

**GOAL 4**

**Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services**

**OBJECTIVE**

**Recognize and accommodate cultural and linguistic differences among residents**

**LHH Works to Improve Communication with Spanish Speaking Residents**

The E5 Spanish Focus Unit Interdisciplinary Team completed an English-Spanish translation handbook for use by staff throughout LHH. They saw an opportunity for non-Spanish speaking staff to effectively communicate with Spanish speaking residents and recognized the need for an easy-to-use communication tool. They developed a hand-book of commonly used English/Spanish words and phrases appropriate for LHH.

The new translation handbook provides commonly used phrases and questions, including greetings and other social phrases, helping those using the handbook to communicate in a more socially appropriate manner. The handbook also provides guides to pronunciation when needed for sounds not consistent with English and commonly used “Spanglish” words. This is a very innovative approach to meeting the linguistic and cultural needs of our Spanish speaking residents.

**Tobacco Free Project Reaches out to Neighborhoods**

The Tobacco Free Project funded seven community based agencies for a two year period to implement the Community Action Model community organizing process for tobacco control policies. Key focus areas include advocating for tobacco free sponsorship policies in the LGBT and Asian communities; reducing exposure to secondhand smoke for residents in low income housing; and reducing tobacco retail outlet density in communities with high numbers of youth.

**The Community of Color Capacity Building Project**

The HIV Health Services Community of Color Capacity Building Project ended this year. This three-year project funded by the Office of Minority Health and coordinated by HIV Health Services was an innovative initiative designed to significantly increase the skills, capacity, impact, and self-sustainability of our minority-based HIV/AIDS care and prevention organizations within the San Francisco EMA. Final reporting is underway; preliminary information indicates the Project served over 45 separate agencies; taught 16 group workshops on a variety of topics, from human resources management to fundraising; and provided over 250 hours on individualized technical assistance.

**COPC Collaborates with Community**

Pediatric, perinatal, and substance abuse services to families and individuals in the Southeast sectors of San Francisco have been improved through enhanced in-clinic services and collaborations with community agencies.

**OBJECTIVE****Pursue State and federal health policy changes consistent with Department priorities****Legislative Initiatives**

Health care reform was a dominant theme in the 2007-08 State legislative session in Sacramento. In January 2007, Governor Schwarzenegger announced a \$12 billion plan for reorganizing “the state’s broken health care system.” His plan never made it into legislative language.

Following the Governor’s release of his plan, there was a flurry of health care reform bills introduced by legislators. No fewer than two dozen bills aimed at reforming some part of the state’s health care system were introduced in both houses and from both sides of the aisle. Assembly Speaker Fabian Núñez’s AB 8, the Fair Share Health Care Bill, became the legislature’s vehicle for statewide health care reform. AB 8 established a statewide purchasing pool, covered all children and parents up to 300 percent of federal poverty through Medi-Cal or Healthy Families, required employers to offer coverage or pay into the statewide purchasing pool, required individuals to accept employer-based coverage or secure coverage through the statewide purchasing pool, and enacted insurance market reforms to ensure that individuals could receive coverage through the market.

In October 2007, Governor Schwarzenegger vetoed AB 8 stating that it did not achieve his goal of universal coverage and placed too much strain on an already broken system. In vetoing the bill, he called the legislature into special session to confront again health care reform. The result was ABX 1-1, the California Health Care Security and Cost Reduction Act, which contained an individual mandate on Californians to purchase coverage either through an employer or on the private market, expanded the Medi-Cal and Healthy Families programs, created a statewide purchasing pool, and included insurance market reforms and new preventive health programs. Financing for the \$14.4 billion program would be contained in a voter initiative to go to the state’s voters in November 2008.

Confronted with a \$14 billion budget deficit for the State FY 2008-09, ABX 1-1 died in the State Senate in January 2008. It would mark the end of wholesale reform of the health care system in California and lead to a protracted budget debate in Sacramento.

A number of health-related bills that San Francisco did support were enacted in 2007. They included:

**AB 110 (Laird) Drug paraphernalia: clean needle and syringe exchange projects -**

This bill authorizes a public entity that receives General Fund money from the State Department of Public Health for HIV prevention and education to use that money to support clean needle and syringe exchange projects authorized by the public entity. The bill authorizes the money to be used for the purchase of sterile hypodermic needles and syringes. The bill requires funds allocated for that purpose to be based upon

epidemiological data as reported by the health jurisdiction in its local HIV prevention plan submitted to the Office of AIDS.

**AB 1108 (Ma) Children's products: phthalates** - Commencing January 1, 2009, this bill prohibits the manufacture, sale, or distribution in commerce of certain toys and child care articles, as defined, if those products contain types of phthalates in concentrations exceeding one-tenth of one percent.

**SB 306 (Ducheny) Hospital facilities: seismic safety** - This bill amends the Alfred E. Alquist Hospital Facilities Seismic Safety Act to permit hospitals to delay compliance with the July 1, 2008 seismic retrofit deadline, and the 2013 extension, and instead requires that hospitals rebuild by the year 2020.

