

# Table of Contents

<b>Chapter 1: Message from the Director.....</b>	<b>2</b>
<b>Chapter 2: Health Commission.....</b>	<b>5</b>
<b>Chapter 3: Inside the Department - Who We Are.....</b>	<b>9</b>
<b>Chapter 4: Inside the Department - Who We Serve .....</b>	<b>20</b>
<b>Chapter 5: Inside the Department - How We Are Funded.....</b>	<b>33</b>
<b>Chapter 6: The Strategic Plan.....</b>	<b>37</b>
<b>Chapter 7: Goal 1.....</b>	<b>39</b>
<b>Chapter 8: Goal 2.....</b>	<b>49</b>
<b>Chapter 9: Goal 3.....</b>	<b>56</b>
<b>Chapter 10: Goal 4.....</b>	<b>60</b>
<b>Appendix .....</b>	<b>65</b>

## Message from the Director



I am pleased to present the Fiscal Year 2001-2002 Annual Report for the City and County of San Francisco's Department of Public Health. The report summarizes some of the Department's major accomplishments during the year.

Fiscal Year 2001-02 brought significant challenges to our Department. On September 11, 2001, our nation experienced an unprecedented attack on our people and on our freedom. On that day, two planes slammed into the World Trade Towers, a third smashed into the Pentagon, and a fourth plane, destined for San Francisco, crashed into a field in Pennsylvania, thereby preventing a far worse tragedy for the nation, thanks to the bravery of the passengers, including those from San Francisco.

With the extent of the tragedies unknown, the City activated its Emergency Operations Center and the Department activated its Department Operations Center. As a first responder in the event of an emergency situation, all Department clinics remained opened, including primary care and mental health services, and San Francisco General Hospital staffed its Emergency Operations Center for 24-hour response. In addition, the Department dispatched licensed mental health professionals to a number of sites within the City, including the Marriott hotel where hundreds of visitors from New York were attending a conference, to provide crisis counseling.

In the months following the attack, the Department and the nation also responded to a number of suspected anthrax exposures. The Department's Toxics Unit responded along with the haz-mat team to provide consultation and testing of potentially hazardous materials. Our

public health laboratory rapidly developed an anthrax testing protocol and tested over 100 samples, all of which were negative.

Since the attack, the Department has actively engaged in ensuring that San Francisco is prepared for a bio-terrorist attack. Through our participation in the federal Metropolitan Medical Strike Team (MMST) program, we have stockpiled sufficient antibiotics to handle a large-scale exposure to treatable agents. We also have acquired the appropriate equipment and developed the implementation plans to evacuate parts of the City, isolate infected persons, decontaminate sites, and set up field clinics to treat the population. We have been working closely with the non-profit hospitals in San Francisco, as well as community-based physicians and other providers. The cooperation we received across the City has been phenomenal. These improvements have made San Francisco better prepared to respond to all types of emergencies, with the result that the City is safer for all of its residents and visitors.

Increasing fiscal pressures and budget constraints at the local, State, and federal levels, coupled with increasingly multiply-diagnosed patients with complex needs, have meant that we must do more with less. I'm very proud of the efforts being made by Department staff to accomplish this challenging goal. In keeping with the Department's Strategic Plan, integration of services has been one way we have met this challenge. Over the year, we have worked to integrate Community Mental Health Services and Community Substance Abuse Services into the new Community Behavioral Health Services, not only increasing our ability to treat patients more efficiently, but also to do so more effectively by combining two sections that have significant overlap in their patient populations. Other integration efforts have included reorganization of services for patients with dementia and Laguna Honda Hospital and Rehabilitation Center and coordination of services for the homeless with the Department of Human Services, the Mayor's Office on Homelessness, and Mission Neighborhood Health Center through the newly opened Mission Resource Center.

We have also addressed our fiscal challenges with new financial strategies to realize cost savings and efficiency gains, as well as innovative policy advocacy to maximize federal reimbursements. In FY 2001-2002, the Department was able to save \$1.48 million through pharmacy cost-saving procedures and to recoup nearly \$1 million in additional revenue as a result of billing improvements. The Health at Home program has reorganized its operations and improved efficiency while complying with a new federally mandated prospective payment system for home health agencies. In addition, our Office of Policy and Planning worked with the Mayor's Office and Assemblywoman Carole Migden to establish a Distinct Part Nursing Facility Supplemental Reimbursement Program that allows Laguna Honda and

San Francisco General Hospital to draw down additional Medicaid dollars to help meet the unreimbursed cost of providing skilled nursing care to Medi-Cal beneficiaries.

In spite of our increased attention to cost-saving measures and disaster preparedness, Department staff continues to find creative ways to expand and enhance programs and services for residents. This has been particularly true for services for children and youth. In January 2002, San Francisco became the first county to use local general fund dollars to provide subsidized health benefits to uninsured children through the new Healthy Kids program. With services provided through the San Francisco Health Plan, Healthy Kids provides comprehensive medical, dental, and vision coverage. The Department also established a new Office of Adolescent Health to integrate and coordinate the physical and behavioral health of San Francisco's adolescents, and reorganized the Coordinating Council for Children, Youth and Families, the Department's internal working group, to ensure the best possible health and well being of San Francisco's youngest and their families.

Harm reduction has also received much attention over the past year following adoption of the Department's Harm Reduction Policy. A philosophy that promotes methods to reduce the physical, social, emotional, and economic harms of substance use and other risky behaviors, harm reduction engages clients in nonjudgmental ways to reduce their risks for disease and injury. The Department declared April 2002 as Harm Reduction Month and held a series of events to generate discussion on this important issue. Many of the Department's programs are actively working to implement this policy including efforts to prevent the spread of hepatitis, HIV/AIDS, and syphilis and other sexually transmitted diseases.

I am privileged to be the Health Director in a city that makes an ongoing and strong commitment to public health and health care services. I am also proud of the dedicated staff of the Department who each day work to embody the spirit of public health and to meet our mission to protect and promote the health of all San Franciscans.

I especially want to thank the Mayor, the Board of Supervisors, and the Health Commission for their leadership and unwavering commitment to health. Their guidance is vital to fulfilling our mission and meeting the challenges that lie ahead. As a Department, we are committed to working together closely to improve the health status of all of our residents.

Handwritten signature of Mitchell Katz in black ink.

November 2002

# The Health Commission



**Seated from Left: Harrison Parker, Sr., DDS; Roma P. Guy, MSW, Vice President; Edward A. Chow, MD, President. Standing: John I. Umekubo, MD; Arthur M. Jackson; Mitchell H. Katz, MD, Director of Health; Lee Ann Monfredini; David Sanchez, Jr., PhD; Michele Olson, Executive Secretary.**

The Health Commission provides oversight and direction to the Department's wide range of public health programs and services. Health Commissioners are appointed by the Mayor of San Francisco and serve four-year terms. The Health Commission acts as the governing and policy-making body for the Department. Currently, the Health Commission meets on the first and third Tuesdays of each month and these meetings are open to the public. The Health Commission considers issues relevant to the Department and approves resolutions as necessary to establish policy. In addition, the Health Commission has four joint conference committees that meet monthly to provide oversight and in-depth review of various policy and operational issues.

## Health Commission Members 2002

Listed below are the Health Commissioners and the Department Committees they serve on:

**Edward A. Chow, MD, President** - Commissioner Chow is a practicing Internist, and is the Medical Director of the Chinese Community Health Plan.

- Chair, Joint Conference Committee for the Community Health Network

**Roma P. Guy, MSW, Vice President** - Commissioner Guy is the Director of the Bay Area Homelessness Program and Lecturer in the Department of Health Education at San Francisco State University.

- Member, Joint Conference Committee for the Community Health Network
- Member, Joint Conference Committee for Population Health and Prevention

**Arthur M. Jackson** - Commissioner Jackson has been providing San Franciscans with jobs for over 30 years through Jackson Personnel Agency.

- Chair, Budget Committee
- Member, Joint Conference Committee for Laguna Honda Hospital

**Lee Ann Monfredini** - Commissioner Monfredini is a self-employed public relations and event planning consultant.

- Chair, Joint Conference Committee for San Francisco General Hospital
- Member, Budget Committee

**Harrison Parker, Sr., DDS** - Commissioner Parker has been a practicing dentist in the Bayview/Hunters Point neighborhood for over 35 years.

- Chair, Joint Conference Committee for Population Health and Prevention
- Member, In-Home Supportive Services Public Authority

**David J. Sanchez, Jr., PhD** - Commissioner Sanchez is Assistant Vice Chancellor of Academic Affairs, faculty associate for Academic and Student Outreach, and professor in the Department of Family and Community Medicine at the University of California, San Francisco.

- Chair, Joint Conference Committee for Laguna Honda Hospital
- Member, Joint Conference Committee for the Community Health Network
- Member, San Francisco General Hospital Foundation

**John I. Umekubo, MD** - Commissioner Umekubo has a private practice in Internal Medicine in Japantown. He is the Chief of Medical Staff at St. Mary's Hospital and the Medical Director of the San Francisco Community Convalescent Hospital.

- Member, Joint Conference Committee for San Francisco General Hospital
- Member, Budget Committee
- Member, San Francisco Health Authority

**Michele Olson, Executive Secretary**

## **Resolutions Passed in Fiscal Year 2001-2002**

The following lists the resolutions and policies passed by the Health Commission in FY 2001-2002.

- Approving the City and County of San Francisco 2001 Trauma Care System Plan Revision and Update, Resolution No. 14-01
- Supporting San Francisco's Community Health Centers and Declaring August 19-25, 2001 Community Health Center's Week, Resolution No. 15-01
- Commending the Start of Enrollment in the New Healthy Kids Program Offered through the San Francisco Health Plan, Encouraging San Francisco Families to Obtain Health Coverage for their Uninsured Children Regardless of Immigration Status and Proclaiming January 13, 2001 "Healthy Kids Day" in the City and County of San Francisco, Resolution No 1-02
- Amending the Department of Public Health's Policy Directive 24, Contractors' Compliance with Antidiscrimination Protections and Cultural Competency, and Adopting Guidelines for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, Resolution No. 2-02
- Approving the Department of Health's Base Budget for FY 2002-03, and Urging the Mayor and the Board of Supervisors to Maintain the Department of Health's Safety Net Services, Resolution No. 3-02
- Honoring Public Health Week, April 1-7, 2002, No. 4-02

- Recognizing the Need for Increased Interdepartmental Coordination and Accountability in the Homeless Services Delivery System, Including Quantifiable Outcomes, and Supporting the Mayor's Office of Homelessness in the Development of a Coordinated Intake Process for the Single Adult System, Resolution No. 5-02
- Approving an Extension of the Terms of Fiscal Year 2002-03 Contracts for the Department of Public Health, 6-02
- Authorizing the Department of Public Health, San Francisco General Hospital, to Accept a Gift of a Comprehensive Breast Center and Associated Equipment, Valued at \$3,598,000, Donated by Avon Products Foundation through the San Francisco General Foundation, and Approving Naming of the Center "The Avon Foundation Comprehensive Breast Center," Resolution No. 7-02

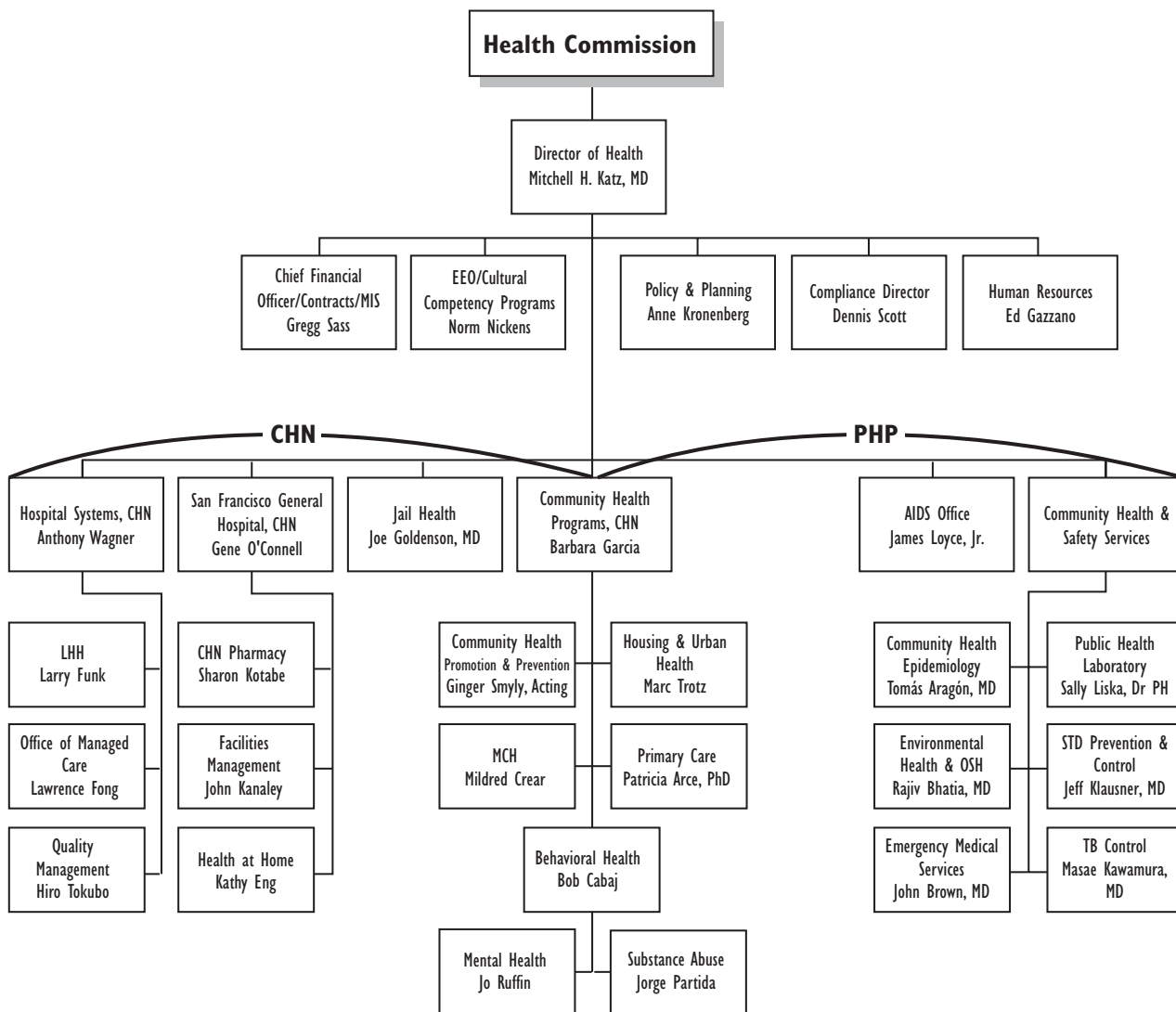
# Inside the department Who We Are

***“My dad has been receiving care at SFGH since 1994 when he was diagnosed with diabetes and various heart abnormalities. Since then, he has completely relied on SFGH for his care. My dad is completely happy with his caregivers and we could not imagine how his health would be if there was no SFGH.”***

