

GOAL 1 SAN FRANCISCANS HAVE ACCESS TO THE HEALTH SERVICES THEY NEED

OBJECTIVE

Improve health outcomes among San Francisco residents

Walk to School Day

Students from over 20 San Francisco schools joined with the Municipal Transportation Agency (MTA) and DPH on October 8, 2008 to celebrate Walk to School Day. This annual global event gives children, parents, teachers, administrators and community members the opportunity to come together to promote pleasant and safe walking environments in their communities. October's Walk to School Day activities drew attention to the importance of pedestrian safety. It also focuses on creating physically active, alert healthy students and school communities.



The MTA School Area Safety Program strives to make streets near schools safer for walking year round by providing crossing guards, coordinating school area traffic enforcement, maintaining school ladder crosswalks, and installing high-visibility school pedestrian crossing signs. In addition, the MTA's Pedestrian Program works to improve general pedestrian safety through enhancements to streets and sidewalks including pedestrian countdown signals and curb bulb-outs.

DPH's Pedestrian Project seeks to improve pedestrian safety and health outcomes through the promotion of physical activity, improving air quality, reducing asthma,

preventing depression and increasing the social cohesion in San Francisco neighborhoods. Various Safe Routes to School activities as well as the provision of mini-grants to community-based organizations furthering pedestrian health and safety are just some of the initiatives from DPH aimed to promote healthy habits and safer and healthier neighborhoods.

OBJECTIVE

Decrease health disparities between racial and ethnic populations and between residents of different neighborhoods

“Pick Me!” Contest Winners Recognized

Sponsored by the San Francisco County Nutrition Action Plan Committee (SF CNAP) and funded by the USDA, the “Pick Me” campaign challenged San Francisco Unified School District students to submit art work that would encourage people to eat more fruits and vegetables and increase daily physical activity, especially low income residents. The winning posters were transformed into works of art that were displayed on Muni buses during the month of March, 2009.

Balboa High School Teens Educate Peers on Health Care Rights

Advocacy efforts by the Balboa Teen Health Center's Youth Advisory Board have successfully led the SFUSD to include minor consent education as an explicit part of the health education curriculum in all SFUSD public high schools beginning fall 2008. With this policy in place, all high school students learn about their minor consent rights and their rights to access confidential health care services in their communities



After a 2006 needs assessment of 1,617 high school students from seven high schools in San Francisco (designed and conducted by the Youth Advisory Board), it was clear that San Francisco teens lacked knowledge relating to their rights to access confidential health services. Their study also revealed that among teens polled, recent immigrants to the US – particularly Chinese students – were the least informed of their health care rights or

where to access information or services. To address this problem, the teens at Balboa's Youth Advisory Board designed a peer-to-peer education curriculum specifically geared towards new immigrant students at Newcomer High School.

All High school health education classes through the SFUSD will now specifically cover California's minor consent laws related to health care, including confidentiality on birth control, pregnancy, sexually transmitted infections and HIV testing, outpatient mental health treatment, alcohol/drug abuse treatment, rape and sexual assault, and mandated reporting. Teachers will receive summer training from Youth Advisory Board members, prior to implementation of the policy, broadening teen health education. In addition, the board will be training teen volunteers at the city's 15 high school wellness centers.

OBJECTIVE

Decrease the rate of uninsured among San Francisco residents

Healthy San Francisco facilitates enrollment in public insurance programs

While Healthy San Francisco is not health insurance and all participants enrolled in the program are uninsured, the program has nevertheless reduced the number of uninsured San Franciscans. Since the program began, an estimated 4,500 – 5,000 residents applying for HSF have been identified as eligible for public health insurance. HSF helped reduce the number of uninsured residents by identifying uninsured residents eligible for, but not enrolled in public health insurance (e.g., Medi-Cal) and facilitated their enrollment into appropriate programs.

In the area of access to care, in early 2009, HSF continued the campaign to broaden its enrollment eligibility. With the most recent expansion, residents with annual incomes at or below 500 percent of the Federal Poverty Level are now eligible to join the HSF program. For an individual, this means an income of around \$52,000; for a family of four, \$106,000 (calendar year 2008). Mayor Newsom noted that "the expansion to 500 percent of the Federal Poverty Level recognizes the fact that uninsured residents with modest incomes also have difficulty accessing comprehensive healthcare services." (See Chapter for a more detailed report on HSF)

OBJECTIVE

Provide a comprehensive array of quality and culturally competent services

SFGH Re-Certified as Newborn Hearing Screening Provider

In March 2009, SFGH was re-certified by the California Department of Public Health as a Newborn Hearing Screening Provider. The certification, which lasts for the next five years, is the highest and longest certification period granted for any institution.

