San Francisco

2001 State of the City Public Health Address

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The mission of the San Francisco Department of Public Health is to promote and protect the health of all San Franciscans.

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2001 STATE OF THE CITY PUBLIC HEALTH ADDRESS

President Ammiano and Members of the San Francisco Board of Supervisors

Thank you for the opportunity to speak to you today on the state of public health in our City. It is an honor to appear before this Board. The Board of Supervisors, along with Mayor Brown, has provided unwavering support and leadership to the Department as it seeks to improve the health status of our residents.

The Board is well aware that dwindling federal and state financial support for health services has significantly compromised our ability to protect and promote health. Although the Board and the Mayor have been generous to the Department in replacing millions of dollars of lost revenue, this replacement in funding has not kept up with the increased cost of services. Medical care inflation has been running significantly higher (4.6%) than the overall inflation in our country, pushing up the cost of both labor and supplies, especially medications. Moreover, there has been an increased demand for services fueled by increases in the number of uninsured in San Francisco and the availability of expensive new therapies (e.g., atypical antipsychotics and hepatitis C treatment). Overall, the Department is being asked to do more with less.

One strategy that we have used successfully to provide more services for less funding is to emphasize community-based services. Community-based services, especially housing with wrap-around mental health and substance abuse services, enables us to care for people who would otherwise need to stay in the hospital. For example, most people with mild or moderate pneumonia do not need to be admitted to the hospital and can be safely treated at home, if they have a home. If they have no home, then we admit them to the hospital. Similarly, people with severe pneumonia must be admitted to the hospital, but can be safely discharged home within 2 to 3 days, if they have a home. The homeless must stay until they are well enough to survive on the streets.

The Health Department is doing all it can to increase housing options for persons who would otherwise need institutionalization. Our direct access to housing program has converted several previously empty or underused single room occupancy hotels into thriving communities. Beginning with the Pacific Bay, we now run the Windsor and the Le'nain. Three more hotels will be opened in the next few months – Broderick (July 2001), Camelot (July 2001) and Star (September 2001). Overall, we are providing housing assistance to 2,500 persons. While we have made great progress in our provision of housing, fires have destroyed several single room occupancy hotels, countless board and care facilities have closed due to poor reimbursement by the State, and we have lost 180 skilled nursing facility beds in San Francisco since 1998 alone. Without appropriate placement options, clients will stay in institutional settings that are more restrictive and more expensive.

Substance abuse is a contributing factor in 17 of the top 20 causes of premature mortality in San Francisco and our methamphetamine, heroin and cocaine emergency room admissions are among the highest in the nation. With the support of the Mayor and Board, expanding substance abuse treatment services continues to be a major initiative of the Department. From 1995-1996 to 1999-2000, our Treatment on Demand Initiative increased treatment slots by 1,901 from 2,963 to 4,864, and we increased contracted substance abuse services client contacts by 36,089 from 140,205 to 176,294. To further improve access to substance abuse treatment services, the Department is developing an Office-based Opiate Addiction Treatment Program. This program will allow primary care physicians like myself to treat addiction in our patients using prescription methadone. My goal is that by this summer I am prescribing methadone, along with my colleagues, at Ward 86 HIV clinic at San Francisco General Hospital.

Mental health treatment is also needed by a substantial portion of the City's indigent population who seek services from the Department. Over the last six years our Community Mental Health Services section has reshaped the delivery of community health mental services. As a result, case management services have increased, homeless outreach services have been augmented and hospital days have been reduced. We have had an almost 40% increase in our caseload from 15,748 to 21,543 between 1993-1994 to 1999-2000.

Another humane way of delivering more services at lower funding levels is to focus on prevention. To the extent that we can prevent illness, we will decrease our costs and more importantly, decrease the burden of disease in our community. Annually, half of the deaths in San Francisco are premature and preventable. Over the last year, the Department augmented community-based and individual based prevention services – such as the African-American Health Initiative, children's mental health, pedestrian safety, tobacco control and violence prevention – to reduce the incidence of injury and illness.

One cornerstone of the Department's prevention activities is in the area of HIV/AIDS. As the Board is aware, the number of reported AIDS-related deaths in San Francisco has declined due to the success of the triple combination therapies. San Francisco has seen a more extensive drop than most communities because this Board has also provided enough funding for us to treat all of our patients, regardless of insurance status, with the best available medications. By supporting needle exchange in an era when few counties were brave enough to do so, this Board and Mayor have saved thousands of lives. Currently, we exchange 2 million dirty needles for 2 million clean ones each year. The data show that the effort has paid off in lower rates of sero-conversion among injection drug users. Unfortunately, our prevention efforts have not been as successful for gay and bisexual men. New infections are on the rise. Parodoxically, we believe that the success of HIV treatment has resulted in some people being less safe. To address this issue, the Department and the AIDS Research Institute designed an 11 Point Action Plan to revitalize the HIV prevention programs in the City. My hope is that this plan will help reduce HIV infection rates among men who have sex with men and other persons at-risk of HIV transmission.

Environmental hazards can be important risk factors in the incidence of diseases such as asthma, cancer and heart disease. Accordingly, the Department works with communities to identify and ameliorate environmental factors that could be affecting the health of individuals and neighborhoods. In the last year, the Department received federal funding to conduct environmental assessments of the homes of Department clients with asthma. Findings from the assessments can then be used to develop specific home interventions for asthma sufferers.

As part of the City's ongoing effort to address health concerns, I am pleased to report that earlier this year, the San Francisco Health Commission adopted the Department's strategic plan – *Leading the Way to a Healthier Community.* The Department embarked on a community-wide strategic planning initiative in late 1999 to address changes in demographics, reductions in funding and emerging health needs. The strategic plan identifies community health concerns (e.g., difficulty accessing health services across Department programs) and strategies to address these issues (e.g., improve integration of physical, behavioral, prevention and social services). The strategic plan is a guide to what program initiatives the Department will propose and develop in its annual budgets. The Department's recent proposal to expand health care coverage to uninsured children was cited in the strategic plan. This proposal furthers our goal of achieving universal health care coverage for all San Franciscans. As part of our strategic planning, we are also looking carefully at the infrastructure needs of the Health Department. While our Department's proud tradition is to prioritize services over facilities, one cannot provide quality services in crumbling, seismically unsafe buildings.

