

## GOAL 2 DISEASE AND INJURY ARE PREVENTED

### OBJECTIVE

#### Decrease injury and disease among San Francisco residents

##### Tobacco Ban in Pharmacies

In an effort to reduce smoking rates, exposure to second-hand smoke and tobacco-related illnesses, the Health Commission and Board of Supervisors approved a measure limiting access to cigarettes by banning the sale of tobacco products in San Francisco pharmacies.

This bill, the first of its kind in the country, is part of a localized (and statewide) initiative to increase smoking cessation rates and improve overall public health. The measure went into effect in October 2008 and was applauded by the American Lung Association. Cities across the country are looking to enact similar laws. While San Francisco already has a relatively low rate of smokers compared to the nationwide average, limiting access to cigarettes has proven effective in preventing children and teens from smoking. In addition, lower smoking rates translate to lower incidences of cancer and heart attack among the population at large - ultimately lowering health care costs and improving health outcomes.

##### Pedestrian Safety Campaign

As part of a grant in conjunction with the Municipal Transportation Agency titled *Streets Smarts and Sidewalk Safety*, the two agencies launched a media campaign focused on pedestrian safety in intersections. The campaign has two distinct messages geared toward drivers and pedestrians. The message addressed to drivers states, “They are not always right, but you can be. Let pedestrians go first.” The second message targeting pedestrians, “Tune in to your surroundings. Drivers can’t always see you or stop in time.”

These visuals reached the public through advertisements featured on Muni buses, Muni shelters, City-owned garages, billboards, and sfgate.com. Additionally, these campaign messages were broadcast on traffic radio reports and posted in the Muni underground stations.



Another focus of the *Streets Smarts and Sidewalk Safety* campaign, sidewalk obstructions such as sidewalk parking, was addressed through advertisements placed in all San Francisco neighborhood newspapers as well as *El Tecalote* and *Sing Tao Daily*.

Sidewalk parking presents a significant pedestrian safety hazard to people with disabilities, and all foot traffic.

Federal funding for this grant has been made available in whole or in part by a State Transportation Improvement Program/ Transportation Enhancement Activity grant administered by the California Department of Transportation.

### **Trans-Fat Free Restaurant Program**

The Trans-Fat free restaurant program was launched early in FY 2008-09 under the supervision of the DPH's Environmental Health division.

Restaurants that voluntarily chose to remove or avoid the use of trans-fats are awarded a decal, assuring patrons of the establishments' dedication to the use of healthier ingredients.

This program is also intended to encourage San Francisco's restaurants to prepare for the phasing out of all trans-fats in time to meet the 2010 state trans-fat ban, recently mandated by Governor Arnold Schwarzenegger.



## **OBJECTIVE**

### **Decrease injury and disease among the DPH's target populations**

#### **SFGH Earns NICHE Designation**

The Hartford Institute for Geriatric Nursing at the New York University College of Nursing has recently designated SFGH as a geriatric specialty center, continuing a nursing initiative designed to build staff skills to serve an aging patient population.

The designation earned, NICHE, (Nurses Improving Care for Healthsystem Elders) makes SFGH the third hospital in the Bay Area to participate in a national program to improve care for older hospitalized adults. Recognizing the national scarcity of geriatric-trained nurses, the goal of NICHE is to improve the care of older people by focusing on important clinical issues such as falls, use of restraints, pain, skin breakdown, wounds, use of advance directives and family involvement in decision-making.

To meet the challenges of our aging population, SFGH will undertake a number of steps to recognize and prevent or treat health problems specific to elders. The hospital's first phase has already begun by providing education to a core group of 80 "Geriatric Resource Nurses," who will become leaders and role models to their peers on the inpatient units.

The new NICHE designation dovetails with the hospital's Acute Care for Elders (ACE) unit that opened in 2007. The ACE unit is the only one of its kind in California and is expanding from 12 to 24 beds and will include patients requiring specialized cardiac care starting this fall.

#### **Walk and Talk in Ocean Park**

The Ocean Park Health Center Patient Advisory Council (PAC) hosts a weekly *Walk and Talk* program which began in September 2008. It was initially piloted as a four week

series but was so successful that the PAC decided to continue the program. An average of 12 participants from a diverse group of patients and community residents, ranging in age from 40 to 70 years old, attends each session. The aim of the Walk and Talk program is to provide opportunities for participants to exercise in a relaxed, group setting and to attend educational workshops, held in English and Chinese, which focused on various health topics. Health topics covered in the workshops include Weight Management, Exercise Benefits, Medicare Part D program and Hepatitis B, followed by a Q & A session at the end of each workshop to enhance communication and group interaction. Participants have commented on how much they enjoy the socialization, support, and health education. PAC members rotate attending and supporting the group, and provide refreshments, supplies, and speakers.



