

San Francisco

2002 State of the City Public Health Address



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April 8, 2002

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2002 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 you. The Board of Supervisors, along with Mayor Brown, has provided unwavering support and leadership to the Department as it seeks to fulfill our mission: to protect and promote the health of all San Franciscans.

This is a critical time for our nation. The horrible tragedy of September 11, 2001, coupled with the anthrax exposures and threats, challenged our strength and resolve. These events also underscored the importance of a competent, prepared local Department of Public Health. Although San Francisco was spared an actual attack, we were not spared from hundreds of potential threats. With our co-responders the Police and Fire Department, we responded to all of these threats with our Environmental Health Toxics Unit, our public health laboratory, and our team of epidemiologists.

Although we have not had a recent threat, we have been preparing for future attacks. Our Emergency Medical Service Agency and Communicable Disease Section have been working closely with the other hospitals in San Francisco to be prepared to respond to a large scale attack: we have protocols ready for how to deal with the horror of multiple casualties and the need for decontamination facilities; we have antibiotics stockpiled; and implementation plans for staff mobilization. I sincerely hope all of this work is for naught; that we are never called on to activate our protocols. However, we cannot risk being unprepared. We cannot wait until an actual attack to figure out how to manage it. The plans are developed; we are currently practicing and improving them.

Of course, while we are planning for emergencies, our daily work continues. We are experiencing an increasing demand for an expanded array of health services, as well as increases in the number of indigent and uninsured clients. New medical treatments and tests are available, which physicians like myself who trained in the 80's would not even have dreamed of. These treatments allow us to prolong life, decrease suffering, improve function, but they achieve these goals at tremendous cost.

I am proud to say that we are still able to offer indigent, uninsured patients top quality medical care—as good or better than the care any insured person would receive at any hospital in the City—but our waits for this care are growing longer and longer; our resources are insufficient to meet the demand in a timely way. To maintain our current level of services, in the face of increased demand, we must reduce costly inpatient care by increasing the use of less expensive, more integrated community care and promoting prevention initiatives.

The cornerstone of our efforts to promote community-based care is the Department's Office of Housing and Urban Health (HUH), which has expanded community options to institutional care by providing housing with services, known as supportive housing. Supportive housing provides services such as on-site case management, individual and group mental health counseling, vocational workshops, substance abuse counseling, medical services and transportation to enable previously homeless persons, persons with disabilities, those struggling with mental illness and substance use, to successfully live independently. In 2001, we opened our third master-leased single room occupancy hotel (SRO), the LeNain Hotel, a 91-unit SRO for homeless seniors. We also opened the Broderick House, a 34-bed residential care residential facility this year. Of the original tenants of the Broderick, nine came from SFGH, 12 from the Mental Health Rehabilitation Facility, seven from Laguna

Honda Hospital, and six were referred from community-based organizations. This proves that the Health Department can successfully move people from an institutional setting to a community-based setting, saving the City thousands of dollars and offering a less restrictive environment for our clients. During this year, HUH also helped develop Autumn Glow, a 15-bed residential care facility for elderly people with Alzheimer's and other forms of dementia. Our other hotels are the Windsor and the Pacific Bay Inn. Two additional hotels, the Star and the Camelot, will be opened by July 2002 and will provide an additional 109 units of housing. All told, our housing unit now provides 1,120 housing placements: more housing than any other health department in the State of California, perhaps anywhere in the United States.

Due to the strong commitment of the Board of Supervisors and Mayor Brown, San Francisco has been committed to providing community-based treatment upon demand to active drug users since 1997. A recent independent evaluation of San Francisco's Treatment on Demand Initiative by the University of California, San Francisco, concluded that "the San Francisco Treatment on Demand initiative, which coupled a community planning process with annual increases in treatment funding, is a feasible and effective way of increasing access to publicly funded substance abuse treatment." The evaluation found that total admissions per year to the treatment system increased 15 percent (from 23,586 in FY 1995-96 to 27,103 in FY 1998-99) and the number of individual people accessing treatment increased 18 percent. After implementation of Treatment on Demand, people entering treatment for the first time and persons with heroin addiction each constituted greater proportions of all treatment admissions.

The Department's Community Mental Health Services (CMHS) made significant progress over the last year to reduce reliance on acute or emergency psychiatric care. CMHS

worked closely with San Francisco General Hospital's Department of Psychiatry to improve patient flow through the acute psychiatric units by placing patients in appropriate community programs, thereby reducing the rate of hospital admissions for patients receiving emergency psychiatric services. CMHS was also able to expand its outreach services to homeless persons with mental illness through the successful Mobile Outreach Support and Treatment (MOST) Team that operates out of the South of Market Clinic. As of March, there were 123 participants in the program and program data show that among program participants, hospitalization has decreased 58 percent, incarceration has decreased 81 percent, and 86 of the 123 participants are currently maintaining stable housing.

Like other public health systems around the country, the Department continues to see a high proportion of uninsured patients at San Francisco General Hospital and the Department's primary care clinics. Last year, 50 percent of our patients were uninsured. However, I am fortunate to be a local health director in a city that so strongly supports public health and health care services. San Francisco has been a leader in efforts to expand access to health care coverage for its uninsured residents and workers and I am proud that the Department has played a role in these expansions. In January of this year, in collaboration with the San Francisco Health Plan, the City launched Healthy Kids, the City's health insurance plan for children. I am pleased to report that as of March 2002 – just three months into the program – 483 children previously uninsured San Francisco children now have health insurance.

