

I. Background

According to the Institute of Medicine, public health is “what we, as a society, do collectively to assure the conditions in which people can be healthy.” Public health is governed by four key concepts:

- ❑ Public health is population-based (it assesses and improves the health of the entire population).
- ❑ Public health is focused on prevention (it *promotes* conditions and behaviors that support and enhance health, and it *protects* populations from the spread of disease and the occurrence of injury).
- ❑ Public health emphasizes social justice.
- ❑ Public health employs a systematic approach toward achieving its aims.

These four concepts are embodied in this five-year plan. They are also reflected in the 2000 San Francisco Department of Public Health Strategic Plan, which articulates four broad goals for the Department. Goal 2 specifically addresses prevention; it states “disease and injury are prevented.” Three strategies were recommended to achieve the prevention goal. They are:

2.1 Develop a multi-year prevention plan.

2.1(a) Identify priority health issues that can be addressed through prevention activities undertaken across the Department.

2.1(b) Develop a strategy for future investment in prevention services.

2.2 Strengthen primary prevention activities of the Department.

2.2(a) Ensure that prevention is a core component of new program initiatives and is part of the overall design where appropriate.

2.3 Address social and economic determinants of health status.

2.3(a) Advocate for non-health public policies that improve health status such as wages, employment, childcare, housing, social safety net, transportation and education policies.

To ensure implementation of the prevention component of the Department’s Strategic Plan, the Health Commission requested the development of a Prevention Framework. The Prevention Strategic Plan development is guided by the Prevention Framework (see Appendix A). The Framework spells out a systematic public health approach to prevention and program development.

The Strategic Prevention Plan is the result of the work of the Prevention Planning Team and a DPH-wide Prevention Workgroup (see Appendix B for memberships of each). It

builds on each of the above three strategies to create a plan that is feasible within our current fiscal environment.

II. Organizational Capacity

The Department Strategic Plan recognizes that prevention of disease and injury is a primary responsibility of the Department of Public Health. Furthermore, disease and injury prevention activities need to be addressed by both the Community Health Network and Population Health and Prevention Divisions. Accordingly, the Prevention Framework outlined below provides an integrated approach, whereby Sections/Programs with specific foci can develop primary prevention interventions that build upon a common foundation.

The Prevention Section, under Community Programs, is taking a lead role in developing and guiding the implementation of this Strategic Prevention Plan. Community Programs' Expanded Management Team will be a forum for reviewing and modifying the Plan as it is implemented. The Plan's progress will be reported to the Health Commission on a regular basis.

III. Planning Process

The following steps were taken to develop the Plan:

1. A Prevention Workgroup composed of staff from a cross-section of disciplines was formed (Appendix B). Their mandate was to identify priority prevention issues and to develop the best strategy for allocating limited public health resources to reduce the burden of the leading health problems in San Francisco.
2. The Workgroup reviewed the leading health problems in San Francisco, as described in the most recent *Overview of Health*.
3. The Workgroup reviewed the social determinants (or "causes") of the leading diseases and injuries.
4. The Workgroup identified causal links between the leading health outcomes, clinical/physiological symptoms, individual behavior, and social/environmental/political factors or social determinants.
5. The Workgroup arranged the various groups of determinants in a "causal web". For example, heart disease, which is the leading cause of premature death in every zip code and among every ethnic group in San Francisco, has many "causes" or social determinants, so there are many ways to prevent heart disease (see Appendix C for detailed explanation on the link between social determinants and health outcomes)
6. The Workgroup decided that interventions aimed at social determinants of health would have the greatest long-term impact on health outcomes.
7. The Workgroup reviewed a number of social determinants, including those identified in the World Health Organization's *The Solid Facts: Social Determinants of Health*. Four key social determinants of health were selected as priorities for the Department:
 - Low Socio-Economic Status,
 - Social Connectedness/Isolation,
 - Institutional Racism, and

- Transport System
8. The Workgroup members concluded that effective interventions for any of these four social determinants would produce an array of beneficial health effects.
 9. The Prevention Planning Committee determined that two leading health outcomes, cardiovascular disease (heart disease and stroke) and depression, the leading causes of Years of Life Lost (YLLs) and Disability Adjusted Life Years (DALYs), should also receive special attention
 10. A Web-site (<http://www.healthysf.org/bdi/determinants>) is being built to serve as a resource for guiding the development of prevention programs. Much of the Workgroup discussion will be featured on this Web-site.

