SAN FRANCISCO COMMUNITY BENEFITS
PARTNERSHIP
Emphasize individuals with disproportionate unmet health-related needs
Emphasize primary prevention
Build community capacity
Build a seamless continuum of care
Emphasize collaborative Governance

MEETING MINUTES:
*Increase Physical Activity and Healthy Eating to Reduce Chronic Disease and Eliminate Health Disparities*
*June 3, 2011*

Participants:

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1. **Introductions**

Abbie Yant, Co-Chair of the Community Benefits Partnership, called the meeting to order and introduced the two indicators to be discussed:

1) Increase Physical Activity and Healthy Eating to Reduce Chronic Disease  
2) Eliminate Health Disparities

Participants introduced themselves, and Gloria Thornton, Anthem Blue Cross, was introduced as the co-facilitator for the first part of this meeting.

2. **Community Vital Signs Background & Meeting Objectives**

Abbie Yant gave a brief introduction of the Community Benefits Partnership (CBP) and the Community Vital Signs (CVS) project for those who were attending the meeting for the first time. People in the room have been invited to share what they are doing to help move the needle on the two indicator topics for this meeting. The goal is to have significant progress on the indicators before the next reporting period.

3. **Activity 1: Increase Physical Activity and Healthy Eating to Reduce Chronic Disease**

a. Adults Engaging in Moderate Physical Activity

Christina Goette, SF Department of Public Health, discussed a report produced by Shapeup’s Physical Activity Council. The report shows that safety and time were the major barriers to physical activity. The safety barrier can be addressed through environmental factors and public facilities in San Francisco. Policies such as increasing opportunities for physical activity through open space, joint use (i.e. school facilities), activating space, and programs like Sunday Streets, could have a large impact on physical activity. A policy that requires the City to review all policies through the lens of health is currently being explored.

Susan Zeiff, author of the Shapeup report, added that barriers to physical activity are very neighborhood specific. For example, in the Tenderloin people complain that there is little access to safe and convenient places for recreation. However, the problem may not have much to do with the density or socioeconomics of a neighborhood. Chinatown, the most densely populated neighborhood in the country, was the only group that didn’t report complaints about financial barriers to recreation. Chinatown also had adequate physical activity. The barriers are very specific for different populations and how they use existing infrastructure.

There are definite limitations that influence large populations in San Francisco, including route selection, convenience, and safety. There is also a difference between perceived barriers and actual barriers. While recreation centers are very important, there are other avenues to engage people in activity. For example, getting people to attend physically active events can be very influential. Programming that involves families has a wide effect; adults who are engaged
will engage their children through family activities. Sunday Streets is a great example of an event that can involve entire families in physical activity. Livable City, a community partner for Sunday Streets, is looking at how Sunday Streets can be done on a more regular basis in all neighborhoods.

- **The next Sunday Streets is coming up on June 12th in the Bay View.**

Tavi Baker reported that the Boys & Girls Club is trying to add thirty minutes of physical activity per day into their program. The idea of family activities has also been raised at the Boys & Girls Club. One possibility is to solicit parent volunteers during “power play,” a non-traditional recreation time where there is something for everyone. The Club is also looking to open up these activities to people who are not members.

San Mateo and Santa Clara Counties are looking at “activity zones” where physical activities could be activated at all facilities during one hour of the day. The Health Service System for City and County employees has picked up on workplace exercise under the new director, but funding is still an issue. Tying these programs to health risk assessments would show that they are a great return on investment for organizations.

Physical activity for seniors and patients is also important. SF General is developing a new community wellness program and looking to make it more community oriented. The program could include hospital staff, patients, and surrounding communities.

Lara Sallee reported that Kaiser has a top-down “live well be well” program that offers customized activities, employee wellness managers, and many of the sites have small gyms. Performance incentives are given to employees participating in physical activity programs through an employee online total health assessment tool.

Wellpoint also has physical activity programs with incentives, including massages and gym memberships.

Glide is opening up a wellness center that has a focus on highly demanded gentle movement like yoga.

b. Retail Food Environment Index Score

Paula Jones, San Francisco Department of Public Health, began the discussion with how the City’s Office of Workforce and Economic Development track brick and mortar grocery stores across the city. When a grocer moves out, the City works to get another food retailer to move in at the same or nearby location. San Francisco does not have as many convenience stores as other cities across the country. Efforts are being made to track and move toward healthier options. When introducing healthier options into stores, it has been very helpful to have an expert store designer to help stores figure out how to purchase fresh foods. The goal is to have healthier food sales eventually offset by alcohol and tobacco subsidies.
Paula Jones is working with the Food Security Taskforce to look at who accepts food stamps and create incentive programs for food stamp recipients to use them at farmers markets. The Food Security Taskforce was established to organize around food stamp issues, increase access to healthy food and home delivered groceries, and to produce a bi-annual report to the Board of Supervisors. This report can be found at www.sffood.org, a central database for food access resources.

- **Action Item: Link www.sffood.org to the Health Matters website**

Currently, felons and undocumented people cannot receive food stamps. However, a policy change is in process that will allow drug felons to receive food stamps.

The Food Security Taskforce is also working on an assessment of nutrition in free dining rooms and will have a progress report by early August.

The largest food program in the city will be in the schools, which are now serving fresh foods every day. This is not the norm around the country.

