

**GOAL 4**

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

**OBJECTIVE**

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

**Advancing Cultural Competency**

The Department is committed to developing its capability of providing health care services that are culturally and linguistically competent, community-based and consumer guided. San Francisco's increasingly diverse ethnic, racial, cultural and linguistic populations have been a driving force in DPH's recognition and acknowledgment that services must be culturally competent to be effective.

This past year, the Department participated in a three county effort (along with Los Angeles and Contra Costa) funded by The California Endowment in the amount of \$121,047 to develop, pilot and evaluate training modules on cultural and linguistic competency for local public health departments. The grant funded a reference manual and a series of five training modules entitled:

- Affirming Cultural Competence
- Assessing Organizational Cultural Competence
- Goals and Objectives for Cultural Competence
- Dialogue on Differences
- Best Practices in advancing cultural competence

This training series was developed for DPH program managers and analysts, who review, monitor and provide technical assistance to over 150 community-based contractors and community clinics and programs. These clinics and programs provide physical and behavioral health care services to San Francisco's highly diverse cultural and linguistic populations. Additionally, the training series was well attended by many of the Department's contractors.

**Developing Cultural Competency Evaluation Tools**

This year DPH will introduce an evaluation tool for program managers and analysts to evaluate the Cultural Competency Reports submitted as part of the Department's contracting requirements. The format for the evaluation tool will be given to DPH's contractors to assist them in preparing their reports. The evaluation tool's purpose is to both assess the Cultural Competency Reports for the present year, but also to be a working tool for continuing quality improvement for cultural competency.

**Understanding the Impact of Race and Racism**

Through the efforts of Health Promotion and Prevention 20 DPH managers participated in a half day workshop this summer on "Understanding the Impact of Race and Racism

on Health Inequities and Health Disparities. The workshop was facilitated by a leading theorist on “cultural humility” and the impact of race and racism on health care and health outcomes.

### **The Transgender Best Practices Guide Project**

The Transgender Best Practices Guide project, a one-year project funded by HRSA and coordinated by HIV Health Services, developed a best practices document for cultural and service competency in working with transgender clients within HIV/AIDS service-provision settings. Following an intensive literature search and consumer focus group, a Working Group composed of noted community leaders; activists, professionals, and transgender consumers participated in the development of the Best Practices guide. Topics covered by the Best Practices guide include mental health issues; gender identity; hormone use and clinical care practices. The Best Practices guide is currently in production; it will be published and distributed to EMA providers, as well as to select organizations nation-wide. In addition, four large-scale EMA provider trainings will be provided to educate providers on the Best Practices recommendations and standard measures. This is the first national federally funded effort to develop a Best Practices guide for providers who serve the HIV positive transgender community.

### **JCAHO study - Hospitals, Language and Culture: A Snapshot of the Nation**

In October SFGH staff participated in the JCHO research study *Hospitals, Language and Culture: A Snapshot of the Nation*. This study was conducted by the research side of JCAHO, and is funded by The California Endowment. The study sought to understand what challenges hospitals face in providing safe, high quality health care to diverse patient populations.

JCAHO researchers interviewed various staff about the cultural and linguistic needs of our patient population, what methods our staff and hospital use to meet and address those needs, the challenges we face in doing so, and how we have addressed those challenges. The researchers expressed that SFGH has an impressive array of strategies in providing culturally and linguistically competent care.

## **OBJECTIVE**

### **Pursue State and federal health policy changes consistent with Department priorities**

#### **Passage of AB 2968 (Leno) Medi-Cal Coverage for Community-Based Living Services**

Earlier this year, the Department worked with Assembly Member Mark Leno to introduce AB 2968, which would require the State Department of Health Services to seek a Medi-Cal waiver to increase community-based care options for San Franciscans with chronic or disabling health conditions who would otherwise be homeless, living in shelters or institutionalized.

According to a review of residents conducted by the Laguna Honda Office of Social Services in September 2005, approximately one quarter (over 250 residents) could

instead be cared for in a community-based setting. However, Medi-Cal reimbursement policies favor care in inpatient institutional settings. As a result, alternatives to institutional care for homeless, low-income Medical beneficiaries with chronic or disabling health conditions are limited, and this population often must remain in costly inpatient settings longer than medically necessary.

The waiver initiated by AB 2968 would change Medi-Cal's reimbursement rate structure to increase support for community-based alternatives to institutional care in San Francisco. The Assembly Health Committee passed AB 2968 by a vote of 12-0 on April 18, 2006. It then moved to the Assembly Appropriations Committee, where it was approved by a vote of 14-2 on May 17, 2006. The full Assembly passed the bill by a vote of 76-1 on May 30, 2006. AB 2968 will next move to the Senate Rules Committee for consideration.