In April 2009, with grant funding from the Pedestrian Project, Community Health Promotion & Prevention, Ocean Park piloted a two month *Walk Your Talk* program, which sought to promote healthy living in the Sunset and Richmond districts by encouraging walking and setting action plans with participants from the community. Participants were tracked for changes in weight, blood pressure, A1C (for OPHC diabetic patients) and perception of self-efficacy and activity score. Peer coaches were recruited and trained in self-management goal setting and motivational interviewing. They met weekly with walking participants to encourage them to set action plans and make healthy lifestyles changes. While no significant changes were seen in weight, blood pressure, given the short time frame, there was a mild decrease in A1C test results and participants' self-efficacy and activity scores increased on average by 15 percent and 20 percent, respectively.

## OBJECTIVE

### **Integrate prevention activities into program design throughout**

#### **Soda Free Summers**

2008 kicked off the inaugural “Soda Free Summer” campaign with great success. “Soda Free Summer” encourages Bay Area residents, especially parents and children, to

eliminate or decrease the amount of soda consumed during the summer. This Bay Area initiative has grown into a popular campaign that has produced successful, measured public health results.

The 2008 campaign message reached at least 100,000 Bay Area residents last year, with 5,000 of them returning pledge cards promising to reduce soda consumption. In a survey evaluation following the campaign, two-thirds of all survey respondents reported making a behavior change toward better health during the campaign, and 15 percent of survey respondents brought up decreasing sweetened beverage consumption on their own. Additionally, 47 percent of those surveyed reported they were drinking less soda and sports drinks since being exposed to the campaign when asked directly.

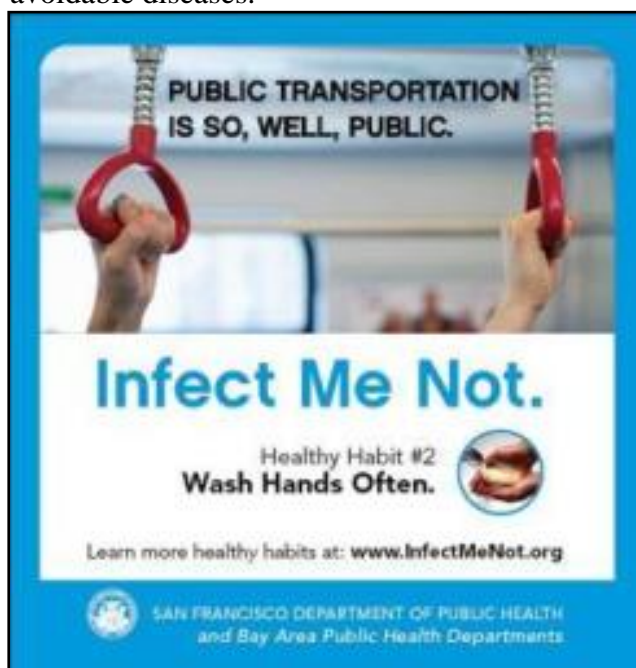
Over 100 Bay Area partner organizations participated in 2008, many by instituting policies to make their organization a healthier place - such as taking soda out of vending machines, or not serving soda at meetings and events.

In 2009, ShapeUp SF and First 5 San Francisco (among others) partnered to urge young children to “rethink your drink” and go soda free. Kids were encouraged to choose healthier beverages like tap water over soda and other sweetened drinks. To help families break an unhealthy habit, the Soda Free Summer campaign distributed free copies of the children’s book “‘Drink Water!’ said the Otter,” and an accompanying instructional toolkit to preschools and child care centers, as well as parents and caregivers of children ages 5 and under. The campaign also provided Soda Free Summer brochures to more than 20,000 students in the San Francisco Unified School District in an effort to encourage kids to take the soda-free pledge.

### “Infect Me Not” Campaign

The new DPH city-wide prevention campaign, “Infect Me Not,” was launched on October 8, 2008 on the steps of City Hall. The campaign was designed with the intention of keeping San Franciscans healthy and preventing the spread of common infectious diseases through the promotion of healthy habits.