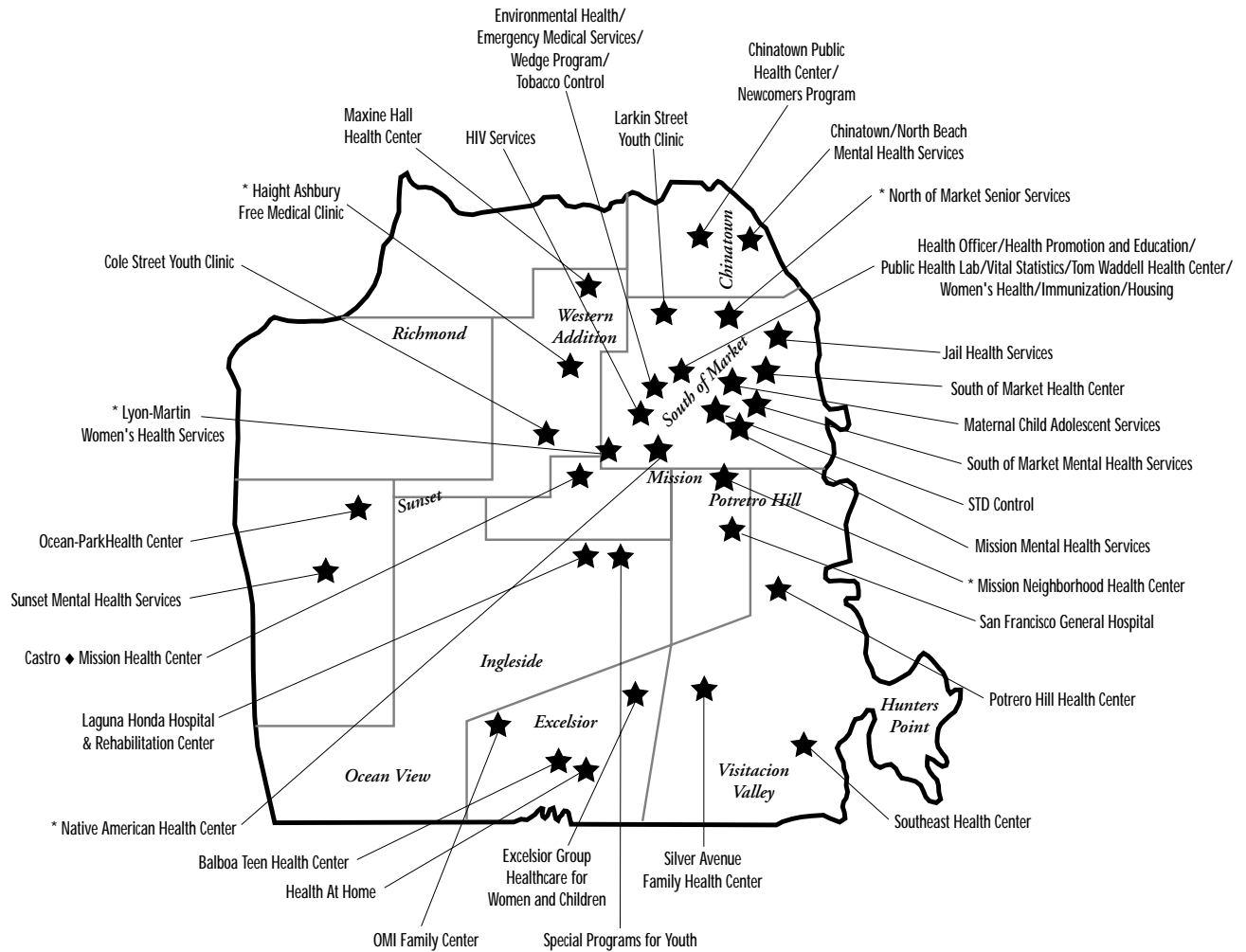
- A San Francisco General Hospital patient's family member



## Our Organization



## Our Service Sites



**\* Affiliated Providers**

plus:

- 102 contracted mental health services sites
- 120 contracted substance abuse service sites
- 69 contracted HIV service sites
- other contracted service sites - e.g. Bayview Hunters Point Health and Environmental Resource Center

## Our Workforce

The Department has a staff of over 6,000 individuals that truly reflects the diversity of backgrounds, talents and skills of San Francisco's rich communities. The dedication of this staff drives the success of the Department's services and programs. The spirit of collaboration within the Department and with San Francisco's communities allows the Department to understand and respond to the evolving needs of the Department's clients, collaborators and patients.



**Mitchell H. Katz, MD speaking with Pat Harrison, Support Services Manager of Next Door, former Chair of the Treatment on Demand Planning Council and former member of the Mental Health Board.**

## How Services Are Delivered

Every day the Department's staff endeavors to fulfill the Department's mission to protect and promote the health of all San Franciscans, and works to achieve the following goals:

- Assess and research the health of the community
- Develop and enforce health policy
- Prevent disease and injury
- Educate the public and train health care providers
- Provide quality, comprehensive, culturally-proficient health services
- Ensure equal access to all

Department staff helps to achieve these goals in a variety of ways. Staff works to improve the general health and well being of all San Franciscans, provides direct clinical care, and supports the Department's infrastructure so that these activities are possible on a day-to-day basis.

## Linguistic Capability

The provision of culturally and linguistically appropriate services is essential for Department staff to provide effective services to the City’s diverse populations. Many staff members speak more than one language, whether or not it is required for their particular position. For positions that require bilingual personnel, however, the Department ensures appropriate linguistic capability during the hiring process. Individuals holding positions that require bilingual capacity take a language proficiency test administered by the Department’s Office of Equal Opportunity and Cultural Competency. There is a total of 813 staff members who have been certified in 16 languages.

Language	# of Employees
Burmese	1
Cambodian	8
Chinese	264
Danish	1
French	1
Hindi	1
Italian	1
Japanese	2
Korean	3
Laotian	1
Russian	13
Samoan	1
Spanish	442
Tagalog	51
Ukrainian	1
Vietnamese	22

## Employee Awards and Recognition

Each month the Health Commission recognizes Department employees, as individuals or teams, who have demonstrated exceptional job performance. This is an opportunity for employees to nominate their colleague(s) for outstanding efforts or accomplishments. In Fiscal Year 2001-2002, the following employees received Employee Recognition Awards:

### July 2001

- Joe Goldenson, MD, Jail Health Medical Director
- Malou Acha, Mila Alcantara and Odessa Fernandez, Contracts Procurement and Accounts Payable

### August 2001

- Hector (Anthony) Almanza, CHN/SFGH Institutional Police
- Gerard (Jerry) Komp, Pharmaceutical Services

**October 2001**

- Cynthia Selmar, African American Health Initiative
- Maureen O'Neill, Silver Avenue Health Center

**November 2001**

- Lorraine Killpack, PhD and James Zelaya-Wagner, MSW, Laguna Honda Hospital and Rehabilitation Center, Psychiatric Services
- Patricia Brown, Alva Collins, Mark Del Fante, Linda Fields, Beverly Johnson and Freida Warren, Laguna Honda Hospital and Rehabilitation Center, Telecommunication Services

**December 2001**

- John Dang, Refugee Clinic
- Mozettia Henley, RN, DNS, San Francisco General Hospital Administration
- Terry Dentoni, RN, BSN, San Francisco General Hospital, Nursing
- La Francine Tate, San Francisco General Hospital Administration

**January 2002**

- Elaina Chin, Jail Health Services Pharmacy
- James Budke, MD, Bronwyn Gundogdu, RN and Rosario Enriquez, RN, Laguna Honda Hospital, Nursing and Medical Services

**February 2002**

- Efren Velonza, Southeast Health Center
- Sam Cherry, Tom Waddell Clinic,  
Institutional Police Officer



**Employee Recognition Award winner,  
Efren Velonza.**

***“People who work here are like family.  
Workers here are multi-faceted and excel  
in many areas.”***

- A Nurse from a Community Health Network Community Clinic



**Employee Recognition Award  
March 2002 Winners: Health at  
Home's Palliative Care Team.**

**March 2002**

- Ileana Burluson, Maria Calles, Estrelita Calonsaq, Norma del Rio, Barouk Golden, Ming Gen Hu, Leonista Kafi, Gaylen Newquist, Leslie Payton, Ellen Quain, Susan Reynolds and Daniel Rybold, Health at Home Palliative Care Team
- Madeline Daley, RN, Gay Kaplan, RN, NP, Sheila Kerr, RN, Lawrence Marsco, RN, Marcellina Ogbu, DrPH, Community Programs

**April 2002**

- Shayne Johnston, Jail Health Services
- Cynthia Marshall, Silver Avenue Health Center

**May 2002**

- Delores Junior, Environmental Health, Hazardous Materials Unified
- Nelly Rodriguez and Diane Mai Tran, San Francisco General Hospital, Human Resources Division

## The Department's Advisory Groups

The Department relies heavily upon community input for guidance. The Department has more than 50 advisory groups convened to help with decision-making processes. Members include clients, patients, neighbors, community-based organization representatives, and business leaders. The following is a list of active advisory groups in Fiscal Year 2001-2002.

### Community Health Programs

- Adult Sexual Assault Services Planning Group
- CalWORKS Behavioral Health and Domestic Violence Committee
- Transgender Youth Advisory Committee
- Women and Girls' Health Advisory Committee

### Mental Health

- AB2034 Consumer Advisory Board
- Children's Mental Health Systems of Care Council
- Youth Advisory Task Force
- Community Mental Health Services Consumer Council
- Mental Health Board
- Mental Health Committee for Culturally Competent Systems of Care
- Wellness and Recovery Oversight Committee

### Substance Abuse

- Substance Abuse Treatment on Demand Planning Council and Subcommittees
- City-Wide Alcohol Advisory Board
- Drug Abuse Advisory Board
- Perinatal Substance Abuse Coordinating Council
- San Francisco Substance Abuse Practice/Research Collaborative
- Youth Substance Abuse Providers Group

### Community Health Epidemiology

- City-Wide Influenza Coalition
- San Francisco Immunization Coalition

### Emergency Medical Services

- EMS Operations Advisory Committee
- EMS Clinical Advisory Committee
- EMS Research Committee
- Trauma Medical Advisory
- Trauma System Advisory Committee
- Disaster Registry Program Task Force

### Environmental Health

- Bayview/Hunters Point Health and Environmental Task Force
- Lead Hazard Reduction Citizen's Advisory Committee
- Lead Poisoning Prevention Citizen's Advisory Committee
- Potrero Power Plant Task Force

### Maternal and Child Health

- Black Infant Health Task Force
- San Francisco Breastfeeding Promotion Coalition
- San Francisco Maternal, Child, and Adolescent Health Advisory Board

**Community Health Promotion and Prevention**

- Community and Home Injury Prevention Project for Seniors Community Council
- Newcomers Health Program Advisory Council
- San Francisco Pedestrian Safety Task Force
- San Francisco Tobacco Free Coalition
- San Francisco Violence Prevention Network

**HIV/AIDS**

- HIV Health Services Planning Council - Ryan White CARE Council
- HIV Prevention Messages/Circuit Party Study Community Advisory Board
- HIV Prevention Planning Council
- HIV Prevention and Vaccine Trials Community Advisory Board
- Prevention for HIV Positives Community Advisory Board
- Rave/Club Drug Task Force

**Laguna Honda Hospital**

- Laguna Honda Hospital Replacement Project Community Advisory Group

**Primary Care**

- Breast Cancer Town Hall Advisory Group
- Castro-Mission Health Center Community Advisory Board
- Chinatown Public Health Center Community Advisory Board

- Citywide Community Advisory Board
- Dimensions Collaborative Board
- Maxine Hall Health Center Community Advisory Board
- North of Market Senior Services Governing Board of Directors
- Ocean Avenue Health Center Community Advisory Board
- Potrero Hill Health Center Community Advisory Board
- Silver Avenue Family Health Center Community Advisory Board
- Special Programs for Youth Community Advisory Board
- Southeast Health Center Community Advisory Board
- Tom Waddell Health Center Community Advisory Board

**Tuberculosis Control**

- San Francisco Tuberculosis Advisory Task Force

**STD Control**

- Sexually Transmitted Disease (STD) Prevention Community Action Coalition
- STD Program Advisory Committee
- STD Youth Community Action Coalition/Advisory Committee

## The Department's Contractors

The Department makes health services available by either providing them directly or by contracting with community-based agencies. Our contractors enable the Department to deliver community-based, culturally competent health services to the City's diverse residents. In FY 2001-2002, the Department contracted with community-based agencies to provide a total of \$190 million in health services.

- Aguilas, Inc.
- AIDS Emergency Fund
- AIDS Legal Referral Panel of the San Francisco Bay Area
- Alameda County Health Care Services Agency
- American College of Traditional Chinese Medicine
- American Lung Association of San Francisco
- Ark of Refuge, Inc.
- Asian American Recovery Services Inc.
- Asian Pacific Islander Wellness Center
- Baker Places Inc.
- Bay Area Communication Access (BACA)
- Bay Area Legal Aid
- Bay Area Young Positives, Inc.
- Bayview/Hunters Point Adult Day Health Center
- Bayview/Hunters Point Foundation for Community Improvement
- Big Brothers/Big Sisters of San Francisco
- Black Coalition on AIDS
- Booker T. Washington Community Services Center
- Caduceus Outreach Services
- California Acupuncture Resources, Inc.
- California Association for Health, Education, Employment and Dignity, Inc. (CAHEED)
- California College of Podiatric Medicine
- California Pacific Medical Center
- Catholic Charities of San Francisco
- Center For Human Development
- Center on Juvenile and Criminal Justice
- Centerforce, Inc.
- Central American Resource Center
- Central City Hospitality House
- Children's Council of San Francisco
- Chinese Hospital
- Community Awareness and Treatment Services Inc. (CATS)
- Community Dental Care, Inc.
- Community Housing Partnership
- Community Vocational Enterprises (CVE), Inc.
- Community Youth Center San Francisco
- CompassPoint Nonprofit Services
- Conard House Inc.
- Continuum HIV Day Services
- County of Marin AIDS Office
- Dolores Street Community Center
- Edgewood Center For Children and Families
- Eldergivers
- Episcopal Community Services of San Francisco, Inc.
- Family Service Agency of San Francisco
- Family Support Services of the Bay Area
- Filipino Task Force on AIDS
- For a Child's Heart, Inc.
- Friendship House Association of American Indians, Inc.
- Glide Foundation
- Haight Ashbury Free Clinics, Inc.
- Harm Reduction Coalition
- Health Initiatives for Youth
- Homeless Children's Network
- Homeless Prenatal Program
- Horizons Unlimited of San Francisco
- Immune Enhancement Project
- Industrial Emergency Council
- Institute for Community Health Outreach
- Instituto Familiar De La Raza, Inc.
- International Institute of San Francisco
- Iris Center: Women's Counseling and Recovery Services
- Japanese Community Youth Council