The Department fulfills its complex mission through the hard work of a dedicated staff. I would also like to acknowledge the San Francisco Health Commission for their vision and leadership on health issues. The attached written report provides additional information. I look forward to working with you over the next year to fulfill the Department's mission "to protect and promote the health of all San Franciscans."

San Francisco
Department of Public Health

EFFORTS TO ADDRESS SELECTED PUBLIC HEALTH ISSUES

Public Health Issues

SAN FRANCISCO'S MAJOR PUBLIC HEALTH ISSUES INCLUDE:

- Homelessness and lack of affordable housing
- High incidence of substance abuse/addiction
- High prevalence of mental health problems
- High number of uninsured
- Increasing numbers of HIV infection and those living with AIDS
- High incidence of some communicable diseases
- High number of smokers and those impacted by second-hand smoke
- A high proportion of injuries and deaths that could be reduced by prevention
- Aging population with increasing long-term care needs
- Special health problems faced by children, youth and families
- Environmental health concerns

Leading Causes of Premature Mortality by Sex, San Francisco 1998

This table shows the leading causes of premature death for women and men. In addition, it illustrates the average years of life lost, showing for example that a man dying of HIV infection/AIDS in 1998 died approximately 40 years before he normally would have been expected to die. This table shows the need to focus on efforts to prevent premature mortality.

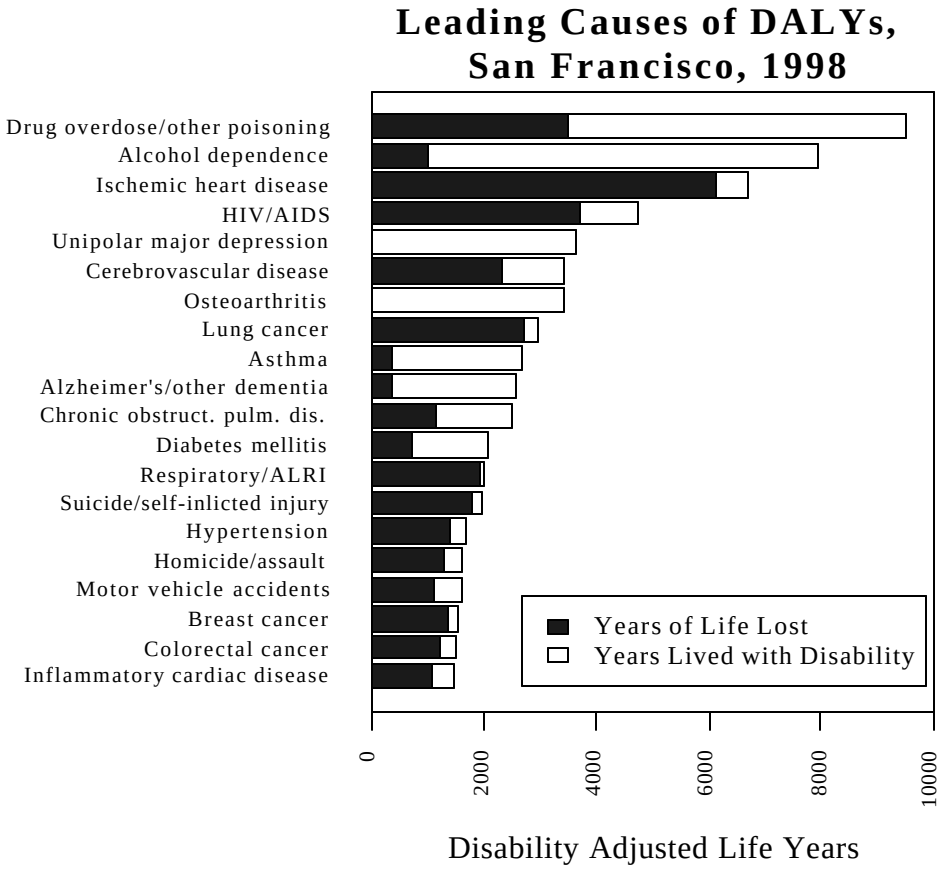
1998 Rank	Cause of Death	Expected Years of Life Lost	Deaths	Average Expected Years of Life Lost	1997 Rank
	MALE				
1	Ischemic heart disease	12,340	839	14.7	1
2	HIV infection/AIDS	6,625	163	40.6	2
3	Drug poisoning, UI	5,207	119	43.8	4
4	Lung cancer	3,525	200	17.6	3
5	Lower resp. (Pneumonia)	2,965	232	12.8	7
6	Cerebrovascular (Stroke)	2,926	203	14.4	5
7	Suicide	2,890	73	39.6	6
8	Homicide	1,986	37	53.7	9
9	Chronic obstr. pulm. disease	1,880	136	13.8	*
10	Inflam/infect/cardiomyop	1,820	74	24.6	*
	FEMALE				
1	Ischemic heart disease	8,165	852	9.6	1
2	Cerebrovascular (Stroke)	3,052	297	10.3	2
3	Breast cancer	2,499	115	21.7	3
4	Lung cancer	2,239	138	16.2	4
5	Lower resp. (Pneumonia)	2,192	275	8.0	5
6	Drug poisoning, UI	1,153	24	48.0	7
7	Chronic obstr. pulm. disease	1,074	87	12.3	9
8	Colorectal cancer	997	80	12.5	6
9	Diabetes mellitus	765	58	13.2	8
10	Genito-urinary diseases	764	72	10.6	*

* Not in 1997 top 10 causes of premature mortality

Leading Causes of the Burden of Disease,
San Francisco 1998

This graph shows a measure of the overall burden of disease and injury, called disability adjusted life years (DALYs). Since DALYS include years lived with disabilities, as well as years lost to premature mortality, this graph includes an estimate of disabling conditions on the health of the population.