Healthy food policies may also help the economy. Ron Smith, Hospital Council, reported that food sales have doubled since healthy food and organic food was introduced to SF General Hospital.

c. **Proportion of Households within a Half-Mile of a Farmers’ Market**

Urban agriculture policy is now allowing sale of produce on more sites. The County Agricultural Commission administers applications for establishing new farmers markets and does an annual assessment of all farmers markets.

A concern was raised about having a specific indicator on farmers markets because they are only open once a week, which is not true “access” to healthy food.

d. **Gap Analysis**

*Once a disease has been diagnosed, what are the interventions related to healthy eating and physical activity?*

Patricia Erwin, SF Department of Public Health, explained that cross referrals are made between agencies and Bay View Hunters Point to introduce walking groups in health centers. The walking groups increase safety and make people more likely to engage in physical activity. Hopefully evidence will show that this link between community organization and hospitals is effective so that these programs can continue.
How can we begin these initiatives in other San Francisco neighborhoods?

The bulk of the funds for these initiatives are for District 10, but there have been other grants to implement programs in other neighborhoods. Progress in Bay View Hunters Point has to do with the struggle of the neighborhood. However, the Bay View Hunters Point program could be used as a model for programs in the Tenderloin.

Regional open space provides excellent resources for physical activity. There is a program in Ocean Park that brings people to State and National Parks. Meg Wall, SF Department of Public Health – Environmental Health, is working with providers to recommend that their patients get out into the National Parks for mental and physical health.

Roberto Vargas, University of California San Francisco, runs a community engagement program (CTSI) that engages people to leverage the resources of UCSF and its partnerships. This program provides evaluation and support by looking at what the community wants and what the evidence shows is working.

4. Activity II: Eliminate Health Disparities

To lead the discussion on ongoing projects and corresponding impacts to multiple health indicators, Lara Salle, Kaiser Permanente, presented the Health Matters website and demonstrated how to look at Community Vital Signs (CVS) indicators and find detailed information. CVS health disparity indicators show information from a disparity perspective.

Abbie Yant reminded the group that most of the primary data on the website comes from other sources. Good data or information about data for the website is always welcome.

a. Discuss Ongoing Projects and Corresponding Impacts to Multiple Health Indicators

The goal is to look at all of the health disparities across the indicators and identify our capacity as a group to move the needle. One of the greatest things would be to collaboratively extend resources and make progress.

Michael Huff, in his work as Director of African American Health Disparities, addresses large disparities in the African American community. He looks at ways to expand and improve existing programs and shed light on the pertinent issues. Notable successes of this project are the Chlamydia project, cultivating communications, supporting other organization’s efforts to continue their mission, building capacity in communities (e.g. health fairs in the Western Addition), HIV/AIDS programs, and reentry programs (which will soon be in higher demand).

Jacqueline McCright, SF Department of Public Health – STD Prevention, runs a program where four young people come in on a temporary basis to do outreach and distribute condoms in the Bay View Hunters Point neighborhood. The program gives workers experience in healthcare while contributing to STD prevention. So far, goal is being reached, but there is a constant
struggle to get grants to keep the program going. Chlamydia rates in the Bay View Hunters Point have dropped in the last two quarters, although it is not clear if this can be attributed to the program. Adolescents have six to seven times higher STD rates than adults, and African Americans have higher STD rates than all others.

Wylie Liu, University of California San Francisco, explained that the Health Coalition, which does outreach to the API community, is working on a project that focus on mental health and another project that focuses on Hepatitis B. Mental health issues are highly stigmatized in the API community. The program is launching an anti-stigma campaign. Since San Francisco has a relatively small Samoan population, not much work has focused on this group. The Health Coalition also did a needs assessment for the Samoan population.

Roberto Vargas explained that the Latino Occupational Health Group found that indigenous groups were not being served as well as others, mostly due to language barriers and other social issues. The Latino Indigenous Group focuses on the Mayan immigrant population and also targets violence.

Programs in the Bay View Hunters Point are specifically set up to serve African American communities. Now that more Latino and API populations are moving in, work needs to be done to address the needs of these communities.

The group pointed out that it would be helpful to have disparities of all demographic groups represented on the website. This will be considered in the future.

b. Discuss Potential Stakeholder Collaboration to Increase Impact

The group discussed that there is a need to work more on integration of programs. The Department of Public Health can be the springboard to make sure that all populations are being represented. The group can work together to collaboratively promote the notion of wellness. Identifying social determinants of disparities and missing data would increase opportunities to resolve these problems.

There is competition for limited resources among the health agencies. We should work together to maximize these resources. This committee could be very influential in terms of assessing resources, sharing information and best practices, and advocating for changes due to its position within the health community. The current political focus on healthcare is an opportunity to look at policy changes and resources. This group has the opportunity to make a difference. Another important piece is building capacity within the community to help people advocate for themselves.

Ron Smith, Hospital Council, noted that the African American Health Disparities Project materialized spontaneously because this group presented the data showing the need for such a program. Since then, the hospitals have committed millions of dollars to the program.
c. Analyze Gaps and Additional Support Required to Move the Needle

Overall, African American health has not changed over the years. One of the barriers to focusing on the African American population in San Francisco is that it is small (about 8% of the population), so more advocacy is needed.

There needs to be focus on disparities in different ethnic communities. Every health disparity issue is a community issue.

The approach should include healthy sustainable communities and look at transportation, food, and housing. Location and limitations of the environment are also very important when it comes to disparities.

5. Wrap-up Discussion

A reminder was made to connect on the Health Matters website. The website serves as a central place to collaborate and share information.