

# Health Care Services Master Plan Task Force

## Meeting Minutes –January 26, 2012

5 to 7:30 pm, African American Art and Culture Complex, 762 Fulton St.

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

- **Cultural Competency.** Health care services should reflect the community’s needs in terms of cultural and linguistic appropriateness. In addition, “culture” should be defined broadly. For example, youth constitute a distinct cultural group and different communities associate certain health issues (e.g., mental health) with differing degrees of stigma.
- **Safety.** Certain communities and subpopulations face violence to greater degrees than others. In addition to threatening one’s physical health, violence also subjects communities to trauma and possible mental health issues.
- **Outreach and Education.** Innovative approaches to outreach and education are needed to engage hard-to-reach populations (e.g., youth, persons with mental health issues, those who lack health insurance) and ensure that all people have access to the preventive and acute medical care they need. Appropriate outreach and education also ensure more appropriate use of available health care facilities, decreasing a less appropriate reliance on emergency medical services.
- **Location and Hours.** Geographic access to health care facilities may matter to some communities more than others. For example, access to remote telehealth services may not provide an appropriate or desirable replacement for face-to-face interactions with a provider.
- **Wellness. Define “health” more broadly than access to medical care and health care facilities.**

1. **Opening remarks** from Dr. Tomás Aragón and Ms. Roma Guy, Task Force Co-Chairs, and Supervisor Christina Olague from District 5.
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 interested in more information.
4. **Review of Key Data and Population Trends: Erika Takada, Harder+Company.** Ms. Takada presented data on the following neighborhoods: Inner Richmond, Japantown, Sunset, and Western Addition. These neighborhoods encompass the following Zip Codes: 94115, 94118, and 94122. 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. The data pointed to health and safety disparities by geography, age, poverty and/or median household income, and race/ethnicity in the following areas: preventable emergency room use, no first trimester prenatal care, causes of premature deaths (particularly “other causes” such as violence/assault and HIV/AIDS), homicides and hospitalizations.

5. **Public Comment:** Members of the public were invited to speak. All speakers identified themselves by name and stated the organization and/or neighborhood they represented. To facilitate public comment, Harder+Company provided the following guiding questions:

- What are the barriers to accessing the right services?
- What are the services needed to address these disparities? How should services be distributed?
- How can services be connected to those who are experiencing these problems? How can they be better connected?
- What are the health access expectations by service providers? By consumers?
- Will better access to health services improve these health outcomes?

Six individuals spoke, representing the Women’s Community Clinic, Supervisor Eric Mar, Afro Solo, Mo’ Magic, and Bayview Health and Wellness. Key topics raised in public comment include:

- Certain populations in these neighborhoods are underserved in terms of health care including women, African-Americans, transitional-age youth, and immigrants.
- Specific health issues of concern include high blood pressure, HIV, oral health, mental health, and violence.
- There is a need for culturally appropriate outreach and education, especially around mental health due to stigma issues. There are models that work for this community that need to be strengthened and deepened.

Specific public comment included the following:

- **Carlina Hansen, Women’s Community Clinic:** Health disparities in the Western Addition are often overlooked because it shares its Zip Code with Pacific Heights. There is often a lack of information about health care services in this neighborhood, and there is an acute need for preventative women’s health care in the Western Addition. The Women’s Community Clinic is conducting a health-focused Community Needs Assessment from January through March 2012 and will share its findings with the San Francisco Department of Public Health.
- **Kemi Role, Women’s Community Clinic:** Gender disparities exist in the Western Addition in terms of health care resource knowledge and interventions. Displacement poses continuity of care concerns

to this community (e.g., moving from one San Francisco neighborhood to another, moving out of San Francisco to the East Bay). The health workforce is also a factor in health access and utilization, especially in terms of training, support, and cultural responsiveness of health providers. With the large density of public housing in this community, it is advisable to look at how to partner with the Housing Authority around health care.

- **Shanti Prasad, representing Supervisor Eric Mar (District 1):** Supervisor Mar is supportive and excited about the Task Force’s work. He is interested in data for the Outer Richmond (in addition to the neighborhoods included at this meeting) and about seniors and children from birth to age 5 and Kindergarten through 12<sup>th</sup> grade. Supervisor Mar requests information on cultural/linguistic barriers to health care and/or the lack of social capital that may prevent immigrants from accessing health care services.
- **Thomas Simpson, Afro Solo – Mo’ Magic:** Mr. Simpson noted that the African-American community rise to the top in terms of health disparities. He suggested the need for more community events to check weight, blood pressure, and other basic health indicators for members of this community. At such events, individuals that require immediate medical attention are sometimes identified. In addition, mental health is often stigmatized in the African-American community, and violence should be considered a mental health issue.
- **Veronica Shepard, Bayview Health and Wellness Center:** A number of women who lived in the Bayview have been displaced and have moved to the Western Addition. As a result, many of these women are now facing continuity of care issues. There is a lack of data about certain age groups and hard-to-reach populations, including African-Americans who live in San Francisco. The African American Community Health Equity Council and the Black Coalition on AIDS recently looked into how African-Americans understand the medical information provided to them and will be giving policy recommendations to DPH. Ms. Shepard also noted the need to more creatively engage youth in health care.
- **Sheryl Davis, Mo’ Magic:** Ms. Davis noted how important it is that youth and transitional-age youth understand how health issues – and of groups such as the Health Care Services Master Plan Task Force – are relevant to them. This community needs more outreach around health care and prevention. The importance of prevention and public safety to public health should not be underestimated.