The “Infect Me Not” campaign aims to educate the public about germs and infectious diseases and to encourage practices that protect people from both spreading and catching avoidable diseases.



Developed in response to public concerns articulated in focus groups, the campaign aims to address the threat of spreading germs by co-workers, friends, and people in public places.

Fortunately, many of the most common infectious diseases, such as a cold or the flu, can be avoided by practicing common sense habits like hand washing, which reduces the transmission of germs. Clever public transportation ads, songs, videos, and educational materials



contain these messages. A series of Public Service Advertisements appeared on BART and MUNI. The message was also spread to city residents through a campaign on the radio, in local newspapers and other resources. In addition, “Infect Me Not” materials were shared with partnering community organizations and displayed at street fairs, community meetings, health care clinics, trainings and various other venues. Visit [www.InfectMeNot.org](http://www.InfectMeNot.org) to learn more about the campaign.



## OBJECTIVE

**Increase attention to social and economic factors that affect health status (e.g., wages, employment, child care, housing, social safety net, transportation, education) especially for low income, uninsured, under-insured, and homeless population**

### **SFUSD Policy on School Meals**

The SFUSD’s school meal program is the largest public food service program in San Francisco. In total, over 31,000 meals are served to students daily at 104 school sites. The size and scope of the school meals program make it one of the most vital in addressing health inequities and improving the nutrition of San Francisco’s most vulnerable children.

In early April, 2009, the San Francisco Board of Education unanimously passed a resolution entitled: *Feeding Every Hungry Child in the San Francisco Unified School District*. This resolution was the result of many years of research, outreach, advocacy and pilots to improve school meals at SFUSD. The resolution mandates that all school sites take specific steps to strengthen the school meal program, and affirms SFUSD commitment to addressing childhood hunger

DPH has been a partner in improving nutrition within the school environment as a member of the SFUSD Nutrition Committee since its inception in 2002.

### **Permanent Supportive Housing: Direct Access to Housing**

DPH’s Housing and Urban Health section continues to end homelessness and reduce the costly overuse of emergency services in San Francisco through the expansion of its Direct Access to Housing (DAH) program. Established in 1998, DAH provides permanent, service-enriched housing to extremely low-income homeless people - most of whom have concurrent mental health, substance use, and chronic medical issues. DAH

currently houses over 1,000 persons across 25 sites and will, by 2013, bring over 700 additional housing units in 12 new sites online. Current and future project details appear in the charts below.

### Current DAH Projects

Start Date	Building Name	Total Building Units	DAH Units	DAH Population
1999	Pacific Bay Inn	75	75	Homeless adults with special needs
1999	Windsor	92	92	Homeless adults with special needs
2000	Le Nain	86	86	Homeless seniors 55≤ with special needs
2001	Broderick Residential Care Facility	33	33	Persons exiting institutions with mental health and/or physical health needs requiring licensed facility
2003	Star	54	54	Homeless adults with special needs
2003	Camelot	55	55	Homeless adults with special needs
2004	CCR	204	60	Homeless seniors 55≤ with special needs
2004	West	104	40	Homeless seniors 55≤ with special needs
2004	Empress	89	89	Chronically homeless* adults with special needs
2005	Folsom/Dore	98	40	Chronically homeless* adults with special needs
2005	Plaza	106	106	Homeless adults with special needs
2006	Mission Creek Senior Community	139	51	Frail homeless seniors 62≤ with special needs
2006	DAH for Chronic Alcoholics (Collaboration w/six existing affordable housing sites)	Varies	74**	Chronically homeless* adults with a disabling addiction to alcohol
2007	DAH Prop. 63 Program (Collaboration w/three existing affordable housing sites)	Varies	26	Homeless, severely mentally ill adults and older adults, who are homeless or at-risk of homelessness
2008	Parkview Terrace Apartments	100	20	Chronically homeless* seniors 62≤ with special needs, who are Shelter Plus Care eligible
2008	990 Polk Senior Community	110	50	Homeless seniors 55≤ with special needs, including Prop.63 clients
2009	Mosaica Family and Senior Community	151	11	Homeless seniors 62≤ with special needs, whose income is extremely low
Jan. 2010	149 Mason Street	56	55	Homeless adults with special needs
<b>TOTAL</b>	<b>Current Programs</b>	<b>1552+</b>	<b>1017</b>	

\* "Chronically homeless" as defined by the US Department of Housing and Urban Development (HUD).

