



## SPRING 2004

In the last quarter of the fiscal year (April, May and June), the Department focuses on finalizing its budget and preparing for changes in the next year, while also continuing on in the daily activities of public health. In 2004, this quarter brought a new public health issue to San Francisco, West Nile Virus. While no San Francisco residents have been impacted by this disease to date, it is always important to communicate regularly and clearly with the public and to prepare properly for the ability to diagnose and track any cases that may arise.

These pages highlight a number of important programs and events from the spring of 2004, including:

- The first Emergency Medical Technician (EMT) training program in the Bayview-Hunters Point community;
- The Grand Opening Ceremony of the Avon Foundation Comprehensive Breast Center to serve patients at San Francisco General Hospital;
- The development of ways to reduce the use of restraints and prevent falls at Laguna Honda Hospital; and more.

### The Transgender Care Update

The AIDS Office's HIV Health Services unit presented primary care providers with a Transgender Cultural Competency Training Plan, aimed at improving services to the HIV positive transgender community, particularly transgender individuals of color. The California Department of Health Services partnered with the AIDS Education Training Center to implement an innovative and comprehensive program, with the goal of enhancing transgender patient access to, and retention in, a continuum of care. The capacity building plan incorporates two annual all-day provider training sessions along with individual on-site trainings at agencies and clinics.

The *Transgender Care Update: Spotlight on Cultural Competence* conference was held at the Laurel Heights Conference Center on April 30, 2004. One hundred and forty people attended the event. In addition, four on-site trainings were held at diverse organizations, including the Tom Waddell Health Clinic and Tenderloin AIDS Resource Center. The second provider training session and eight on-site trainings are being planned for 2005.

### Partnering to Improve Patient Care

San Francisco General Hospital (SFGH) established an important partnership with Catholic Healthcare West to improve patient care. In the month of April, SFGH began referring patients from its Urgent Care Clinic/Patient Referral, who are in need of primary care and who do not have a regular source of care, to the Sister Mary Phillipa Clinic at St. Mary's Hospital. The goal of this effort is to increase primary care services to our patients, and to reduce the wait time for new patient primary care appointments at SFGH and the community based health centers.

## Peer-Based STD Outreach

In April 2004, the Sexually Transmitted Disease Prevention Program (STD Program) completed a review of STD trends in the City, which revealed decreases in both chlamydia incidence (by 15%) and gonorrhea incidence (by 46%) among African-American adolescents in the City. Much of this success can be attributed to the Youth United Through Health Education (YUTHE) Program and the Jail STD Screening Program.

The YUTHE Program is a peer-based program that provides STD outreach to high-risk African American youth in the Bayview and Sunnysdale neighborhoods, which have the highest gonorrhea and chlamydia rates among African American youth. During the past year, the YUTHE Program screened a total of 420 high-risk youth for chlamydia and 12 asymptomatic infections were identified, for a positivity rate of 2.9 percent. Another 415 African American youth were screened for gonorrhea and one asymptomatic infection was identified, for a positivity rate of 0.2 percent.

The Jail STD Program is a collaboration between Jail Medical Services and the STD Program, both of whom assign staff to screen inmates for STDs. STD screening is also performed on adolescents incarcerated in the Youth Guidance Center (YGC), the City's youth detention facility. During the past year, a total of 7,587 individuals incarcerated in both the County jails and Youth Guidance Center inmates were screened for chlamydia and 408 asymptomatic infections were identified, for a positivity rate of 5.4 percent. An additional 6,010 inmates were screened for gonorrhea and 89 asymptomatic infections were identified, for a positivity rate of 1.5 percent.

Dear City Clinic:

I wanted to take a few moments to let your agency and its staff know how very grateful I am that you exist to help people like myself, who would have nowhere else to go for confidential testing and information. What amazes me isn't just that you exist, but that you treat everyone with dignity, compassion and understanding. It could have been so easy for your office to be a faceless, cold bureaucracy, treating those who come to you with contempt and heartless irritation. Instead, your hearts really go out to people and their troubles and challenges...

*-A letter from a City Clinic Patient*

## Rebuilding San Francisco General Hospital

Planning for the rebuilding of San Francisco General Hospital (SFGH) continued in 2004. SFGH must be rebuilt by 2013 to comply with State seismic safety standards. A financial cap of \$550 million was established for the general obligation bond issue size that might be placed before the voters in a future election. In April 2004, the Health Commission was presented with three rebuild options: 1) rebuild an acute care tower at the Potrero campus; 2) build a stand-alone hospital in the Mission Bay area; and 3) retrofit the existing hospital building while also building a new seismically compliant critical care wing.