### **Expansion of Medi-Cal to Cover Digital Mammography**

In July 2004, the San Francisco General Hospital Radiology department replaced its two antiquated analog screen film units previously performing the hospital mammography with three digital units certified for screening or diagnostic use. Advantages of digital mammography include the ability to electronically store and retrieve studies, which eliminates the risk of lost or misplaced films used for comparative purposes. Two other compelling reasons for the switch to digital imaging was unmet demand coupled by a shortage of technical and medical.

Unfortunately, the decision to change to the latest digital technology has gravely impacted our ability to be reimbursed for mammogram services by the Medi-Cal program. DPH is appealing to the Department of Health Services to administratively change its Medi-Cal reimbursement policy and to expand benefits to include digital mammography. As a safety net public hospital we have limited resources and look to the Medi-Cal program as a valued payer to continue our health care programs to serve our indigent community. Since 2004, Medicare has expanded its mammogram coverage to include digital mammogram service.

### **Biological Detection System (BDS) Plan**

CDCP has written and drilled a BDS plan. This plan addresses the systems that have been installed by the federal government to monitor ambient air for release of bioagents. The current program, Biowatch I includes 13 outdoor sensors in the Bay Area. Biowatch II will include indoor sensors. Separate from Biowatch, BDS are installed at 253 United States Postal Service (USPS) processing plants throughout the U.S. In July, 2005, a functional exercise was held at the United State Postal on Evans Street in San Francisco. The drill simulated a BDS alarm of the sensor at that facility. DPH drilled with USPS, SFPD, Sheriff and SFFD. An after-action report on this drill is available on the CDCP website.

### **Name-based HIV Reporting**

On April 17<sup>th</sup>, 2006 a new law (Senate Bill 699) was enacted requiring California to implement name-based HIV reporting. San Francisco had supported the alternative non-name code-based system initially implemented in California in July 2002, however we are working to implement the new requirements quickly. All future Ryan White CARE

Act funding allocations will be linked to the name-based HIV/AIDS data. The HIV Epidemiology Section is moving as rapidly as possible to report all new HIV cases by name and to 're-report' over 6000 cases that were previously reported using the former code-based system.

## OBJECTIVE

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

#### San Francisco Food, Nutrition and Agriculture Directory, 3<sup>rd</sup> Edition

In September 2005, we released the **San Francisco Food, Nutrition and Agriculture Directory, 3<sup>rd</sup> edition** in a print and online version, available at the SF DPH website. This is a resource for community and health care providers, to assist them in getting Food, Nutrition Counseling, Weight Management, Nutrition Education, Food Safety and Food Systems, Advocacy and Agriculture Resources to their clients, with a focus on services for underserved communities. This resource has been downloaded over 14,000 times since it was released. To access go to:

[http://www.dph.sf.ca.us/PHP/MCH/FeelingGood/FNAD\\_interactivepgs092005.pdf](http://www.dph.sf.ca.us/PHP/MCH/FeelingGood/FNAD_interactivepgs092005.pdf)



**Week of the Young Child Fair April 2006**

#### Improving the Cancer Care Experience

With support from Avon, San Francisco General Hospital developed the CARE Program (Cancer Awareness Resources and Education). The CARE program is a community-driven education and support program that empowers underserved patients, their families, and their communities to manage the experience of cancer. The goals of the CARE program are to enhance cancer patients' and families' self-care and coping skills through a tailored education program and by providing emotional and social support in a group setting.

#### LHH Best Friends Program

Laguna Honda's Best Friends Program was awarded the "Best Practices in Treatment of Behavioral Disorders Associated with Dementia" Award from the American Psychiatric

Nurses Association. The philosophical framework for Best Friends Program is the acknowledgement that persons with advanced dementia have their quality of life improved if nurses, activity therapists and volunteers work collaboratively. The program is based upon philosophy described in *The Best Friends Approach to Alzheimer's Care* (Bell & Troxel, 1997), that suggests that what a person with Alzheimer's needs most is a good friend.

Laguna Honda's Dementia Program is pairing residents at risk for isolation to volunteers who are selected, specially trained and supported to be Best Friends. While still in its infancy, the program has eight Best Friend Volunteers on three dementia units and a Korean speaking volunteer who will soon begin his orientation.