- Jelani House
- Jewish Family and Children's Services
- Larkin Street Youth Center
- Latino Commission
- Lavender Youth Recreation and Information Center (LYRIC)
- Legal Services for Children
- Lutheran Social Services of Northern California
- Lyon-Martin Women's Health Services
- MSC Psychiatric Services Corporation
- Maitri AIDS Hospice
- Men Overcoming Violence
- Mission Council on Alcohol Abuse / for the Spanish Speaking
- Mission Neighborhood Health Center
- Mobilization Against AIDS International
- Morrisania West, Inc.
- Mt. St. Joseph-St. Elizabeth
- National Council on Alcoholism
- New College of California
- New Leaf Services for Our Community
- NICOS Chinese Health Coalition
- North East Medical Services
- North of Market Senior Services
- Northern California Coalition for Immigrant Rights
- Ohlhoff Recovery Programs
- Positive Directions Equals Change
- Positive Resource Center
- Potrero Hill Neighborhood House
- Progress Foundation
- Project Open Hand
- Quan Yin Healing Arts Center
- Regents of the University of California
- Richmond Area Multi-Services, Inc.
- Rose Resnick Lighthouse For the Blind and Visually Impaired
- SAGE (Standing Against Global Exploitation) Project, Inc.
- Samoan Community Development Center, Inc.
- San Francisco AIDS Foundation
- San Francisco Bar Association Volunteer Legal Services
- San Francisco Community Clinic Consortium
- San Francisco Drug Abuse Advisory Board
- San Francisco Food Bank
- San Francisco Health Plan
- San Francisco Hearing and Speech Center
- San Francisco HIV Prevention Project
- San Francisco League of Urban Gardeners
- San Francisco Medical Society
- San Francisco Mental Health Education Funds
- San Francisco Network Ministries Housing Corporation
- San Francisco Pretrial Diversion Project
- San Francisco Psychoanalytic Institute & Society
- San Francisco State University
- San Francisco Study Center, Inc.
- San Francisco Suicide Prevention
- San Francisco Unified School District
- San Mateo County
- Seneca Center
- Shanti Project
- South of Market Health Center
- Southeast Asian Community Center
- St. Francis Memorial Hospital
- St. James Infirmary
- St. John's Educational Thresholds Center
- St. Luke's Healthcare Center
- St. Luke's Hospital
- St. Mary's Hospital and Medical Center
- St. Vincent de Paul Society of San Francisco
- Stop AIDS Project, Inc.
- Support for Families of Children with Disabilities
- Swords to Plowshares
- Tenderloin AIDS Resource Center
- Tides Center
- University of the Pacific School of Dentistry
- Urban Indian Health Board
- Volunteer Center of San Francisco
- Walden House, Inc.
- West Bay Pilipino Multi-Service Corporation
- Westcoast Children's Center
- Westside Community Mental Health Center, Inc.
- Women and Children's Family Services
- YMCA of San Francisco
- Youth Leadership Institute

# Inside the department

## Who We Serve

***“One of the most amazing things is that we give the best care to everyone, no matter who they are whether it’s President Bush or the homeless guy from downtown, they’ll get the same quality care and we think that’s really special about working here.”***

- A Social Worker from San Francisco General Hospital



**San Francisco General  
Hospital’s Emergency  
Department.**

The Department offers services and manages programs that serve all of San Francisco’s residents and visitors. Low-income, uninsured and other vulnerable populations access the Department’s health care “safety net,” San Francisco General Hospital (SFGH) and the community clinic system. Safety net hospital and health care systems like SFGH are distinguished by their commitment to provide access and care for people with limited or no access to health care due to their financial, insurance or medical status.

All county residents and visitors in need of expert trauma care are treated at SFGH’s Emergency Department (ED), the City’s only Level 1 Trauma Center. The ED is the one designated Trauma Center for San Francisco and northern San Mateo County, designed to see any and all who experience serious injury. In addition the Department runs, often in

collaboration with community-based organizations, innumerable programs that are client-focused and deal with the range of public health activities. San Franciscans from all walks of life are impacted by these programs, whether they access services directly, or are exposed to public health outreach and education campaigns.

## The Community Health Network

The Community Health Network (CHN) was established as the division of the Department that includes all personal health care services. The CHN encompasses a wide array of services across a continuum of care. Major service components include primary care (provided at 18 sites throughout the City), dental care (4 sites), specialty care, acute care, home health care, long-term care, and emergency care.

### CHN Services

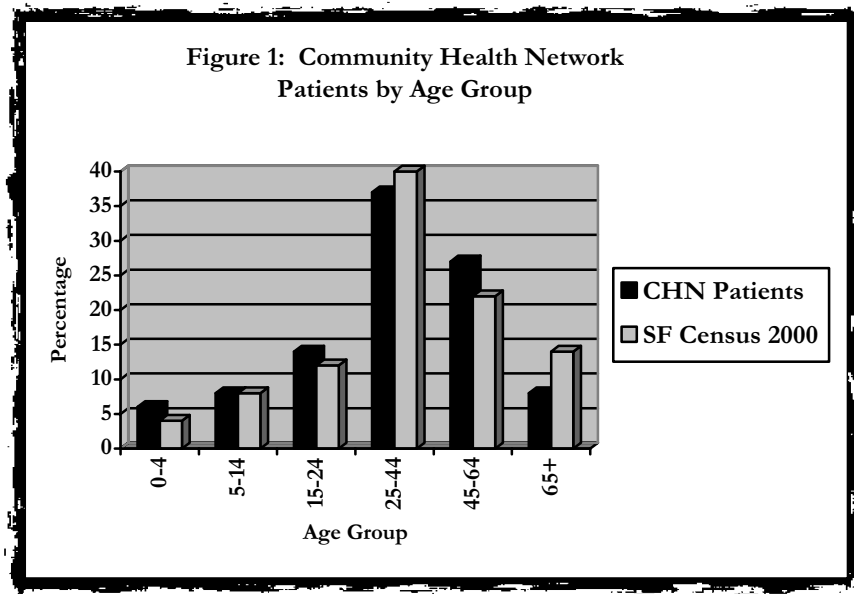
In Fiscal Year (FY) 2001-2002, the CHN provided health care services to 121,946 unduplicated clients. This is a slight (one percent) decrease from last year.



Types of Visits	Number/Percentage of Visits
Primary Care Visits	336,036
Specialty Care Visits	180,741
Dental Care Visits	9,571
Urgent Care Visits	10,662
Emergency Visits	63,244
Medical Visits	56,769
Percent Admitted	14.7%
Psychiatric Visits	6,475
Percent Admitted	33.5%
Acute Inpatient	102,274
Actual Days at SFGH	100,606
Actual Days at LHHRC	1,668
Home Health Care Visits	19,801
Skilled Nursing Care	446,847
Actual Days at SFGH	9,835
Actual Days at MHRF	50,726
Actual Days at LHHRC	386,286

**CHN Patients by Age**

The age distribution of CHN patients is similar to the age distribution in the City as a whole. The age of the CHN patient population is virtually unchanged from last year, with only a slight increase in CHN patients over 64 years old. However, seniors continue to represent a disproportionately smaller percentage of CHN patients (8 percent) compared to their representation in the City's total population (14 percent). Figure 1 shows CHN's patients compared with the Census 2000 information by age distribution.

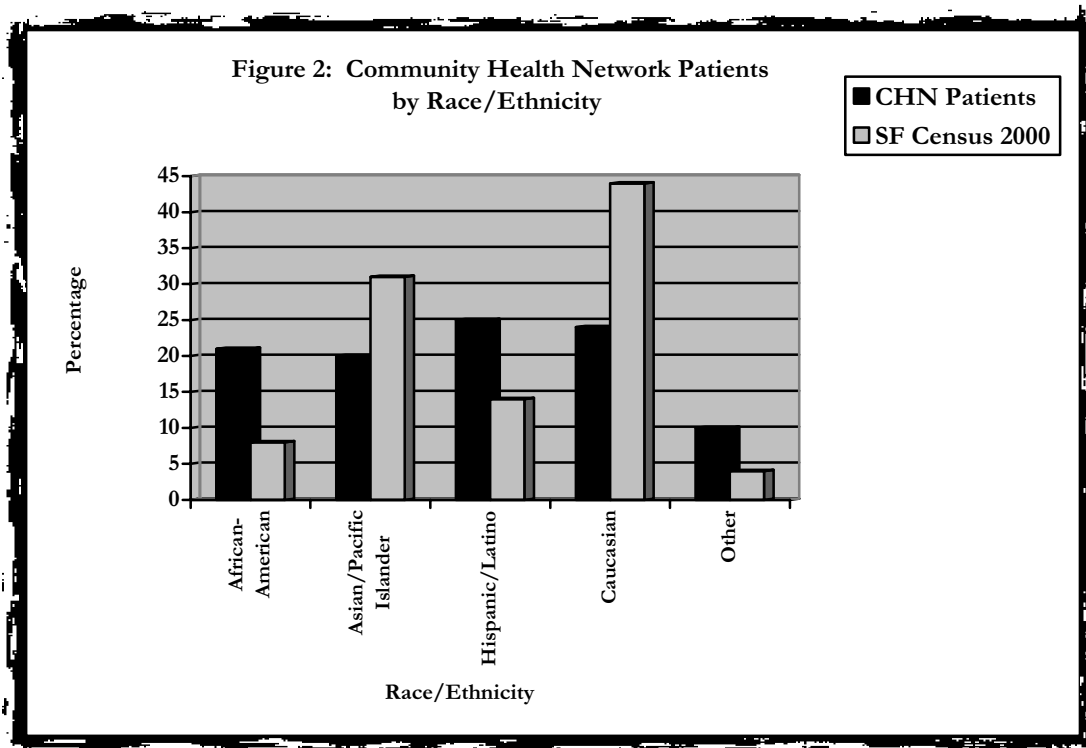


***“The staff is really attentive. People work here because they want to work here.”***

- Patient who receives care through the Community Health Network.

**CHN Patients by Race/Ethnicity**

The City’s African-American and Hispanic/Latino populations rely on CHN services in significantly higher proportions than do Caucasian and Asian/Pacific Islander patients. In fact, compared to the previous fiscal year there was a minor decrease in the CHN’s Caucasian and Asian/Pacific Islander patient populations, by one and two percentage points respectively. Figure 2 shows the race/ethnicity of CHN’s patients compared with the Census 2000 information.



***“My care has been excellent. They have your health, your well being, and your safety in mind all the time.”***

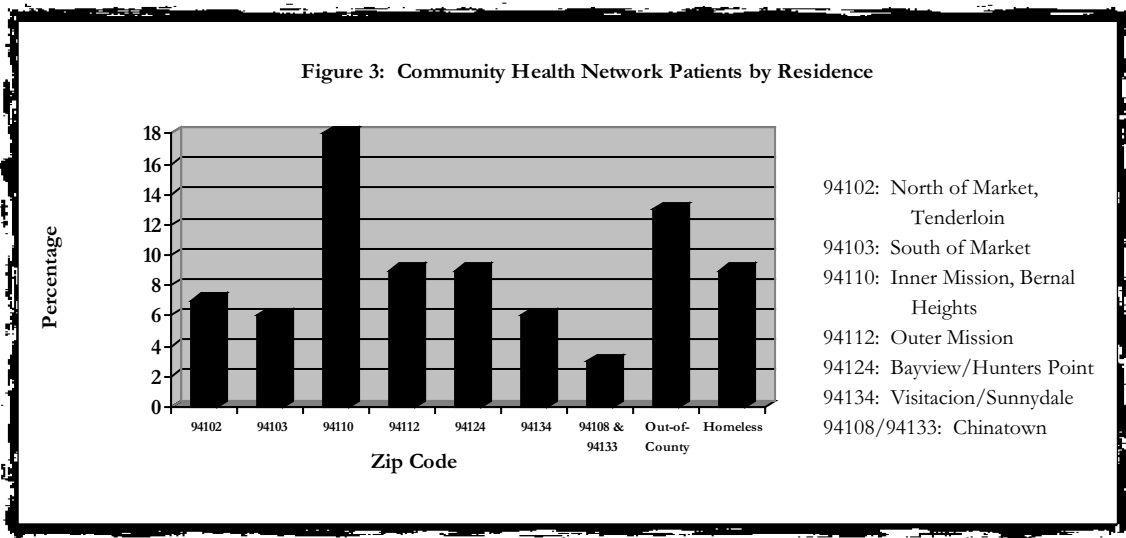
- An Oncology patient who receives care through the Community Health Network.

**CHN Patients by Neighborhood of Residence**

The Department’s Strategic Plan designated seven target neighborhoods, with the goal of improving health outcomes and eliminating health disparities among neighborhoods. These target neighborhoods represent 57 percent of the CHN’s patients in FY 2001-2002:

- Bayview/Hunters Point (94124)
- Chinatown (94108 & 94133)
- Inner Mission/Bernal Heights (94110)
- Outer Mission (94112)
- South of Market (94103)
- Tenderloin (94102)
- Vistacion Valley (94134)

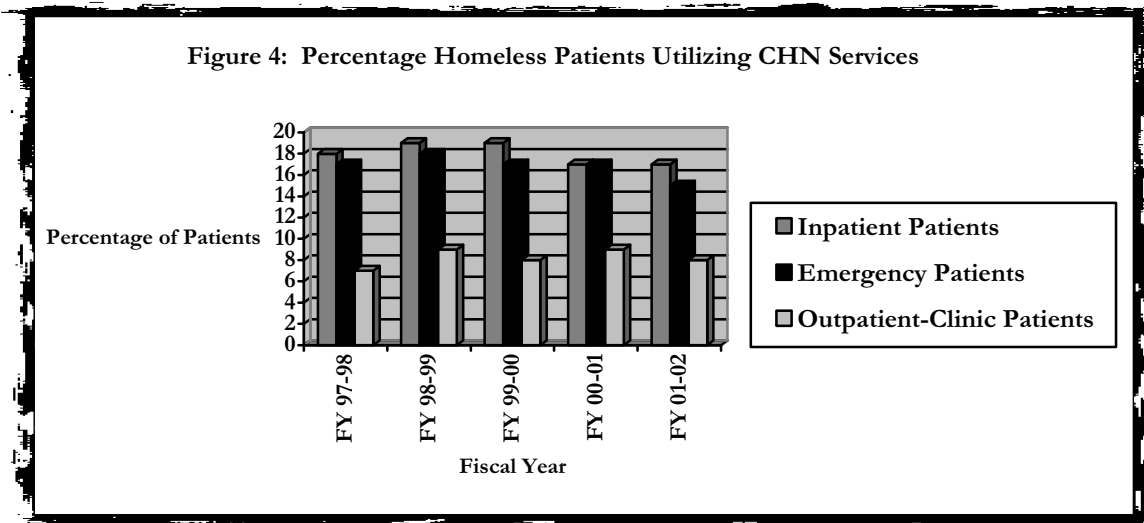
The greatest proportion of these patients live in the Mission, near the SFGH campus. The patient distribution by neighborhood was virtually unchanged from last year, though out-of-county patients increased slightly (by two percent) and homeless patients (as defined by CHN) decreased slightly (by one percent). Figure 3 shows the percentage of patients residing in the Department’s target neighborhoods.