Additionally, new overtures were made by University of California, San Francisco to revive the concept of co-located hospital facilities at Mission Bay, involving a specialty UC hospital rather than the full service facility initially envisioned. After considerable debate, the Rebuild Steering committee recommended to the Health Commission that additional time was required before a decision could be made on any of the options. The Health Commission accepted this

recommendation. The Department and UCSF are continuing to discuss co-located hospitals at Mission Bay.

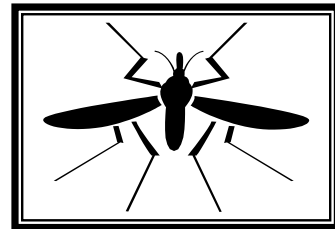
## The Bioterrorism & Infectious Disease Emergencies Unit

In April 2004, the Community Health Epidemiology and Disease Control (CHEDC) Section created the Bioterrorism and Infectious Disease Emergencies Unit (BIDEU) to improve the Department's planning and preparedness activities for infectious disease emergencies. The new unit includes physician specialists, a pharmacist, an epidemiologist, a bioterrorism coordinator, and an administrative assistant who all focus on bioterrorism and infectious disease emergency preparedness.

CHEDC works closely with Emergency Medical Services, the Mayor's Office of Emergency Services, and other partner agencies such as San Francisco Police, Fire, and Sheriff's offices. In addition, the BIDEU is participating in regional bay area planning for bioterrorism response. BIDEU also has a program to improve outreach and education to San Francisco clinicians regarding recognition, reporting, and response to potential outbreaks, bioterrorism events, or other infectious disease emergencies.

## Fighting the bite: Preparing for West Nile Virus

In 2004, the Department launched a coordinated effort (along with a number of City Departments including the Public Utilities Commission, the Department of the Environment, etc.) to prevent adverse outcomes due to West Nile virus (WNV). Developed by the Environmental Health Section (EHS), the *2004 West Nile Virus and Mosquito Control Plan* describes City activities for public education, the use of personal protection, complaint response, and surveillance of mosquito activity, reduction of breeding sites and the safe use of necessary biocides or insecticides.



EHS certified vector control specialists give advice on the control of pests and the use of pesticides and enforce Health Code requirements for property owners. Mosquito complaints are prioritized for response. Inspectors report mosquito breeding problem areas on public property to the EHS West Nile Virus Mosquito Control Team who ensures prompt action by the responsible agency. Inspectors conduct joint inspections with other City agencies in order to ensure that multiple sources of mosquito breeding are addressed.

In addition, the Department's Public Health Laboratory took steps to provide testing to hospitalized patients. The blood test can detect early antibodies to the virus and results are available within six hours. Although no treatment is currently available, correct diagnosis can assist in patient management as well as tracking the virus in California. Of all the specimens tested in San Francisco to date (20 in 2004) none were positive.

## EMT Training Program

Working closely with Emergency Medical Services and the Emergency Operations Section, the City College of San Francisco started an Emergency Medical Technician (EMT) training program in the Bayview-Hunter's Point (BVHP) community. This program drew heavily upon student from the Bayview-Hunters Point area, and graduated its first class of 25 students in May 2004. The class was recognized by the Health Commission at their May 2004 meeting.



*Graduates of EMS' Emergency Medical Technician training.*

## Bay Area Regional Registry for Immunizations

In May 2004, San Francisco became an official member of the Bay Area Regional Registry – a confidential, computerized information system covering a multi-jurisdictional area, designed to catalog and provide immediate access to a patient's immunization history. Protection against vaccine-preventable disease is a fundamental component of public health and healthier communities. An immunization registry is the best possible strategy for assuring timely and appropriate coverage. Within San Francisco, this web-based immunization registry is being implemented in private physician offices and community health centers.

## The Avon Comprehensive Breast Center



The Grand Opening Ceremony for the Avon Foundation Comprehensive Breast Center was held on May 13, 2004. San Francisco General Hospital (SFGH) mammography patients are now being seen at the Center. The latest addition to the SFGH campus, the Center allows for the provision of an additional 5,000 annual mammograms and expansion into new service areas of stereotatic core biopsies and vacuum assisted large core ultrasound breast biopsies. The crown jewel of the new Center is the incorporation of state-of-the-art digital mammography machines, giving San Francisco women access to excellent services.

The 4,500 square foot modular building, designed by Tsang Architecture of San Francisco, is child friendly and features as its centerpiece a healing garden designed and donated by landscape designer Topher Delaney. Within the walls of the building, information and services are provided in culturally sensitive manner. Interactive health education is provided in English,

Spanish or Chinese. Trained Patient Navigators are available to assist patients. There is also a new program of genetic counseling and testing for hereditary breast cancer.

