

# Health Care Services Master Plan Task Force

## Meeting Minutes – Saturday, December 3, 2011

10 am to 12:30 am, Gordon Lau Elementary School, 950 Clay St.

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

- **Access to primary care.** Insufficient access to primary care can result in the inappropriate use of emergency services; patients may have difficulty getting a timely appointment with their primary care physician.
- **Appropriate use of emergency services.** Consider increasing the number of urgent care centers or supporting a hybrid model of emergency care and urgent care. Additionally, the availability of after-hours primary care could reduce unnecessary emergency room use.
- **Cultural and linguistic appropriateness.** Health care services should reflect the community's needs in terms of cultural and linguistic appropriateness.
- **Services responsive to community need.** The availability of medical care and services should reflect communities' needs. For example, there is an unmet need in the Tenderloin area for family health services, including prenatal care and pediatric care, and services for the homeless.
- **Location:** Long travel times, often via public transportation, to get from some parts of the city to health care providers can make it difficult to access needed health care services.
- **Health insurance coverage.** People may visit health care facilities based on their health insurance coverage. In areas with high numbers of residents who rely on public health insurance, there is a need for health care service providers who are willing and able accept those patients.
- **Social intervention services.** Social intervention services, including escort and navigation services, could increase health care access for underserved populations, especially for seniors.
- **Wellness.** Incorporate a broader notion of what is needed to keep people healthy, beyond facility siting.
- **Safety.** Safety can be a barrier to receiving health care; the Task Force may wish to consider recommending "health safety zones" around health facilities.
- **Data.** The data presented at Task Force meetings should be re-examined and refined, as necessary.

1. **Opening remarks** from Dr. Tomás Aragón and Ms. Roma Guy, Task Force Co-Chairs.
2. **Agenda and public comment guidelines review: Clare Nolan, Harder+Company.** Ms. Nolan reviewed the agenda, public comment guidelines, and interpretation services.
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+Company.** Ms. Takada presented data on the following neighborhoods: Downtown, Civic Center, Tenderloin, South of Market (SoMa), Chinatown, the Financial District, Nob Hill, North Beach, and Russian Hill. These neighborhoods encompass the following Zip Codes: 94102, 94103, 94104, 94108, 94109, and 94133. 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 as well as in San Francisco as a whole.

5. **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?

Two groups provided public comment (Chinese Progressive Association Youth MOJO and St. Luke’s RNs/CNAs) and three individuals spoke, all of whom represented a specific organization (Curry Senior Center, Chinese Progressive Association, and Tenderloin Neighborhood Development Corporation). Key topics raised in public comment include:

- **Access to primary care:** Insufficient access to primary care can result in inappropriate use of emergency services. Patients may have difficulty getting a timely appointment with their primary care physician with whom they have a standing relationship and the use of ambulances as transportation due to a lack of viable alternatives (especially for seniors).
- **Need for providers who accept public health insurance and/or serve the uninsured:** In the neighborhoods of focus for this meeting, there are a high number of residents who rely on public health insurance (e.g., MediCal, Medicare), creating the need for health care service providers who are willing and able accept those patients.
- **Escort/navigation services:** Escort (i.e., accompaniment to appointments) and navigation services that provide social support and transportation assistance for seniors and people with mental health issues are needed.
- **Access to family health services:** With low rates of prenatal care among Tenderloin women and few pediatric providers, there is a strong need for family health services in the Tenderloin.
- **Services for homeless people:** These neighborhoods need services that are tailored to the needs of the homeless community, including mental health services.

- **Location:** Long travel times, often via public transportation, to get from some parts of the city to health care providers can make it difficult to access needed health care services.

Specific public comment included the following:

- **Chinese Progressive Association (CPA) Youth MOJO:** A group of four members of CPA’s Youth MOJO program developed and administered a survey to identify and assess the health care access needs of Mission, Excelsior and Chinatown residents. These neighborhoods were chosen due to their high concentration of immigrants, people of color, and working families – and, in the case of Excelsior – because of their lack of major health facilities. According to CPA Youth MOJO, over 61% of respondents have government health insurance, illustrating the need for health service options that accept public insurance. The group also found that the top three modes of transportation to a hospital or health care provider for nonemergency visits include public transit (about 60 percent), personal vehicle, and walking. On average, travel to health care services takes 30 to 60 minutes. Many respondents said that future health care services should be located in Mission, Excelsior, Chinatown, and Bayview as well as in lower income neighborhoods. These are preliminary results, and CPA Youth MOJO plans to compare their findings with citywide statistics and to finalize the survey results in Spring 2012. Ms. Nolan requested a copy of the preliminary results to share with Task Force members.
- **Mary Michelucci, representing St. Luke’s RNs/CNAs:** Ms. Michelucci indicated the importance of the facility to Mission and, increasingly, Tenderloin neighborhood residents, most of whom have public insurance and lack income – and all of whom struggle to access needed services. The representative indicated that, to provide the best quality care to its vulnerable patient population, St. Luke’s needs more support; the speaker noted that St. Luke’s has recently had to discontinue certain needed services, including gastrointestinal care, chemotherapy, and psychiatric services. St. Luke’s RN/CNA representative also noted the hospital staff’s continued commitment to serving San Francisco’s vulnerable populations.
- **David Knego, Curry Senior Center:** Mr. Knego noted that seniors represent a growing and significant segment of San Francisco’s population. He also noted that the senior population engages in a high level of service usage, which will put significant demand on San Francisco’s health care system. Mr. Knego emphasized the importance of escort and supportive services – particular for seniors in the Tenderloin neighborhood. Without such services, these seniors are more likely to view the local emergency room as the best means of accessing primary care and other need health care services. He urged the Task Force to think broadly about senior needs when deciding how best to increase their access to needed care.
- **Angela Zhou, Chinese Progressive Association and Chinatown resident:** Ms. Zhou shared with the Task Force a personal story of seeking routine dental care, which later resulted in a need for specialty oral health care. She indicated her struggle to access specialty care services from San Francisco General Hospital, noting that it took her approximately 20 days to secure an appointment. Out of frustration, Ms. Zhou resorted to alternative, self-administered treatment. Ms. Zhou also shared a separate story in which she was unable to gain access to her primary care provider with whom she had a long-standing relationship. Given these frustrations, she noted that she views accessing health care services as “troublesome.” Ms.

Zhou shared her hope that the Health Care Services Master Plan will improve services for all persons, including her.

- **Steve Woo, Tenderloin Neighborhood Development Corporation (TNDC):** Mr. Woo indicated that TNDC houses over 3,000 low-income residents across San Francisco, primarily in the Tenderloin neighborhood. He noted that TNDC is particularly invested in improving health care delivery access for Tenderloin neighborhood residents, most of whom – an estimated 70 percent – rely on public insurance. Mr. Woo stated that community clinics are pivotal in ensuring that Tenderloin residents have access to primary care services; in contrast, he stated that inpatient and specialty care services are lacking for those TNDC serves. He emphasized the importance of: hospitals’ acceptance of public insurance, patient support/navigation services, supporting the sustainability of health care facilities (e.g., St. Francis) that serve vulnerable populations, and better coordination/communication between community clinics and hospitals (e.g., via electronic health records). Mr. Woo also highlighted two populations of particular need in the Tenderloin: homeless people and children; the Tenderloin has a disproportionate share of homeless residents and a growing population of families with children.

**6. Task Force Discussion: Clare Nolan, Harder+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?

Many Task Force members acknowledged the members of the public in attendance and thanked those who spoke during public comment. Some of the common themes that emerged from the Task Force member discussion include:

- **Health care services should be culturally and linguistically responsive to the community.** Consider proximity versus connectivity and to what extent available health services match the needs of the community. Patients should be able to access health care providers who they trust and with whom they can establish an ongoing relationship. Residents should be able to access and navigate the health care facilities that are in their neighborhood, and hospitals should be supportive of the patients they treat.
- **When possible, the availability of certain health care services should reflect communities’ needs.** The availability of certain health care services, such as OB/GYN and prenatal services as raised during public comment, needs to be addressed. This needs to be balanced with the importance of concentrating specialty services in a few locations due to the need for special equipment, proximity to other specialists, or sub-specialists, etc. In addition to hospitals and clinics, the Task Force should consider the concentration of doctors that practice in different neighborhoods.
- **People may visit health care facilities based on health insurance coverage.** Patients may go to specific health care facilities because they are limited by their health plan.