HIV/AIDS continues to have an enormous impact on the health of San Franciscans. The level of HIV/AIDS prevalence is higher now than ever, with one out of every fifty San Franciscans living with HIV/AIDS, due to the availability of highly effective antiretroviral treatments. Unfortunately, San Francisco is also experiencing a resurgence of new HIV

infections, particularly among men who have sex with men (MSM). Infection rates are going up again, along with growing epidemics of hepatitis C and sexually transmitted diseases. At the same time, essential Ryan White CARE Act funds to San Francisco are being reduced by an unprecedented \$2.2 million. The Department will continue to work closely with the Board of Supervisors and the HIV Planning Council to mitigate the impact of the reductions on critical HIV services.

We recognize that the economic recession has had a major impact on the City's revenue, and that this may affect the availability of general funds for the Health Department. With a proposed baseline budget of just over a billion dollars the Health Department is the largest department in the City. However, it is important to note that 69% of our funding is revenue generated. Therefore, most potential cuts of general fund become magnified: cutting general fund supported services results in the loss of revenue, resulting in further cuts of services. In the coming months the Board will be deliberating on this budget. We are prepared to follow the leadership of the Mayor and the Board and contribute as is necessary to help the City to close its budget deficit. At the same time, we are mindful that it is impossible to cut the safety net without endangering the safety net.

I would like to recognize the Department's staff and their continued commitment to providing services in a manner that promotes community-based alternatives and expanded access. Our ability to meet the health needs of our community is dependent upon the caliber of our staff. I am proud and appreciative of their expertise, their dedication, and their spirit. I would also like to acknowledge the San Francisco Health Commission for their vision and leadership on health issues.

Thank you for the opportunity to speak to you today regarding the public health of our City. I look forward to working with you over the next year to fulfill the Department's mission to protect and promote the health of San Franciscans.

Mitchell H. Katz, M.D.
Director of Health
April 2002

The Department's Strategic Plan

For the past year, the Department's direction has been guided by its Strategic Plan, which was adopted by the Health Commission in January of 2001 and designed to help the Department better fulfill its mission to protect and promote the health of all San Franciscans. The Department undertook this strategic planning initiative in an effort to ensure that the services and programs that the Department provides are continually relevant to the health needs and concerns of the community. As you will see from this report, the Department's responses to the City's health issues were developed in accordance with our Strategic Planning objectives.

San Francisco's Health Status Profile 2002

MAJOR CAUSES OF DEATH, SAN FRANCISCO 1999-2000

SF Rank	Health Status Indicator	Deaths (Avg./Yr.)	SF Death Rate	95% Conf. Limits (Lower, Upper)	CA Death Rate	SF/CA	US 2010 Obj.	SF Met 2010 Obj.?
10	ALL CAUSES (1998-2000 AVERAGE)	6,587.3	698.4	667.9 728.9	773.8	90.3	N/E	----
22	CORONARY HEART DISEASE	1,544.0	159.2	151.2 167.2	201.5	79.0	166.0	Yes
26	CEREBROVASCULAR DISEASE	595.0	60.4	55.5 65.2	63.3	95.4	48.0	No
9	ALL CANCERS	1,515.5	165.0	156.7 173.4	179.8	91.8	159.9	No
6	LUNG CANCER	362.5	39.8	35.7 43.9	46.8	85.0	44.9	Yes
4	FEMALE BREAST CANCER	92.0	18.3	14.5 22.1	25.2	72.6	22.3	Yes
12	DIABETES	128.5	13.7	11.3 16.1	20.8	65.9	45.0	Yes
----	AIDS	198	21.7	----	4.5	4.88	----	----
27	UNINTENTIONAL INJURIES	281.5	32.7	28.8 36.6	24.7	132.4	17.5	No
12	MOTOR VEHICLE ACCIDENTS	54.5	6.8	4.9 8.6	9.8	69.4	9.2	Yes
24	SUICIDE	88.0	10.4	8.2 12.6	9.5	--	5.0	No
46	HOMICIDE	50.5	6.8	4.9 8.8	6.1	--	3.0	No
56	DRUG-RELATED DEATHS	158.5	18.2	15.4 21.1	5.8	313.8	1.0	No
14	FIREARM INJURIES	48.5	6.5	4.6 8.4	9.3	69.9	4.1	No

Notes: Rank goes from lowest county rate (rank #1) to highest rate (#56).
 Rates are age-adjusted to US 2000 population standard, and are calculated per 100,000 population.
 Three-year averages are reflected for the "All Causes" mortality data.
 Due to the change from ICD9 to ICD10 that occurred in 1999, two years of mortality data are used for specific causes.
 Rates cannot be compared to data prior to 1999 due to the change from use of 1940 to 2000 standard population proportions to calculate age-adjustments.
SF/CA: SF rate/CA rate x 100. Can be read as SF's rate as a percent of California's. Not shown if CA rate included in SF's 95% C.I.
N/E: National Objective for all-cause mortality has not been established.
Source: Department of Health Services: Center for Health Statistics, County Health Profiles 2002. April 2002.

Data Sources: Department of Health Services: Center for Health Statistics, *Death Statistical Master Files*, 1998-2000. Department of Finance, *1999 Population Projections with Age, Sex and Race/Ethnic Detail*, May 2000.

Improving the Department's ability to respond in case of disaster

OBJECTIVE

All residents and visitors will continue to have access to and benefit from population-based public health services.

ISSUE

Since 9/11, the Department has been on heightened alert and has worked to increase its ability to react effectively in case of disaster.