**SB 767 (Ridley-Thomas) Drug overdose treatment: liability** - This bill authorizes a licensed health care provider to prescribe an opioid antagonist to be administered by an unlicensed third party in conjunction with an opioid overdose prevention and treatment training program, without being subject to civil liability or criminal liability.

**SB 966 (Simitian) Pharmaceutical drug waste disposal** - This bill requires the California Integrated Waste Management Board to develop model programs for the collection and proper disposal of pharmaceutical drug waste.

## OBJECTIVE

### Enhance the Department's relationship with community groups

#### Innovative Theater Project

Araceli Theater Project is patient-centered, and reaches many individuals who face tremendous challenges related to poverty and arising from their medical needs. The group serves to reduce the sense of isolation and alienation that often accompanies a cancer diagnosis. The creativity, expressiveness and humor of the participants, provides an insider's glance at the emotional landscape of cancer and the various ways people cope with living on the edge of life and death. This diverse community-based ensemble performs an original script and production that gives voice to the complex personal, political and spiritual beliefs surrounding the cancer experience.

The project is a component of the nationally recognized and award-winning CARE (Cancer Awareness, Resources, and Education) program of SFGH. The Araceli Theater Project receives sponsorship from the San Francisco Arts Commission, the San Francisco Foundation, Rainbow Grocery Cooperative, and private donors.

The ARACELI Theater Project presented a multilingual (English, Spanish, and Cantonese) theater event entitled, "Attitude of Gratitude: Touched by Cancer" at two San Francisco venues. Audiences comprised of healthcare providers and others responded to the performances with heartfelt enthusiasm.

### **San Francisco Children’s System of Care (SF-CSOC) Partners with Community**

A Therapeutic Digital Storytelling (DST) program is a creative tool for expression and storytelling within a youth development framework. The program is implemented by the CSOC Youth Development and Family Involvement Teams and by youth from the Youth Task Force in collaboration with the Center for Digital Storytelling (CDS) in Berkeley, California. In the DST project, youth and caregivers learn how to identify an important life story and develop a multimedia product to convey the story—the final product is a video complete with an audio narration, animated pictures and text, video and soundtrack.

A total of 21 documentary stories were produced in over 3 workshops series (in December 2007, February 2008 and April 2008) conducted by CSOC and CDS staff for CBHS clients. Of the 21 stories, 16 were created by youth and five were created by caregivers. Each story is three to five minutes long. Initial results indicate that youth and caregivers enjoyed the program and were able to better get in touch with feelings related to their story. Self-esteem scores for caregivers improved after completing the workshop.

### **Partnership with Juvenile Probation**

Beginning in June 2007, CYF-SOC partnered with six prevention provider agencies to supply badly-needed substance abuse prevention services to youth detained at Juvenile Probation’s Youth Guidance Center. This is an ideal forum to educate youth about the importance of substance abuse prevention. The prevention curriculum is taught each week during science classes at the YGC Woodside Learning Center. Classes especially highlight issues related to methamphetamine, violence, and drug sales. Approximately 900 youth have been exposed to the prevention information during the year. Evaluation questionnaires suggest that youth are pleased to have the opportunity to be exposed to the curriculum.

## **OBJECTIVE**

### **Partner with other providers on health issues of common concern**

#### **Tuberculosis**

In 2007, 143 (17.8 per 100,000) new cases of active tuberculosis (TB) were diagnosed in San Francisco, representing a 19.2 percent increase in cases from 2006 (120 cases). This is the first year since the TB resurgence in 1993 that we have seen a significant reversal in the trend toward declining annual case counts. Although we have made intensive efforts over the last decade to prevent infection and active disease among San Francisco residents, budget cuts and diminishing resources in recent years are having a serious impact on our ability to control outbreaks and prevent new cases from occurring.

San Francisco continues to have the TB highest case rate among U.S. metropolitan areas. The rate of TB in San Francisco is still more than twice the 2007 California average of 7.2 cases, and more than four times the national average of 4.4 cases per 100,000. Unfortunately, we are far from the Healthy People 2010 goal of one case per 100,000.

The increases in cases in San Francisco have been driven by outbreaks among the homeless, specifically in SROs in the Tenderloin and SOMA areas. There has been a rise in drug-resistant cases (MDR-TB), and we are now treating a patient with extreme drug resistance (XDR-TB). There have also been recent outbreaks among Latino day laborers. Efforts to address this rise in cases and recent outbreaks include:

- In July 2007, The SF TB Task Force was reactivated and organized. The purpose of the Task Force is to bring together community resources and partnerships to address recent outbreaks, with the goal of preventing TB among the homeless and marginally housed. The Task Force has been meeting bimonthly and is actively working to develop infection control guidelines for the publicly supported housing and private SROs in San Francisco. Since the Task Force's reactivation, several efforts have begun to provide training to supportive housing property owners and managers of both private and public SROs. TB Control staff are also working closely with the SFHSA to develop training for homeless shelter staff and an orientation/training packet for new shelter employees. Mandatory screening and infection control guidelines for homeless shelters, implemented in 2005, have been very successful.
- In March 2008, The SF TB Day Laborers Coalition was organized to address the recent outbreaks among this group. The Coalition meets bimonthly and is developing strategies to provide outreach, screening and education to day laborers and their contacts in San Francisco.
- Throughout 2007 and 2008, we have increased our efforts to provide TB education in-services among our community partners. In the first half of 2008 alone, TB Control staff provided 39 presentations and trained approximately 850 people.