Many of the same conditions cause disability and premature death in San Francisco. However, the impact of substance abuse is seen as greater when also considering the many years of disability caused by drug use and alcohol abuse, the top two conditions on this graph. This graph also shows conditions that disable a significant number of San Francisco residents, but do not result in death, including depression and osteoarthritis.



Homelessness & Housing

- Access to affordable housing in San Francisco remains a major public health issue. For individuals with special needs, securing supportive housing that offers an appropriate level of assistance can be very difficult.

- In the past two years, there have been seven Single Room Occupancy (SRO) hotels lost to fire. One Tenderloin hotel fire in December 2000, displaced 45 residents, killing one and injuring several others. These fires destroy housing for those in the community least able to find alternative housing.

- At least one-third to one-half of all homeless people suffer from some kind of physical condition that places them at greater risk for serious illness or death.

- Due to a lack of insurance, poverty and poor nutrition, many of San Francisco's homeless suffer from severe oral conditions.

- Many of San Francisco's homeless and at-risk Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) youth deal with challenges such mental health issues, substance abuse problems, and risk of sexually transmitted diseases.

- Some San Francisco General Hospital (SFGH) patients, though medically ready for hospital discharge, need additional assistance. In many cases these patients are homeless and require a safe environment where they can wait for social service interventions or transportation services.

Homelessness & Housing Response

HOUSING ACCESS

- The Department is represented on the Citywide Local Homeless Coordinating Board. In the last year, the Board rewrote the City's Continuum of Care Plan. This draft plan contains the City's philosophy on homeless issues and details specific recommendations for funding and implementation. This plan stresses the need for health and supportive services for this vulnerable population.

IMPROVING SRO CONDITIONS

- The Department chairs the SRO Safety and Stabilization Task Force. This task force is working with SRO owners and tenants to improve conditions. Since the task force began meeting in June 2000, fire mitigation activities have included:
  - working with community-based organizations in the Mission and Chinatown offering fire education, tenancy rights and outreach to SRO tenants;
  - expanding efforts to include the Tenderloin, South of Market and Bayview Hunters Point neighborhoods; and
  - educating and including hotel owners in this process.

ADDRESSING HEALTH NEEDS OF THE HOMELESS

- The Department continues to secure supportive housing sites, with over 200 units completed or in the planning stages. In addition to the Pacific Bay and Windsor hotels, in Fall 2000 the Le'nain Hotel opened providing supportive housing for homeless seniors. Three more sites (Camelot, Star and Broderick) are in the planning stages. Two will provide services to chronically homeless people with disabilities and one will offer twenty-four hour nursing care for homeless persons with medically complex conditions.

Homelessness & Housing Response

- The Department added 16 units of hotel-based respite care where patients diagnosed with medical and psychiatric illness receive care through a multidisciplinary team of health care providers. These individuals are then placed in programs or facilities that can provide longer-term assistance, are helped to find permanent housing, or are reunited with their families.

ADDRESSING ORAL HEALTH NEEDS OF THE HOMELESS

- The Tom Waddell Health Center and the Department's Dental Services Unit developed a program to provide oral health care and outreach to homeless and HIV infected people.

SERVICES FOR LGBTQQ HOMELESS YOUTH

- The Department contracted with the Ark of Refuge to operate a transitional housing program for LGBTQQ youth. The Ark House opened in March 2001 and serves San Francisco's LGBTQQ young adults who are either currently homeless or at risk of becoming homeless. Services include case management, employment counseling, mental health support, substance abuse prevention, primary care and money management.

SFGH DISCHARGE LOUNGE

- SFGH's new discharge lounge opened in December 2000. It serves patients waiting for transportation and/or social service assistance.

Substance Abuse

- San Francisco County has the third highest rate of drug-related deaths, with a rate of 20.4 per 100,000 people in 1999. The State rate is 9.1 and the National Objective for 2010 is 1.0.[1]

- In a typical month in San Francisco, there are approximately 19 deaths related to heroin, cocaine or speed[2], and 5 additional deaths of homeless individuals related to substance abuse.

- Heroin continues to be San Francisco's number one drug problem with an estimated 17,100 injection drug users (IDUs) in 2000.[3] Currently, only 2,554 of these heroin users have access to methadone maintenance treatment.

- In a typical month in San Francisco, 21% of students ride in a vehicle with an intoxicated driver, and there are 54 injuries (including 1 or 2 deaths) due to drinking drivers.[4]

- For some people who abuse substances or have unsafe sex, abstinence-based programs alone may not be successful. As a result, the Department must develop multiple strategies to improve health status among these residents.

[1] CA Dept. of Health Services, County Health Status Profiles, April 2001
[2] Chief Medical Examiner, Annual Report, 1999-00
[3] HIV Consensus Report, 2000
[4] SF Unified School District, 1999 Youth Risk Behavior Survey

Substance Abuse Response

PREVENTING DEATHS FROM OVERDOSE

- In order to reduce deaths from heroin overdoses, the Department sponsored a project that trains inmates at City jails how to perform rescue breathing and CPR. This teaches individuals the skills to save a life in case of drug overdose.

ACCESS TO SUBSTANCE ABUSE TREATMENT PROGRAMS

- San Francisco's Treatment on Demand Initiative continues to improve access to substance abuse programs. Treatment on Demand Initiative outcomes from FY 1995-1996 to FY 1999-2000 include:
  - An increase in the number of substance abuse client contacts that were contracted for by 36,089 (from 140,205 to 176,294).
  - An increase in the number of direct substance abuse treatment slots by 1,901 (from 2,963 to 4,864).
  - A decrease in the number of clients waiting for treatment at the end of each month (approximately 1,200 prior to Treatment on Demand to 900 in June 2000).

- To increase access to opiate addiction treatment using methadone or other medications, the Department is developing the Office-based Opiate Addiction Treatment Program (OBOAT). This program will allow physicians full discretion to treat addiction through prescription methadone or similar medication. OBOAT is currently in the process of a feasibility study and is targeting a pilot project start in the summer of 2001.

REDUCING ALCOHOL ABUSE

- In the last year, staff from San Francisco General Hospital's Emergency Department assisted the Police Department with the *Every 15 Minutes* program at three schools. This succesful two-day program involves the entire school in a mock event designed to demonstrate the potential consequences of drinking alcohol and driving.