5. **Task Force Discussion: Clare Nolan, Harder+Company.** The Task Force requested the opportunity to ask follow-up questions of public comment speakers:

**Q for Women’s Community Clinic (WCC):** Are patients at the WCC from the local community or from across the City?

**A:** The WCC serves women from different areas, but sees a high concentration of patients from the local neighborhood.

**Q for WCC:** Does the WCC coordinate patient care with other providers?

**A:** Yes. In addition, the WCC relies on the “promotora” model to provide community-based outreach and education. The WCC is currently assessing community health and health care needs to determine if the clinic should provide the full scope of primary care services.

**Q for Afro Solo:** Would integrating mental health services in a primary care setting minimize the stigma for members of the African-American community?

A: Potentially, but the language used in the context of mental health care can be interpreted as negative (e.g., “psychiatrist” vs. “let’s talk about something”).

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?

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

- **The issues of violence and public safety are integral to public health and can directly affect access to health care services.** People tend to dismiss the safety-public health connection due to a lack of data in this area.
- **The stigmatization of health care in certain communities is a barrier to accessing services.** People’s health-seeking behavior may be affected by their emotions in response to prior experiences. For example, mental health tends to be stigmatized in communities of color. Other groups may have been traumatized by their interactions with the health care system.
- **Wellness services can improve public health outcomes.** Programs such as Zumba and Tai Chi help participants take a positive stance toward their personal health.
- **More efforts should be made to engage young people in health care.** Although the School District collaborates with providers and operates wellness centers, students who need help are often not identified. Consider collaborating with existing community partners who work with youth and are not represented on this Task Force.
- **Geographic proximity is especially important for communities affected by the digital divide.** “Virtual access” to health will not reduce disparities for communities that do not have access or digital literacy skills.
- **In the face of public sector budget cuts and dwindling private foundation support, consider asking private sector health care providers to contribute to health care resources for the underserved.**
- **Mental health services should be singled out, not folded into the overall discussion about health care services.** A number of individuals who experience preventable emergency room visits and premature deaths also have mental health needs. Effective mental health services comprise more than just access to a clinician, and include peer support and social interventions.
- **Older adults are the fastest-growing segment of San Francisco’s population and have unique health care access needs.** Their needs include specialty geriatric care and transportation services.
- **Availability of health care services should be considered when planning and approving commercial developments.** While housing and open space tend to be considered in the approval process for commercial developments, there may be missed opportunities to support health care access.
- **There are multiple determinants of health.** These include culture, education, employment, and access to healthy food. Having a health care facility close by is not the best predictor of good health.

Task force members made the following suggestions:

- Consider making Task Force presentations more accessible to younger audiences, especially at the next community meeting in the Bayview.

- Continue to engage diverse members of the community.
- Ms. Guy noted the importance of framing the Task Force’s final recommendations.

**8. Closing comments and next steps: Dr. Aragón and Ms. Guy.** Dr. Aragón characterized the universe of health care as a “seesaw” with health and wellness on one end; disease and injury prevention in the middle; and disease, disability, and death on the other end. He noted that investing in health and wellness will reduce the resources consumed later on. Ms. Guy urged Task Force members to begin thinking about a framework for the final recommendations that address the parameters of San Francisco Ordinance 300-10.

The third issue meeting will take place on Thursday, February 23, from 2pm to 4:30pm at San Francisco City Hall, Room 305, and will focus on health care technology and innovation.

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.	1	7	-	1	-
The purpose of the meeting was clear.	-	8	-	2	-
The meeting materials (e.g., agenda, briefing paper) were useful.	1	7	1	1	-
The HCSMP overview presentation was tailored and useful to the public.	2	2	2	3	-
The neighborhood data presentation painted a clear picture of the neighborhoods' health status.	1	5	-	3	-
The meeting was well facilitated.	2	6	1	-	-
Public comment was well organized and informed Task Force discussion.	4	3	2	1	-
I felt comfortable sharing my ideas with the group.	2	5	3	-	-
SFDPH and the Task Force Co-Chairs will use my contributions to the discussion.	1	5	2	-	-
The meeting format was effective.	1	4	1	1	1
I am committed to the HCSMP Task Force	6	3	-	-	-

## 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
Brian Basinger	AIDS Housing Alliance
Michael Bennett	At-Large Seat
Kathy Babcock	San Francisco Unified School District
Aine Casey	Independent Living Resource Center
Regina Dick-Endrizzi	Small Business
Steve Fields	Human Services Network
Claudia Flores (alternate: Elizabeth Watty)	San Francisco Planning Department
Stuart Fong	Chinese Hospital
Jay Harris (alternate: Melissa White)	UCSF Medical Center
Dr. Michael Huff	African American Health Disparities Project
Lucy Johns	At-Large Seat
Barry Lawlor	Sister Mary Philippa Health Center, St. Mary's Medical Center
Mary Lou Licwinko	San Francisco Medical Society
Judy Li (alternate: Russell Lee)	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
Brenda Storey	Mission Neighborhood Health Center
Dr. Steven Tierney	San Francisco Health Commission
Randy Wittorp (alternate: Elizabeth Ferber)	Kaiser Permanente
Abbie Yant	St. Francis Memorial Hospital

## Members Not in Attendance

Name	Representing
Eddie Chan	Northeast Medical Services
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
David Fernandez	LGBT Executive Directors Association
Estela Garcia	Chicano/Latino/Indigena Health Equity Coalition
John Gressman	San Francisco Community Clinic Consortium
Paul Kumar	National Union of Healthcare Workers
Perry Lang	BCA/Rafiki Wellness, African American Leadership Group
Anson Moon	San Francisco General Hospital and Trauma Center
Timothy N. Papandreou	San Francisco Municipal Transit Authority
Roxanne Sanchez	Service Employees International Union Local 1021
Kim Tavaglione	California Nurses Association
Maria Luz Torre	San Francisco Health Plan Advisory Committee
Eduardo Vega	Mental Health Association of San Francisco