World TB Day is commemorated every year on March 24<sup>th</sup>. Each year TB Control organizes and conducts a media event/press conference, highlighting a population particularly impacted by TB, or recent TB issues. The 2008 event was held at the SFO Airport Museum and cosponsored by other Bay Area TB Control programs. The 2008

event focused on the increase of active cases among all Bay Area counties, including drug resistant strains, as well as TB and international travel. Our TB Controller, Dr. Masae Kawamura, was joined by three patients who told their stories in English, Spanish and Chinese. The event was a huge success and there was unprecedented coverage from television, radio and print media representing various languages and communities at high risk for TB.



### **Carnaval San Francisco Health Pavilion**

Annually, DPH and Carnaval San Francisco work in partnership to hold the Carnaval Health Pavilion in the Mission District. The Health Pavilion is the largest health fair DPH does on a yearly basis and is a component of the larger Carnaval San Francisco festival that runs two days. It has grown tremendously, now spanning an entire city block. This year was the thirtieth anniversary of Carnaval San Francisco and the Health Pavilion theme was “Many Cultures, One Spirit United in Health”. Approximately 15,000 – 20,000 people walked through the Health Pavilion and received health related information, referrals, screenings and services. Participating DPH sections included DPH Primary Care, DPH Maternal Child & Adolescent Health, WIC Supplemental Nutrition Program, DPH Feeling Good Project, and CBHS DPH Cultural Competency and Client Relations. In addition, 24 other health agencies/organizations participated and provided services and information on women’s health, HIV/AIDS, dental screenings, senior health, teen and young adult health, blood donations, wellness of immigrants, cancer and substance abuse.

## **OBJECTIVE**

### **Work with business to improve the health of San Franciscans**

#### **Preteen Vaccine Night at AT&T Park**

The San Francisco Immunization Coalition (SFIC) and their community partner the San Francisco Giants hosted the “Preteen Vaccine Night” at AT&T Park on August 6<sup>th</sup>. The event featured two speakers who have been infected and affected by diseases that can be prevented by immunizations. Patty Kolb is a meningitis survivor who contracted the disease when she was 35. Anthony Chiu, a Stanford graduate who moved to the Bay Area from Hong Kong, was diagnosed with chronic hepatitis B, which resulted in a bout with liver cancer. The Giants Community Fund presented the San Francisco Immunization Coalition with a check to support the annual “Immunization MUNI Bus Campaign.” Ads ran on MUNI buses in September featuring 2<sup>nd</sup> baseman and father of two Ray Durham, with a message about the importance of on-time immunizations in the prevention of disease. Over 150 people attended the event, 75 percent of the attendees were children 9-17 years old and their parents.

#### **Health Career Ladders Initiative**

LHH is partnering with Jewish Vocational Service (JVS) to identify career pathways in healthcare and the related education and training necessary to help entry-level workers advance. This project, called the Healthcare Career Ladder Initiative (HCLI), is currently in its research phase. The results of the research will be used to design a new program for targeted entry-level LHH healthcare employees. The new program will be designed to improve skills and increase competencies in critical areas with the intention to augment career advancement.

#### **Local and Regional Pandemic Flu Planning Collaborations**

In 2005, an Avian/Pandemic Influenza Task Force of City agencies was formed to identify weaknesses in planning and to strengthen interagency collaboration – this group

continues to meet bimonthly. CDCP also meets with regional local health Departments (ABAHO) monthly to ensure that we have a coordinated response in the Bay Area. This group has developed template health officer orders and guidance for social distancing measures such as modified workplace practices, recommendations for all members of the public to wear masks outside the home, and others that would be issued regionally in the event of a pandemic. DPH also actively participates to represent the local health Department perspective in a Bay Area Regional Cross Sector Collaboration group with Bay Area American Red Cross; California Department of Public Health; Business Executives for National Security; Gilead Sciences; Stanford Medical Center; and University of California, Berkeley, Center for Infectious Disease and Emergency Readiness.

**SFIC hosts 8<sup>th</sup> National Conference on Immunization & Health Coalitions May 2008**

This unique, interactive, and energizing conference brought together doctors, nurses, volunteers, public health, academic, business and nonprofit professionals, policy makers, community advocates, students, health educators, and other members and leaders of immunization and health coalitions nationally and internationally. The goal of this conference was to impart successful ways that public/private collaborations can prevent disease, increase health access, reduce health disparities, educate new populations, build community health infrastructure, and improve important health outcomes across the lifespan.