HIV prevention/CDC Grant Expanding Rapid HIV Testing

The HIV Prevention Section has been working with the Positive Health Program and ED at SFGH to expand rapid HIV testing for populations disproportionately affected by HIV-

primarily African Americans who are unaware of their HIV status. Under this initiative, all patients admitted to SFGH who are able to give consent are offered routine opt-out HIV testing. Additionally, testing is available for ED clinicians to use based on medical indicators for patients who are not admitted. HIV testing is now available 24 hours a day, seven days a week using a laboratory-based, rapid HIV test performed on blood samples, with a maximum two hour turn around. Prior to the initiation of this program, HIV testing was done only rarely in the SFGH ED.

The outcome of this initiative for patients has been a stunning success. From June 1, 2008 to June 15, 2009, 2,522 patients received an HIV test in the ED. Fifty-nine tests were positive, and 28 are newly identified HIV cases (for a new HIV positive rate of 1.1 percent). One hundred percent of new positives have been linked into care, and identification of known positives through this program has allowed their re-engagement to care. The data collected has been integral in our on-going efforts to devise new ways to reach out to other hard-to-reach communities.

Additionally, a CDC grant is expanding HIV testing to an additional 300 African-American MSM (men who have sex with men) in San Francisco. The project (called Black Men Testing), managed by the HIV branch of the DPH, seeks to identify the most effective strategies leading to increased testing, appropriate linkages to care, and support among African American MSM.

OBJECTIVE

Ensure contractor viability

Stakeholder Engagement Process

Community Programs supported a Stakeholder Engagement Process in FY 2008-09. The goals of this process were to obtain input to inform Community Programs reorganization and guide its service system changes; this process was based on Community Programs' principles of community engagement and involvement.



One-hundred and sixty-four stakeholders from DPH, civil service, community-based organization leadership, union, and the community participated in 40 workgroup, stakeholder and project leader meetings. A plan was developed aimed at improving outcomes and efficiencies in six priority areas: integration of behavioral health and primary care; coordinating care; bed management; increasing health equity; supporting children, youth and families; and community based organizations.

OBJECTIVE

Improve integration of services

Integration of Long Term Care Services at Laguna Honda

For 140 years Laguna Honda has been an integral part of the San Francisco Community. From its location at the geographic center of the City, it has embraced generation after generation of people in need. Laguna Honda prizes its role as a community resource. The successful resolution of two lawsuits and the ongoing collaboration with a state agency helped to integrate Laguna Honda into a continuum of care.

Key accomplishments in FY 2008-09 were in the areas of community integration, quality of care, and transition to a new facility and a new model of care.

Davis Lawsuit Dismissed

Laguna Honda took a significant step toward ending a decade of legal challenges from disability rights advocates, most prominently Protection and Advocacy, Inc. and the Independent Living Center of San Francisco, when a U.S. District Court Judge dismissed the Davis lawsuit this year. Davis was the first of two federal suits charging that San Francisco was violating the Americans with Disabilities Act by inadequately providing full community integration for adults with disabilities currently or potentially living at Laguna Honda. The suit, filed in 2000, led to a settlement that created the Department of Public Health's Targeted Case Management program to assess Laguna Honda residents for the ability to live with lower levels of care elsewhere in the community. Dismissal of the lawsuit marked the full implementation of the terms of the settlement, and a major milestone in the City's goal of community integration for the long term care service population.

Chambers Lawsuit Dismissed

A companion case to Davis, the Chambers suit was settled in 2008 when the City created the Diversion and Community Integration Program to provide 500 units of accessible, subsidized housing over five years for discharged Laguna Honda residents or people who are eligible for residence at Laguna Honda but could be served in other community settings. Implementation of the Chambers settlement continued in 2009. The U.S. District Judge who authorized the settlement expressed strong approval for the progress of implementation.

Integration for Developmentally Disabled Residents

Laguna Honda's working relationship with the Golden Gate Regional Center, a state agency charged with oversight of community integration programs for developmentally disabled adults, continued successfully in 2009.

Developmentally disabled residents continued to be relocated to scattered-site housing sponsored by GGRC, including a new facility, Capay Circle, opened by three former Laguna Honda nurses.

Quality of Care

Indicators. Laguna Honda led the nation in a range of quality indicators in FY 2008-09, including lower use of anti-psychotic drugs, weight loss, pressure ulcers and decline in range of motion compared to national and state averages.

Residents. Resident participation in quality improvement efforts also increased. Laguna Honda residents served on hospital committees coordinating staff education and training, resident quality of life initiatives, and interdisciplinary communication.