**CHN Utilization by Homeless Patients**

When a patient registers for a clinic visit or hospital visit, CHN Registration Clerks request a home address of each patient. If an individual states that he or she does not have a home address, or that they are living on the street, they are categorized as homeless. However, the Citywide definition of homelessness adopted by the Board of Supervisors and signed by the Mayor is much broader. It also includes individuals or families in shelters, staying with friends or extended family members, living in single room occupancy (SRO) hotels without tenancy rights, and more. Therefore, the data collected by CHN encompasses a subset of the entire homeless population in San Francisco.

In the last fiscal year, nine percent of the CHN's patients were classified by CHN as homeless at the time of at least one visit. Overall, 25 percent of inpatient days, 21 percent of emergency care visits, and six percent of clinic visits are by homeless patients. The percentage of homeless patients (an unduplicated count) for FY 2001-2002 was 17 percent for inpatient care, 15 percent for emergency care, and eight percent for outpatient care. Figure 4 illustrates the percentage of homeless patients, registered without an address, seen at CHN since Fiscal Year 1997-1998.

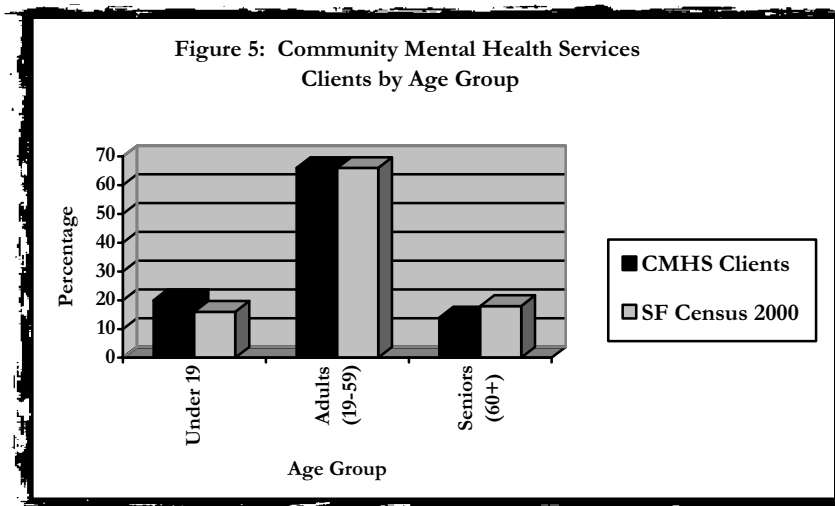


## Community Mental Health Services

Community Mental Health Services (CMHS) operates the San Francisco Mental Health Plan, offering a full range of specialty mental health services provided in both community-based and residential settings. Services are provided by a culturally diverse network of community mental health providers, including clinics and private psychiatrists, psychologists, and therapists. Services are available to residents of San Francisco who receive Medi-Cal benefits, San Francisco Health Plan members, and to other San Francisco residents with limited resources. In FY 2001-2002, CMHS provided services to 21,535 individuals.

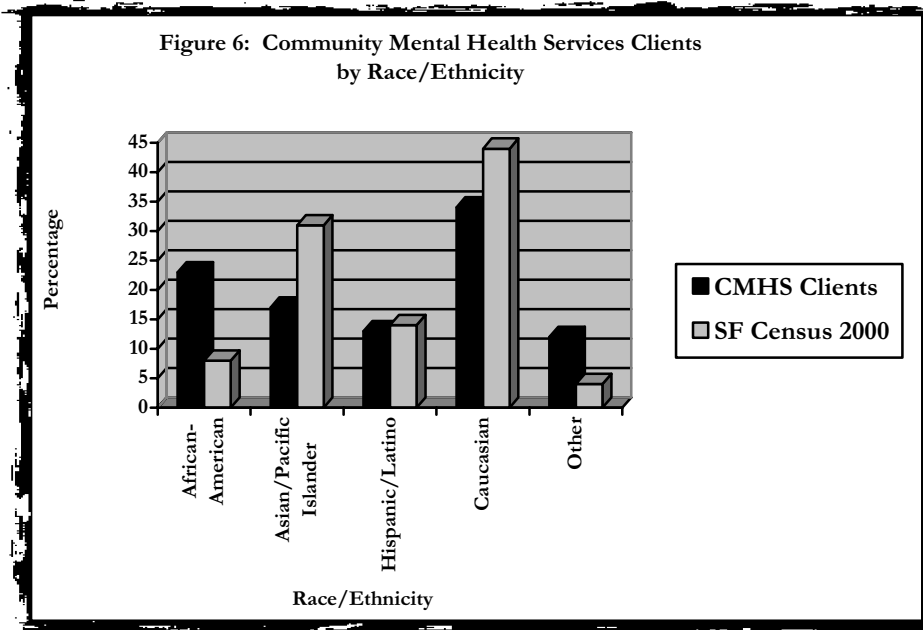
### CMHS Patients by Age

Children are disproportionately overrepresented in the CMHS patient population compared to their percentage of the Citywide population. Conversely, seniors are underrepresented in the CMHS patient population, when compared to the City's overall population. Figure 5 shows the percentage of these age groups in the City overall and the San Francisco Mental Health Plan in FY 2001-2002.



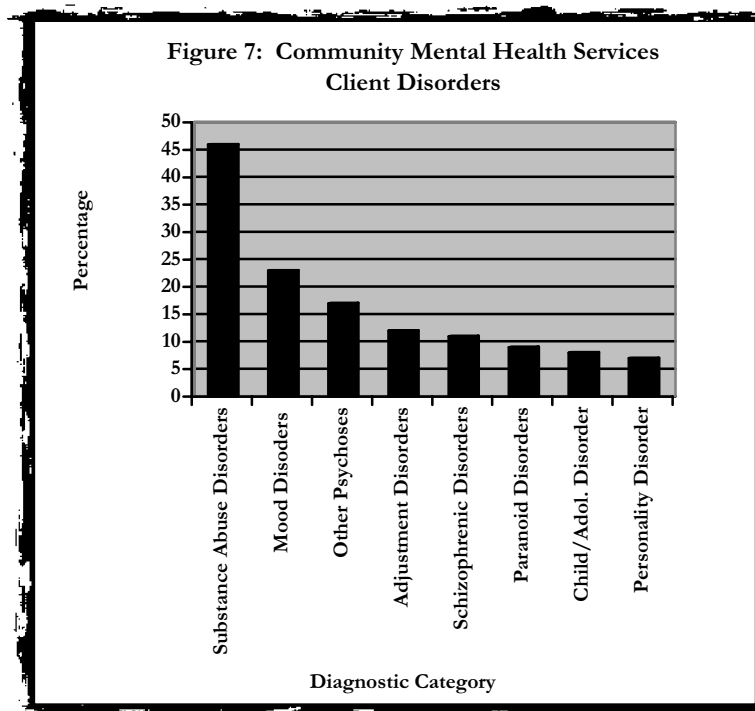
### CMHS Patients by Race/Ethnicity

The percentage of CMHS African-American clients is nearly triple the percentage of African-Americans in the general population. This trend can be seen throughout the Department's major services (health, mental health and substance abuse services). Also similar to the other major services, Asian/Pacific Islanders represent a smaller proportion of CMHS patients than they represent of the overall City's population. Caucasians make up the largest percentage of CMHS clients (34 percent). However, in a slight change from last year, fewer Caucasian clients were seen at CMHS, with a three percent decrease. Figure 6 shows the percentage of CMHS patients by race/ethnicity.



**CMHS Client Disorders**

CMHS tracks patient disorders based on the diagnosis given at the time of their most recent episode. Many clients have more than just a mental health diagnosis, however. Substance abuse is the most common co-existing diagnosis, and exacerbates existing mental health disorders. Though not an exhaustive list, Figure 7 shows the most common diagnostic categories for the clients seen by CMHS in the last fiscal year.

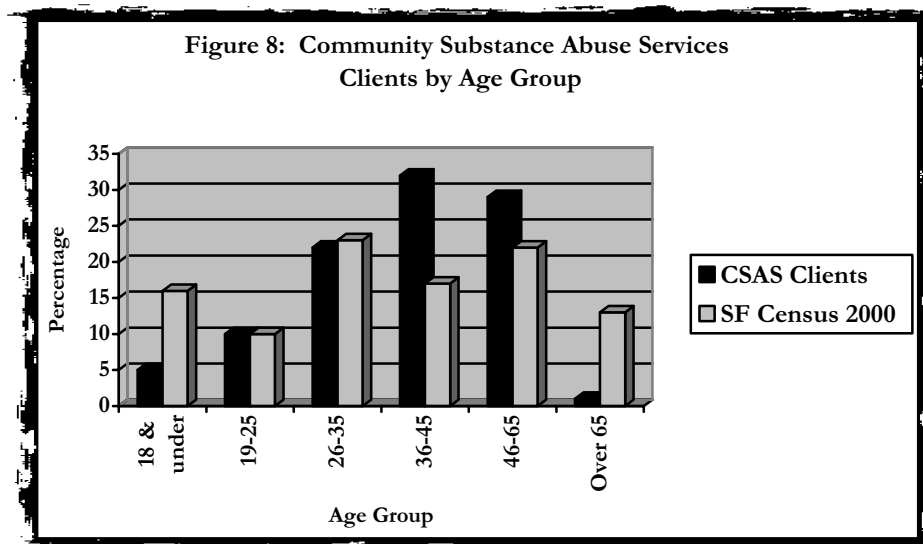


## Community Substance Abuse Services

The Department's Community Substance Abuse Services (CSAS) manages a variety of substance abuse treatment, support and prevention programs. Their mission is guided by the principle of Treatment on Demand: to reduce the harm associated with alcohol or drug use in San Francisco. In FY 2001-2002, CSAS served 14,127 clients. Of these clients, 83 percent were substance abusers, and the rest sought services for co-dependency. The numbers used in this section do not include clients who were involved in substance abuse prevention programs (e.g., education programs in classrooms).

### CSAS Patients by Age

Compared to the general City population, clients under age 19 and over age 65 are underrepresented in the CSAS patient population. Though only five percent of the CSAS clients are under age 18, nearly half (46 percent) of all CSAS clients started using drugs when they were in that same age range. The largest grouping of patients, representing a much higher proportion of CSAS clients than City's residents, is between 36 and 65 years of age. Out of a total of 14,127 clients in FY 2001-2002, 8,693 (62 percent) were in this age range. Figure 8 shows the age groupings of CSAS clients served in FY 2001-2002 compared to the Census 2000 data.



**Comments from clients of various substance abuse programs offered by the Department and its Contractors.**

*"This program has given my life back. I have been clean for a year!"*

*"I think this program is great. I can see it doing what it is supposed to be doing for people on a weekly basis. I can't find anything I think should change."*

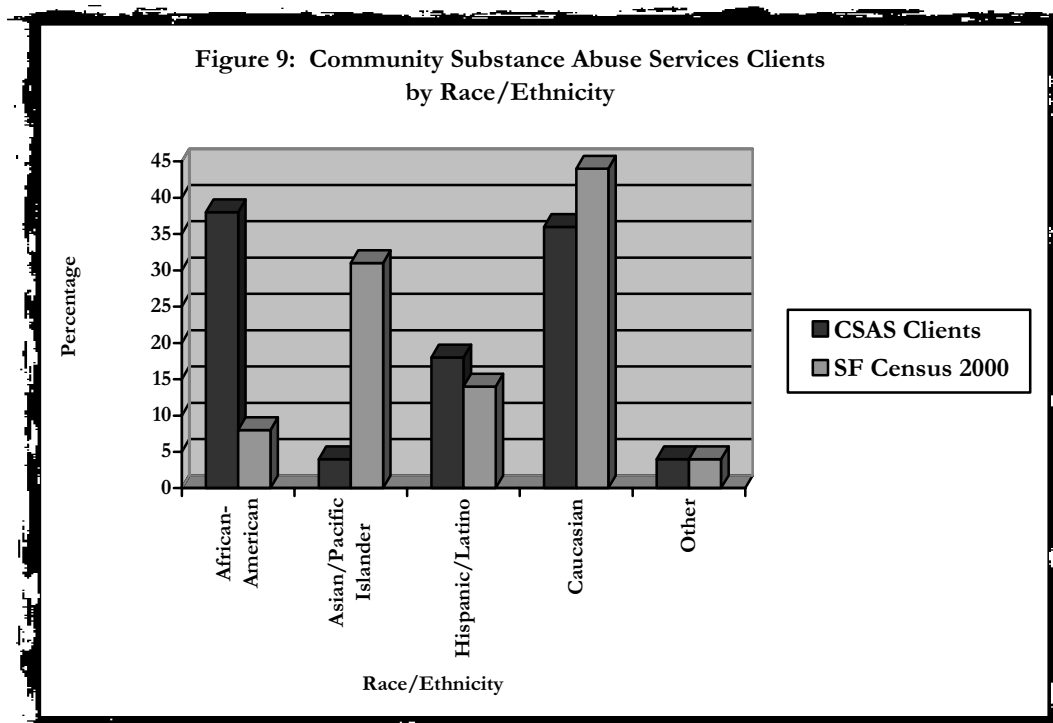
*"This program is exceptional beyond what I thought would be available."*

*"I just want to thank the clinic of Ward 93 for 'saving my life' if it was not for the clinic I would be dead. I totally believe that!!"*

*"This program has been a real success in my life. Thank you."*

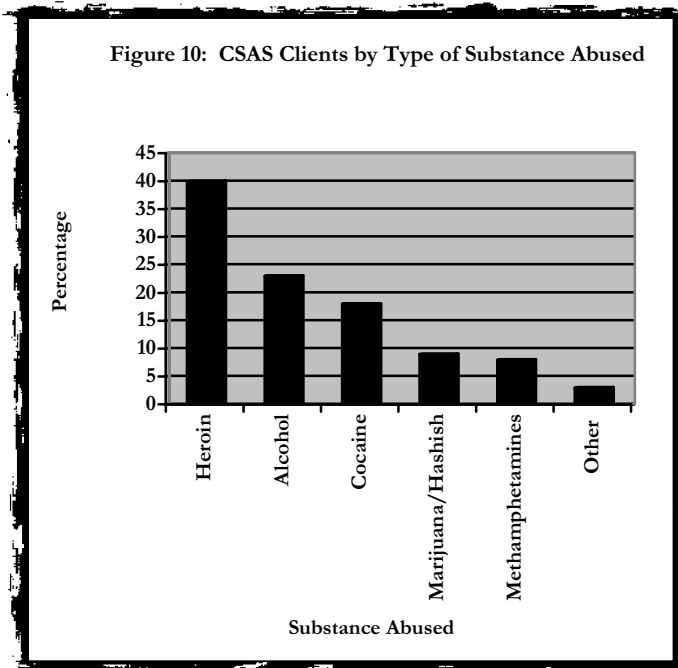
**CSAS Clients by Race/Ethnicity**

As is the case with the other patient and client populations accessing Department services, African-Americans are overrepresented and Asian/Pacific Islanders are underrepresented, when compared to their representation in the City's general population. African-Americans represent 38 percent of the CSAS clientele, while they represent eight percent of the overall population. FY 2001-2002 shows a six percent increase in African-American clients for CSAS. Figure 9 shows the breakdown of San Francisco's major racial and ethnic groups for CSAS compared to Census 2000.