IV. Prevention Strategic Plan

The bold faced text comes directly from the Strategic Plan. Regular faced text represents additions to the Plan.

Goal 1¹: Disease and injury are prevented

Overarching Goals:

- 1) Prevent premature death, disability, disease and injury due to preventable causes.
- 2) Reduce and/or eliminate health disparities among segments of the San Francisco population.

Strategy 1.1²: Develop a multi-year prevention plan

Objectives	Interventions	Participating Sections	Outcomes
1.1(a)³: Identify priority health issues that can be addressed through prevention activities undertaken across the Department.	<ul style="list-style-type: none"> • <u>Four social determinants of health and two health outcomes</u> were identified as prevention priority issues to be addressed in this multi-year prevention plan. Other pre-established Departmental priorities such as HIV/AIDs, tobacco control, and others have prevention plans and activities in place. To the extent possible, these six health issues need to be integrated into those and other existing prevention programs and plans. o The four social determinants are: <ul style="list-style-type: none"> ➤ Low social-economic status ➤ Social isolation/connectedness ➤ Institutional racism ➤ Transportation 	<ul style="list-style-type: none"> • Each division/section will be responsible for developing and implementing a multi-year plan using the Prevention Framework and the Prevention Strategic Plan as a guide. The developed plans will be based on best practices • The Prevention Section will develop a Web-site where prevention standards will be researched and warehoused for 	<ul style="list-style-type: none"> • Decrease incidence of preventable disease or lower mortality. • Increase life expectancy for overall population and by ethnic groups.

¹ Goal 1 above is listed as Goal 2 in the 2000 SFDPH Strategic Plan.

² Strategy 1.1 above is listed as Strategy 2.1 in the 2000 SFDPH Strategic Plan.

³ Objective 1.1(a) is listed as Objective 2.1(a) in the 2000 SFDPH Strategic Plan.

Objectives	Interventions	Participating Sections	Outcomes
	<ul style="list-style-type: none"> o The two health outcomes are: <ul style="list-style-type: none"> ➤ Cardio-vascular diseases ➤ Depression • The Department to support long-term community organizing and relationship building in neighborhoods with high risk populations (these neighborhoods are listed in objective 1.2(a) of the DPH Strategic Plan). 	<ul style="list-style-type: none"> relevant Sections to review. 	
<p>1.1(b)⁴: Develop a strategy for future investment in prevention services.</p>	<ul style="list-style-type: none"> • Propose a Prevention Planning Committee to establish on-going discussion within the Department and partners; this discussion will start with the DPH Community Programs staff. • Develop and implement a strategy to re-invest funding from existing services and programs that have not achieved desired results. • Through ongoing discussion within the department and with partners, develop and begin implementation of a coordinated grant development strategy that addresses the two key health outcomes and the four determinants selected for this plan. 	<ul style="list-style-type: none"> • Prevention Planning Committee • Sections/partners that will develop prevention activities to address cardiovascular diseases and depression. 	<ul style="list-style-type: none"> • Decrease injury and disease among the broader population and specifically among certain targeted groups. Specifically, years of life lost from heart disease, stroke, and suicide will be reduced. • Increase awareness by all Department staff of the importance of prevention services. • Results of prevention strategy planning reflected in future grant applications and department budgets. • Adequate infrastructure support for prevention activities. • (Increase) Level of funding for prevention activities within the Department.

