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MINUTES

JOINT CONFERENCE COMMITTEE MEETING
FOR
POPULATION HEALTH AND PREVENTION

Monday, December 10, 2001
3:00 p.m. – 5:00 p.m.
101 Grove Street, Room 220
San Francisco, CA 94102

1) CALL TO ORDER

The meeting of the Population Health and Prevention Joint Conference Committee was called to order by Commissioner Harrison Parker at 3:05 p.m.

Present: Commissioner Harrison Parker, Sr., D.D.S., Chairperson
Commissioner Edward A. Chow, M.D.

Absent: Youth Commissioner, Rolando Bonilla

Staff: Tomás Aragon, M.D., Esperanza Biasbas, Michelle Long

Dixon, Larry Doyle, Erik Dubon, Jonathan Fuchs, M.D.,
Barbara Garcia, Willi McFarland, M.D., Norm Nickens, Sandra
Schwartz, Doug Sebesta, Steven Tierney, Marc Trotz and
Brenda Walker.

2) **APPROVAL OF MINUTES FOR NOVEMBER 15, 2001**

Action Taken: The Committee Approved the November 15, 2001 minutes of the
Population Health and Prevention Committee.

3) **SECRETARY'S REPORT**

(Jimmy Loyce, PHP Secretary)

(Description of activities and operations of the Population Health and Prevention Division)

Bioterrorism Preparedness/Response Exercises

Community Health Epidemiology and Disease Control (CHEDC) will be conducting two bioterrorism preparedness/response exercises. First, on December 11, 2001 CHEDC will be conducting an epidemiologic field investigation tabletop exercise to prepare for a possible anthrax bioterrorism event in San Francisco. This is being coordinated by Randy Reiter, Ph.D., MPH. Second, on December 19, 2001 in collaboration with Emergency Medical Services, Environmental Health Section, and SF General Hospital, CHEDC will be conducting a field exercise to test preparedness to deploy and implement a Prevention Treatment Center to provide post-exposure antibiotic prophylaxis to a large number of exposed persons. This is being coordinated by Karen Holbrook, MD, MPH, and Ann Stangby, R.N.

STD Section Provides Information to the Brown & Toland Medical Group

Dr. Klausner, the Director of STD Services, has been working with the Brown and Toland (B&T) Medical Group to ensure that the providers in this group, especially primary care, ob/gyn, medicine, dermatology and infectious disease providers have updated information about STD disease rates and are included on the disease alert mailing list.

Other projects with this group are underway and include assuring that the providers of this group receive the distribution of the STD Prevention Guidelines for Persons in HIV Care and the Increase of Syphilis in Men Who Have Sex With Men.

The B&T group is going to evaluate their chlamydia screening data and determine if some level of provider-based intervention to increase screening in 16-24 year old women is worthwhile.

Continued Increase in San Francisco Syphilis Cases

Director of the STD Section, Dr. Klausner, presented information about the increase in syphilis in San Francisco at the 2001 Infectious Disease Society of America (IDSA) meeting that was held in San Francisco the weekend of October 26th, 2001. One of the biggest concerns about the increase in syphilis cases is that of the 1,130 partners reported during 2001 in the City, only 8% had enough locating information for a disease intervention specialist to begin an investigation and notify them of their exposure.

The STD Section then held a meeting on October 30, 2001 with over 20 community leaders to educate them about the increase in syphilis in San Francisco and to get their ideas for interventions that would work and wouldn't work with MSMs in the City.

The following print items highlight the syphilis issue:

- On October 25, 2001 a press release was issued focusing on the increase in early syphilis in San Francisco. The story was then featured in an article in the San Francisco Chronicle and a number of local talk and news shows.
- Large ads are being run twice a month in the Bay Area Reporter, the largest free weekly paper in the City with a predominantly gay readership to inform MSMs about the continued increase in syphilis. The first ad was a bar graph, which depicted the increase in cases from 1998 to 2001.
- An editorial note about the increase in syphilis in the City was included in the October monthly STD Report which is distributed to over 800 providers in the City. The note contained a recommendation to screen all sexually active gay and bisexual men twice each year for syphilis.

Outreach to Reduce Unsafe Sexual Activities in San Francisco Sex Clubs

The STD Section is continuing to work closely with the City's sex clubs, adult bookstores and selected bars/clubs to ensure that syphilis information is available, condoms are accessible and signage is posted notifying patrons that unsafe sexual activities will not be tolerated. In October, a member of the syphilis rapid response team attended a meeting of 25 bookstore managers in the City. Copies of a newly developed poster were handed out that graphically depicts a chancre on a penis. These posters will be hung in all of the bookstores along with newly developed signage setting out the "safer sex rules" for the establishment. Referral cards for the STD Program will be readily available to clients and increased numbers of condoms will be located throughout the bookstores, both in the lobby as well as the arcade.