RESPONSE

The Emergency Medical Services (EMS) section has focused on bioterrorism by engaging in the following activities:

- ◆ released a final version of the Multicasualty Incident Plan and trained all Fire Department employees;
- ◆ upgraded the City's cache of medical supplies;
- ◆ worked with the State to rapidly access federal supplies through the "National Pharmaceutical Stockpile" if needed;
- ◆ improved the Department's Operating Center in case of a disaster; and
- ◆ worked with community hospitals (e.g., St. Luke's, St. Francis, Chinese Hospital, etc.) to improve their disaster plans.

The Community Health Epidemiology and Disease Control section has focused on the following activities:

- ◆ planning and testing a Prevention Treatment Center for mass post-exposure drug prophylaxis;
- ◆ planning and testing a rapidly deployable epidemiologic and environmental Field Investigation Team;
- ◆ continuing education for clinical providers on the recognition and management of bioterrorism agents; and
- ◆ developing and testing a clinical provider Health Alert Network for rapid notification and information dissemination.

Improving the Department's ability to respond in case of disaster

OBJECTIVE

Health care services will continue to be provided to the target and vulnerable populations, in addition to those who choose the Department.

ISSUE

Following published and televised anthrax cases and exposures on the east coast in early October 2001, the Department's Emergency Response Team responded to over 170 calls of suspected anthrax in San Francisco. Calls came from concerned individuals who received suspicious or unusual letters or packages often containing white powder or labeled with threats.

RESPONSE

The Emergency Response Team includes four employees who are on call around the clock and respond, along with the Fire Department, to all Hazardous Materials calls. These staff members collected all suspicious letters and delivered them for assessment. 140 samples were evaluated by the Department's Microbiology Lab for assessment, and the California Department of Health Services evaluated other samples associated with more significant threats. None of these samples were ultimately found to contain anthrax.

Decreasing homelessness and increasing affordable housing

OBJECTIVE

Health care services will continue to be provided to the target and vulnerable populations, in addition to those who choose the Department.

ISSUE

Over 450 families and 760 children are living in San Francisco's Single Room Occupancy hotels (SROs). Half of the parents with families in SROs reported that living there had caused health problems for them and their children.¹

RESPONSE

The Office of Housing and Urban Health conducted a health fair at two residential hotels. Staff provided flu shots, HIV testing and counseling, STD screening and treatment, tuberculosis screening and urgent care medical services to over 50 residents.

In 2001, the Hotel Inspection Program Unit prioritized its inspections to ensure that SRO hotels and other facilities are safe, sanitary and habitable. In the Fall of 2001, planning began for inspections on each of the 106 SRO hotels that house families. These inspections are set to begin in May 2002.

OBJECTIVE

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

ISSUE

Community groups who work with families in SROs hear repeated complaints: filth, rodent infestations, drug abuse and dealing in their SROs, abusive and unresponsive managers, and poorly lit, non-ventilated and cramped rooms.²

RESPONSE

The Department has provided additional funds to the three SRO Collaboratives (the Mission, Chinatown and Central City SRO Collaboratives). These funds allow the SRO Collaboratives conduct educational seminars and advocacy training for tenants and landlords. Topics to be covered include improving conditions, tenants rights, and accessing health care.

¹ Citywide Families in SROs Collaborative, *Report on the Census of Families with Children Living in Single Room Occupancy Hotels in San Francisco*, October 2001.

² Ibid.

Decreasing homelessness and increasing affordable housing

OBJECTIVE

Develop policies to support and institutionalize service integration through a client-centered focus rather than a service or funding focus, when appropriate.

ISSUE

San Francisco does not have enough housing for homeless and disabled individuals needing comprehensive long-term care or supportive housing.

RESPONSE

The Department opened Broderick House, a 24-bed residential care facility, to provide long-term care for clients who have been difficult to place due to medical complications and/or behavioral problems. By June 30, 2002, the Department will have added 109 units of permanent supportive housing at the Star and Camelot hotels.

OBJECTIVE

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

ISSUE

Homelessness creates or exacerbates health problems, mental health problems and addiction. Many of San Francisco's homeless residents suffer from a combination of these problems.

RESPONSE

The Community Mental Health System initiated a project aimed at linking homeless seriously mentally ill clients with mental health treatment, housing, and employment development. With 120 homeless clients enrolled, over 70 percent of them are maintaining housing and eight enrollees are employed. Both hospital and incarceration days have decreased significantly for enrollees.

Enhancing long-term care services

OBJECTIVE

Expand community-based services (including social, restorative and rehabilitative models). Community-based alternatives (which are provided in community and institutional settings) should be expanded in place of institutional care whenever clinically appropriate.

ISSUE

The population today at Laguna Honda Hospital and Rehabilitation Center (LHHRC) is younger and the range of diagnoses and disabilities more varied. As of June 30, 2001 there were 198 patients under 55 years old residing at LHHRC, three times the number of patients under 55 residing at the facility 10 years ago.

RESPONSE

Medical advances and the availability of community programs now make it possible to discharge residents more quickly, with short-term care as the goal. The Community Reintegration Program targets individuals who demonstrate the potential for discharge within 90 days of admission. In 2001, the program's first year, 87 individuals were admitted to the program, 53 of whom were successfully discharged.

OBJECTIVE

Train staff to develop and deliver appropriately integrated services.

ISSUE

A variety of ethnic groups make up the residents at LHHRC, 25 percent of the residents are African-American, over 20 percent are Asian Pacific Islander, and 10 percent are Hispanic/Latino. Many of the residents are monolingual Chinese or Spanish.

RESPONSE

LHHRC established Asian Focus Units where staff is placed and residents voluntarily reside in units to meet the specific linguistic, cultural and nutritional needs of Chinese speaking residents. The interdisciplinary team members for these units include bilingual and bicultural staff from nursing, dietary, medicine, rehabilitation, activity, social services, and volunteers.

