said that suggestions and feedback from Task Force members are welcomed, and acknowledged the challenge of how the Task Force can organize to come up with recommendations, hold public meetings, and engage in discourse with each other within the timeline. Dr. Aragón added that he learned a lot and highlighted the importance people’s ability to enact their choices when accessing health care services. He said that more data is needed, especially population-based data, and introduced the proposal to add four non-mandatory issue-based Task Force meetings (refer to 9/15/11 memo for dates and topics). Ms. Nolan asked Task Force members to demonstrate by a show of hands if they agree that it would be a good idea to add the four issue-based meetings, and more than half of the members present raised their hands. She then opened up a discussion

about the proposed topics and Ms. Guy let members know that the Co-Chairs are open to their suggestions. Task Force members raised the following topics:

- Want more time to discuss with each other and create a narrative across topics to push the recommendations forward.
- With respect to the first issue meeting, focus on health care system transitions and partnering. Ms. Nolan responded that the issue meetings will be focused on what is most essential to the Task Force.
- Fellow task force members should consider what they want their own health care experiences in San Francisco to be.
- Acknowledge the tension between hospitals and their shareholders on one hand and City residents' wants and needs on the other.
- Take the funding and revenue context needs into account.
- Request that the Health Commission President tell the Task Force what the Commission wants to know.
- Want the final document to be helpful to appointed and elected officials. Ms. Nolan agreed that it is important to bear in mind what all of the intended users of the Plan want to know.

Ms. Nolan asked members if they are open to a Saturday meeting by a show of hands and over half raised their hands. Ms. Guy explained that the proposed meeting on 12/3 is due to the holidays, and the Task Force agreed to use a “meeting Doodle” to help guide the decision.

9. **Closing comments and next steps: Clare Nolan.** Ms. Nolan clarified that the primary purpose of the email list is to distribute meeting materials, and requested that members send data-related questions and information to Erika Takada, and feedback and concerns about the process send to Ms. Nolan, Ms. Chawla, Ms. Cook, and the Co-Chairs. She also let members know that in the future all email correspondence will “bcc” community members. The first issue meeting will be on Thursday, October 27<sup>th</sup>, from 2pm to 4:30pm at City Hall, room 305. The date, time, and location of the next community will be available once they are confirmed.

## Task Force Members

### Members in Attendance

Name	Representing
Dr. Tomás Aragón, Task Force Co-Chair	San Francisco Department of Public Health
Roma Guy, Task Force Co-Chair	At-Large Seat
Brian Basinger	AIDS Housing Alliance
Aine Casey	Independent Living Resource Center
Eddie Chan	Northeast Medical Services
Regina Dick-Endrizzi	Small Business
David Fernandez	LGBT Executive Directors Association
Steve Fields	Human Services Network
Claudia Flores (Alternate: Elizabeth Watty)	San Francisco Planning Department
Stuart Fong	Chinese Hospital
John Gressman (Alternate: Richard Hodgson)	San Francisco Community Clinic Consortium
Jay Harris	UCSF Medical Center
Lucy Johns	At-Large Seat
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Judy Li	California Pacific Medical Center
Le Tim Ly	Chinese Progressive Association
Ellen Shaffer	Individual Seat
Christina Shea	Asian Pacific Islander Health Parity Coalition
Ron Smith	Hospital Council of Northern California
Brenda Storey	Mission Neighborhood Health Center
Dr. Steven Tierney	San Francisco Health Commission
Maria Luz Torre	San Francisco Health Plan Advisory Committee
Randy Wittorp (Alternate: Elizabeth Ferber)	Kaiser Permanente
Abbie Yant	St. Francis Memorial Hospital

## Members Not in Attendance

Name	Representing
Margaret Baran	Long-Term Care Coordinating Council
Michael Bennett	At-Large Seat
James Chionsini	Planning for Elders in the Central City
Sue Currin	San Francisco General Hospital and Trauma Center
Masen Davis	Transgender Law Center
Linda Edelstein	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
Dr. Michael Huff	African American Health Disparities Project
Paul Kumar	National Union of Healthcare Workers
Perry Lang	BCA/Rafiki Wellness, African American Leadership Group
Mary Lou Licwinko	San Francisco Medical Society
Timothy N. Papandreou	San Francisco Municipal Transit Authority
Roxanne Sanchez	Service Employees International Union Local 1021
Curtiss Sarikey	San Francisco Unified School District
Kim Tavaglione	California Nurses Association
Eduardo Vega	Mental Health Association of San Francisco