Substance Abuse Response

HARM REDUCTION APPROACHES

- The Health Commission passed a resolution, formally adopting harm reduction as another treatment model for substance abuse, STD and HIV. In using a harm reduction approach, staff recognize that some people will continue to abuse substances and practice unsafe sex. Staff help clients understand the risks associated with their behaviors, and encourage them to make choices which will reduce harm to themselves, their family and their communities.

- The Department hosted the third "Bridging the Gap" conference since 1997, focusing on the integration of harm reduction and traditional substance abuse service strategies. There were over 50 local, national and international speakers at the two-day event, and over 500 attendees.

Mental Health

- Approximately 12,000 seriously emotionally disturbed children and youth and 32,000 seriously mentally ill adults live in San Francisco.

- An increasing number of San Francisco residents receive services through the Community Mental Health Services (CMHS). However, some individuals with significant mental health problems are not receiving needed treatment.[1]

- As many as 37% of San Francisco's homeless population have a mental illness.[2] Of these, approximately half were receiving on-going mental health treatment in FY 1999-2000.

- Residents of Bayview Hunters Point are disproportionately affected by violence and the potential of violence in their neighborhood, creating a need for specialized mental health interventions and outreach.

- In November 2000, there were 2,466 children in Foster Care in San Francisco, 65% of these children are African-American.[3] These children and their families have a special need for supportive and mental health services.

[1] California Mental Health Master Plan (Draft), California Mental Health Planning Council, Sacramento, CA, 2000.

[2] Urban Institute/U.S. Housing and Urban Development Report December, 1999.

[3] SF Dept. of Human Services, Foster Care Quarterly Report, November 2000.

Mental Health Response

SERVING AN EXPANDING CLIENT BASE

- Community Mental Health Services (CMHS) had nearly a 40% caseload increase from 15,758 in FY 1993-94 to 21,543 in FY 1999-2000.

- CMHS increased the number of Medi-Cal beneficiaries served from 10% to 13% between FY 1992-93 and FY 1999-2000. The increase for Foster Care has been from 20% to 40% and disabled Medi-Cal recipients 26% to 37%. CMHS increased the number of uninsured clients by 20% between FY 1996-97 and FY 1999-2000.

- In FY 1999-2000, the Department increased the number of long-term supportive housing beds by 145, increasing the availability of non-hospital beds and services offered in the community.

OUTREACH FOR EMOTIONALLY DISTURBED CHILDREN AND SERIOUSLY MENTALLY ILL ADULTS

- The High Quality Child Care Mental Health Initiative provides on-site service to infants and pre-school age children and their families, at more than 60 child care centers and 100 family child care homes.

- Through Project Impact, youth involved with the juvenile justice system are assessed for mental health needs at the Youth Guidance Center. Through the on-site assessment service, service linkage can be made to outpatient, day treatment, intensive case management, mobile support, and community alliance services.

MENTAL HEALTH SERVICES FOR THE HOMELESS

- In 1999-2000, CMHS developed a project making it possible to serve an additional 120 homeless, seriously mentally ill adults who were not linked with community-based mental health services.

Mental Health Response

MENTAL HEALTH OUTREACH IN BAYVIEW HUNTERS POINT

- The Department is in the beginning stages of working with residents of Bayview Hunters Point to address the effects of violence in their community. Quarterly community forums have begun, allowing for increased mental health interventions, sharing information about resources, and counseling individuals on ways to deal with stress.

SERVICES FOR CHILDREN IN OUT-OF-HOME PLACEMENTS

- The Family Mosaic Project (FMP) continues to have highly positive outcomes. FMP serves out-of-home placement children and youth, coming from underserved communities, with the majority of clients being African-American. As a result of the program, between 1996 and 2000 the number of youth who required inpatient mental health care and the number of days of hospitalization were dramatically lower than the countywide data. Of the 63 clients who had criminal activity in the year before FMP participation, only 10% committed a crime in the year following the program.

The Uninsured

- While the number of uninsured has declined in California, there are still an estimated 135,000 San Franciscans lacking health care coverage. Many of these uninsured residents are low-income workers and people of color.

- Of those San Franciscans who are uninsured, over 9,200 are children and youth. Many of these children are eligible for publicly-funded health insurance programs such as Medi-Cal or Healthy Families.

- San Francisco General Hospital (SFGH) patients with prescriptions frequently encountered long waits at SFGH's pharmacy due to high demand. Most of these patients, lacking health insurance, could not access services through other pharmacies in San Francisco.

- In many cases, San Franciscans who lack health care coverage have a more difficult time accessing needed services than insured residents.

- Uninsured individuals seek health care from a variety of providers. Essential medical information may not be available to providers making treatment decisions and coordinating care for these patients. This situation can create barriers when seeking appropriate care.

The Uninsured Response

EXPANDING HEALTH CARE COVERAGE

- Under the direction of Mayor Brown, the Department is working to expand health care coverage to certain persons working on City contracts and leased property.

HEALTH COVERAGE FOR CHILDREN

- The Department's proposal to cover children through a City program received approval from the Health Commission in January 2001. The objectives of this program are to:
  - insure low-income San Francisco children who are not eligible for existing publicly-funded programs; and
  - minimize barriers for children enrolling in existing state/federally-funded programs.

ENROLLING ELIGIBLE CHILDREN IN MEDI-CAL AND HEALTHY FAMILIES

- The Department, in participation with the Bringing Up Healthy Kids (BUHK) Coalition, actively promotes and advocates for insurance coverage for the City's children and youth, and works to enroll all eligible children in the appropriate public programs. BUHK completed its second year of conducting successful school-based outreach in collaboration with the San Francisco Unified School District and community-based agencies. Through this effort, applications were submitted for 697 children from March 2000 through February 2001.

INCREASING PHARMACY OPTIONS FOR SFGH PATIENTS

- In an effort to improve pharmacy services, the Department now offers prescription services to SFGH patients through independent and chain pharmacies. This effort has improved access to medications and has reduced waiting times at the pharmacy at SFGH.