Enhancing long-term care services

OBJECTIVE

Health care services will continue to be provided to the target and vulnerable populations, in addition to those who choose the Department.

ISSUE

Currently, individuals aged 65 and over constitute 15 percent of the City's population. It is estimated that 23 percent of these individuals have mobility and self-care limitations requiring long-term care (either in the community or in an institution). The City's population of older people is expected to increase as the baby boomer generation ages.

RESPONSE

The LHHRC Replacement Project has been moving forward since Proposition A passed in November 1999, making it mandatory to replace LHHRC to serve more of the City's residents in a newer, higher quality setting. Highlights in this area over the past year include:

- ◆ Completed the schematic design;
- ◆ Produced preliminary construction phasing plan;
- ◆ Published draft environmental impact report;
- ◆ Submitted completed plans for temporary power plant to the Office of Statewide Health Planning and Development for approval; and
- ◆ Submitted final plans for new expanded Woodside Roadway for issuance of construction permits.

OBJECTIVE

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

ISSUE

As a population, LHHRC residents are younger, more likely to be male, come from lower-income backgrounds, have more substance abuse and psychosocial problems, and have higher levels of impaired mobility. Approximately 400 residents of LHHRC have psychiatric diagnoses in addition to their medical problems.

RESPONSE

An increasing portion of the younger male population requires programs that minimize aggression. Training for staff in managing difficult behavioral problems was instituted. In addition, the Young Independent Persons Society (YIPS) was developed to meet the activity and interest needs of this group. Evening activities geared toward younger residents, like pizza parties and live music, occur every two weeks and are regularly attended by 20 to 25 residents.

Providing treatment to those with substance abuse and addiction problems

OBJECTIVE

Health care services will be provided to the target and vulnerable populations, in addition to those who choose the Department.

ISSUE

The high cost of rent and the lack of appropriate space in San Francisco creates barriers to expanding critically needed methadone maintenance treatment slots. San Francisco has about 1,675 methadone maintenance slots, but the need is much greater.

RESPONSE

The Mobile Methadone Project will add 150 methadone maintenance slots for indigent individuals in San Francisco in Spring of 2002. The vans will provide methadone dispensing and counseling services. Mobile methadone services will be available Monday through Friday to clients and on the weekends at San Francisco General Hospital. This program will work in conjunction with existing programs (Ward 93 at San Francisco General Hospital), and will be staffed by a Dispensing Nurse, a certified counselor and a security guard. As substance abuse counseling is an integral and required part of methadone maintenance treatment, counselors will be located in the facility where the vehicle is parked. Crisis counseling will be available by a trained counselor on the vehicle.

The Office-Based Opiate Addiction Treatment (OBOAT) program will be piloted in the Spring of 2002, and will allow clients to access methadone treatment from physicians in the City. Methadone will be dispensed to the client from participating neighborhood pharmacies, allowing 100 individuals to access treatment closer to home.

Providing treatment to those with substance abuse and addiction problems

OBJECTIVE

Ensure that priority services are those which address the critical health issues and socio-economic needs of the target populations, vulnerable populations and neighborhood areas.

ISSUE

San Francisco has an estimated 15,000 to 17,000 heroin addicts. San Francisco had a rate of 20.1 drug related deaths per 100,000 people in 2000. This is significantly higher than the State's average rate of 5.8; the National Objective for 2010 is 1.0 per 100,000.³

RESPONSE

Spaces available for direct treatment of substance abuse/addiction (including methadone maintenance, detoxification programs, residential treatment programs, etc.) increased by 23 percent since FY 1999-2000 and 53 percent since the Treatment on Demand Initiative was initiated in 1996. In FY 2000-2001 there were a total of 6,334 slots contracted for by the Department.

OBJECTIVE

Foster collaborative planning on health issues and assessment with consumers, community partners, researchers, other City agencies, neighborhood organizations and others to improve health status.

ISSUE

Many individuals in San Francisco are dependent on a combination of alcohol, sedatives and opiates, which tend to produce the greatest degree of physical dependence.

RESPONSE

The Ozanam Medically Managed Detoxification Program opened in the Summer of 2001, bringing vital medical services and expertise to a community-based setting. The program took 20 existing detoxification beds at Ozanam and enhanced them with 24-hour medical monitoring, and is a collaboration between the Department, St. Vincent de Paul, and UCSF.

³ California Department of Health Services, *County Health Status Profiles*, April, 2002.

Providing treatment to those with substance abuse and addiction problems

OBJECTIVE

Initiate and sustain partnerships with non-profit, private, governmental, community and faith-based agencies to provide health-related services and advocate for solutions to root causes of poor health such as poverty, underemployment, and inadequate housing.

ISSUE

The Department's Community Substance Abuse Services (CSAS) has a broad and culturally diverse clientele. African-Americans represent 32 percent of CSAS patients – four times the percentage of African-American residents in San Francisco; Hispanic/Latino clients also are represented in higher proportions than reside in the City; Asian/Pacific Islanders and "Other" ethnicities make up approximately 10 percent of the clientele.

RESPONSE

The San Francisco Practice Improvement Collaborative (PIC) strives to improve the quality of substance abuse treatment by increasing interaction and knowledge exchange between community-based providers and the research community. Last year, the PIC conducted trainings to providers on cultural competency for African-Americans, Native Americans, Hispanic/Latino, lesbian/gays, and transgenders.

Improving services for those with mental health problems

OBJECTIVE

Expand community-based services (including social, restorative and rehabilitative models). Community-based alternatives (which are provided in community and institutional settings) should be expanded in place of institutional care whenever clinically appropriate.