#### **African American Community Adolescent STD Advisory Committee**

The STD Section is also maintaining the African American Community Adolescent STD Advisory Committee. This Committee was established in January 2005, and is comprised of 20+ persons who serve adolescents and young adults between the ages of 14 and 24 years of age in the Bayview Hunters Point/Sunnydale neighborhoods in San Francisco who are strong and vocal advocates for the STD Program on issues relating to STDs among African American youth. The Group has been collaborating with the STD Program on the development and implementation of a social marketing campaign to reduce the rates of STDs among African American adolescents.

## **OBJECTIVE**

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

#### **Sentinel Event Enhanced Passive Surveillance Project (SEEPS)**

The Sentinel Event Enhanced Passive Surveillance (SEEPS) Project is working closely with San Francisco clinicians to strengthen their ability to recognize, diagnose, treat, and report emerging infections and diseases that may result from biological terrorism. Activities include website development, content development and distribution of an infectious disease emergencies reference binder, and clinician outreach and training. The SEEPS binder is being distributed with this report as addendum IV

#### **Hospital, Clinic and EMS Disaster Response Equipment**

Communication equipment has been purchased through the HRSA and UASI grant funds for equipment. System wide changes continue to be made to improve hospital communication during a disaster. Some of this equipment purchased includes additional 800 MHZ radios, satellite phones and Ham Radios.

Other hospital emergency equipment, including back-up generators, decontamination equipment and personal protective equipment has been purchased with DPH UASI funds and is currently being distributed to all San Francisco hospitals.

#### **Launch of Infection Control Working Group/Development of Avian Flu Guidelines**

The Infection Control Working Group (ICWG) was launched in July 2005. A multidisciplinary group of interested parties from the nine San Francisco hospitals and Seton Medical Center, including Infection Control Professional Staff, the Department of Public Health and other agencies in San Francisco have participated. The goal of the working group is to develop open communication between DPH and the various Hospital Infection Control Professionals, and to coordinate infection control activities within the city of San Francisco. The group has held meetings monthly to discuss various infection control issues and develop working documents. These documents serve as consensus frameworks on infection control practices for emerging and bioterrorism agents.

Documents that have been developed include:

- San Francisco DPH Infection Control Recommendations for Healthcare Settings during an Infectious Disease Emergency or Bioterrorism Event,
- Avian Influenza (H5N1) Infection Control Recommendations,
- San Francisco DPH Comparison of Seasonal, Avian and Pandemic Influenza Infection Control Recommendations for Healthcare Workers,
- High Hazard Procedure Respiratory Protection Recommendations.



Fit Testing Police Officer for Respiratory Protection

## OBJECTIVE

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

#### DPH Issues Regulations for Effective Bedbug Prevention and Control

The Bed Bug, an insect about a quarter inch long, has lived with humans for centuries in affluent as well as poor countries, in rural and urban areas, and in all types of housing.

In the past two decades, there has been an increase in the number of reported bed bug infestations worldwide, including in San Francisco and particularly from residential hotels, youth hostels, and shelters.

DPH recognizes that environmental and behavioral factors both contribute to bedbug infestations and controlling the spread of bed bugs in the City will require an integrated pest control method that encompasses all the stakeholders. Such stakeholders include the

Pest Control Companies, Hotel Owners and Operators, Building Management Companies, Tenants, and other pertinent City Agencies.

In August 2006, DPH issued rules and regulations provide comprehensive guidance for the hotel industry, building owners and managers, tenants, the pest control companies both for the prevention and control of bed bug infestation and for effective compliance with the San Francisco Health Code.

The Director's rules and regulations establish the following:

1. *Control and prevention requirements* for owners and operators of hotels and other multi-unit dwellings, including those for training, identification, inspection and maintenance procedures
2. *Procedures for reporting and responding to complaints*
3. *Treatment and control of bedbugs in hotel rooms:*
4. *Guidelines for pest control companies (PCO)*
5. *Responsibilities of tenants*
6. *Preparation for treatment*

Over the next year, the Department will be working towards consistent citywide implementation of these comprehensive regulations and will be monitoring complaints and conditions to assess results.

**More Information:** <http://www.dph.sf.ca.us/eh/news/BedBugs.htm>

### **Pandemic Influenza Planning**

Mayor Gavin Newsom created an Avian/Pandemic Flu Task Force that is chaired by Dr. Susan Fernyak for all city agencies and businesses. This group works to ensure that all city departments and the private sector businesses have well-developed and coordinated plans to address a pandemic influenza situation. Through the SEEPS project and the CDCP website, DPH is working to ensure that hospitals and clinicians are educated about pandemic flu and know how to care for infected patients. The website offers information for the general public around avian influenza and pandemic influenza planning.