## Refugee Awareness Month



*Attendees of the Refugee Awareness Month Celebration in May 2004.*

In recognition of May as Refugee Awareness Month, the Newcomers Health Program of the Community Health Promotion and Prevention Branch co-sponsored a “*Refugee Awareness Month Celebration*” for San Francisco in collaboration with various community-based refugee and immigrant services agencies. The event, which recognized the resiliency of refugees worldwide and their contributions to San Francisco, was very successful with over 110 people, including refugees, asylees, and service providers attending the event. A wide array of entertainment and food from diverse refugee and asylee communities was enjoyed. A proclamation by Mayor Gavin Newsom declared May 27 as Refugee Awareness Day in San Francisco.

The Newcomers Health Program is a clinic-based and community-based health program that has served refugees and immigrants in San Francisco since the late 1970’s with the goal of promoting the health and well-being of refugees and immigrants. In collaboration with Refugee Medical Clinic and through the capability of bilingual staff, most of whom came to the United States as refugees, Newcomers Health Program provided comprehensive health assessments for about 200 newly arriving refugees and asylees from over 15 different countries, as well as medical interpretation for close to 3,300 patient visits from July 2003 through June 2004. Other community-based projects for refugees and asylees include Russian-speaking community tobacco education and healthy living projects, a tuberculosis education and follow-up project, and a community education project for the Chinese and Vietnamese communities during the SARS outbreak.

## Expanded Urgent Care Clinic Hours

The San Francisco General Hospital (SFGH) Urgent Care Center (UCC) opened its doors in 1999 as an after-hours clinic. As of May 2004, the UCC hours were expanded from 38.5 hours to 74 hours a week. Open between 10am and 10pm daily, and 10am and 5pm on weekends, the UCC is one way SFGH strives to meet the needs of its patients.

The clinic is popular with patients and has become a very successful operation. Patients who seek UCC services present with complex medical problems, are mostly uninsured and unaffiliated with a primary care provider, and often need other critical services such as mental health and substance abuse treatment. In addition, currently 50 percent of patients referred to community health centers from the emergency room (ER) do not show up for appointments. By expanding the UCC hours will hopefully add capacity to accommodate more patients referred by the ER and allow for better linkage of unaffiliated clients to needed primary care and psychosocial services.

## Jail Health Services Accreditation

This spring, Jail Health Services (JHS) was awarded accreditation from the California Medical Association's Institute for Medical Quality. JHS provides a comprehensive and integrated system of medical, psychiatric and substance abuse care to the inmates in the San Francisco County Jail system. JHS staff individually triages and medically screens over 50,000 inmates annually.

The provision of health services to inmates presents unique challenges to JHS staff. JHS staff meet this challenge by delivering quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, when in the community. It is a population with a high prevalence of acute and chronic medical, mental health, substance abuse and social problems. JHS pursues an aggressive program of health promotion and disease prevention and works to stabilize these problems while the individuals are incarcerated. JHS' discharge-planning program facilitates the transition of patients back to the community when they are released by developing links between patients and existing community-based health and human services, enabling individuals to engage in the appropriate system(s) after release from jail.

## Improving Safety at LHH

During the spring of FY 03-04, the Laguna Honda Hospital (LHH) Department of Rehabilitation Services performed a cost-benefit analysis of a restraint reduction and falls prevention program. The program intervention entailed eliminating physical restraints or switching from more restrictive to less restrictive restraints. The therapeutic goal was to enhance the residents' quality of life. Complicating the intervention in many cases was the risk of increasing the subject's likelihood of falls when the restraint was eliminated or switched. To minimize this risk, the researchers developed and implemented an innovative evaluation tool for falls risk.

Findings suggest that restraint reduction does not necessarily increase the rate of fall-related fractures in a nursing home population. The researchers found that the average annual cost for this hospital-wide intervention was \$82,277 during the four-year intervention period. The investigators plan to continue this line of inquiry and, in particular, to quantify all direct and indirect costs associated with the intervention. In addition, the study's Principal Investigator will present a poster summarizing the study at the American Academy of Physical Medicine and Rehabilitation's 65th Annual Assembly in October 2004. The abstract will be published in the September issue of the *Archives of Physical Medicine and Rehabilitation*. In addition, the study investigators plan to report their findings in a complete manuscript during the coming fiscal year.

## Community-Based Nutrition Education

The Children's Health and Disability Prevention program (CHDP) Nutrition Special Project is a community-based nutrition education project aimed at preventing nutrition-related chronic diseases, such as Type II Diabetes in youth and childhood obesity in low-income, school-aged San Francisco children, the project's primary goal is to increase consumption of fruits and vegetables with the secondary goals of promoting healthy weight, physical activity and participation in USDA food assistance programs, such as the School Lunch Program and the Food Stamp Program.