ISSUE

Inpatient psychiatric care represents the most restrictive and expensive level of care in the mental health system. Community Mental Health Services (CMHS) strives to serve clients in the least restrictive environment.

RESPONSE

In FY 2000-2001 there were 160 fewer psychiatric hospitalizations than the previous year. This decrease is due in part to the continued work of the intensive case management programs, including the Single Point of Responsibility programs (SPRs). The SPRs are innovative programs designed to provide wraparound services 7 days per week in order to assertively engage clients and encourage their ability to live productive lives in the community rather than within institutions.

This decrease in hospitalizations is also the result of the availability of supportive housing, acute diversion residential programs, and the Mobile Crisis Team that works closely with the police. All of these programs contribute to the CMHS goal of treating clients in the community and reducing the need for psychiatric emergency services and inpatient hospitalization.

OBJECTIVE

Health care services will be provided to the target and vulnerable populations, in addition to those who choose the Department.

ISSUE

There are approximately 12,515 children and youth between 0 and 17 years old considered seriously emotionally disturbed in San Francisco. Many are in treatment through CMHS, but some remain undiagnosed and/or untreated.⁴

RESPONSE

CMHS, the San Francisco Unified School District and Westside Community Mental Health Services opened a school-based day treatment program at the Visitacion Valley middle school. This program will pilot a new model of delivering mental health services to seriously emotionally disturbed children at the school site.

⁴ California Mental Health Planning Council, *California Mental Health Master Plan, Draft*, August 2001.

Improving services for those with mental health problems

OBJECTIVE

Ensure that a single standard of care, that meets community standards, is provided to clients regardless of eligibility, income or residency status.

ISSUE

Mental health treatment must take place in the context of the consumer's culture. African-Americans make up 23 percent of the CMHS client base, nearly three times the percentage of African-Americans in San Francisco's general population. Asian/Pacific Islander patients make up 18 percent of the client base, while Hispanic/Latino clients make up 13 percent.

RESPONSE

Several projects were launched to improve the cultural competency of CMHS. Examples include the Asian Leadership Consumer Group, which recently held a workshop on becoming a U.S. citizen, and the Peer Internship program that pays consumers a stipend as they work in mental health programs and learn to become peer support counselors.

OBJECTIVE

Aggressively pursue grant and other funding sources outside of the Department and City including establishment of a grant writing function in the Department.

ISSUE

It is estimated that nearly 5,000 adults over 60 years old in San Francisco need mental health services, and nearly half of these individuals have mental health needs that remain unmet through CMHS and the private sector.⁵ These older adults and their families have difficulty navigating between the physical and mental health systems of care.

RESPONSE

The Older Adult System of Care grant from the State Department of Mental Health provides an opportunity to demonstrate how San Francisco's physical and mental health systems can collaborate by creating an integrated 24-hour crisis response system. A residential care facility is designated as the setting to assess, diagnose and intervene when it is not possible to provide services in the client's home.

⁵ California Mental Health Planning Council, *California Mental Health Master Plan, Draft*, August 2001.

Improving services for those with mental health problems

OBJECTIVE

Work more closely and collaboratively with other City agencies that provide human services to ensure that program efforts are coordinated and responsive to the larger goal of improving the quality of life for San Francisco residents.

ISSUE

The San Francisco Police Department (SFPD) responds to about 600-700 calls per month dealing with individuals suffering from mental illnesses. The SFPD and CMHS need to work together to make sure that individuals with mental health issues receive appropriate services as quickly as possible.

RESPONSE

SFPD and CMHS developed and implemented a Police Crisis Intervention Training Program, which trains officers to be better able to respond to individuals with apparent mental illness and to be informed of the mental health resources in the City. Two training classes were held in May and October 2001. Fifty-five officers have been trained and the officers positively evaluated the training. More classes are being planned for 2002.

Increasing access to health insurance for the City's residents

OBJECTIVE

Foster collaborative planning on health issues and assessment with consumers, community partners, researchers, other City agencies, neighborhood organizations and others to improve health status.

ISSUE

More than one in three workers who lose their job also lose their health insurance.⁶ San Francisco metropolitan area's unemployment rate was 4.9 percent (49,559 residents) in November 2001, more than doubling from the previous year.⁷ The economic downturn in the Fall of 2001 likely added nearly 11,000 adults to the ranks of San Francisco metropolitan area's uninsured.

RESPONSE

In November 2001, the Department and the Mayor's Office created "Health Insurance Options for Laid-Off Workers," a document instructing individuals how to retain or find new health coverage. Translated into Spanish and Chinese, the document was widely distributed to job centers, Medi-Cal offices, and community-based organizations.

OBJECTIVE

Increase the number of insured San Franciscans through ensuring that those who are eligible, but not enrolled in publicly-funded or private programs are enrolled, developing a local health insurance purchasing program and advocating for expansion of public insurance programs.

ISSUE

Previous estimates show that over 9,000 children in San Francisco are uninsured. Approximately 5,000 of these children are not eligible for Medi-Cal or Healthy Families.

RESPONSE

The Healthy Kids program provides health coverage for uninsured children and youth not eligible for other public health coverage programs. Healthy Kids covers undocumented immigrant children and children in working families with incomes too high for Healthy Families, but too low to afford private insurance. This program began in February 2002, and provides medical, prescription, vision and dental care.

⁶ Jeanne Lambrew, *How the Slowing U.S. Economy Threatens Employer-Based Health Insurance*, Nov. 2001.

⁷ U.S. Dept. of Labor, Bureau of Labor Statistics website, February 2002.