The Uninsured Response

IMPROVING ACCESS TO HEALTH CARE

- The Department has made significant effort to remove barriers for uninsured individuals attempting to access health care, specifically preventive services like breast and cervical cancer screening. Breast and Cervical Cancer Services (BCCS) outreach efforts included the following:
  - held two community town hall breast cancer forums (following the event, a women's clinic provided exams for attendees);
  - developed a patient guide to the Breast Clinic at San Francisco General Hospital in Spanish and English;
  - created a women's clinic at SAGE to serve women involved in the sex industry; and
  - facilitated women's health education classes at the County jails.

REMOVING BARRIERS AND IMPROVING CARE

- The Department's Community Health Network (CHN) partnered with the San Francisco Community Clinic Consortium (SFCCC) to increase access and improve the quality of care to their patients, many of whom are uninsured. The plan has the following goals:
  - enhance care by installing an Electronic Medical Record (EMR) system allowing SFCCC's nine health centers and CHN to share information;
  - reduce barriers to care through the creation of a single patient eligibility system;
  - maximize community-based primary care through an improved clinical referral system and coordinated care for patients receiving specialty care; and
  - address the increasing demand for mental health services by implementing programs in the primary care setting.

HIV & AIDS

- The rate of new infections among Men who have Sex with Men (MSM) is increasing in San Francisco. Preliminary estimates report that the rate of HIV infection among MSMs in 1997 was 1%, rising to 2.2% in 2001 (748 new infections projected for this year). 2001 rates of HIV infection among MSMs who also inject drugs are projected to be over twice the 1997 rate.[1]

- The increase in HIV incidence, coupled with decreases in AIDS incidence and deaths, have increased the number of persons living with HIV/AIDS who are in need of health care and social services, as well as safe sex education.

- The success of highly active antiretroviral therapies (HAART) on reducing HIV-related morbidity and mortality may contribute to a recent increase in sexual risk behaviors among MSMs, the group most severely affected by HIV infection in San Francisco.

- On any given day there are approximately 100 known HIV-infected individuals in the San Francisco County jail. Nationally, the AIDS case rate is six times higher among those incarcerated.

[1] HIV Consensus Panel Report, January 2001.

HIV & AIDS Response

ACTION PLAN FOR PREVENTION

The Department and the AIDS Research Institute designed an *11 Point Action Plan* to revitalize HIV prevention programs in the City.

- **OWNERSHIP.**
  Take ownership of the epidemic, implementing culturally-specific, community-driven responses. Prevention is not done to a community, but by and with a community.
- **CONDOMS FOR HIV POSITIVE TOPS WITH HIV NEGATIVE BOTTOMS.** Assume responsibility.
- **CONDOMS FOR HIV NEGATIVE BOTTOMS WITH HIV POSITIVE TOPS.** Assume responsibility.
- **KNOW YOUR CURRENT HIV STATUS.**
  Get HIV tested every six months if you've had risky sex or needle use. Seek care if you are HIV positive.
- **PREVENTION FOR POSITIVES.**
  Develop and expand HIV prevention programs that are designed by and for HIV positive individuals.
- **ERADICATE BACTERIAL STDS IN GAY MEN.** Rectal gonorrhea, syphilis, chlamydia.
- **RECOVERY.**
  Expand drug treatment. Mature our substance abuse services to address real life issues facing gay men such as the relationship between speed use, Viagra, and unprotected sex.
- **COUNSEL.**
  Rebuild the network and services for mental health and wellness.
- **POSITIVE CARE.**
  Get more HIV positive people into care, onto appropriate anti-viral treatments, on better treatment regimens, improve adherence and provide individually tailored counseling and care.
- **REALITY CHECK.**
  It remains a fundamental truth that it is better to remain HIV negative. If you are HIV negative, you should stay that way!
- **GAY MEN'S HEALTH MATTERS.**
  It is important that HIV prevention be nested within a broader health agenda for the community.

HIV & AIDS Response

IMPROVING ACCESS TO SERVICES

- The Department partnered in the creation of two Action Point programs. These drop-in programs, located in South of Market and Bayview Hunters Point, serve homeless or marginally housed, HIV-positive individuals helping them adhere to complicated medication schedules. Additionally, the Bayview Action Point provides 50 methadone maintenance slots.

PREVENTION STRATEGIES

- The Department works with Better World Advertising to produce HIV/AIDS prevention social marketing campaign for HIV-positive gay/bisexual men and transgenders in San Francisco. The campaign consists of a website (www.hivstopswithme.org), newspaper ads, postcards and a television commercial.

- The Department created the Fund for Innovation to support new, creative strategies to prevent HIV:
  - The Stop AIDS Project's (www.stopaids.org) web-based outreach project to reach men who meet other men on the Internet.
  - The Tenderloin AIDS Resource Center to fund a peer-resource and day drop-in center in one of the City's hardest hit areas.
  - The AIDS Health Project's program added STD testing and treatment for their clients.

- Continued services through the Department's needle exchange programs have resulted in a decrease in HIV infection for intravenous drug users.

HIV/AIDS SERVICES IN JAIL

- The Forensic AIDS Project (FAP) of Jail Health Services began a three-year demonstration project for HIV-infected incarcerated individuals. The San Francisco County Jail has enhanced current FAP and Tenderloin Care services through the addition of individual substance abuse counseling, groups for HIV positive inmates, additional case management staff, and transitional housing. The objective is to reduce recidivism while encouraging adherence and healthier lifestyles.

Communicable Diseases

- Both the number of cases and rates increased for all Sexually Transmitted Diseases (STDs) in San Francisco in 2000 (including chlamydia, gonorrhea, and syphilis), compared to 1999.

- According to preliminary reports, early syphilis cases rose from 44 cases in 1999 to 71 cases in 2000 (61% increase).

- In San Francisco cases among men who have sex with men (MSM) accounted for 75% of the syphilis cases and 41% reported being HIV-positive. The Internet plays a key role in developing sexual networks among MSMs; consequently the Department receives continued reports of syphilis among gay men associated with Internet chatrooms.