- **Social intervention services could increase health care access for underserved populations.** Escort and navigation services would benefit the large number of seniors in Chinatown, especially given possible changes to In-Home Supportive Services (IHSS), bearing in mind the need to establish trust in the senior/escort relationship. Women going to postnatal checkups and persons with behavioral health issues could also benefit from escort services. Social support (e.g., escorts, navigation, peer advocacy) is also important for multiply diagnosed populations. Finally, social interventions could potentially lower the number of preventable emergency room visits in the Tenderloin.
- **Incorporate a broader notion of what is needed to keep people healthy, beyond facility siting.** Consider alternatives to increasing the number of hospital beds and expanding emergency room services. A sophisticated health care continuum would include expanded access, transportation, support services, and patient navigation. Alternatives that may not fall under the purview of the Health Care Services Master Plan consistency determination, such as community-based programs, can also contribute to prevention and wellness. Nurse practitioners and nurse-run clinics are valuable assets. Finally, workforce development is a crucial component of increased health care access.
- **Urgent care versus emergency care.** Many people, from babies to seniors, use emergency rooms to access primary care services. Potential recommendations include increasing the number of urgent care centers or supporting a hybrid model of emergency care and urgent care. Additionally, the availability of health care services outside regular business hours would enable more people to access services and potentially reduce unnecessary ER visits.
- **Safety can be a barrier to receiving health care.** Decisions about where to locate health care services may be affected by neighborhood characteristics, such as pedestrian safety, violence, etc. The Task Force may wish to consider recommending the establishment of “health safety zones” around health facilities (e.g., prohibit alcohol outlets, illicit drugs, sex trafficking) to enhance service utilization.
- **The data presented should be re-reviewed and refined as necessary.** In particular, some Task Force members were concerned that the locations of health care facilities may not be appropriately represented on the map. SFDPH and Harder+Company will work with Task Force members and other stakeholders to refine this data.

Task force members made the following suggestions:

- The full Health Care Services Master Plan should include data about:
  - trauma center visits (separate from hospital data)
  - payer mix at individual health care facilities
  - ambulance usage
  - high users of multiple services
  - cost of charity care
  - Healthy San Francisco
- Follow up on availability of prenatal care services in this community.

- Continue to refine map of health care services.

**8. Closing comments and next steps: Clare Nolan.** The second issue meeting will be on Thursday, December 22<sup>nd</sup>, from 2pm to 4:30pm at San Francisco City Hall, Room 305, and will focus on health care finance. Evaluations were collected from Task Force members, and results include:

Statement	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
The meeting was a good use of my time.	6	4	-	-	-
The purpose of the meeting was clear.	3	6	1	-	-
The meeting materials (e.g., agenda, briefing paper) were useful.	4	6	-	-	-
The HCSMP overview presentation was tailored and useful to the public.	5	3	2	-	-
The neighborhood data presentation painted a clear picture of the neighborhoods' health status.	1	4	3	-	-
The meeting was well facilitated.	4	6	-	-	-
Public comment was well organized and informed Task Force discussion.	6	2	2	-	-
I felt comfortable sharing my ideas with the group.	5	5	-	-	-
SFDPH and the Task Force Co-Chairs will use my contributions to the discussion.	2	6	1	-	-
The meeting format was effective.	3	6	1	-	-
I am committed to the HCSMP Task Force	8	2	-	-	-

Members indicated that public comment, Task Force discussion, and the data presented were the most useful aspects. They identified logistical aspects, including the audio setup, lack of parking, and uncomfortable facility, as what they liked the least. Other suggestions included better publicity to get more input from residents, improvement in the data's accuracy and relevance, more information about mental health, and ensuring an efficient use of the limited meeting time.

## 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
Margaret Baran	Long-Term Care Coordinating Council
Kathy Babcock	San Francisco Unified School District
Aine Casey	Independent Living Resource Center
Eddie Chan	Northeast Medical Services
Sue Currin (Alternate: Anson Moon)	San Francisco General Hospital and Trauma Center
Regina Dick-Endrizzi	Small Business
David Fernandez	LGBT Executive Directors Association
Stuart Fong	Chinese Hospital
Jay Harris	UCSF Medical Center
Lucy Johns	At-Large Seat
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Judy Li (Alternate: Emily Webb)	California Pacific Medical Center
Le Tim Ly	Chinese Progressive Association
Ellen Shaffer	At-Large Seat
Christina Shea	Asian Pacific Islander Health Parity Coalition
Ron Smith	Hospital Council of Northern California
Kim Tavaglione	California Nurses Association
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
Brian Basinger	AIDS Housing Alliance
Michael Bennett	At-Large Seat
James Chionsini	Planning for Elders in the Central City
Masen Davis	Transgender Law Center
Linda Edelstein	Human Services Agency
Steve Falk	San Francisco Chamber of Commerce
Steve Fields	Human Services Network
Claudia Flores (Alternate: Elizabeth Watty)	San Francisco Planning Department
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
John Gressman	San Francisco Community Clinic Consortium
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
Brenda Storey	Mission Neighborhood Health Center
Dr. Steven Tierney	San Francisco Health Commission
Eduardo Vega	Mental Health Association of San Francisco