HIV Medication Adherence Support Services Grant

The University of California, San Francisco's Department of Medicine, recently received funding for a five-year project to evaluate HIV medication adherence support services among HIV infected urban poor. The study will randomize a cohort of 400 HIV+ urban poor to Directly Observed Therapy, the Health Department's Action Point Adherence Project and to regular care. Funding for this project should be an opportunity to evaluate the effectiveness of Action Point and Directly Observed Therapy.

Deputy Director of Community Programs Accepts a New Position

Jessica Wolin, Deputy Director of Community Programs, has accepted a position as the Director of Youth Sports Connection, a project to strengthen the infrastructure for after-school, weekend and summer sports and recreation for youth in low-income communities in San Francisco and Alameda County. Jessica has worked at the Department for just over four years in a planning capacity. She has made many important contributions to the Department and she will be greatly missed.

Commissioners' Comments

- Commissioner Chow asked if the Department is working with other medical groups the same way it is working with the Brown & Toland Medical Group. Dr. Jeff Klausner responded that the Department has long-standing working relationships with other medical groups, including Kaiser, and that Brown & Toland will be a good improvement. Commissioner Chow asked if the bioterrorism preparedness/response exercises would be limited to San Francisco General Hospital, or done with all hospitals. Dr. Tomás Aragon replied that the first exercise will focus on the capacity of the Epidemiology team, and they want to work out the details before working with other agencies. The second exercise is a dry run of a prevention treatment center, which

will be done at SFGH. Commissioner Chow asked that the Epidemiological Section keep the Joint Conference Committee apprised of the progress.

4) ANNUAL AIDS UPDATE

Jimmy Loyce, Deputy Director, HIV Services, presented an overview of the Annual AIDS Update. He discussed a number of programs as they fit into the context of the Department's Strategic Plan. The HIV Prevention Section worked with the HIV Prevention Planning Council to develop principles to guide the redistribution of dollars to those populations most at risk while ensuring services for all San Franciscans. The new allocations better reflect the HIV/AIDS epidemic in San Francisco. There are three tiers: Tier 1 - men who have sex with men (MSM) and transgender communities; Tier 2 - injection drug-using (IDU) populations; and Tier 3 - non-IDU, non MSM populations. Mr. Loyce gave an overview of the HIV prevention contracts, and a number of distinct studies and surveillance activities done by the HIV/AIDS Seroepidemiology/Surveillance Section. Mr. Loyce discussed trends in AIDS survival as well as a pilot study to develop and evaluate a non-name-based HIV reporting system.

The AIDS Office received two federal Office of Minority Health grants. The first grant funds technical assistance and organizational capacity building for minority community-based contractors serving persons of color with HIV. The second is for provision of services to HIV positive women, youth, African American men, monolingual Latino and transgender persons. Mr. Loyce then summarized the challenges and opportunities facing the AIDS Office in the coming year.

Commissioners' Comments

- Commissioner Parker asked how the funding allocation correlates to geographic areas with high incidences of HIV and AIDS. Steven Tierney responded that the Department has done a mapping overlay of the areas with higher rates of infection, and will include this in the presentation to the full Health Commission. Commissioner Parker stated that he is interested in the status of vaccine development and a cure for AIDS.
- Commissioner Chow recommended that the presentation to the Commission highlight the efforts to develop a preventive vaccine, the non-name-based HIV reporting system and the Office of Minority Health grants.

5) GRANTS FINANCIAL OVERVIEW

Larry Doyle, PHP Finance Director, presented a report on the active grants in Population Health and Prevention, (Attachment A). Currently the grants unit is handling 108 grants, which total slightly more than \$100 million. This is a dramatic increase since FY 1996-97, when there were 58 grants totaling approximately \$75 million, and demonstrates the relentless pursuit of grant funding. The number of grants and dollar amount by program category is as follows:

<u>Program</u>	<u>Number of Grants</u>	<u>Amount</u>
HIV/AIDS	29	62,203,610
Promotion and Prevention	18	5,518,384
Community and Health Safety	18	9,088,702

Maternal Child Health	13	8,114,682
Mental Health	14	10,012,203
Substance Abuse	<u>16</u>	<u>5,298,708</u>
Grand Total	108	100,236,289

Mr. Doyle said that the preponderance of the grants is reviewed by the Health Commission as part of the annual budget review. Those grants that are not included in the budget fall into two categories. If multi-year grants come in too late to be included in the budget, they are not included for the first year, but are in subsequent years. Grants of a year or less duration remain extraneous to the budget, but do go through Health Commission and Board of Supervisors review.