- Due to two decades of a strong focus on prevention and treatment of tuberculosis through targeted interventions, San Francisco saw TB rates at an all-time low in 2000. But the disease infects San Franciscans at a rate over twice that of other Californians and at three times the national rate.

Communicable Diseases Response

New Approaches for Testing and Treatment

- During the summer of 2000, the STD Program launched a pilot project to test the feasibility of postal STD screening. Urine cups and mailers were available at two locations in the Castro and individuals could pick them up and mail the specimen directly to the Department's lab for processing. Approximately 100 of 400 kits were mailed to the lab and 34 new infections were identified.

- STD education and urine screening for gonorrhea and chlamydia was offered at the CATS nightclub. This activity generated local and national publicity and proved that it is feasible to offer this type of service in this type of venue.

Syphilis Response

- The STD Program established a syphilis rapid response team to immediately investigate all cases of primary, secondary and early latent syphilis.

Utilizing the Internet for STD Education and Outreach

- The STD Program implemented monthly one-hour live chat sessions available through Gay.com, a web site popular with MSMs. Recently, the STD Program facilitated a discussion on negotiating safer sex. This has been an excellent way to provide general STD information and prevention strategies to a variety of individuals.

Controlling Tuberculosis

- It is estimated that 30-50% of all foreign born newcomers arriving in San Francisco are infected with Tuberculosis. A community treatment site opened in 2000 at the Chinatown Public Health Center to test and treat individuals in a community of high incidence.

- Intake medical screening and intense post-admission screening through Jail Health Services has greatly reduced the severity of exposure for those in the jail system.

Tobacco

- In San Francisco smokers include:
  - 9% of middle school students,
  - 19% of high school students,
  - 17.7% of adults (based on 1998 data).

- A random survey of San Francisco stores in 2000 found that 8.2% sold tobacco to minors, compared to 15.7% in 1999.

- Youth exposure to outdoor tobacco advertising was reduced. Based on random surveys, compliance with the outdoor tobacco ad ban increased from 41.3% in 1998 to 73.5% in 2000.

- A random survey in 2000 found 95.9% of restaurant bars in compliance with the smokefree bar law while 58.1% of stand-alone bars were in compliance. In 1999, 91.4% of restaurant bars and 39.7% of stand-alone bars were in compliance.

Tobacco Response

SMOKING CESSATION

- During 2000, 153 smokers enrolled in the Department's Stop Smoking classes. Among participants who completed both pre-tests and post-tests, 54% quit.

YOUTH AND TOBACCO

- The Department conducted extensive research on effective tobacco prevention media messages. Based on research findings, existing ads were selected and five new ones produced with a mix of messages found to be most effective in reaching youth. Production and media placement were made possible with one-time Mangini tobacco settlement funds.

- The Department assured that laws designed to reduce youth smoking were being actively enforced. Active enforcement of illegal tobacco sales to minors by the Police Department and the local ordinance banning outdoor tobacco ads by the Department of Consumer Protection is funded from Tobacco Master Settlement funds.

SMOKE FREE BAR LAW

- In response to complaints, five bar owners were cited for illegal smoking in bars.

- The Department collaborated with the City Attorney's Office to address flagrant non-compliance with the smoke-free bar law. Lawsuits were filed against six bar owners based on unfair business practices and subsequently settled.

- Educational letters were sent to bar owners following complaints informing them of their duties and legal liabilities.

Injury & Illness Prevention

- Last year in San Francisco there were more than 7,000 motor vehicle injuries. A disproportionately large share of vehicular fatalities are pedestrians.

- Homicides in San Francisco are decreasing, with a decline in firearm homicides. However, San Francisco's 1999 death rate for homicide is 6.5 per 100,000 population (higher than the state average) and over twice as high as the National Objective for 2010 of 3.0.[1]

- While the number of refugees with serious health needs is declining, there is still a significant number who need assistance. Refugee groups tend to have higher rates of smoking, tuberculosis, mental health problems and supportive housing needs than other immigrant groups.

- Persons over age 65 are at increased risk for injury-related deaths and hospitalizations. While those over 65 represent 15% of the San Francisco population, they represent approximately 45% of all injury hospitalizations and 21% of all injury-related deaths.

[1] CA Dept. of Health Services, County Health Status Profiles, April 2001.

Injury & Illness Prevention Response

INCREASING PEDESTRIAN SAFETY

- The Department is working with community-based organizations to develop a strategic plan to reduce pedestrian injuries.

- The San Francisco Pedestrian Safety Project brings together City departments to develop a basis for understanding and evaluating pedestrian safety issues. Projects include a Community Capacity Building effort and mini-grants to community groups.

VIOLENCE PREVENTION IN THE COMMUNITY

- In February 2001, the Violence Prevention Network (VPN) released the Road Map for Preventing Violence in San Francisco. This document will help communities identify issues and take action to prevent violence.

- The VPN supports numerous Community Action Teams working to:
  - reduce access to firearms;
  - educate communities in media literacy; and
  - educate about and prevent domestic and dating violence for adults and teens.

ADDRESSING THE HEALTH NEEDS OF REFUGEES

- The Newcomers Health Program is implementing Refugee Community Health Outreach for Bosnian refugees focusing on community building, health education and leadership development.

- The SUNSET Russian Tobacco Education Program conducts culturally appropriate community education, media outreach, and Russian language secondhand smoke and tobacco cessation workshops.

PREVENTING INJURIES FOR SENIORS

- The Community and Home Injury Prevention Project for Seniors (CHIPPS) held Injury Prevention trainings for 33 agencies in 2000. Home safety assessments were provided to 39 seniors; 28 seniors received free home safety repairs and modifications.

Long Term Care

- San Francisco's population of older individuals is increasing. Many of these individuals will require long-term care. By 2020:
  - San Franciscans 65 and over will increase from 116,080 (15% of total SF population) to 181,981 (23.4% of total SF population).
  - San Franciscans 85 and over will increase 17,718 (2.3% of total SF population) to 26,832 (3.4% of total SF population).[1]

- Elderly and disabled persons prefer to receive long-term care services either in their homes or in community settings. However, limited access and knowledge of health care options can result in some receiving care in hospitals and nursing homes.

