

**University of San Francisco  
President's Commission on  
Health Professions Education**

June 16, 2011

**Notes Compilation: Small Group Questions and Responses**

**1. What Additional Issues Do You Anticipate That Are Relevant To Health And Wellness?**

- Global collaboration
- A new approach to educational programming and delivery - (i.e. non-traditional certificates; online education)
- Increase cultural competence and sensitivity - (i.e. understanding of current consumer demographics, multi-lingual capacity for delivery and operations)
- Ability to deliver concise and reliable information to consumers
- Simplify technology to improve home health care- (i.e. iPads for seniors, remote access)
- Increased access to technology
- Effective use of existing health resources
- Attention to mental health issues and substance abuse
- Nutrition and exercise education
- Large group of underserved communities receiving proper health care due to current industry infrastructure
- Incentivize preventative health
- Technology development
  - New innovations to change cost model
    - Chip in-plants allow faster, remote diagnosis
    - Increased computing power enables fast analysis of large amounts of data, like DNA patterns, enabling genetic engineering
    - Same computing power enables rapid, automated image analysis
  - Leverage existing technology to new markets
    - Telemedicine allows monitoring from home
    - Leverage evidence based practice, like VA

**2. What Are The Implications Of These Issues To Health Professions Education?**

- Students connecting in communities via internships
- San Francisco population diversity lends itself as a model for future health reform
- Strategies for surplus of nursing graduates without jobs- (i.e. Can they go abroad (i.e. Southeast Asia) to work for a student exchange of some kind? The purpose would be to "learn the reality

over there” versus going over to “teach” as most Americans tend to see themselves doing)

- How to encourage students from abroad to return to their home country, instead of the current trend where the best and the brightest stay in the U.S.?
- Globalization requires a “global workforce” and there is a need for “two-way” education. Education should cross specialties; teach “skill sets” that can be easily adopted across professions. (i.e. There may be a need for a broader “health profession” instead of nursing, physical therapy, dietitian, etc.)
- There is a need for a new outlook to education beyond the established programs and accepted pathways. (i.e. instead of offering the same certification as everyone else, we need to consider certificates such as “international health” or “preventive health”.)
- With the increased need for online learning, we must increase awareness for potential abuse (i.e. “diploma mills”)
- Time to address and support non-traditional programs.
- Global exchanges and “true learning” will also potentiate cultural understanding and sensitivity. This is particularly necessary in the bay area where the population is increasingly diverse.

### **3. In what ways do San Francisco’s needs seem to differ from national issues and trends?**

- Health disparities are based on poverty and education. There is an opportunity for a holistic approach to the elderly and education. Target the real reason and focus on areas (i.e. Tenderloin). Use a community or geographic approach to tackle issues.
- RE: Laguna Honda: Developed \$1.5 billion of services all under one department: health care, mental health, nutrition, etc. There is the opportunity to make Laguna Honda a community. Monitor the Hepatitis B status in the Asian population and start an initiative to have diabetes known as an Asian issue. New Laguna Honda Hospital and Chinatown are examples of how needs are met when the government “talks” with the community to assess needs.
- With the size of the local LGBT population, San Francisco is the forefront in AIDS treatment.
- Community Living Fund--Risk of institution placement, low income, no other funding source.
- Divergent Community and Integration Program—Adults with disabilities to leave Laguna Honda for the community. Laguna Honda is unique as a long term care facility.
- The highest poverty areas on the map (high income disparities, high language issues) probably have the highest number of heart disease, diabetes mellitus and obesity due to a lack of fresh food and outdoor

activities. There is a need to focus on a preventative care ecosystem- (i.e. farmer's markets)

#### **4. What are the particular implications for health care and health professions in San Francisco?**

- San Francisco is a snapshot of "what will be" nationally-a "prelude" of what is to come.
- We should take the senior care issue as an opportunity to learn on how to combat a growing problem— (i.e. "living laboratory")
- Senior isolation more acute in San Francisco because families move away due to cost of living in the city. Seniors call 911 repeatedly for the social interaction. There is a need for more community service to provide home visits for socialization- (i.e. SRO's in Chinatown are without elevators, so the seniors do not get to go out, and if they do, it is to go see the doctor.)
- "Health Disparities"-What is our goal to reduce or to eliminate? San Francisco has geographic areas of need. This should make problem solving easier as compared to a city like Detroit.
- San Francisco is a very affluent city, but systems work in silos. 25% of city residents use all of city services.
- Laguna Honda Hospital is an example of the Community Diversion Program. \$3 million program to buy equipment to assist seniors to go home.
- "Preventive care ecosystem" where needs are concentrated. Provide access in those neighborhoods to healthy foods and health care.
- Must take into consideration geography of the San Francisco hills and landscape. The area's topography makes it hard for seniors to go out.
- There number of languages spoken in San Francisco that are different from other parts of the country.
- We must break the silos in our care systems.