### CSAS Client Substance Abuse Problems

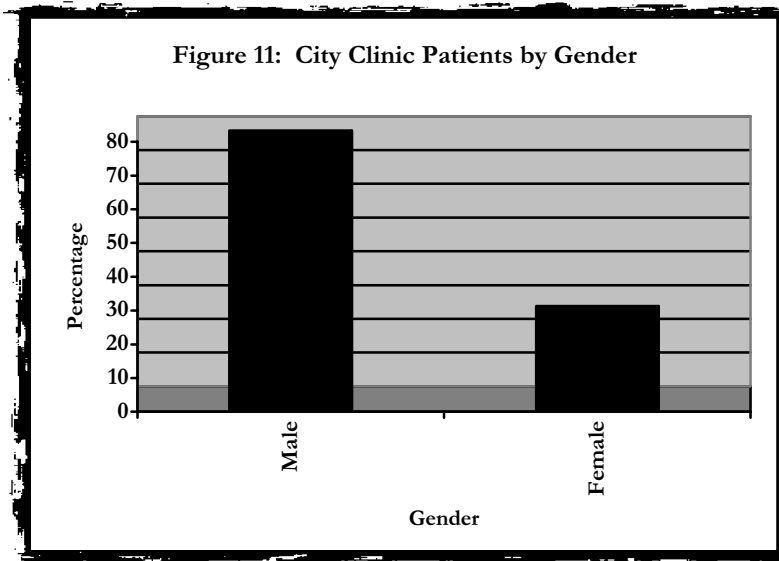
CSAS tracks the substances that clients identify as the main substance they abuse. Heroin is the most commonly used drug at 40 percent, with alcohol the second most common at 23 percent. Figure 10 shows the most common drugs abused by CSAS clientele in FY 2001-2002.



### San Francisco City Clinic

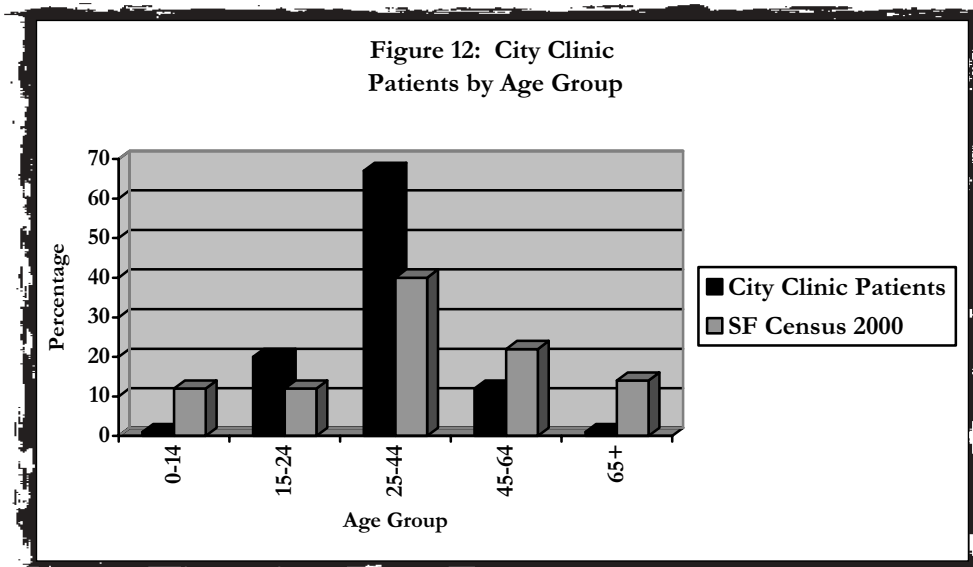
City Clinic is a specialty clinic that has been providing diagnosis and treatment of sexually transmitted diseases (STDs) to the San Francisco community since 1933. City Clinic provides confidential, low cost, convenient drop-in STD services to all persons over the age of 12, regardless of their ability to pay.

The majority of City Clinic's patients are male. Figure 11 shows the City Clinic's patient population by gender. There were 48 Transgender patients seen at City Clinic in the last year, however the percentage (.40) was not high enough to show on the following chart.



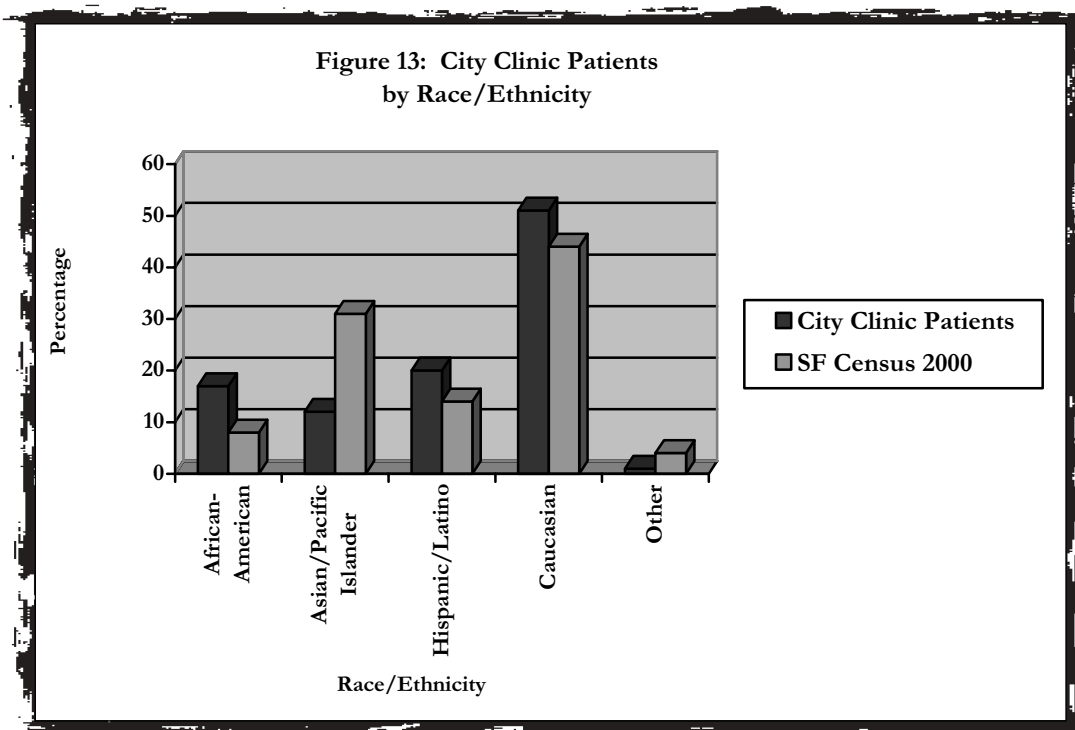
**City Clinic Patients by Age Group**

Figure 12 shows that individuals between the ages of 25 and 44 make up the largest patient base for the City Clinic, with 67 percent of all City Clinic patients in this age range. Individuals between ages 15 and 24 represent nearly twice the percentage of City Clinic patients than that of the overall City population.



**City Clinic Patients by Race/Ethnicity**

Unlike other Department services, Caucasians are most likely to be seen in City Clinic. In this instance not only are the majority of City Clinic patients Caucasians, but they are also seen in a slightly higher percentage than they represent of the overall population in San Francisco. African-American and Hispanic/Latino clients are also represented in higher proportions when compared to the City’s population. Only 12 percent of City Clinic’s clients are Asian/Pacific Islanders, though they represent 31 percent of the City’s overall population. This does represent a slight increase from last year, when the Asian/Pacific Islander population only accounted for 9.5 percent.



# Inside the department

## How We Are Funded

### **The Department's Budget**

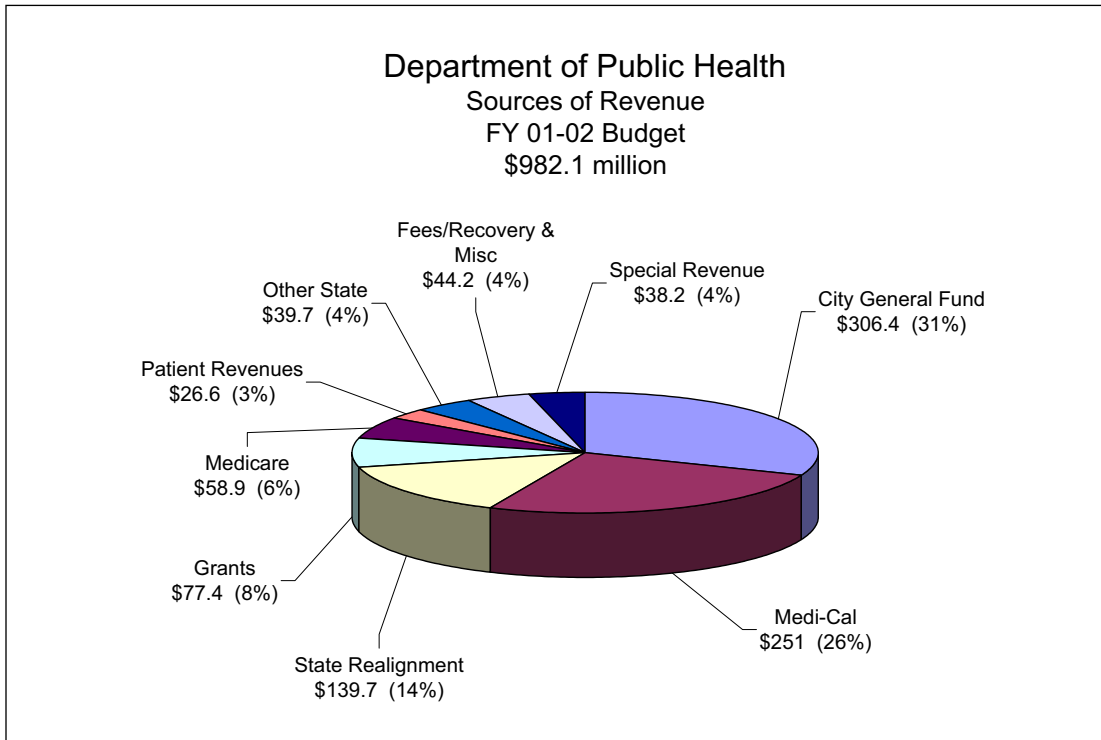
In Fiscal Year (FY) 2001-2002, the Department continued to struggle with significant financial challenges. Many of the difficulties faced by the Department are endemic within the entire health care industry, but place a particular strain on public health programs and hospitals. Financial pressures include:

- Shrinking state and local tax revenues.
- High numbers of people without health insurance.
- Federal and State policy changes that reduced Medi-Cal and Medicare payments.
- Shortages in many key health professions.
- Double digit increases in the cost of drugs, pharmaceuticals and medical supplies.

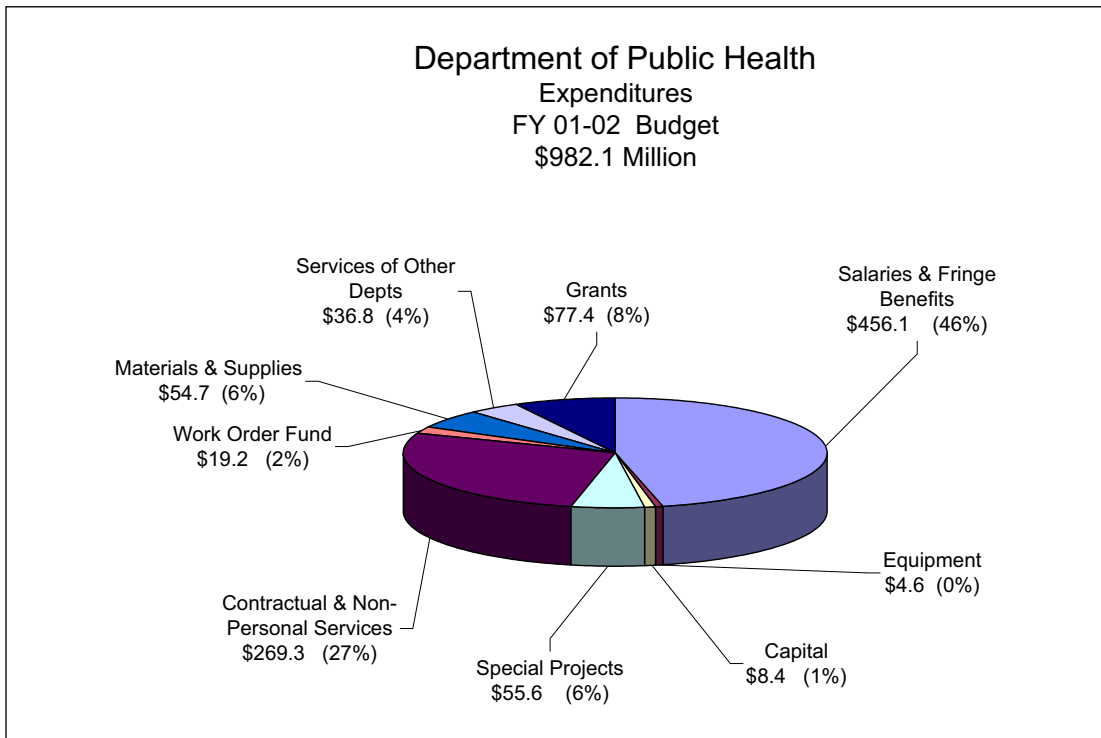
The attacks on the World Trade Center and the Pentagon on September 11, 2001, compounded many of these problems, significantly damaging the economy and increasing the number of individuals without health insurance. More than one in three workers who lose their job also lose their health insurance. San Francisco's unemployment rate was 6.6 percent (29,200 individuals) in November 2001, more than doubling from the previous year. The economic downturn likely added nearly 5,700 adults to the ranks of San Francisco's uninsured. However, the national attention paid to emergency preparedness allowed for a focus on public health and an acknowledgement of public health's role in helping to protect health and safety. Funding in this specific arena has increased and has allowed the Department to update and improve its emergency preparedness infrastructure.

In FY 2001-2002, the Department's budget was \$982.1 million. The City and County contributed \$306.4 million from the General Fund, representing 31 percent of the Department's total budget. Revenues from Medi-Cal represented the second largest source of revenue for the Department, comprising 26 percent of the budget at \$251 million. Due in large part to decreased Medi-Cal funding, the Department's reliance on the general fund increased from the previous fiscal year when the general fund and Medi-Cal each represented 29 percent of the Department's budget.

## Revenue



## Expenditures



## Local Foundations and Volunteers

### San Francisco Public Health Foundation

The San Francisco Public Health Foundation provides resources to improve public health efforts in the County. In FY 2001-2002, the Public Health Foundation raised \$126,897 to support many programs and enhancements, including:

- The Picture Room – an HIV Portrait;
- Equipment, supplies and special services for Health Centers; and
- Ads, incentives, home testing urine kits to prevent sexually transmitted diseases.



A volunteer at San Francisco General Hospital reads to a young patient.