[1] State Department of Finance, Census Figures, April 1990.

Long Term Care Response

MEETING THE NEEDS OF AN INCREASING OLDER ADULT POPULATION

- The Department of Aging and Adult Services is partnering with the Department to develop, "SF Get Care: A Web-Based Information System for Integrating Community Based Long-Term Care Services in San Francisco." This innovative internet project will increase access to community-based long term care (LTC) services, ensure appropriate placement and enhance overall LTC system efficiency and quality of care.

LONG TERM CARE IN THE COMMUNITY

- Laguna Honda Hospital and Rehabilitation Center (LHHRC) implemented the "Short-Term Care Program: Expediting Reentry to the Community." Short-Term Care is a program providing services to individuals who can be discharged within 90 days, utilizing rehabilitation interventions and discharge planning.

PLANNING A NEW LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

- Since voter approval of Proposition A (to replace LHHRC and build assisted living units), the project has done the following:
  - Selected an architect: Anshen and Allen/Gordon Chong & Partners
  - Completed Phase I environmental testing
  - Completed functional and space programming for the new building
  - Established the Community Advisory Group
  - Issued the Initial Study in February 2001 for public review (part of the Environmental Impact Report process)
  - Selected construction management consultants

- The project consists of 1,200 skilled nursing beds and 140 assisted living beds.

Children, Youth & Families

- San Francisco's overall infant mortality rate was 4.4 per 1,000 live births, meeting the National Objective for 2010. Yet, the African-American death rate for infants from birth to one year old in 1999 was 11.9 (almost three times the overall rate).[1]

- In 1999, 83.8% of San Francisco mothers initiated breastfeeding, better than the California average of 79.9% and the National Objective of 75%.[2]

- In San Francisco, over 20% of children and youth under 18 years of age live in poverty.[3] Health outcomes and access to health care are strongly linked to income.

[1] CA Dept. of Health Services, County Health Status Profiles, April 2001
[2] Ibid
[3] Economic Census, 1997

Children, Youth & Families Response

IMPROVING INFANT MORTALITY OUTCOMES IN AFRICAN-AMERICAN COMMUNITIES

- Outcome data show zero infant deaths for families enrolled in the Department's Black Infant Health and "Sistah Sistah" programs, offering African-American mothers home visits in Bayview Hunters Point, Oceanview-Merced Heights-Ingleside, Visitacion Valley, and the Western Addition. Because of this demonstrated success, the Maternal and Child Health section of the Department is expanding both programs.

BREASTFEEDING SUPPORT

- The San Francisco Breastfeeding Coalition's mission is to improve the health of the community by promoting breastfeeding as the cultural norm. The Coalition produced the Lactation Services Directory 2000.

- The Women's Health Center at SFGH opened a Women's Breastfeeding Center staffed by a team of lactation experts including nutritionists, nurses and health workers. The Center provides lactation counseling in seven different languages and facilitates a Breastfeeding Support Group.

HEALTHCARE OUTREACH TO CHILDREN

- The new Childcare Health Project targets low-income children, providing health and safety consultation services to the childcare community. Through this program, children are helped to achieve better health in their formative years. The Childcare Health Project is expanding in 2001 with additional nurses, as well as a nutritionist, dental services and hearing services.

Environmental Health

- San Francisco's asthma hospitalization rates are among the highest in the State. Environmental triggers in the home may be partially responsible for this excess.
- Active local enforcement is still necessary in San Francisco to ensure compliance with our environmental protection laws.
- Public health interventions are acknowledged to be most successful when done in collaboration with all communities affected.

Environmental Health Response

ASSESSING INDOOR ENVIRONMENTS

- The Department received federal funding to provide environmental assessments of homes for Community Health Network clients with asthma, and will evaluate the effectiveness of this program.

ASSURING APPROPRIATE DISPOSAL OF HAZARDOUS WASTE

- Environmental Health Section (EHS) staff identified and halted a property owner who was illegally disposing of contaminated medical waste with ordinary garbage. This action resulted in fines and penalties of over $1 million.

ADDRESSING PUBLIC HEALTH NUISANCES

- EHS, in collaboration with San Francisco League of Urban Gardeners (SLUG) and the Department of Public Works instituted more aggressive rodent monitoring and abatement activities in Chinatown, Fisherman's Wharf, and downtown areas. In addition, in the last fiscal year EHS responded to 2,000 complaints, including vermin and pigeon infestation, overgrown vegetation, and waste disposal.

LISTENING TO COMMUNITY ENVIRONMENTAL CONCERNS

- The EHS staff regularly attend neighborhood meetings to better understand and strategize around community environmental concerns. These interactions have lead to several collaborative responses in the past year:
    - training community residents on sanitation and operational requirements for their neighborhood businesses;
    - partnering with San Francisco League of Urban Gardeners to identify barriers to healthy nutrition;
    - working with the Navy and Bayview Hunters Point residents to revise the Shipyard's emergency response plan; and
    - reviewing the health impacts of major new land uses especially in the Southeast sectors of the city;

San Francisco
Department of Public Health

STRATEGIC PLANNING INITIATIVE

The Strategic Planning Process

THE PURPOSE OF THE STRATEGIC PLAN

- The Department undertook the strategic planning process in order to:
  - Respond to San Francisco's changing demographic and health needs
  - Plan with the community for health improvement
  - Strengthen prevention efforts
  - Identify program priorities to maximize the effectiveness of limited resources
  - Respond to funding needs

HOW THE PLAN WAS CREATED

- Committees (with representatives from staff, advocates, consumers and providers) were formed and began meeting in October 1999. Committees included:
  - Steering Committee
  - Finance Subcommittee
  - Population and Programs Subcommittee

- In 2000, the Department held 52 town hall meetings with approximately 1,400 attendees. Additionally, the public could access information on the Department's Internet site, which was regularly updated throughout the process. Both the full Strategic Plan and the Executive Summary are posted on the Department's website.

THE FINAL PLAN

- The San Francisco Health Commission adopted Resolution 3-01 endorsing the strategic plan on January 16, 2001.

