HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

MINUTES

CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE

Tuesday,
April 21, 2009
2:00 p.m.
101 Grove Street, Room 302
San Francisco, CA 94102

Present:
Commissioner Sonia E. Melara, MSW, Chair
Commissioner Margine A. Sako, Member (arrived at 2:18 p.m.)
Commissioner Steven Tierney, Ed.D., Member
Commissioner James M. Illig, Ex Officio

1) CALL TO ORDER

Commissioner Melara called the meeting to order at 2:06 p.m.

2) APPROVAL OF THE MINUTES OF THE MARCH 21, 2009 CHPEC MEETING

The Committee (Melara, Illig, Tierney) approved the minutes of March 21, 2009 without change.

3) PRESENTATION AND DISCUSSION OF HEALTH DISPARITIES

Jenny Chacon, MPH presented information regarding Community Programs Health Equity activities. In addition, Michael A. Huff, PhD presented information regarding the African American Health Disparities Project. Please see attached for presentations.

Commissioner Comment:

- Commissioner Illig asked whether the "community driven promising practices" includes evidence based practice. Barbara Garcia, Deputy Director, clarified that community based practices are evidence based, but that the interventions can not always wait to be studied prior to being implemented due to the urgency of the issues.
- Commissioner Melara warned against creating practice based on individual input.
- Commissioner Melara asked how this will effect reorganization within Community Programs. Barbara Garcia stated that this will direct the new structure of primary care and community behavioral health coordination and also will allow for the identification and maintenance of programs that focus on health equity and prevention.
- Commissioner Illig asked whether DPH has a prevention plan. Ginger Smyly, Director of Prevention, stated that DPH does have a plan that identifies strategies for prevention of the most urgent health issues, which include cardiovascular disease and depression. Ms. Smyly added that this plan is due to be updated and will be addressed after the community programs reorganization.
- Commission Tierney stated that it is important to reflect in our budget discussions that the decisions that DPH makes today regarding program reductions have real impact in the future.
- Commissioner Sako requested a list of collaboration meetings on the agenda in upcoming meetings.
- Commissioner Illig asked for clarification regarding the African American Health Disparities project and where services are actually available. Dr. Huff stated that his focus is to advertise and coordinate existing services available at participating hospitals.
- Commissioner Illig asked if HIV/AIDS services were discussed as a target. Dr. Huff clarified that HIV/AIDS was not chosen as there were many pre-existing HIV/AIDS services available in San Francisco.

4) **PRESENTATION AND DISCUSSION OF INSTITUTIONAL MASTER PLAN HEALTH REVIEW; 2008 CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) INSTITUTIONAL MASTER PLAN (IMP)**

Alicia Neumann, Senior Planner, presented an update on the CPMC IMP review process:

- The Lewin Group has started interviewing individuals from the recent Blue Ribbon Panel on St. Luke's, and are asking those individuals for additional recommendations on interviews. (The interview guide is attached as part of these minutes.)
- Alicia and Catherine Moller-Spaulding of the Controller's Office attended the April meeting of the Long Term Care Coordinating Council (LTCCC). Catherine reviewed Lewin's 2007 Market Analysis and Alicia reviewed the planned process for The Lewin Group's IMP review. Alicia will return to the LTCCC's May meeting for additional input on the process or IMP.
- Additional opportunities for public comment include this meeting, the full meeting of the Health Commission on May 19th and at a meeting of the Planning Commission when they hear the combined IMP Report from the Planning Department and DPH.
- Following up on Commissioner Sako's request to review with the Planning Commission how best to coordinate the reviews by the Health and Planning Departments, Alicia will appear before the Planning Commission on 5/14 to request input publicly.

Public Comment:

- Jason Freed stated that he is glad to see that DPH is involved in this process and that a major concern is the amount of available beds south of market following a disaster. He hopes that the IMP will also address disaster needs and not just day to day business.
- Lucy Johnson stated that CPMC will be potentially abandoning two large sites and that another consideration will be what will happen to these sites following their closure. She would like to see that alternative health services are considered.
- Pierre Gasztowtt stated that there needs to be critical patient mass to justify the cost of expensive medical equipment and services.
- Nato Green, California Nurses Association, represents nurses at St. Luke's and St. Mary's. Believes this is a good opportunity for the city to identify their stake in the healthcare system. Mr. Green stated that he had two concerns. First, that CPMC has avoided the implementation of the blue ribbon panel recommendations, particularly that the board stated that the St. Luke's plan is dependant upon on Cathedral Hill approval. Mr. Green stated that was not supposed to be quid pro quo. Second, this does not include SNF beds.
- Marlayne Morgan, Cathedral Hill Neighbors, is concerned about the planning of such a high bed facility in a small space. She added that the impact on St. Frances is also detrimental and needs to be considered.
- Charles Marsteller asked if this was a health planning function and if health planning would be doing a master planning process for acute care and working with the institutional master plan process.
- Judy Li, CPMC, stated that the approach for this planning process is to proactively engage and listen to the community.

Commissioner Comment:

- Commissioner Illig stated that he is concerned about the large loss of psych and SNF beds. Alicia Neumann replied that Lewin Group will be using the Blue Ribbon Committee report and talking to experts in psychiatry and SNF.
- Alicia requested input from the Commission regarding the division between what the health review covers and what the planning review covers. Commissioner Sako recommended bringing health concerns to the planning panel.
- Commissioner Sako asked that the Lewin Report address current capacity in psych and SNF.
- Commissioner Melara requested that Lewin reflect the service reduction to interviewees.
- Commissioner Illig requested that Lewin reflect the financing and timeline in their report.

5) PRESENTATION AND DISCUSION OF COMMUNITY BENEFIT PARTNERSHIP

Anne Kronenberg, Deputy Director, presented an update on the Community Benefit Partnership. The four goals of the group are: violence prevention, communicable disease prevention, chronic disease and access to healthcare. Ms. Kronenberg stated that the group is getting an epidemiologist to work on Building a Healthier San Francisco through Kevin Barnett and also has recently been presented with the Coordinated Case Management Database. Ms. Kronenberg added that the group is making good progress in these projects.

Commissioner Comment:

- Commissioner Illig requested that the Coordinated Case Management Database be sent to the Commission and Catherine Dodd.

- Commissioner Sako asked for clarification on participants and whether they are working on charity care even if they are not hospitals. Ms. Kronenberg clarified that the participants vary and make up clinics, hospitals and others and that they are working with Kevin Barnett to make charity care reporting standardized.

6) EMERGING ISSUES

None

7) PUBLIC COMMENT

None

8) ADJOURNMENT

The meeting was adjourned at 4:00 p.m.

Slide 1

Community Programs
Health Equity Activities

Presented by:
Jenny Chacon, MPH, Health Program Planner
Ginger Smyly, MPH, Deputy Director, Community Programs

April 21, 2009

Slide 2

Health Disparity vs. Health Inequity

- **Health Disparity**: A disproportionate burden of disease, injury or health status/outcomes occurring within a population (STD/HIV in young African American women)
- **Health Inequity**: A disproportionate burden of root causes of disease (Residents' multiple toxins exposure near the Oakland port)

Slide 3

Addressing Health Equity

- Identify disadvantaged populations, risks & health issues (HD)
- Research & implement effective practices to reduce suffering and diminish disparities (HD)
- Develop & implement effective strategies to reduce inequities responsible for health disparities (HE)

Slide 4

Addressing Health Equity (cont'd)

- Disparities in health status & outcomes persist despite improvements for all
- Federal government & international health agencies acknowledge health inequities exist
- PH programs address health disparities due to funding linked to federal Healthy People Objectives (every decade)

Slide 5

CP - Addressing Health Equity (cont'd)

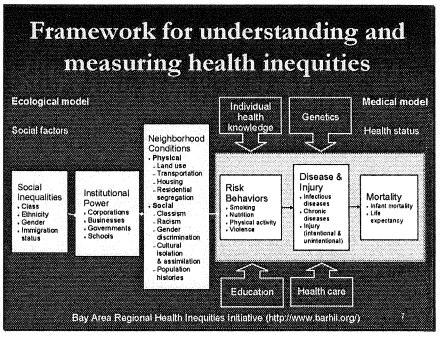
- Program of Health Equity and Sustainability (Environmental Health)
- Participation in BARHII; BARHII report '08
- Report coincided with launch of *Unnatural Causes*

Slide 6

CP - Addressing Health Equity (cont'd)