Increasing access to health insurance for the City's residents

OBJECTIVE

Increase eligibility outreach efforts of the Department and coordinate eligibility efforts with other City departments (e.g., Department of Human Services and the San Francisco Unified School District). Work with other City Departments to identify mutual clients who can increase revenue or benefit from inter-agency case management.

ISSUE

The San Francisco rolls for Medi-Cal for Children increased from 18,328 in January 2001 to 19,001 in January 2002 (an increase of 673 children). The Healthy Families program increased from 8,314 in January 2001 to 9,545 in January 2002 (an increase of 1,231). However, there still remains a significant number of children who are uninsured, particularly given the increase in the number of unemployed parents.

RESPONSE

The Bringing Up Healthy Kids (BUHK) coalition is a partnership of City agencies and community-based organizations committed to increasing the number of insured children and improving access to health care for San Francisco's children. In September 2001, BUHK worked with the school district to send Requests for Information to all students. To date, approximately 1,300 forms have been sent back by parents interested in learning more about free or low-cost health coverage options. These families are being screened and assisted through the enrollment process.

Providing effective HIV/AIDS treatment and prevention services

OBJECTIVE

Health care services will continue to be provided to the target and vulnerable populations, in addition to those who choose the Department.

ISSUE

For African-American men the incidence of AIDS cases per 100,000 residents in San Francisco is 202, for white men it is 177. For women, the difference is even greater. African-American women have an incidence of 61 AIDS cases per 100,000 residents, three times higher than the incidence in the Hispanic/Latino female population and six times the incidence for white women.

RESPONSE

In 2001, five new and expanded programs were designed to bring people of color into care. These programs provide outreach and treatment advocacy for several underserved communities, including transgender, women of color, Asians and Pacific Islanders, monolingual Latinos, and Native Americans. The programs use culturally appropriate methods and provide treatment readiness for counseling, adherence support, and education.

The HIV Early Intervention Program (EIP) provides confidential, culturally sensitive medical evaluation and treatment, health education and social services for HIV infected individuals and family members. The EIP also seeks to prolong the health and productivity of the population and to decrease the transmission of HIV and the incidence of new cases among the BVHP community residents.

OBJECTIVE

Develop policies to support and institutionalize service integration through a client-centered focus rather than a service or funding focus, when appropriate.

ISSUE

Although there are fewer new cases of intravenous drug users (IDUs) reported as HIV positive, there are a total of 1,385 IDUs who are HIV positive and 2,080 IDUs who are men who have sex with men. This represents 75 percent of all HIV cases in the City.

RESPONSE

The Department now provides medical care at all 14 Needle Exchange sites. The sites are used to educate injection users to treat urgent medical conditions, teach HIV prevention, and to refer to ongoing primary care and drug treatment.

Providing effective HIV/AIDS treatment and prevention services

OBJECTIVE

Use evaluation data as part of establishing Department priorities. This process should be ongoing and updated annually to measure programs to ensure that they are still useful and meeting the Department's priorities.

ISSUE

The number of HIV positive transgender individuals in San Francisco is increasing. HIV prevalence among male-to-female transgender persons in San Francisco is 35 percent.

RESPONSE

The Transgender Community Health Project was conducted in San Francisco and was the first major study of the transgender population. The project greatly improved knowledge of the transgender community, HIV risk and prevalence, and need for targeted primary and secondary HIV prevention services. The community report and subsequent publications have been widely cited and used to secure funding for transgender services.

OBJECTIVE

Ensure that a single standard of care, that meets community standards, is provided to clients regardless of eligibility, income or residency status.

ISSUE

The prevalence of HIV infection among prisoners in the jail is much higher than in the general population. The incidence of HIV/AIDS is 14 times higher in state and federal correctional systems than in the general US population.⁸

RESPONSE

Jail Health Services uses the period of incarceration as an opportunity to provide HIV education, risk assessment and healthcare. The Homebase Project/HOPE Study was implemented to assess the effectiveness of interventions to enhance post-release medical and social service utilization, increase medication adherence, reduce health risk behaviors and reduce recidivism.

⁸ American College of Physicians, National Committee on Correctional Health Care, American Corrections Health Services Associations. *The crisis in correctional health care: the impact of the national drug control strategy on correctional health services*, Ann Internal Medicine, 1992: 117:17-7.

Providing effective HIV/AIDS treatment and prevention services

OBJECTIVE

All residents and visitors will continue to have access to and benefit from population-based public health services.

ISSUE

In San Francisco, 17,838 individuals are infected with HIV and as many as 3,500 do not yet know it. It is estimated that the number of new HIV cases in San Francisco has risen from about 500 in 1997 to a little over 1,000 in 2001.

RESPONSE

For National HIV Testing Day on June 27, the Department publicly encouraged all San Franciscans to get tested, and for those at risk to get tested every six months. Lists of anonymous and confidential HIV testing sites around the City were given out through a telephone hotline and Internet site.

OBJECTIVE

Engage in strong advocacy at the local, state and federal levels.

ISSUE

Though AIDS has been a reportable condition in California for several years; HIV became reportable just last year. The Department took a strong position opposing the use of names for reporting HIV cases to avoid deterring people from testing.

RESPONSE

The AIDS Office conducted a pilot study that demonstrated complete and accurate data could be collected without the use of names. The Department advocated strongly with the State Legislature and the Department of Health Services to ensure that the method of HIV reporting would be non-names based. The State now proposes to use unique identifiers, not names.

Preventing untimely disease, injury and death

OBJECTIVE

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

ISSUE

The adult smoking prevalence rate in San Francisco is nearly 18.7 percent, slightly higher than the overall rate in California of 18.2 percent. The Healthy People 2010 objective is 15 percent.