- The Department of Public Health is responsible for regularly reporting to the Health Commission on its progress.

- The Health Commission will provide oversight and approval of all strategic plan recommendations resulting from the strategic planning initiative.

The Strategic Plan

- The Strategic Plan has four goals 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.

OVERALL DIRECTION

- The Strategic Plan can help to ensure that services meet the community's needs. The plan recommends, among other things, that the Department:
  - Expand health insurance coverage to uninsured residents.
  - Improve coordination of medical care, prevention, mental health, substance abuse, housing, and social services.
  - Ensure that all residents have access to high quality health care.
  - Continue to provide services in the language of patients and in ways that respect their cultural beliefs.
  - Expand and emphasize community-based care (e.g., clinics, home care) instead of care in hospitals or nursing homes.
  - Provide services to those most in need and to those who have no other options to receive services.
  - Emphasize prevention of illness and injury.

The Strategic Plan

IMPLEMENTATION

- The Department is developing an implementation plan and will provide regular reports to the Health Commission. The Health Commission will hear its first report on implementing the strategic plan in April 2001.

- The Department communicated the final plan to the public at eleven town hall meetings held in February and March 2001. The Department will continue to inform staff of the strategic plan through meetings in Spring 2001.

REBUILDING SAN FRANCISCO GENERAL HOSPITAL

SFGH Rebuild

BACKGROUND

- California legislation, SB 1953 (Alquist) and SB 1801 (Speier), requires that existing acute care hospitals in California either be seismically upgraded to progressively higher standards, or rebuilt, to minimize the risk to life and property in the event of a major earthquake.

- The regulations require that San Francisco evaluate San Francisco General Hospital (SFGH) for seismic deficiencies and develop a compliance plan that defines retrofit repairs or new construction.

- It was determined that while the existing SFGH Main Hospital building may continue to be used for ambulatory care clinics, outpatient diagnostic services, acute psychiatry, skilled nursing facility, and program offices, as of 2008 it may no longer be used for general acute care.

- After reviewing various options, the Mayor and Health Commission (Resolution #1-01) recommended that the City pursue plans for rebuilding SFGH.

PLANNING PROCESS

- Three Subcommittees met from January to March 2001 to review program, finance, and technical issues.

- The eighty Committee members included representatives from business and civic groups, the community, health care professionals, labor unions, neighbors, community agencies and consumers.

- The Committees were charged with making recommendations on:
  - program components, size and adjacencies;
  - possible funding sources at state and federal levels
  - projected budget and finance mechanisms;
  - code and compliance with seismic regulations;
  - general parameters for overall campus planning; and
  - formalizing recommendations to the Health Commission.

SFGH Rebuild

GUIDING PRINCIPLES

- Single Standard of Quality Care – SFGH seeks to provide a single standard within the Community Health Network (CHN) and the Department, as well as ensuring that the service quality meets community standards.

- Integrated Delivery System (IDS) – The coordination of services and clinical information throughout the continuum of care is essential for providing quality services to a safety-net population.

- Academic Affiliation – The Department of Public Health and the community benefits from, and is committed to continuing, its collaboration with the University of California at San Francisco (UCSF) Schools of Medicine, Pharmacy, Dentistry and Nursing.

- Collaboration – Planning and problem solving are enhanced when providers, staff, patients and community are included in the process.

- Public Accountability – The residents of San Francisco hold the Department accountable for the level of services and the quality of care provided.

ASSUMPTIONS

- SFGH will continue as a Level I Trauma Center.
- SFGH will continue to function as a referral center for safety net providers.
- SFGH will continue to maintain an academic affiliation with UCSF.
- Though the City is committed to caring for the incarcerated and indigent populations, the patient base should be expanded to help support a general acute hospital both programmatically and financially.

RECOMMENDATIONS OF THE SFGH REBUILD PLANNING COMMITTEE

- The recommendation is to wait until 2002 to bring a bond measure before the voters. This will provide additional time to build on the SFGH Institutional Master Plan, address State legislative changes, explore collaborative efforts with UCSF and elicit further community input.

CITY/COUNTY RESPONSES TO STATE MANDATES

Local Strategies-
Implementing State Mandates

- Proposition 215, Compassionate Use Act of 1996, allows Californians to obtain and use marijuana for medicinal purposes. Implementing the proposition required San Francisco to develop a procedure for identifying residents who qualify for medical cannabis.

- Many substance abusers commit crimes to support their substance abuse habits. Some of these residents end up in jail, as opposed to receiving treatment. State Proposition 36, the Substance Abuse and Crime Prevention Act of 2000, now requires counties to provide treatment for substance abusers who commit certain non-violent drug possession offenses. The California Department of Justice reported 10,679 drug-related arrests in San Francisco in 1999. The San Francisco District Attorney's Office and the San Francisco Sheriff's Office estimate that between 1,200 and 2,400 San Franciscans will qualify for drug abuse treatment under Prop 36 each year.

Local Strategies- Implementing State Mandates

MEDICAL CANNABIS VOLUNTARY IDENTIFICATION CARD PROGRAM

- With the support of health care providers, city agencies, community-based organizations, consumers and the public, the Department implemented the Medical Cannabis Voluntary Identification Card Program in July 2000. With a $25 fee and a doctor's statement, San Francisco residents can obtain an ID card issued by the Department showing that they qualify as medical cannabis users under Prop 215. Primary caregivers can also obtain ID cards to satisfy law enforcement inquiries about their possession of cannabis under Prop 215. From July 2000 through February 2001, 1,110 cards were issued.

EXPANDING DRUG TREATMENT OPTIONS UNDER PROPOSITION 36

- Several city agencies – Board of Supervisors, Public Health, District Attorney, Sheriff, Probation, Courts – have worked collaboratively to respond to Proposition 36. The Board of Supervisors designated the Department of Public Health as the lead agency for this initiative. San Francisco will receive $2.3 million in State funds this FY 2000-01 to expand treatment services to these residents. A Prop 36 Steering Committee was created to develop San Francisco's county plan for Proposition 36 funding. The first meeting was held in February 2001 and all meetings are open to the public.