⁴ Objective 1.1(b) is listed as Objective 2.1(b) in the 2000 SFDPH Strategic Plan. Note the corresponding bold-faced text outcomes for this objective were identified in the 2000 SFDPH Strategic Plan.

Strategy 1.2⁵: Strengthen primary prevention activities of the Department

Objectives	Interventions	Participating Sections	Outcomes
<p>1.2(a)⁶: Ensure that prevention is a core component of new program initiatives and is part of the overall design where appropriate.</p>	<ul style="list-style-type: none"> • The Department to recommend that some percent of the new programs will address the health outcomes and accompanying social determinants that were identified (e.g., initiate new projects and increase staffing to address prevention of cardiovascular diseases, depression and the social determinants) • Create dialogue, training and discussion on prevention within programs. • Review new programs in the planning stage for prevention relevance and establish evidence-based interventions within the program or in related programs. 	<ul style="list-style-type: none"> • Prevention Planning Committee • All sections/partners that will develop prevention activities to address cardiovascular diseases and depression. 	<ul style="list-style-type: none"> • Increase prominence of primary prevention activities and policies within program design and throughout the Department.
<p>1.2(b) Strengthen primary prevention activities and secondary prevention activities related to the identified health outcomes in Clinical services (e.g., Primary Care and Behavioral Health).</p>	<ul style="list-style-type: none"> • The implementing body to ensure that applied strategies are consistent with evidence-based interventions. • The implementing body to ensure that strategies are linked to selected social determinants (please refer to the causal web) • The implementing body to ensure that strategies are consistent with expert guidelines. • Sample strategies include those mentioned under the social 	<ul style="list-style-type: none"> • All sections/partners that will develop primary prevention activities where relevant. 	<ul style="list-style-type: none"> • Increase awareness of the importance and benefits of implementing primary prevention activities.

⁵ Strategy 1.2 is listed as Strategy 2.2 in the 2000 SFDPH Strategic Plan.

⁶ Objective 1.2(a) is listed as Objective 2.2(a) in the 2000 SFDPH Strategic Plan. Note the corresponding bold-faced text outcomes for this objective were identified in the 2000 SFDPH Strategic Plan.

	<p>connectedness determinant.</p> <ul style="list-style-type: none"> Establish a forum for discussion (through the Prevention Planning Committee) and review of the application of clinical/behavioral practices that link directly to social determinants. 		
1.2(c) Evaluate existing prevention programs in the Department for effectiveness and cost-benefit.	<ul style="list-style-type: none"> Those divisions/sections that are implementing prevention activities to assess the effectiveness and cost-benefit of their work. Establish technical assistance and or training in evaluation methods, data collection and analysis to assist sections and programs to evaluate results. 	<ul style="list-style-type: none"> Divisions/sections that are currently working on prevention activities. Prevention Planning Committee, Community Health Promotion and Prevention, and Community Epidemiology and Disease Control, other sections with program evaluation expertise 	<ul style="list-style-type: none"> Those projects that are effective will be continued, while those that are not will be re-examined (to see if there are evidence-based interventions that might replace them).

Strategy 1.3⁷: Address social and economic determinants of health status.

Objectives	Interventions	Participating Sections	Outcomes
1.3(a)⁸: Advocate for public policies that improve health status, such as:	<ul style="list-style-type: none"> Below are some of the selected interventions to address those social determinants: 	<ul style="list-style-type: none"> All sections/partners that will develop prevention activities 	<ul style="list-style-type: none"> Social and economic determinants are widely recognized as contributing

⁷ Strategy 1.3 is listed as Strategy 2.3 in the 2000 SFDPH Strategic Plan.

⁸ Objective 1.3(a) is listed as Objective 2.3(a) in the 2000 SFDPH Strategic Plan. Note the corresponding bold-faced text outcomes for this objective were identified in the 2000 SFDPH Strategic Plan.