RESPONSE

The Tobacco Free Project's comprehensive tobacco control model has contributed to a 2.2 percent decline in the adult smoking prevalence rate in San Francisco in the last decade. In 2001, smoking cessation classes at San Francisco General Hospital had a 57 percent success rate and classes held for lesbian, gay, bi-sexual or transgender smokers had a 70 percent success rate.

OBJECTIVE

Ensure that prevention is a core component of new program initiatives and is part of the overall design of any new service.

ISSUE

The majority of car seats are being used in cars incorrectly. It was discovered that in San Francisco more than 95 percent of car seats are not being used optimally and some of these misuses could lead to a fatal injury.

RESPONSE

The Department sponsored a series of free car seat inspections in 2001. Trained inspectors checked for loose harnesses, safety seats not attached firmly to the car, infants facing the front of the car or riding in front with an air bag, and children being moved out of car seats before they are tall enough to fit properly in vehicle belts. In these cases, parents were given information and training on the appropriate use of safety seats and the dangers of improper use.

Preventing untimely disease, injury and death

OBJECTIVE

All residents and visitors will continue to have access to and benefit from population-based public health services.

ISSUE

Over the past 10 years, San Francisco pedestrian fatalities have become a steadily increasing percentage of fatal motor vehicle collisions, from about 37 percent in 1990 to over 60 percent in the year 2000. This is in comparison to a national figure of about 13 percent of motor vehicle pedestrians.

RESPONSE

During National Red Light Running Week in September 2001, the Red Light Running Prevention Campaign distributed “RED means STOP” buttons and antennae balls to drivers. The City’s over 2,000 Emergency Crews and First Responders (including Emergency Medical Technicians, Paramedics, Firefighters and Police) also wore the buttons and placed the antennae balls on their vehicles to remind people of the dangers of red light running. Billboards, and street signs were displayed with the message “Stop at the red. You’ll only kill a few seconds.”

OBJECTIVE

Ensure that prevention is a core component of new program initiatives and is part of the overall design of any new service.

ISSUE

San Francisco’s senior pedestrians are being killed at three times their proportion of the population and once they are injured in a collision, seniors are four times more likely to die.

RESPONSE

The Department hosted a rally in May 2001 on the steps of City Hall in recognition of Senior Pedestrian Awareness Day. The event kicked off a new senior pedestrian safety poster campaign that featured photos of seniors and contained the following types of messages: “He Wants to be a Grandfather, Not Another Pedestrian Fatality” or “She Wants to Visit her Grandson, Not the Emergency Room.”

Preventing untimely disease, injury and death

OBJECTIVE

Foster collaborative planning on health issues and assessment with consumers, community partners, researchers, other City agencies, neighborhood organizations and others to improve health status.

ISSUE

Nearly 50 percent of San Francisco's middle school students reported that they had been in a physical fight in the last year, and 15 percent said that they had not attended school at some time because they had felt unsafe.⁹

RESPONSE

The Transitions program targets fifth grade students in the schools, preparing them for challenges they may face in middle school and adolescence. Violence prevention, including the issues that surround teasing and bullying, are explored in depth. In the 2000-2001 school year, almost 1,500 children at 25 schools benefited from this program.

⁹ San Francisco Unified School District, *Middle School Health Survey – Executive Summary*, September 2000.

Addressing health disparities among different communities

OBJECTIVE

Ensure that priority services are those which address the critical health issues and socio-economic needs of the target population.

ISSUE

When Asians immigrate to the United States, risk of developing diabetes increases significantly. This is likely due to a change in lifestyle, diet, and exercise. Nationally, an estimated 2.4 percent of Asian American/Pacific Islander (AAPI) women have diabetes, the fifth leading cause of death among AAPI women between the ages of 45 and 64.¹⁰

RESPONSE

The Chinatown Public Health Center has developed and implemented a diabetes education and case management program. This effort maximizes resources and provides access to critical diabetes management services using the adaptation of language and culture. Over 200 Chinese clients have participated in case management, self-management classes, culturally sensitive nutrition services and a support group.

OBJECTIVE

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.

ISSUE

Large inequalities exist in the health of the U.S. population, as well as in San Francisco. Recent lessons from health, social, and behavioral research have demonstrated the importance to health and well being of a wide range of social, economic, cultural, and institutional factors as well as the limits of medical approaches to address inequalities.¹¹

RESPONSE

The Health Inequities Research Unit (HIRU) was created by the Department in 2001 to address health issues that are important for the health of low-income individuals, families and neighborhoods. All of the projects undertaken by the HIRU support and evaluate change in environmental conditions. Nutritious and accessible food, safe and affordable housing, opportunities for physical activities, and safe/well-paid jobs are some of the specific areas of focus.

¹⁰ Fuhimoto, *Diabetes in Asian and Pacific Islander Americans*, 1995.

¹¹ Michael Marmot, *Social Determinants of Health*, Oxford, 1999.

Addressing health disparities among different communities

OBJECTIVE

Foster collaborative planning on health issues and assessment with consumers, community partners, researchers, other City agencies, neighborhood organizations and others to improve health status.

ISSUE

According to the Bayview Hunter’s Point Health and Environmental Assessment Task Force, one in six children, or 15.5 percent, were asthmatic. This is more than twice the national average for 5 to 14 year olds, which is 7.4 percent. African-Americans in San Francisco are reported to have two to three times the rate of asthma as whites.

RESPONSE

The YES WE CAN Urban Asthma Partnership comprises 11 organizations that advocate for low-income communities on issues of child health and community wellness. The Urban Asthma partnership implemented a medical/social model at the Pediatric Asthma Clinic at SFGH. Last year, the clinic served nearly 700 asthmatic children living in the southeast areas of the City.