### The San Francisco General Foundation

The San Francisco General Hospital (SFGH) Foundation is dedicated to improving the care and comfort of patients at San Francisco General Hospital. The SFGH Foundation is the only organization dedicated to raising money for the hospital and has an independent board of 30 directors drawn from the community. The Foundation has raised more than \$12 million since it was founded in 1994. Funds are raised for a variety of projects, such as capital improvements and state-of-the-art equipment. The origin of SFGH funding is as follows:

- 65% is from Foundation and trust grants;
- 30% is from individuals; and
- 5% is from corporations.

In FY 2001-2002, grants totaling \$709,123 were provided by SFGH Foundation to support the hospital's various projects and programs. For example, the Foundation produced the

Emergency Response Map and distributed 230,000 copies. The Foundation recently launched the Women's Health Initiative, a special interest area for 2002 and beyond. Funding also went to the Diabetes Education Fund, the Emergency Department, Amputee Support and facilities renovation.

**Volunteers of San Francisco General Hospital and Laguna Honda Hospital**

In addition to offering their time, volunteers provide funding to the Department for programs and services. In FY 2001-2002, the Volunteers of SFGH donated gifts totaling \$33,497. This funding was used to support many programs, including OB/GYN Patient Education, Critical Incident Stress Debriefing Training, and Diversity Training. Cash donations were also made to pay for emergency patient food and transportation, patient clothing and a Children's Holiday Celebration.

Volunteers at Laguna Honda Hospital provided gift donations equaling \$83,019. This funding was used for many activities, including taking patients out to lunch, outings to ball games, activity therapy, and a pet fund.

**Agencies and Organizations that Provided Grants to the Department in FY 2001-2002**

- Asian American Recovery Services, Inc.
- Bureau of Justice Assistance
- California Department of Health Services
- California Department of Mental Health
- California Department of Alcohol and Drug Programs
- The California Endowment
- California Integrated Waste Management Board
- California Family Health Council, Inc.
- California Health Foundation and Trust
- Center for Substance Abuse Treatment
- Centers for Disease Control
- Corporation for Supportive Housing
- Eli Lilly and Company
- Environmental Protection Agency
- Epiphany Center for Families in Recovery
- Franklin Benevolent Association
- Fred Hutchinson Cancer Research - Grant & Contract
- Harvard School of Public Health
- Health Resources and Services Administration
- Join Together Organization
- Mayor / Housing and Urban Development-Community Planning Development
- Mayor's Criminal Justice Council
- National Center for Tuberculosis Prevention
- National Institutes of Health
- Office of Traffic Safety
- Public Health Foundation Enterprises, Inc.
- Regents of the University of California
- Richard and Rhoda Goldman Fund
- The San Francisco Foundation
- State Water Resources Control Board
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Fish and Game
- U.S. Department of Health and Human Services
- University of California at San Francisco

# The Strategic Plan

## What Is Strategic Planning?

Strategic planning is the process of building a long-term organizational direction and assembling a strategy to achieve that vision. A strategic planning process results in fundamental decisions and actions that shape and guide what the organization is, what it does and why it does it. Strategic planning is a collaborative process that builds consensus. It helps the organization's policymakers and managers think and act more strategically. Strategic planning is necessary to ensure that the Department is proactive in addressing changes in the financing, regulation and delivery of health services.

## Strategic Planning Goals

The Strategic Plan identifies four primary goals for the Department to be used over the next three years.

- **Goal 1:** San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations.
- **Goal 2:** Disease and injury are prevented.
- **Goal 3:** Services, programs, and facilities are cost-effective and resources are maximized.
- **Goal 4:** Partnerships with communities are created and sustained to assess, develop, implement and advocate for health funding, policies, programs, and services.

The goals address long-range, broad issues and affect the ability of the Department to fulfill its mission. Under each goal are several strategies, which identify the general approaches the Department will pursue to enable it to accomplish its goals. For each strategy, there are one or more objectives. The objectives are specific and state the activities that the Department will undertake in order to implement the strategy and achieve the goals. Each strategy also has one or more desired outcomes. These are the results that the Department anticipates it will achieve from implementing the strategy.

## Strategic Plan Implementation

The Strategic Plan is a long-term tool used to guide the Department's activities beginning in Fiscal Year 2001-2002 through FY 2003-2004. Initiatives and programs the Department seeks to implement in this time period will further one or more of the goals and strategies of the Strategic Plan. Due to limited resources and the resulting need to prioritize the Department's activities, the Department began implementation by focusing on several key priorities, but will address all strategies over time.

## **The Strategic Plan and This Annual Report**

The programs and services detailed in this annual report that support the Department's strategic planning goals and objectives are not meant to be a comprehensive list of the Department's progress on the implementation of the Strategic Plan. They are meant to provide just a few examples of the many ways the Department is moving forward in a coordinated and thoughtful manner to accomplish its mission to protect and promote the health of all San Franciscans.

# Goal I

## **San Franciscans Have Access to the Health Services they Need, While the Department Emphasizes Services to its Target Populations.**

The Department's Strategic Plan identifies the following three principal target populations:

- Uninsured (working and non-working), indigent and underinsured
- Low-income and impoverished
- Homeless

Other target populations were identified and are (in alphabetical order):

- Children (infants, toddlers, school-age, disabled, foster) and youth; low-income families with children
- Frail elderly
- Incarcerated
- Low-income racial and ethnic minority persons
- Mentally ill
- Multiply diagnosed
- People with chronic disease, and disabilities
- Persons at risk of STDs including HIV/AIDS
- Substance abusers
- Immigrants, including the undocumented, newcomers and monolingual
- Workers in unsafe, unregulated environments

The Department's Strategic Plan also identified the following target neighborhoods (listed in alphabetical order):

- Bayview/Hunters Point
- Chinatown
- Mission
- Outer Mission
- Potrero Hill
- South of Market
- Tenderloin
- Visitacion Valley

**STRATEGY**

**Focus Population-Based Public Health Services On The Entire Community And Personal Health Care Services On Target Populations.**

**Population-Based Services**

**Lessons Learned in Light of 9/11/01**

The Department has increased its disaster capabilities to prepare better for any threat to public health and safety. The Department is confident in its ability to detect, communicate and respond effectively to any community health crisis. Some of the recent activities aimed at improving the Department's abilities in this area include:



Department labworker Virginia Zapitz.

- **The Disaster Registry Program** for senior and disabled persons facilitates the link between the need for disaster services and responding agencies. In FY 2001-2002, the Department enrolled 5,000 members and continued to coordinate with volunteer organizations such as the Neighborhood Emergency Response Teams for training and exercising of our disaster capabilities.

- **The EMS Section** recently implemented new communications, equipment and supply policies. Ambulances are now equipped with special disaster kits and regularly communicate with each other, the City's

Emergency Communications Department, the EMS Section and the hospitals. Department staff who coordinate care at our clinics, acute care facilities and long-term care facilities are linked through pager systems and radio networks with incoming information from the Centers for Disease Control and Prevention regarding potential public health threats.

- **The Department's Disaster Plan** and caches of specialized disaster equipment and supplies were updated. Outreach to community health care providers and other City departments allowed for system-wide drills to test our readiness against all hazards.

- **The Department's Public Health Laboratory** can now analyze specimens for the presence of anthrax. The Department runs the only laboratory in San Francisco

authorized to test environmental samples (e.g., powders) for anthrax. In FY 2001-02, one hundred samples were tested, including samples from television network employees who were visiting network headquarters in New York City when anthrax exposure was documented. The Public Health Laboratory also tested 60 environmental samples collected by first responders (firefighters and police) in conjunction with the City's Hazardous Materials Team. All samples tested negative for anthrax.

### **Unearthing Pollutants and the Polluters**

The Department's Hazardous Materials Unit, together with the City Attorney's Office, worked with the State Attorney General's Office, the California Environmental Protection Agency, the State Water Resources Control Board, and the California Air Resources Board to investigate underground storage tank violations at service stations owned by a major oil company throughout the state. The investigation revealed that 59 of the stations, including three located in the City, had failed to meet the 1998 tank upgrade requirements. The upgrades had been previously self-certified by the oil company as having been completed. After the Attorney General's Office filed a complaint, the oil company submitted to a settlement agreement worth several million dollars, including the costs to bring the stations into compliance. The City and County of San Francisco received a portion of the stipulated penalty amount. This coordinated enforcement action against violators of environmental regulations shows the benefit of local governments working together with state agencies toward a common public health goal.



**An offending Storage Tank unearthed.**

### **Personal Health Care Services**

#### **"The Avon Products Foundation Comprehensive Breast Center" at San Francisco General Hospital (SFGH)**

Breast cancer affects one of every eight women in the United States. Within the Community Health Network (CHN), it is estimated that there are approximately 8,000 female patients between the ages of 40-79 who are in need of mammography services. In an effort to prevent death and reduce morbidity from breast cancer, CHN committed to increase its capacity to perform mammography screenings. Through the collaborative efforts of SFGH/CHN, the University of California, San Francisco (UCSF), and the SFGH Foundation, the Avon

Products Foundation awarded a gift of \$12.2 million to be used to: 1) support clinical activities at SFGH that will include SFGH's heterogenous breast cancer community of patients in breast cancer research underway at the UCSF Cancer Center; 2) provide equal access to the best breast care for medically undeserved women; and 3) develop new methods of educating SFGH patients about all aspects of breast care and treatment.



An SFGH patient receiving a mammogram.

A significant portion of the funds will support new personnel, equipment and the construction of a 4,000 square foot facility at SFGH. This facility will allow for the provision of an additional 5,000 mammograms each year and for expansion into new service areas of stereotatic core biopsies and vacuum assisted large core ultrasound breast biopsies. The crown jewel of the new Center will be the incorporation of state-of-the-art Digital Mammography Machines, thereby giving San Francisco's most vulnerable women access to world-class service.

**Creating a Convenient System for HIV Testing**

The Department's Public Health Laboratory collaborated with the Department's AIDS Surveillance staff to devise a system to permit home-based collection of urine for HIV screening. This required implementing a third test method in the Public Health Laboratory for urine testing, in addition to the methods used for testing blood and oral fluid. San Francisco is the first county in the Bay Area, and perhaps the State, to offer this alternative. San Francisco residents can now request a home kit, collect a urine specimen and mail it to the laboratory. Results are available within five days and counselors contact individuals to provide their results to them directly. This new system was initiated in June 2002 and over one hundred tests were done in FY 2001-2002.

**Reducing the High Incidence of Hepatitis in San Francisco**

In an effort to reduce the high incidence of hepatitis A and B among men who have sex with men, the Department, with support from the community health collaborative Castroguys, kicked off a grassroots initiative, "StopHep" to encourage men to get vaccinated against these two serious diseases. (Castroguys is a collaboration between the Department, the UCSF

Center for AIDS Prevention Studies, and a group of activists, physicians, social workers, artists, and program leaders.) As part of the campaign, the Department began a hepatitis A and B immunization clinic offering discounted vaccines at Gold's Gym, beginning in May 2002. Between May and September 2002, over 300 people were immunized. In addition, this campaign included a new Web site ([www.stophep.com](http://www.stophep.com)) that has had an average of 1,500 visits per month, a public service announcement for television that was shown on local television stations, and various educational materials for distribution that encourage more private providers to administer the immunizations as part of primary care.



Janet Zola, from the Department's Communicable Disease Prevention Unit, displays "StopHep" campaign materials.

## STRATEGY

### Clarify The Target Neighborhoods That The Department Should Consider As Priorities For Service

#### Empowering Youth in Bayview/Hunters Point and the Mission

The Department initiated Youth Peaceful Organizers Working to Enact Results (YouthPOWER) to focus on two neighborhoods that have long struggled with community and youth violence, Bayview/Hunters Point (BVHP) and the Mission. In the Mission, the focus was on females. YouthPOWER employs youth in each neighborhood to engage in a process that incorporates an analysis of neighborhood risk and protective factors as well as outreach and engagement of youth and community-based and City agencies for the development of recommendations.

Results of the YouthPOWER program include:

- Increased collaboration between departments;
- Understanding and support for prevention and early intervention demonstrated by increased access to mental health services and the utilization of YouthPOWER recommendations by other citywide plans and initiatives; and
- Active participation of BVHP and Mission youth, agencies and adults in the development and implementation of the plan recommendations through Community Action Teams.

**STRATEGY**

**Expand Health Care Coverage To San Francisco’s Uninsured To Improve Health Status And Access To Care**

**Healthy Kids Kicks-Off**

In January 2002, a year of planning paid off as children and youth began enrolling in Healthy Kids. This new program provides comprehensive medical, dental, and vision coverage



Two of San Francisco’s Healthy Kids.

through the San Francisco Health Plan for low-income, uninsured San Francisco children. Mayor Brown declared January 13, 2002 as “Healthy Kids Day” in San Francisco. Large enrollment events drawing more than 2,000 residents were held in Chinatown, the Mission District, and Bayview/Hunters Point on the weekend of January 12th and 13th. At the end of FY 2001-02, 1,427 of the estimated 5,000 eligible children in San Francisco were enrolled. Uninsured San Francisco residents age 18 and younger in families under 300 percent of the federal poverty level (approximately \$45,000 for a family of three) are eligible, regardless of immigration status.

***“Every service is available here. I’m very grateful for staff and the services I receive.”***

- A San Francisco General Hospital patient.

**STRATEGY**

**Ensure That The Community Health Network Continues Its Vital Role In The Delivery Of Health Care**

**Investments in Neighborhood Health Centers**

In August 2001, the Department initiated efforts to address much needed capital improvements to its neighborhood health centers. Design work began on the renovation of

Maxine Hall Health Center. Improvements include increased patient capacity through additional examination rooms, accessibility improvements to the main entry and restrooms, improvements to the heating and ventilation systems, and reconfiguration of the substance abuse area. In addition, an extensive study was undertaken to address widespread problems with many of the health centers' heating and ventilation systems. The study found overall comfort and airflow deficiencies with several facilities and provided cost estimates for proposed solutions included replacement equipment. The study covered Southeast Health Center, Ocean-Park Health Center, Chinatown Public Health Center, Castro-Mission Health Center, and North of Market Senior Services. It formed the basis for eventual design and construction work anticipated in 2002-03.

#### **Preparing for HIPAA's New Privacy Regulations**

The federal Health Insurance Portability and Accountability Act (HIPAA) requires health care providers, health plans and clearinghouses to adopt new privacy and security regulations, and implement national standards for coding clinical and billing information. This is a major effort for health and hospital systems across the country. The Department kicked off its HIPAA compliance effort by establishing a HIPAA Steering Committee with task groups to assess and implement the provisions of the Act. The Steering Committee's Privacy Task Force has worked diligently during this fiscal year to development an implementation plan for the Department's compliance with the HIPAA privacy regulations. Full compliance is expected by the spring of 2003.