\*\* HUD funding supports 62 of the 74 units.

Future DAH Projects

Start Date	Building Name	Total Building Units	DAH Units	DAH Population
May 2010	9 <sup>th</sup> and Jessie Senior Housing	107	27	Homeless and chronically homeless seniors 62≤ with special needs
2010	Armstrong Place	116	23	Homeless seniors 62≤ with special needs
2010	3575 Geary Blvd. Senior Housing	150	53	Homeless seniors 62≤ with special needs
2010/11	1500 Page Street Residential Care Facility	50+	50+	Homeless adults leaving institutions who have mental health and/or physical health needs that require a licensed facility
2010/11	Central Freeway Parcel G	120	120	Homeless adults with special needs, including 12 Prop.63 clients
2011	Rosa Parks	100	20	Chronically homeless seniors
2011	St. Anthony's	90	18	Chronically homeless seniors
2012	Transbay Block 11	100	100	Homeless adults with special needs
2012	220 Golden Gate	174	174	Homeless adults with special needs, including 17 Prop.63 clients. Street level space will house the new and expanded HUH Clinic, continuing to serve DPH and HHS supportive housing sites for formerly homeless tenants.
2012	Mary Helen Rogers Apartments	100	20	Homeless seniors 62≤ with special needs
2013	Mission Bay Parcel 3	97	97	Homeless adults with special needs
TBD	29 <sup>th</sup> Avenue Apartments	20	7	Chronically homeless seniors
<b>TOTAL</b>	<b>New Programs</b>	<b>1224+</b>	<b>709+</b>	

**OBJECTIVE****Recognize urban planning/land use policy as a public health activity****SF Sunday streets**

Sunday Streets, a new program from the ShapeUp SF Physical Activity Council, launched successfully on August 31, 2008 with over four miles of car-free roadway opened along the waterfront from Portsmouth Square to the Bayview Opera House. Designed to draw residents outside on the normally crowded city streets, these monthly events are free and open to all.

Since August 2008, SF Sunday Streets has drawn thousands of people – from serious athletes to families – outside to play at various locations around the city. Sites have included Valencia Street, the Embarcadero, and the Great Highway. Along the routes participants have the opportunity to try various activities including yoga, swing dancing, tai chi, boxing, hula hooping, and even running the bases at AT&T Park.



While some folks relax and enjoy cultural performances, others participate in various sports scrimmages and lessons including lacrosse and soccer. Many parents have used the car-free streets to teach their children how to ride a bike.

### **DPH Working with Bicycle Coalition on Treasure Island Development Plan**

The Treasure Island redevelopment project presents the city with an opportunity to design a sustainable and healthy model community emphasizing biking and walking. DPH's Occupational and Environmental Health division has teamed up with the San Francisco Bicycle Coalition (SFBC) to create a community-based transportation plan for a walkable and bikeable Treasure Island. Research conducted over the past year along with community discourse and outreach has led to a comprehensive series of recommendations for the redevelopment project. Funding for the redevelopment research is provided through a CalTrans Planning grant.

Recommendations from the SFBC and DPH include specific walk and bike-ways on bridges connecting with Treasure Island, comprehensive bike parking, a bike sharing program, and streets designed with pedestrians and bikers in mind. Plans call for the Island to become a model of urban planning with health, safety and sustainable living as top priorities. Community development created with physical activity in mind not only improves public health, but also reduces traffic congestion and improves air quality.

## **OBJECTIVE**

### **Prepare to respond to any emergency or disaster situation**

#### **H1N1 Flu Outbreak**

There are many strains of influenza. Generally, the particular strain of flu isn't significant because the prevention messages and treatment remain the same regardless of the type of



flu. In 2009 we experienced something different, a novel influenza A (H1N1) virus was determined to be the cause of an influenza respiratory illness that spread across North America and was identified in many areas of the world by May 2009. The symptoms of the H1N1 infection are similar to those of seasonal influenza. The prevention messages for all strains remain consistent; however, there are two different kinds of flu vaccine available - traditional and H1N1/swine vaccine.

The first case of 2009 H1N1 Flu (previously referred to as swine flu) within the City and County of San Francisco was confirmed on April 30 in a child who had recently traveled to Mexico. DPH activated the Department Operations Center and the Citywide Emergency Operations Center was also activated.