The project provides nutrition education through cooking workshops, taste tests of fruits and vegetables, and snack-making activities, as appropriate for the age and cultural background of participants. Nutrition education materials used, include the bilingual “Cook Well-Live Better” curriculum developed by the Mission Latino Family Partnership.

## San Francisco Homeless Outreach Team

The Homeless Outreach Team’s Mission:

*“To provide and advocate for humane services to the disenfranchised and those struggling with homelessness by increasing hope, opportunity and recovery of life in order to achieve a higher level of well being.”*

The Mayor’s new interdepartmental San Francisco Homeless Outreach Team started doing outreach to homeless individuals in the streets of the Tenderloin on May 10, 2004. Each client will have a “Street to Home” plan to assist clients in obtaining permanent housing. The team will also use a “linkage case management” model, where the focus is on linking or re-linking clients with other existing systems of care so that the team members can be free to continue to outreach to new homeless individuals on an ongoing basis.

Based on a “Housing First” model, the Department and the Department of Human Services will reserve shelter, respite, and permanent housing beds for these homeless individuals. Needs for mental health and substance abuse services for the homeless individuals engaged by this outreach and housing first approach are also being taken into account.

## Diabetes Management Program

During the spring of 2004, Community Programs (Prevention) embarked on a partnership with Kaiser Permanente and the Community Clinic Consortium to create a small pilot program for FY 2004-05 that will prevent and better manage diabetes among targeted underserved populations in San Francisco. Based on clinical and population based data on the prevalence of diabetes and/or premature death caused by diabetes, these and other interventions have been started to increase community-based options in peer based education and support and to provide primary prevention activities.

## Homeless Children's Mental Health Initiative

The Homeless Children's Mental Health Initiative provides on-site mental health services targeted for homeless young children, ages 0 to 5, and their families who are living in homeless shelters, domestic violence shelters, or transitional housing programs. Services include assessment, group and individual case consultation, observation, direct intervention, therapeutic services (child and family), socialization groups, parent education and support groups, and referral and training for shelter staff. The Initiative is supported through a grant from First Five San Francisco.

In FY 03-04, the Homeless Children’s Mental Health Initiative provided consultation to 11 shelters, serving 313 children, 158 families, and direct services to 129 children. A qualitative and quantitative evaluation is being conducted and will be completed in the next year.

## Online Syphilis Testing Program

Because more than 40 percent of syphilis cases use the internet on an almost daily basis and report the internet as the venue of choice for meeting sex partners, the Sexually Transmitted Disease Prevention Program (STD Program) began offering online syphilis tests. These tests are advertised on websites most accessed by people at risk for syphilis, allowing them to download a lab slip for the test that they can then take to a designated, conveniently located laboratory for a free test. Two to three days later, these same individuals can access their test results online, and if necessary, print out a copy either to take to their health provider so that treatment can be initiated or to keep with their files as evidence of a negative syphilis test.

The STD Program conducted an analysis of the online syphilis testing program in June 2004. The analysis indicated that during the first year of operation, 642 syphilis test requisitions were downloaded by individuals at high risk for syphilis infection, 240 persons were tested for syphilis and three new syphilis cases were identified.

## Providing Medical Services within Housing Sites

In June of 2004, Housing and Urban Health (HUH) opened its new medical clinic located on the ground floor of the Windsor Hotel. This new clinic is specifically designed to provide behavioral health and medical services to residents of Direct Access to Housing buildings and other housing sites supported by the Department. Also in this year, HUH partnered with the Department of Human Services (DHS) to create a roving health team to provide on-site medical and behavioral health services to the more than 1,000 residents of DHS' Master Lease Single Room Occupancy Housing program.

## SFGH's Trauma Recovery Center Wins National Award

In June 2004, San Francisco General Hospital (SFGH) Department of Psychiatry's Trauma Recovery Center and its new model of care for victims of interpersonal violence was awarded the Community and Patient award by the National Association of Public Hospitals. When a patient who is enrolled in the clinical treatment trials at San Francisco General Hospital Trauma Recovery Center (TRC) fails to show up for a scheduled appointment, this signals the attention of a case manager who visits any location where the trauma victim is known to live, stay or hang out, this may be a homeless encampment, a Single Room Occupancy (SRO) hotel, or the street. The same team of professionals sees to it that victims receive treatment and services that range from trauma-focused psychotherapy, to support from the legal justice system, access to financial entitlements, and the appropriate medical and mental health treatment designed especially for victims of interpersonal violence (i.e., domestic violence, sexual assaults, etc.).

The program has resulted in dramatic improvements in key outcomes for over 500 victims of violent crime in San Francisco over the past two years. The Trauma Recovery Center is a result of a partnership between the Department, the State of California Victim Compensation and Government Claims Board and University of California, San Francisco.