Objectives	Interventions	Participating Sections	Outcomes
<ul style="list-style-type: none"> ➤ livable wages, ➤ employment development/full employment ➤ results based employment training ➤ adequate supply of quality child care ➤ improved quality and quantity of housing ➤ ensuring the social safety net, ➤ improved public transportation, ➤ increased public participation in political and social organizations, ➤ improved availability of respite services, and ➤ equal and fair education policies. 		<p>to address the identified social determinants.</p>	<p>to health status.</p> <ul style="list-style-type: none"> • Other City departments and San Francisco organizations incorporate health-related issues in designing and assessing policies and programs to address quality of life issues such as employment, child care, housing, social safety net, transportation and education. • San Francisco Health Commission resolutions addressing before mentioned policy issues. • The Department will advocate for and may expand the array of services it provides to include services that address the social and economic determinants of health status, .e.g., housing, prevention of addictive gambling, etc.
<p>1.3(a)1: Decrease the impact of low social economic status (SES) on the overall health of San Francisco population</p>	<p>Create safety net services to protect against worst effects of material deprivation, activities include:</p> <ol style="list-style-type: none"> 1. Develop health impact studies 2. Identify policies that promote health 3. Universal home visiting for infants 4. Ensure service availability for everyone in neighborhoods, e.g., family resource centers 5. Expand efforts on living wage 	<ul style="list-style-type: none"> • All sections/partners that will develop prevention activities to address low SES 	<ul style="list-style-type: none"> • Increase rate of high school graduation. • Increase percent of students meeting entry criteria for UC schools • Increase percent of people with self-sufficiency incomes or percent employed who are making a living wage

Objectives	Interventions	Participating Sections	Outcomes
	<ol style="list-style-type: none"> 6. Advocate for taxation (EITC/wealth tax) 7. Advocate for regional tax sharing 8. Advocate for Universal health care (Blue Ribbon Committee) 9. Provide/support quality childcare 		<ul style="list-style-type: none"> • Decrease Metropolitan income inequality. • Improved Neighborhood economic integration
<p>1.3(a)2: Promote social connectedness and reduce social isolation</p>	<ol style="list-style-type: none"> 1. Identify policies that promote health, i.e., encourage legislation/policy/practices that augment support for family and community <ul style="list-style-type: none"> - Support efforts on living wage policy - Support after school programs 2. Promote primary care chronic disease management model, e.g., diabetes group education 3. Create community/neighborhood asset maps; build on these resources; identify barriers on how well people use resources. 4. Support buddy system for exercising. 5. Enhance and promote relationships with San Francisco Unified School District, Department of Human Services, Department of Recreation & Park, Commission on Aging, etc., to promote/coordinate work on social connectedness. 6. Explore ways to improve social support in workplace, e.g., pilot a model program in Community Programs 7. Provide training on how to give and receive social support, activities may include: <ul style="list-style-type: none"> - Upgrade skills of community care givers - Provide support for care givers. 8. Support efforts on living wage. 	<p>All sections/partners that will develop prevention activities to address social connectedness</p>	<ul style="list-style-type: none"> • Decrease rate of depression. • Increase level of participation in voluntary/civic organizations. • Increase number of people one can count on for support. • Belief that others would be helpful. • Increase social support, decrease isolation, as measured by population surveys and program data