The Communicable Disease Control and Prevention Section of the DPH continues to respond to H1N1 swine flu cases and is also anticipating a busy 2009 flu season. The staff is preparing for both seasonal flu vaccination clinics and in October to provide mass vaccination clinics for the H1N1/swine flu vaccine to at risk populations. San Francisco participates in a statewide flu surveillance system that gives an indication of the percentage of influenza like illness (ILI) visits, percentage of admissions for pneumonia and influenza, and strains of circulating influenza.

The H1N1/swine flu was declared a pandemic in June by the World Health Organization.

### **Public Health Laboratory Responds to H1N1**

The San Francisco PH lab has responded to the H1N1/swine flu in the following way:

- Prepared and implemented a lab testing protocol to presumptively identify H1N1 virus in suspect Swine Flu patients using the rapid, Real-Time PCR method.
- Tested over 260 pulmonary specimens submitted by hospitals and private medical care providers, since April 26, 2009.
- Active participation in the state Respiratory Laboratory Network which is a source of information on test methods, test algorithm, and test instrumentation.
- Assist in Tamiflu-resistant pandemic H1N1 surveillance by submitting positive specimens to the state Virus lab for Sequencing to detect the Tamiflu resistant gene.

### **Environmental Health Participates in Terrorism Drill**

In August, 2008 staff from Environmental Health Services participated in a day-long, region-wide Weapons of Mass Destruction (WMD) terrorism drill. Conducted within the city, the exercise included simulated attacks by suspected terrorists and releases of chemical, radiological and biological weapons. In addition to Environmental Health Services, local and state agencies across the Bay Area including SFFD, SFPD, Alameda County Fire/HazMat, Santa Clara County Fire/ HazMat, Environmental Protection Agency, and the 95<sup>th</sup> Civil Support Team participated.

Environmental Health staff served as technical specialists and site safety officers for the SFFD Hazmat/MMRS (Metropolitan Medical Response System). Additionally,

Environmental Health staff provided guidance to the Incident Commander on detection and identification of various agents along with guidance on mitigation measures. The exercise allowed for invaluable hands on experience for participating agencies and the experience gained enhances area preparedness in the event of a WMD incident or terrorist threat.



### **Mass Flu Vaccination Drill at Laguna Honda**

Early in November, 2008, a hospital-wide mass vaccination drill was staged at Laguna Honda. The scenario focused on a community outbreak of a virulent and highly contagious strain of Influenza A requiring that all staff receive the influenza vaccination. In response, staff quickly created a Command Center, triage staging area, and even set up a media center to practice responding to an event that would attract local reporters.

Seventy-five employees, students and volunteers from various departments staffed the triage area and command center. Almost 900 people were triaged at a rate of about 100/hour and 580 staff volunteers, and students were vaccinated. Of the 261 that declined the vaccine, 91 had already received it through their own personal health care provider. This well-organized and successful mass vaccination drill provided Laguna Honda an excellent opportunity to practice responding quickly in the event of a bioterrorism attack, virus outbreak or epidemic.

### **SFGH Emergency Management**

SFGH had a very productive year improving the emergency response plans, assessing current resources and training staff. FY 2008-09 accomplishments included:

- Developed and implemented Disaster Communications Plan to ensure notification of and regular informational updates to key hospital staff and departments.
- Worked with Administration, Human Resources and Department Managers to develop hospital-wide and departmental staffing contingencies plans for all hazards.
- Created assessment processes and key indicators for ongoing performance improvement project focused on staff knowledge of SFGH Emergency Operations Plan and key actions. This project will be further developed and integrated with department- and discipline-specific training in FY 2009-10.
- Developed several advanced HICS training modules including Incident Action Planning, Completion of HICS forms, and Basics of Unified Command for self-paced training of Incident Management Team members (to be implemented in FY 2009-10).
- Successfully launched Personal Preparedness training via HealthStream for all hospital staff.
- Developed and implemented basic Emergency Management / Disaster Response training via HealthStream for all hospital staff.
- Collaborated with EMS and SFFD to provide basic ICS and Hospital Command Center orientation for new Emergency Medicine Residents.
- Further refined exercise and event evaluation criteria to include critical actions for applicable Hazard Specific Plans.
- Worked with Communications to upgrade the telephone system in 2A6 for redundant and shared lines and signage for more efficient and effective Hospital Command Center communications set-up.
- Developed Physician Disaster Information Card to provide Attendings, Faculty, House Staff and Researchers with readily accessible information and instructions for emergency response.
- Presented on best practices in community planning and coordination for disaster response as part of a NAPH panel at the NACCHO Public Health Conference.
- Successfully managed three partial power failure events and one ongoing communicable disease outbreak pandemic response, conducted seven functional and full scale exercises, coordinated contingency plans and alert activations for three pre-planned electrical system repairs, and participated in three community coordination tabletop exercises and reviews.