Barbara Garcia commented that grants pose two challenges. First, they are time specific, so staff always has to pursue new grant funding opportunities. Second, the grant approval process is lengthy, and there is considerable time between when the grant funding is received and when the money can be spent.

Commissioners' Comments

- Commissioner Parker commended staff for the terrific job that has been done over the past four years increasing grant funding.
- Commissioner Chow asked about the strategy for obtaining grants—does each section decide what grants to apply for, or is it more centrally coordinated? Ms. Garcia responded that they are trying to become more centralized, and there is a central grant development position.

6) EQUAL EMPLOYMENT OPPORTUNITY (EEO) ANNUAL REPORT

Norm Nickens, Deputy Director, EEO, Affirmative Action and Cultural Competency, presented the EEO Annual Report. Mr. Nickens said that in Spring 2001, the Health Commission asked him to review the Department's cultural competency standards. Mr. Nickens summarized the recommendations that resulted from this review.

1. Establish an ongoing Cultural Competency Task Force.
2. Adopt Culturally and Linguistically Accessible Services (CLAS) standards, as modified, to include sexual orientation, gender identity and other local concerns. Mr. Nickens will present a resolution supporting the adoption of CLAS standards to the Health Commission at its January 8, 2002 meeting.
3. Require cultural competency objectives, where appropriate, in all contracts.
4. Develop a standardized monitoring tool for the evaluation of cultural competency in the contract monitoring process.
5. Develop a series of training programs based on a "train the trainer" model.
6. Develop web-based resources, including training materials, local resources and model policies and procedures.

Commissioners' Comments

- Commissioner Chow stated that with regard to the adoption of CLAS standards, the Department needs to clearly describe why the CLAS standards are the best available, and how exactly the Department intends to modify the standards to reflect local concerns and practices.

7) **BLACK COALITION ON AIDS HIV PREVENTION CONTRACT TWO-MONTH STATUS REPORT**

On October 2, 2001, the Health Commission approved an HIV prevention contract with the Black Coalition on AIDS, at which time they stipulated a two-month status report to the Joint Conference Committee and a six-month status report to the Budget Committee. Mr. Tierney stated that since the Health Commission meeting, all reports have been submitted on time. Agency management has made tremendous progress toward making long-term change. Mr. Tierney is confident that through the work with the Office of Minority Health (OMH) grant, the agency will be completely stable. Michelle Long Dixon added that the agency has not only been working on implementing long-term change, but are also addressing immediate concerns. Mr. Tierney said he would provide another status report in March 2002.

Duane Poe, Executive Director of the agency, appreciated the patience and confidence of the Commission and the assistance of staff. The OMH grant has been very helpful.

Commissioners' Comments

- Commission Parker asked what the root causes of the chronic problems are and, since the issues have existed for a number of years, why staff is confident that this time the agency will actually address the problems. Mr. Poe replied that the problems are systemic. The staff, while reflective of the community that is served, often does not have the skills. This year, the agency is getting a good core staff who are absorbing and retaining the training from DPH.

8) **GLIDE FOUNDATION HIV PREVENTION CONTRACTS TWO-MONTH STATUS REPORT**

Mr. Tierney stated that the HIV prevention contracts with Glide Foundation were approved by the Health Commission on October 2, 2001 at which time Commissioner Monfredini requested a brief follow up to the Joint Conference Committee to ensure that the agency continues to move in the right direction. Mr. Tierney said that the agency is indeed moving in the right direction, and the agency has recently been tapped to be a "rapid testing" site. The agency also had problems with staffing, and it now has a team in place and a plan to integrate HIV/AIDS services into the broader health services system. Mr. Tierney is fairly confident that all future reports from the agency will be good, and will provide the committee with another written report in three months.

Representatives from Glide said that they are integrating the HIV prevention services under the health services umbrella. They also reorganized some of the existing staff and were able to create stringent guidelines on expected outcomes and give salary increases to those who meet the objectives.

9) **EMERGING ISSUES**

As an emerging issue, Mr. Loyce raised the need for the AIDS Office, the Department, and the City and County to begin to examine ways to streamline the contracting process. He said that Santa Clara and Alameda counties could serve as models. He will present a formal report to the Joint Conference Committee at a future meeting.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

11) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Olson
Executive Secretary to the Health Commission