OBJECTIVE

3.7(d) Incorporate e-health into the Department’s Internet strategy and fund a comprehensive Department portal for a more dynamic presence on the Internet.

ISSUE

The rate of premature death among African-Americans in San Francisco is more than one and one-half times that of all San Franciscans, with the leading causes being heart disease, AIDS, drug overdose, stroke and homicide. To a large extent, each of these causes of premature death is preventable.

RESPONSE

The African-American Telehealth Project is demonstrating a new approach to addressing these health disparities. It combines community-organizing trainings with a new tool, locally created and maintained Web sites. These sites will be used by their respective communities and will facilitate partnerships resulting in the creation of “e-clubs.” These groups will gather weekly for several months to be trained in organizing for health and to learn Web authoring.

Addressing health disparities among different communities

OBJECTIVE

Initiate and sustain partnerships with non-profit, private, governmental, community and faith-based agencies to provide health-related services and advocate for solutions to root cause of poor health such as poverty, underemployment, and inadequate housing.

ISSUE

Women in San Francisco receive early and adequate prenatal care 74 percent of the time as compared to the Healthy People 2000 objective of 80 percent and the Healthy People 2010 objective of 90 percent. However, African-American women in San Francisco receive early and adequate prenatal care only 57 percent of the time. African-American women who do not receive early and adequate prenatal care are more likely to have negative birth outcomes and are nearly twice as likely to have low birth weight infants.

RESPONSE

To increase the number of pregnant women accessing prenatal care, the Department stationed a public health nurse (PHN) at the Medi-Cal site to refer pregnant clients for prenatal care case management. Depending on their residence, women may be referred to the Black Infant Health Program, or the Sistah Sistah program. Homeless women are referred to the Homeless Prenatal Program. These programs, among others, are succeeding in getting women into care and reducing the number of low birth weight African-American infants.

Controlling the spread of communicable diseases

OBJECTIVE

Ensure that priority services are those which address the critical health issues and socio-economic needs of the target populations, vulnerable populations and neighborhood areas.

ISSUE

According to preliminary reports, early syphilis cases rose from 44 cases in 1999 to 71 cases in 2000 (61 percent increase) and 190 cases in 2001 (168 percent increase). In San Francisco, cases among men who have sex with men accounted for 72 percent of all syphilis cases. If bisexual men are included, the percentage increases to 80 percent.

RESPONSE

Due to success in treating other STDs through Field Delivered Therapy (FDT), FDT is now available to treat syphilis. This allows Department staff to provide testing and therapy to hard-to-motivate syphilis contacts in the field rather than requiring them to come to the Clinic for treatment.

OBJECTIVE

Foster collaborative planning on health issues and assessment with consumers, community partners, researchers, other City agencies, neighborhood organizations and others to improve health status.

ISSUE

High-risk venues for the spread of STDs include adult bookstores, sex clubs, bathhouses and the Internet. All have been found to play a role in facilitating syphilis transmission.

RESPONSE

The STD program conducted outreach to MSMs at clubs. To reduce the spread of syphilis and other STDs the Department met with owners and managers of adult bookstores, and encouraged them to improve signage, make condoms more available in their arcades and to make information regarding testing and treatment available to patrons. The owners of all five of the City's sex clubs signed a STD Pledge agreeing to do their best to assure a safer sex environment at their establishment.

Controlling the spread of communicable diseases

OBJECTIVE

Health care services will continue to be provided to the target and vulnerable populations, in addition to those who choose the Department.

ISSUE

Tuberculosis (TB) rates have remained at an all time low in San Francisco in 2000 and 2001. However, there were 182 new cases of tuberculosis reported in San Francisco in 2001, a 7.1 percent increase from the number of cases in 2000. San Francisco's TB rate is four times the national average.

RESPONSE

Case finding through contact investigation, screening of immigrants, the incarcerated, and clients at methadone maintenance clinics has been highly successful. Treatment completion rates are 97 percent for those who remain in San Francisco for treatment, primarily attributable to the use of selective directly observed therapy (DOT). DOT targets individuals who are most infectious and least likely to adhere to treatment. The DOT program facilitates the patient's adherence to their treatment regimen by providing the medication in the clinic setting or by delivering it to their home, shelter or "hangout."

Responding to environmental health concerns

OBJECTIVE

Foster collaborative planning on health issues and assessment with consumers, community partners, researchers, other City agencies, neighborhood organizations and others to improve health status.

ISSUE

Each day in San Francisco, hundreds of day laborers are hired to perform high-risk tasks yet are rarely provided the required protections. Interventions are needed to reduce occupational injury and illness, decrease hazardous exposure to the general public, and to empower day laborers to address their own health and social needs.

RESPONSE

The Department, in collaboration with several community-based organizations, offers a health and safety program for day laborers, the Working Immigrants for Safety and Health. This collaboration provides training and resources, and extends outreach activities to businesses and individuals that employ day laborers.

OBJECTIVE

The following neighborhoods are considered priority service areas: Bayview Hunters Point, Chinatown, Mission, Outer Mission, Potrero Hill, South of Market, Tenderloin, Visitacion Valley.

ISSUE

Families lacking in food security do not always have access to enough food for active, healthy lives for all individuals. In San Francisco's Bayview Hunter's Point, barriers to food security include low income, transportation, lack of conveniently located quality food facilities and farmers markets, and neighborhood crime.

RESPONSE

The San Francisco Food Systems Council was created to ensure that all residents have access to nutritious and safe food. The Council is an integral part of food systems policymaking, ensures that San Francisco plays a leading role in supporting sustainable regional agriculture and advocates for policies which support existing governmental food security programs.