At the Laguna Honda Hair Salon



A Laguna Honda Artist at Work

Restorative Therapy. The hospital's restorative care program, named a best practice by the California Hospital Association, continued to assist residents to achieve their highest level of independence. In FY 2008-09, fully 80 percent of residents received some form of restorative therapy.

Licensing. The hospital's quality assurance and performance improvement program resulted for the third year in a successful relicensing survey by the California Department of Public Health, indicating a successful course correction following a difficult survey in FY 2006-07.

Reproductive Health Program at the San Francisco County Jail

A unique partnership with the UCSF/SFGH Department of Obstetrics, Gynecology and Reproductive Sciences has expanded the reproductive health care services available to

women incarcerated at the San Francisco County Jail. This increased access to care for women (established in October, 2007) has been implemented through direct clinical care, advocacy-based research, and training of resident physicians. Briefly, this has consisted of the following:

- **Clinical** - A UCSF fellow and Clinical Instructor have been providing routine and specialty gynecologic care directly at the SFCJ. These specialists see referral patients with complicated gynecologic issues and perform simple procedures in the jail clinic. In addition, these services have also expanded women's access to contraception, by providing intrauterine device counseling and insertion—both for birth control and management of abnormal uterine bleeding. Overall, this expansion of specialty services at the jail has meant that many women no longer need to be transferred to SFGH for clinic appointments and follow-up.
- **Research** – Research has revealed the need for emergency contraception (EC) for women as they are first arrested and assessed in CJ9. The data indicated that nearly 30 percent of women are eligible for EC when they are brought into jail, due to unprotected sexual encounters in the five days before their arrest. Currently, jail health clinicians are developing a pilot program that would offer screening, counseling and provision of EC to women within 24 hours of their arrest.
- **Training** - UCSF Ob/Gyn residents now rotate at the SFCJ clinic during their intern year. Each intern spends a half day per week for six to seven weeks providing Ob/Gyn care to women at SFCJ, under the supervision of a UCSF Ob/Gyn faculty member. This innovative program is likely the first Ob/Gyn residency in the country to incorporate correctional medicine into its training curriculum. This serves not only to improve services provided to women at SFCJ, but also to educate doctors in training about social determinants of health as they pertain to this population, and to encourage them to consider providing health care for incarcerated women in their futures.

OBJECTIVE

Improve patient flow and standardize record keeping, in order to improve continuity of care and reduce decertified days. The continuum of care should include acute care (SFGH), skilled nursing (Laguna Honda), residential care, intermediate care, and community-based care

MRI Trailer Ready for Use at SFGH

The MRI Trailer located at SFGH passed inspection and was given approval to begin immediate occupancy and operation by the California Department of Public Health. With the new MRI Trailer operational, replacements and upgrades can begin on the in-house MRI unit. This is scheduled for completion September, 2009 at which time SFGH will begin on-going operation of the two state of the art MRI units (in-house plus the

trailer). The additional MRI unit will help to eliminate the backlog of Out-Patient/Non-Urgent MRI appointments and wait times, which are currently two-three months.

Laguna Honda Goes Live with Online Census

Laguna Honda made an efficient and technological leap as they began using a hospital-wide online census program to track the daily bed count. Prior to introduction of this new system, nursing supervisors spent hours each night getting head counts from each unit and then reconciling them for a daily total. This system frequently required counting and recounting. While moving to a centralized system required the work of many individuals—from installation of additional computer terminals to training and designing the reports—it signifies an important step towards a larger infusion of technical adaptation for the employees of Laguna Honda.

Many Laguna Honda staff worked diligently for years to bring the Online Census to reality. The Online bed count system will fit in well with other technological improvements slated to accompany Laguna Honda's move into their new facility.

OBJECTIVE

Ensure the quality of pre-hospital emergency medical services

Emergency Management Services Moves to Department of Emergency Management

The San Francisco Emergency Medical Services Agency (EMS) transitioned from DPH to the Department of Emergency Management (DEM) May 21, 2009. The change was made to improve coordination and management of EMS services and to consolidate planning and oversight of City emergency services into one City department. The change also provides management support for the EMS Agency.

In this transfer of the EMS Agency, its regulatory and planning functions, including certification of ambulance service providers, and inspection and review of hospital-based emergency medical systems, moved from DPH to DEM. These functions have been funded for the most part by local general fund, which will continue to be a major source of revenues. DPH proposed a new hospital and ambulance provider fee ordinance, which was approved by the Board of Supervisors to more fairly distribute the costs of the ongoing regulatory effort to affected providers.