Objectives	Interventions	Participating Sections	Outcomes
	9. Support after school programs 10. Continue to build on current Violence Prevention efforts. 11. Build on existing school health programs, e.g., Healthy Start, Beacon Schools 12. Offer support in parenting education/support groups, e.g., universal home visiting 13. Develop support for home-bound elderly. 14. Ensure social support is a component of all DPH programs. 15. Develop health impact studies		
1.3(a)3: Decrease and/or eliminate the health effects of institutional racism	1. Identify policies/practices that promote health 2. Increase people's (those who provide and receive health care services) understanding and awareness of racism, e.g., People's Institute workshops on racism. 3. Advocate legislature/policy/initiatives that highlight the injustice of racism, e.g., oppose Ward Connerly initiative 4. Promote diverse neighborhoods 5. Prioritize services in excluded communities 6. Support translation/education on "Racism Exists" 7. Promote an analytic understanding of institutional racism and its effects on health service delivery, health seeking behavior and health care provider behavior 8. Participate and support Citywide initiatives "undoing racism"/"healing racism" 9. Note impact of institutional racism on all	All sections/partners that will develop prevention activities to address institutional racism.	<ul style="list-style-type: none"> • Public agencies to review public policy decision making processes to understand affected communities; to take steps to increase participation of marginalized communities; and be accountable to their views. • Monitor (reduction of) experience of institutional racism/discrimination in population surveys and program data.

Objectives	Interventions	Participating Sections	Outcomes
	<p>identified social determinants activities; create a dialogue with stakeholders on next steps.</p> <p>10. Develop health impact studies</p>		
<p>1.3(a)4: Improved, safe and accessible transportation serving all communities justly.</p>	<ol style="list-style-type: none"> 1. Develop transportation impact guidelines 2. Identify policies that promote health 3. Re-route heavy commercial vehicles on major thoroughfares 4. Facilitate light rail project 5. Create a resource guide to encourage walking, biking and use of public transportation. 6. Participate in community based advocacy efforts to change transportation mix. <ul style="list-style-type: none"> - Support groups such as the SF Bicycle Coalition and Walk SF 7. Participate in long term planning with MUNI, Department of Parking and Traffic, Planning Department, Transportation Authority and other relevant public agencies. <ul style="list-style-type: none"> - Convene a meeting on transit infrastructure to discuss health impact of transport (or tag agenda on an established meeting) 8. Participate in and guide Regional Transportation Planning. 	<p>All sections/partners that will develop prevention activities to address transportation.</p>	<ul style="list-style-type: none"> • Increase physical activity, e.g., trips made walking and biking. • Increase trips made by public transit. • Decrease vehicle pollutants and greenhouse gas emissions. • Decrease pedestrian injuries. • Decrease bike injuries. • Increase transit oriented land use development. • Decrease cars and/or individual car use. <p>(Some data to be included from the following sources: MTA, census, and CHSS)</p>

V. Prevention Strategic Plan Implementation

Each member of the Prevention Workgroup will take the Plan to her/his respective section/program where local planning will occur. Community Health Promotion & Prevention and other relevant sections will provide technical support. This plan does not replace the prevention priorities/mandate of each section; however, it does provide a guide for prevention program development as it relates to the social determinants and identified top priority areas for the Department.

Each section/program will:

- Identify best prevention practices (evidence-based practices) that apply to their program and/or target population
- Develop short-term outcomes and indicators
- Evaluate the results of current and planned programs
- Disseminate the results of their identification of effective practices and evaluation of their results throughout DPH

VI. Next Steps & Reporting

As indicated above, this Strategic Prevention Plan will be implemented in a decentralized fashion, within various sections and programs. The following next steps will be taken:

- The DPH-wide Prevention Workgroup will be reformed and reconfigured to guide the progress of the Strategic Prevention Plan. This new group will be called the Prevention Planning Committee (see Appendix D for the proposed list of participants).
- Create a pool of technical consultants to assist with section planning.
- Establish a Program Evaluation Workgroup to assist with evaluation methodologies appropriate to the interventions selected.
- Offer training opportunities on the public health approach to prevention.
- Continue to review determinants and evidence-based interventions.
- Establish priorities for the development of grant-funded initiatives.

This Strategic Prevention Plan will be presented to the Health Commission in March 2004. The Community Programs' Expanded Management Team will provide ongoing oversight.