## **STRATEGY**

### **Improve Integration Of Services (Physical, Behavioral, Social And Environmental) For Target, Vulnerable And At-Risk Populations Who Need Multiple Services.**

#### **Reorganizing Services for Patients with Dementia**

This past year, Laguna Honda Hospital and Rehabilitation Center (LHHRC) began organizing its eight dementia units into a Dementia Cluster, with the intention of developing excellence in provision of dementia care, including the use of prosocial behavioral planning. The newest addition to the Dementia Cluster is group therapy for the cognitively impaired, which provides support and stimulation, promotes interaction, and facilitates the maintenance of the current level of cognitive functioning. Prosocial behavioral planning groups help staff to problem-solve about dealing with difficult resident behaviors. An increase in communication among staff members is another positive by-product of this approach.

**Coordinating Services for the Homeless**

In May, the latest drop-in/resource center for the homeless opened in the inner Mission District. The San Francisco Department of Human Services (DHS) contracts with Mission Neighborhood Resource Center (MNRC) as the lead agency in a collaboration with the Department's Mission Mental Health Center and the Mission Council to bring a wide range of services for the homeless into one location. The center uses a harm reduction approach to providing services. The Department provides an on-site wound clinic, working collaboratively in the planning with DHS, the Mayor's Office on Homelessness, and the Mission Neighborhood Health Center. With intravenous drug use, particularly the pervasive use of heroin, there is a high need to address soft tissue infections. MNRC also provides showers, lockers, washer/dryer, food, case management, mental health services, substance abuse services, and activities for homeless individuals.

**Improving Communication Regarding Children, Youth and Family Services within the Department**

In April 2001 the Department began the reorganization of the Department's internal working group, the Coordinating Council for Children, Youth and Families, elevating it to the Executive Committee level. Co-chaired by Barbara Garcia, Deputy Director/Director of Community Programs, and Anne Kronenberg, Deputy Director/Director of Policy and Planning, the purpose of the intra-departmental Council is to provide strong leadership for policy development, priority-setting, planning, collaboration, and integration of services to assure the best possible health and well-being of San Francisco's children, youth, and their families and coordinate the various Department programs and services affecting these populations.

**The Department's New Office of Adolescent Health**

In FY 2001-2002 the Department's first Adolescent Health Coordinator was hired. This Coordinator staffs the new Office of Adolescent Health, which was created to identify and address the physical and behavioral health needs of adolescents in San Francisco. The Office will also work to integrate and coordinate adolescent health services within the Department, other city agencies and the community. The Office has been designing an adolescent health strategic plan for the Department for release in January 2003. This will provide a guide for adolescent health programs and services within the Department.

**Treating Mental Health and Substance Abuse Needs through One Program**

The Community Programs division of the Department is serving an increasing number of clients with multiple disorders and complex needs. National trends show that 60 to 70 percent of the individuals with mental health or substance abuse disorders actually have both. In fact, over 4,200 Department clients engaged in the Department's mental health and substance abuse programs have both mental health and substance abuse disorders.

Addressing this fact, the Community Programs division reorganized individual systems of mental health and substance abuse care into an integrated system of “Community Behavioral Health Services.” Behavioral Health has been defined as an integrated, inter-disciplinary system of care that approaches individuals, families, and communities as a whole and addresses the interactions between psychological, biological, socio-cultural, and environmental factors. The vision for Department’s new Behavioral Health integrated system is “Any Door, The Right Door,” meaning a system that can respond quickly and appropriately to clients’ behavioral health needs regardless of point of entry.

### **Direct Access to Housing**

The Housing and Urban Health Section prepared for the opening of two new Direct Access to Housing sites, which will open in the Fall of 2002. The first site to open will be the Camelot Hotel, located at 124 Turk Street. The hotel, vacant since the Loma Prieta earthquake in 1989, will be home to 55 individuals. The second site to open this fall will be the Star Hotel, located at 2176 Mission Street. This property, vacant for the last four years due to a hotel fire has been completely renovated and will house 54 individuals.

Both buildings will provide permanent housing for chronically homeless people with a particular emphasis on services for individuals with mental illness and/or HIV/AIDS. The buildings will be operated by a collaborative led by Baker Places, Inc. in conjunction with Tenderloin AIDS Resource Center, Lutheran Social Services, and John Stewart Company. All residents have access to a full range of support services geared toward residential stability and improved health. With the addition of these two hotels, the Direct Access to Housing program will now include a total of six buildings with over 400 units.



**A newly renovated  
Star Hotel.**

**View from a room inside the  
new Camelot Hotel.**

## STRATEGY

### Use Data And Evaluation More Routinely And Uniformly To Guide Program Planning And Priority Setting.

#### Identifying Populations at Risk for Pedestrian Injury

The Pedestrian and Traffic Safety Program in the Department's Community Health Education Section has been working to compile pedestrian injury data from SFGH Trauma Registry reports, SFGH Emergency Medical Services reports, and Police Department collision reports. These data allow the identification of neighborhoods and age groups that may be of high risk for pedestrian injury. A draft report analyzing the data that were collected is being finalized

for release later in FY 2002-2003. The program also provides training on community organizing, funding, advocacy and other tools for neighborhood activists, and helps to link community groups and City agencies. Eleven community groups are currently receiving grant funds to work on traffic safety issues. San Francisco experienced an unprecedented seven percent decrease in pedestrian injuries and deaths from 2000 to 2001.



A pedestrian safety rally in San Francisco.

#### Understanding Violent Death and Injury

The San Francisco Violence and Injury Reporting System (SFVIRS) has been working with the Police Department, Medical Examiner's Office, the Emergency Department and Trauma Center at San Francisco General Hospital, and the UCSF Injury Center on a shared multi-agency database, since 1998. This effort is supported through the Department's participation in the National Violent Death Reporting System ([www.nviss.org](http://www.nviss.org)). This system was created to be a comprehensive, uniform reporting system that provides information about when, where, and how violent deaths occur. The SFVIRS produced an Annual Report in FY 2001-2002 reporting data from 1999. The report goes beyond demographics and links data regarding both victims and perpetrators. In addition, it enhances our understanding of modifiable risk factors among both victims and perpetrators, promotes a unified approach to reducing deaths and injuries due to violence, and serves as a basis for evaluating the impact of prevention efforts. Specifically, the data show that 25 percent of homicide and assault victims and known suspects are from outside of San Francisco. This has prompted successful efforts to collaborate regionally throughout the Bay Area on these issues.

## Goal 2

### Disease and Injury Are Prevented

***“This program is best thing that has happened to me. My health has improved a great deal. My outlook on life also is much better.”***

- Comment from a Client of the Department's contractor -  
Bay Area Addiction Research and Treatment, Inc.

### STRATEGY

#### Strengthen Primary Prevention Activities OfThe Department

##### **Increasing Patient Safety by Reducing Medication Errors**

In keeping with the Department's strategic goal of disease and injury prevention, a pharmacist was assigned to assume the role and responsibilities of Community Health Network Medication Use and Safety Officer. The focus of activity for this position is examination of all steps in the medication use process (prescribing, order communication, labeling, compounding, dispensing, distribution, administration, education) to recommend, develop and implement systems that help eliminate or substantially reduce medication error. Augmenting the functions of the Medication Use and Safety Officer, automated systems to assist with accurate dispensing of inpatient medication were upgraded at San Francisco General Hospital, implemented by Jail Health Services, and are in the planning stages for implementation at Laguna Honda Hospital and Rehabilitation Center.

##### **Preventing the Spread of Hepatitis through the Jails**

Jail Health Services (JHS) provides a comprehensive and integrated system of medical, psychiatric and substance abuse care to the residents of the San Francisco County Jail system. JHS takes advantage of the opportunity to treat and provide prevention services to incarcerated individuals, many of whom do not access services in the community. Because this population is at-risk for contracting hepatitis due to high risk behaviors, JHS collaborated with the Department's Hepatitis Prevention Program to develop its own Hepatitis C Counseling and Testing and B Vaccination Pilot. This pilot project offers risk assessment, counseling, testing, vaccination and follow-up. In the first quarter of this project,

89 percent of those who received their first hepatitis B vaccine also received the second in the series. It is projected that more than 50 percent will receive the third and final dose. The project also identifies and educates this high-risk population about hepatitis C before they return to the community, so that they are knowledgeable and aware of hepatitis prevention strategies.



Lead Prevention Educational Seminar.

### **Recognizing National Lead Poisoning Prevention Week**

The Children's Lead Prevention Program developed a number of activities to mark National Lead Poisoning Prevention Week, which took place the week of October 22nd-27th. Lead prevention program staff sent a letter to physicians informing them of the new State Department of Health Services regulations requiring medical providers to test blood lead levels of children at 12 and 24 months of age if they receive services from publicly funded

programs for low-income children. Also medical providers are required to test this same population of children between the ages of 25 and 72 months if they have not been previously tested. During the week, staff participated in the 6th Annual Chinatown Community Health Fair and distributed approximately 1,200 informational brochures and booklets to 1,000 people attending the event. Program staff also organized several press events for the week including: two radio interviews, reaching an audience of approximately 45,000 listeners; press

releases printed in four local newspapers, reaching nearly 115,000 readers; and public service announcements aired on two radio stations. Informational bookmarks in English, Spanish, and Chinese were delivered to the San Francisco Public Library for distribution.



Jeffrey Klausner, MD, Department STD Unit Director, poses with Healthy Penis 2002 mascots- "Healthy Penis" and "Phil the Syphilis Sore."

### **Raising Awareness of Syphilis through the Healthy Penis 2002 Campaign**

A new and innovative social marketing campaign designed to heighten syphilis awareness and encourage gay and bisexual men to be screened for sexually transmitted diseases

(STDs) began in June 2002. “Healthy Penis 2002” is a multi-media public awareness campaign featuring cartoon characters “Phil” the syphilis sore and “the Healthy Penis.” Components of the campaign include bus shelter posters, print ads, a Web site ([www.healthypenis2002.org](http://www.healthypenis2002.org)), outreach cards, posters and give-aways. Following an outbreak of syphilis among gay men in 2000 and continuing into 2002, the Department increased awareness and prevention efforts around syphilis. The messages let the community know that syphilis is curable, that it is a co-factor in HIV transmission and the value of getting tested.

### **Preventing the Spread of HIV/AIDS**

The Department led the State in instituting a social marketing campaign to increase the HIV prevention skills of HIV positive persons. This high-profile effort is an advertising and Internet campaign called “HIV Stops With Me,” which began in San Francisco and has now expanded to several other cities, including Los Angeles and Boston. It features people with HIV who appear on television commercials and billboards, tell their stories on the campaign's Web site ([www.hivstopswithme.org](http://www.hivstopswithme.org)) and respond to e-mail messages. In addition, the campaign has been nominated for media and advertising awards and was highlighted in the New York Times in the summer of 2002.

Most importantly, recent evaluation data indicates both increased HIV prevention knowledge and increased risk reduction behavior on the part of community members who have seen the ads and visited the web page. The campaign received over 1,000,000 hits and an average of 250 chat sessions per day.

### **Advising San Francisco Drivers to Chill Out**

The Department’s “Chill Out” campaign was launched in March 2002. This campaign was directed toward aggressive drivers, with messages encouraging safer driving practices. The messages included “Chill Out,” “The next light’s gonna be red too...Chill Out,” and “How’s your drive going today? Chill Out.” The campaign attracted significant media interest, with several news articles, radio station coverage and a frequently visited Web site. DPH staff visited 13 community-based organizations, several community fairs, and many safety awareness programs to highlight this effort and distribute give-away items with promotional messages to their clients.



## **STRATEGY**

### **Address Social And Economic Determinants Of Health Status**

#### **Understanding Harm Reduction**

The Department declared April "Harm Reduction Month" and held a series of events to increase knowledge and generate discussion on the subject. Over 300 Department staff, providers and community members participated in nine harm reduction presentations over the month. The events provided a forum to learn about and discuss harm reduction and were part of the implementation process for the Department's recently adopted Harm Reduction Policy. The month included nationally recognized experts, authors and artists working in the field of harm reduction and concluded with a panel discussion featuring Health Commissioner Roma Guy and Supervisor Gavin Newsom.

Harm reduction is a philosophy that promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors. Harm reduction methods and treatment goals are free of judgement or blame and directly involve clients in setting their own goals. The Department has long advocated harm reduction and is currently adopting a policy to be implemented over the next two years, which will require certain publicly funded programs to address in their program design and objectives how they will provide harm reduction treatment options.

#### **Cultural Competency with Arab and Muslim Communities**

In January 2002, the Health Commission adopted the Culturally and Linguistically Appropriate Services (CLAS) Standards issued by the United States Department of Health and Human Services, Office of Minority Health. The CLAS Standards were adopted as general guidelines to provide a uniform framework for developing and monitoring culturally and linguistically appropriate services provided by the Department and its contractors. The Commission further recommended that the Department establish a Task Force on Cultural Competency to assist with implementation.

The Task Force was convened and now meets on a monthly basis. The Task Force conducted a training on Cultural Competency in working with Arab and Muslim communities. Over 250 people attended this training. Other trainings included one on the mental health needs of the African-American community with 350 attendees, and one on Limited English Proficiency clients (including the deaf and hearing impaired) with over 200 attendees. Future training activities are currently being developed by the Department's Office of EEO and Cultural Competency Programs.

**Support for Women with Cancer at Chinatown Public Health Center**

For monolingual Chinese speaking people with cancer, language and access barriers hinder them from obtaining the needed information and support services available in the mainstream. In addition, ingrained cultural beliefs about cancer and the fear of being isolated further prevent these individuals from receiving the support they need. The Chinatown Public Health Center (CPHC) created a multi-faceted program that offers culturally and linguistically appropriate services for the Chinese-speaking women of San Francisco facing cancer. The Chinese Women's Support Group, which started in 1994, provides a safe place for Chinese speaking women to talk about their concerns, fears and hopes without judgment. Over the years, the program has evolved and expanded. In fall of 2001, the book "Our Stories: Experiences of Chinese Women Living with Cancer" was released. This book highlights quilt pieces created by these women along with 24 unique and moving accounts of their experiences.

CPHC also created the "Chinese Guide to Breast Cancer Resources." This document is the first breast cancer resource guide available in Chinese for monolingual and/or limited English speaking people with cancer. The guide includes listings of medical facilities, public and community clinics, support groups, community services and programs, and instructions for breast self-exam. In addition, the Chinese Cancer Leadership Training Program has trained Chinese speaking cancer women to become advocates and spokespersons on cancer issues in the Chinese community.



**A Chinatown Public Health Center client working on the Chinese Women's cancer quilt.**



### **Beyond the Legacy of Tuskegee**

On December 12, 2001, Maternal and Child Health Medical Director Dr. Pat Evans participated in a panel discussion focusing on healthcare and medical research experiences of African-Americans from historical, cultural, and medical professional perspectives. Other panel members included Dr. Alvin Poussaint, one of the nation's preeminent child psychiatrists and an expert on race relations in America and LaVera Crawley, a scholar known for her work on cultural diversity and end-of-life care.

### **Healthy Choices for Lesbians**

The Second Annual Lesbian Health Research Conference 'Healthy Choices for Lesbians' was held June 29, 2002 in San Francisco; cosponsors included the National Center for Lesbian Health Research at UCSF, the Gay and Lesbian Medical Association, Lyon-Martin Women's Health Services and the Department's Office of Women's Health (OWH). Attending were a broad cross-section of over 300 representatives from the lesbian communities of the Bay Area and other regions across the US. Participants joined conference organizers for an interactive and exciting daylong exchange of information, ideas and suggestions. Conducted with the key objective of recommendations and requests to inform decisions framing future research projects, conference sessions resulted in a series of workshop reports for on-going reference.