- Three community health disparity groups approached CP for help
- Organized HE framework and leadership groups w/reps throughout PH and CP
- Reviewed literature, data and varying logic models/frameworks, selected BARHII framework
- Two priority areas id'd: 1) Alcohol problems and 2) African American health

Slide 7



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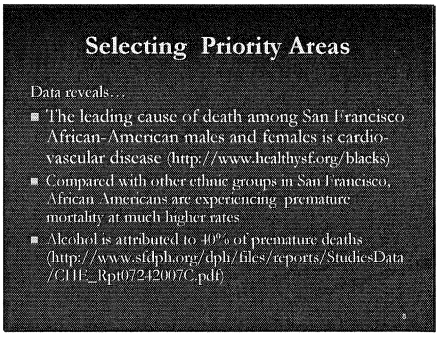

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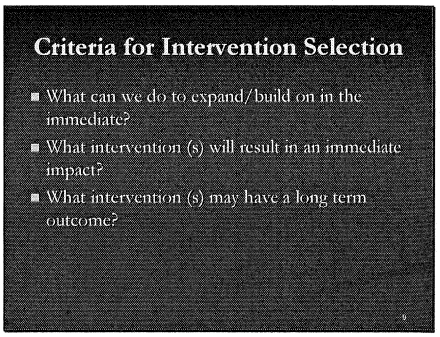

Slide 10

African-American Health

GOAL: Eliminate health disparities in cardiovascular outcomes that affect African Americans. (HD)

Objective: Create environments that make eating healthfully and being physically active easy, fun and accessible. (HE)

Intervention: Policy initiatives to secure full service grocery stores in low income African American neighborhoods.

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Slide 11

Alcohol

Goal: Decrease alcohol-related harm and its impacts on creating health disparities in SF

Objective: Create environments that reduce the availability and consumption of alcohol. (HE)

Intervention: Fully implement the DAO and/or GNA programs that set standards for alcohol outlets.

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Slide 12

Community Groups

- Three groups formed representing various ethnic groups of African-Americans, Asian & Pacific Islander (A&PI), Chicano/Latino/Indigena
- Identify and address health and healthcare disparities in their communities

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Slide 13

Community Groups
African-American Health Leadership Group

Sample Recommendations:

1. Create a policy statement and public commitment by the City to reduce health disparities (HE)
2. Promote self care as a component of prevention and treatment (HD)
3. Enforce environmental laws and regulations where health disparities can result (HE)

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Slide 14

Community Groups
A&PI Health Parity Coalition

Recommendations:

1. Disaggregate A&PI data into more specific Asian and Pacific Islander ethnic groups for DPH data collection (HE)
2. Preserve bi-lingual and bi-cultural FTEs (including temporarily vacant positions) to encourage access to services by limited English A&PI populations. (HD)
3. Place more emphasis on "community driven promising practices" rather than "proven evidence based practice" (HD)

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Slide 15

Chicano/Latino/Indigena Health Equity and Social Justice Planning Group (cont'd)

Recommendations:

1. Improve data collection systems to capture ethnic, cultural, linguistic and health outcomes can be captured among different Latino subgroups (i.e. specifically Indigenous communities) (HE)
2. Increase the cultural and linguistic competence and capacity of service providers in the system to provide services to the growing numbers of Indigenous clients they serve (HD)
3. Support efforts to create and sustain a workforce of Indigenous service providers (HD)

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Slide 16

CP Stakeholders' Health Equity Work Group

- Inform CP reorganization, systems of care and contract RFPs
- Propose recommendations for cultural and linguistic competency and work force diversity re: populations served
- Address integrity of data and needs assessments consistent with emerging and ongoing groups served
- Propose health disparity/health equity considerations for RFPs and Civil Service programs

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Slide 17

CP Stakeholders' Health Equity WorkGroup

- Recommendations will be forthcoming

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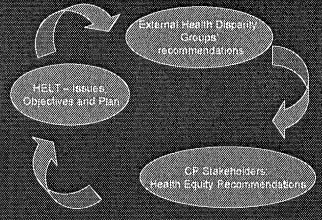
Slide 18

CP – Next Steps



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Slide 19

Considerations

- Community Programs Division reorganization (i.e., recommendations from Health Equity Work Group, new budget realities, HELT, etc.)
- Willingness/ability to reduce extreme medical measures and put resources into primary prevention/environment and other upstream interventions
- Evaluation over time to tweak and measure success

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Slide 20

Questions & Answers

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