Proposed Work Plan and Timeline:

	Process Objective	Activities	Who Responsible	Timeline	Comment/Update (2/11/04)
1.	Establish a Prevention Planning Committee	Plan, review and guide implementation and evaluation of the Strategic Prevention plan.	High-level managers within DPH; re-form the Prevention Workgroup with advisory responsibility.	January 2004	This timeline has changed to Late Spring. (March or April 2004)
2.	Provide technical assistance to at least two sections on prevention planning, selection of interventions and evaluation methods	In collaboration with the Prevention Workgroup and Section Directors, select and prioritize sections to receive technical assistance, over no more than a six-month period; work with section staff to develop prevention interventions and program plan.	Deputy Director, Community Programs/Prevention and staff	January to December 2004	Brian Katcher has been assigned to work with the Chronic Disease Care Management Working Group made up of Primary Care Network, Community Clinic Consortium and Kaiser Permanente representatives.
3.	Implement prevention planning, selection of interventions and evaluation methods in other sections	In collaboration with the Prevention Section or other Sections with expertise; Sections develop expanded prevention plans.	Representatives from the Prevention Planning Workgroup (work with their home Sections)	January 2004 to December 2008	
4.	Expand knowledge of social determinants and interventions for use by Sections	<ul style="list-style-type: none"> • Continue to review literature describing new interventions and best practices, citing relevant interventions on the Web-site • Continue to review literature on determinants of health and cite those on the Web site. 	Deputy Director, Community Programs/Prevention Section, staff of Prevention Section, Community Health Epidemiology, and Environmental Health.	On-going	Website has been updated and relevant research continues to be conducted.

	Process Objective	Activities	Who Responsible	Timeline	Comment/Update (2/11/04)
5.	Identify appropriate evaluation methodologies for selected prevention interventions	<ul style="list-style-type: none"> Establish a Program Evaluation Workgroup Review current evaluation methods used in DPH prevention programs Provide program evaluation training to departmental staff Provide technical assistance to selected Sections implementing primary prevention interventions 	Deputy Director, Community Programs/Prevention and staff with skills and knowledge from various sections in the Department, e.g., Community Health Epidemiology, Environmental Health, Community Behavioral Health Services, AIDS Office.	By February 2004	Timeline will change until after the convening of the Prevention Planning Committee Program evaluation training is planned to take place before June 30, 2004 for DPH and other community partner staff through the Health Education Training Center.
6.	Provide training and resources on public health approach to primary and secondary prevention	<ul style="list-style-type: none"> Revise “What Is Public Health” Workshop and offer two times a year Identify at least three local prevention practitioners to present to staff and community partners Develop Workshop series on health promotion focused on the prevention of chronic disease. 	Health Education Training Center (CHPP staff)	On-going from February 2004	Brain Katcher has worked with the Chronic Care Management Working Group in a diabetes training with a focus on primary prevention. The Health Education Training Center has developed a training plan that includes, “What is Public Health?”, Program Evaluation, Setting Goals and Objectives and other related sessions to occur in the Spring and Summer of 2004
7.	Report on Progress	<ul style="list-style-type: none"> The Expanded Community Programs Management Team meets quarterly or as needed as the Prevention Advisory Board to review progress on implementation and 	Deputy Director, Community Programs/Prevention and staff	Annually	

	Process Objective	Activities	Who Responsible	Timeline	Comment/Update (2/11/04)
		evaluation activities. <ul style="list-style-type: none"> • Annually collect accomplishments and evaluation findings for reporting to the Expanded Community Programs Management Team and to the Health Commission 			
8.	Establish a fund development strategy to implement selected interventions	<ul style="list-style-type: none"> • Continue to review literature and provide literature database for use in grant requests. • Seek grants to promote the Strategic Plan. • Conduct grant writing seminars 	Prevention Section, Community Health Epidemiology, Environmental Health, Community Behavioral Health Services; each branch to seek and share grant opportunities available to the Department.	On-going	

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