Maria Cora, Coordinator of the OWH, co-presented one of the keynote speeches on 'Multiple Marginalization: Health Disparities of Lesbian, Bisexual and Transgender People of Color'; she also facilitated a workshop on 'Bi, Queer and Questioning Girls and Young Women'. Barriers faced by lesbians of color emerged as a key thematic focus addressed by moderators, panelists and attendees of the day's eight interactive workshop sessions. Among those addressed were challenges such as lesbian parenting and adoption, coming out and family acceptance, aging and others.

### **An Interdisciplinary Approach to Well-Being**

Laguna Honda Hospital and Rehabilitation Center's Psychosocial Care Units focus on the care of individuals who have complex psychological, behavioral and social challenges in addition to their medical conditions that require skilled nursing care. The environment focuses on functional improvement through intensive daily social, rehabilitative, recreational, and educational programming. Each resident's care plan considers culture, age, socio-economic background, ethnicity, sexual orientation and spiritual beliefs.

One of the many programs in which these residents may participate is New Directions. New Directions is co-facilitated by a psychologist and an activity therapist. The focus is on learning new skills to help improve physical well-being and interpersonal function. The activities are designed to provide exercises in attention, memory, problem solving, stress management and interpersonal interaction. In FY 2001-2002 the group's work has been to make a short, silent film. The participants studied several silent films and the various techniques used in movie making; focused on emotional response to selected events using role-playing; created a script outline for the movie; and are now working on title cards and rehearsals.



**Lynn Brzostek leads a group of LHH residents in a special project through the New Directions program.**

## **Goal 3**

### **Services, Programs and Facilities Are Cost-Effective and Resources Are Maximized**

#### **STRATEGY**

#### **Continue To Adopt A Financial Strategy That Enhances Revenue And Reduces Expenditures To Ensure That The Overall Public Health System Operates Cost-Effectively**

##### **Reducing Cost through Administrative Improvements**

Pharmaceutical services programs are provided through San Francisco General Hospital, Laguna Honda Hospital and Rehabilitation Center, primary and specialty care clinics, mental health clinics and the Jail Health System. Prescription services are also provided through a contracted network of community pharmacies to indigent primary care and mental health clients. Medications for approximately 531,000 outpatient and discharge prescriptions and 862,000 inpatient orders per year are provided on a Department-wide pharmaceutical supplies budget of \$29.9 million.

In FY 2001-2002 pharmaceutical cost reductions were realized through active pursuit of and participation in manufacturer patient assistance programs (MPAP), improved antibiotic drug use, formulary management, and special pricing negotiated with individual drug manufacturers. Overall cost reductions through these various programs and activities totaled approximately \$1.48 million. Furthermore, throughout the Department, additional revenue of just under \$1 million was realized as a result of billing improvements.

##### **Increasing Capacity and Efficiency in Home Health Services**

Health at Home (HAH) has been delivering home health services to residents throughout San Francisco for seven years. Following its first year of adhering to new rules of a federally-mandated prospective payment system for home health agencies, HAH has been able to reorganize its operations and improve efficiency by increasing visits by 11 percent from the prior year, reaching a level of nearly 20,000 visits.

In March 2002, the HAH Palliative Care Team of multidisciplinary and multi-cultural staff, received a DPH employee recognition award for their exceptional care to individuals at the end of life. Linkages are made by home care staff with palliative care services at Laguna Honda Hospital and with the Oncology Clinic on Ward 86 at SFGH. Nearly 3,000 visits were provided to palliative care clients last year, while 70 families were given bereavement counseling.

## **STRATEGY**

### **Address The Infrastructure Needs On The San Francisco General Hospital Campus And At The Primary Care Sites**

#### **Rebuilding San Francisco General Hospital**

Passage of Senate Bill 1953, mandating that all California acute care hospitals meet upgraded seismic safety standards, has meant that San Francisco General Hospital Medical Center (SFGH) must undergo major retrofitting or the rebuilding of the hospital facility. At the conclusion of a yearlong planning process, it became evident that retrofitting SFGH was not a viable option – financially or structurally. In February 2002, the Department began a second planning phase, the SFGH Long Range Service Delivery (LRSD) planning process to consider the future (10-20 years) healthcare needs of San Francisco residents, the kinds of services the Department will provide, and its impact on plans for rebuilding San Francisco General Hospital. This plan will provide recommendations for hospital size and bed configuration, location options, collaboration opportunities and specific program recommendations for trauma, ambulatory care, psychiatry, inpatient pediatrics, obstetrics, and elder care.

#### **Updating the Community Health Network's Information System Infrastructure**

Perhaps more so than in any other business, the pace of change in health care is accelerating, propelled by technology, economic swings, government regulation and social and cultural shifts. The Information Systems Department at the Community Health Network (CHN) increasingly plays a central role in improving access to patient care, in providing more immediate access to patients' health information, in supporting quality management and research activities, and in improving the financial stability of the department.

A network was installed throughout the CHN in 1995, intended to support approximately 500 computers. Today the CHN has over 4,500 computers attached to the network. In January 2002, the network staff in conjunction with SBC Datacomm embarked upon a massive network upgrade. A state-of-the-art switch technology was acquired to: (1) Satisfy federal HIPAA requirements for network security and patient information privacy; (2) Improve network performance; and (3) Prepare for the bandwidth-intensive demands required to converge voice, data and images. Both San Francisco General Hospital and Laguna Honda Hospital and Rehabilitation Center were also converted to the new technology.



**A restaurant inspector from the Department's Environmental Health section in the field.**

## **STRATEGY**

### **Design An E-Government Strategy And Presence For The Department**

#### **Food Facilities Violations Report Online**

In June 2002, the Environmental Health Section launched the Web-based Food Facilities Violations Report. The public can access this service through the Department's Web site, [www.dph.ca.sf.us](http://www.dph.ca.sf.us). The database contains a total of 5,861 businesses, including 4,322 food preparation facilities and 1,539 food market establishments operating in San Francisco. Included are restaurants, bars, grocery stores, pushcarts, stadium food facilities and any facility that dispenses food to the public. Establishments are inspected two to three times each year, not counting the reinspections necessary to confirm that corrections have been made. The new online service allows individuals to enter the name of any food establishment and access information from recent inspections.

## **STRATEGY**

### **Improve Recruitment, Retention And Training Of Department Staff.**

#### **Making a Difference -- Recognizing Nurses**

San Francisco General Hospital (SFGH) celebrated Nurses' Week 2002 with a campus-wide reception that was attended by over 300 staff and included activities that focused on both recognition of SFGH nurses and recruitment of nursing students from the San Francisco community. Students in Bay Area schools of nursing attended the event and talked with SFGH "nursing ambassadors" to learn about their experience. Emergency Department Staff Nurse, Judith Chavez, a City College Nursing Instructor, brought her clinical group to the event.

Nursing Directors from each of the specialty areas on campus paid tribute to the nursing staff for the differences the staff make in the lives of our patients. Further acknowledgements came from Health Commissioner Arthur Jackson, Gene O'Connell, San Francisco General Hospital Executive Administrator and a proclamation from Mayor Brown.

***"The nurses who work here want to work with trauma patients because they feel like they can make a difference quickly. We have many resources to help us—interpreters, cultural people who can help us figure out different cultures. Lots of people that come together to help us do the right thing."***

- A Nurse from San Francisco General Hospital

## **Goal 4**

### **Partnerships with Communities Are Created and Sustained to Assess, Develop, Implement and Advocate for Health Funding, Policies, Programs and Services**

#### **STRATEGY**

##### **Increase Local, State And Federal Advocacy Efforts Under The Direction Of The Mayor's Office**

###### **Advocating for Better Access to Substance Abuse Treatment**

The San Francisco Office-Based Opiate Addiction Treatment (OBOAT) program was initiated in response to a Board of Supervisors resolution calling for the Department to develop physician office based opiate addiction treatment strategies, and to pursue waivers from federal regulatory agencies to allow implementation of such programs. The Department has engaged in extensive planning for this project in consultation with local methadone providers, physicians, and pharmacists. The Department worked closely with State administrators on the development of OBOAT regulations for the State-wide implementation of SB1807, a State bill that the Department played a critical role in shaping that allows for the development of physician office based opiate treatment programs in California. With the assistance of State and federal alcohol and drug policy administrators, the Department has developed and received federal funding for the initiation of the OBOAT pilot study. The study plans to enroll 100 patients who will receive treatment services from selected physicians based at local primary care, private practice, and other treatment settings. Dosing will take place at affiliated community pharmacies.

###### **Improving Coordination of the Department's Advocacy Efforts**

In order to better coordinate the Department's external relations strategies, the Office of Policy and Planning was combined with the Office of External Affairs to create one comprehensive Office of Policy and Planning. Policy and Planning was previously responsible for State and federal legislative issues, while the Office of External Affairs managed local government relations and media relations. The merging of these offices allows for the development of a comprehensive advocacy strategy, that incorporates all modes of external relations.

## STRATEGY

### Explore Opportunities To Partner With Other Providers And The Community On Common Health Issues

#### The First Annual Mental Health Fair

The Community Mental Health Services Office of Cultural Competence and Consumer Relations held its first annual Mental Health Fair at the Main Library on May 31st, 2002. It was held to commemorate May as Mental Health Awareness Month. The fair was coordinated, planned, and held by consumers for consumers. Various organizations were represented, including SF Network of Mental Health Clients, the Mental Health Board, Spiritmenders, Bayview Clubhouse, and the Consumer Council. Approximately 100 participants listened to performances of song and poetry and were provided with informational literature on mental health issues and services.

#### Bringing Out the Artist

Art with Elders (AWE), a program developed by the San Francisco Bay Area Ministry to Nursing Homes, encourages nursing homes to hire professional artists to teach residents the nuances of oil and watercolor painting. Since 1997, AWE has flourished at Laguna Honda Hospital and Rehabilitation Center (LHHRC). Between February and April of this year, the work of over 100 LHHRC residents was displayed in an exhibit at Yerba Buena Center for the Arts in San Francisco. Each painting was framed along with a photograph and bio of the artist, giving viewers a glimpse into the rich life history of these elder artists. The Art with Elders 2002 Traveling Exhibition displayed the LHHRC residents' art at various venues throughout the Bay Area during the year. Several LHHRC residents also had their work displayed at the de Young Museum and at City Hall. The program not only provides for creative expression by residents but also builds confidence and self-esteem.



A participant in the Art With Elders program.

**Connections**

As a result of State legislation passed in 1998, 30 programs were created statewide to curb recidivism among people with mental illness and a history in the criminal justice system. San Francisco was designated to pilot two of these demonstration projects, including the Connections program. This program, a collaboration among Jail Health Services, the San Francisco Sheriff's Department, Center for Juvenile and Criminal Justice, Pre-Trial Diversion, the Progress Foundation, the courts, and others, is based on the concept that cooperation and communication between law enforcement, the courts, mental health, and other agencies is essential in making substantial improvements. The program is designed to help individuals who have a mental illness and are charged with a low-level crime complete their criminal justice case, connect with appropriate behavioral health services, and find housing. In the first year of the program, ending in June 2002, there were 83 active participants.

**Nursing Excellence Program**

Laguna Honda Hospital Rehabilitation Center (LHHRC) partners with the University of California, San Francisco (UCSF) on a variety of research studies, and serves as a clinical education site for many health care professions students. One partnership that LHHRC holds with special esteem is made possible through a grant from the John A. Hartford Foundation. The Foundation supports five Centers of Geriatric Nursing Excellence at nursing schools across the country, including UCSF. LHHRC provides a place of learning for these students. The goals are to:

- Strengthen nursing excellence in research, teaching and clinical care;
- Produce a cadre of future academic and practice leaders;
- Advance scientific and clinical knowledge; and
- Provide for interdisciplinary collaboration.



**Biohazard response in San Francisco.**

**Statewide Health and Medical**

**Disaster Exercise**

Each year, San Francisco General Hospital (SFGH) participates in the annual Health and Medical Disaster Exercise coordinated by the California Emergency Medical Services Authority. In November 2001, a functional exercise was held on the hospital campus to test SFGH's response to a chemical act of terrorism. Planning and participation for the exercise included

representatives from the San Francisco Police Department, the San Francisco Fire Department, Emergency Medical Systems (EMS), Auxiliary Communications Services and the Sheriff's Department. Hospital volunteers played the roles of victims of a chemical attack. A coordinated response between the hospital, police, fire and EMS worked to care for victims while protecting the hospital. This exercise enables us to test our abilities to respond to a disaster as well as to strengthen our existing relationships with other first responders in the City.

### **Communities Reducing Tobacco Use**

The Department's San Francisco Tobacco Free Project (SFTFP) is based on a comprehensive model that has been demonstrated as the most effective means of reducing tobacco use. One of the approaches the SFTFP utilizes is the Community Capacity Building (CCB) process. The CCB projects recruit and train health advocates to diagnose and research a tobacco control issue in their community and design an action plan that addresses the issue by changing the environment through a five-step process. The CCB process focuses on environmental change rather than individual change and is community driven and community owned. The model builds on strengths, resources and assets of a community.

Seven projects were funded to implement the CCB process in 2001, including a collaboration with the Booker T. Washington Community Service Center. In this program, youth advocates worked with AMC theaters in San Francisco to adopt a policy not to show tobacco industry produced anti-tobacco ads. They then developed and placed their own anti-tobacco in-theater advertising in a youth-frequented theater to help inoculate the audience from pro-tobacco messages.



**Senad Kulenovic, a Bosnian Community Health Outreach Worker, works with a group of Bosnian newcomers.**

### **Continue And Expand Assessment Of Community Health Needs**

#### **Supporting Bosnian Community Wellness**

The Bosnian Community Wellness Program, created through the Newcomers' Health Program in collaboration with the International Institute of San Francisco, was developed based on findings from a community assessment to address identified needs and gaps in services for this community. The goal of the program is to improve the overall health and

well-being of the Bosnian community in San Francisco in four key areas: 1) preventive health education, 2) social support groups, 3) community strengthening through leadership development, and 4) community resources and access. Staff work with community members and offer a range of services, from interpreting for health providers assisting individuals applying for health and social services benefits to facilitating health education workshops and social support groups. Sustainability is built into the program through the capacity building component that will provide training and opportunities for community members to become community leaders.

### **Studying the Party Crowd**

The Party and Play study was designed to determine HIV/STD prevalence and the prevalence of risky behaviors, substance abuse, prevention practices and health service use among Men who have Sex with Men and Male to Female Transgenders who are out 'partying and playing' late at night. The study identifies for the first time the behaviors associated with one of the groups most underserved by current prevention methods. The fieldwork for this innovative study was completed in 2001, and a Community Report was prepared and presented. It is anticipated that final results, due by the end of 2002, will play a major role in the development and targeting of new prevention services to this community by both planners and providers.

# APPENDIX

## **Annual Overview of Health in San Francisco, 2002**