## **OBJECTIVE**

### **Develop prevention and intervention programs that address major behavioral health issues**

#### **Study on Behavioral Health Court Released**

A study of San Francisco's Behavioral Health Court that began in 2005 is concluding its first phase, showing positive outcomes. The study sought to determine the effectiveness of Mental Health Courts (MHC) in improving public safety outcomes and access to treatment among people enrolled in these specialty courts. The study includes four sites –

San Francisco and Santa Clara Counties in California, Hennepin County (Minneapolis) in Minnesota, and Marion County (Indianapolis) in Indiana.

Preliminary findings indicate that arrests in the 18 month follow-up period are significantly reduced for MHC clients as compared to the Treatment as Usual clients. This is especially true for arrests involving an individual as distinguished from a property crime. MHC clients also spend significantly less time in jail and access more community treatment. While it is not possible at this time to form a cause/effect relationship between treatment and improvement in public safety outcomes for MHC clients, the relationship is important and being further explored.

Continued funding from the John D. and Catherine T. MacArthur Foundation allows for the second phase of research which will study the costs of MHCs, comparing the costs and benefits of the specialty courts with typical criminal court procedures for these defendants

### **The Healthy Penis Campaign Returns!**

“Healthy Penis,” the award-winning syphilis awareness campaign aimed at gay and bisexual men is back. In response to a substantial increase in syphilis cases – over 50 percent between 2007 and 2008 –DPH’s Sexually Transmitted Disease Prevention & Control Section decided to bring back this popular campaign first implemented in San Francisco in 2002 (running until 2006).

During its first run, the Healthy Penis campaign proved to be highly effective in raising awareness about syphilis and persuading gay and bisexual men to get tested – leading to a marked decrease in syphilis cases. The campaign was later implemented in Seattle, Santa Clara County, and most recently, Winnipeg, Canada.



Elements of the previous campaign have been redesigned and updated. New print and transit ads can be seen across the city and at the Healthy Penis website, [www.healthypenis.org](http://www.healthypenis.org). The campaign is also expanding to include an active presence on four popular social networking sites—Facebook, MySpace, Connexion and Twitter—that will promote syphilis testing and provide information about syphilis. Radio station Energy 92.7 FM was enlisted to reach out to young gay and bisexual men. The Healthy Penis campaign was one of the most loved and most successful STD campaigns ever. The Healthy Penis campaign reinforces the importance of getting tested every three to six months. Free syphilis tests are available at

convenient sites around the City such as City Clinic and the Magnet Clinic. Information is available online at [www.stdtest.org](http://www.stdtest.org).

### **“Project BUMP” – Meth Addition and HIV Risk Behaviors**

Methamphetamines are a major driver in the HIV epidemic. Men who use meth are two to three times more likely to engage in risk behaviors that could lead to HIV. While medications exist to treat opiate, nicotine, and alcohol dependencies, currently there are no medications approved for methamphetamine addiction. "Project BUMP" is conducting a study of individuals at high risk for HIV to determine if Aripiprazole, a medication used to treat psychiatric conditions, is effective in treating methamphetamine addiction and reducing HIV risk behaviors caused by meth use.

Initially this NIH sponsored study is funding trials for 90 individuals. However, if results of the study show that Aripiprazole does help to curb methamphetamine use and risk behaviors, project BUMP will move forward with the next phase of research – expanding the size of the test population.

### **Medical Respite & Sobering Center Open**

The new and consolidated Medical Respite and Sobering Center—with 45 respite and 12 sobering beds—opened July 1, 2009 at 1171 Mission St. The Center is also the new home of the Community Awareness and Treatment Services (CATS), DPH’s long-time community-based partner in delivering services to the hardest to reach men and women who live primarily on the street.

The Medical Respite and Sobering Center provides an important alternative to costly emergency care and links individuals to longer-term residential options. The project was awarded \$250,000 from the Kaiser Permanente Community Benefits program that supported the renovation of the facility and saw an un-met need in the community to help people who are homeless avoid long hospital stays. Ten acute care hospitals throughout the City discharge patients directly to the Center, preventing hospital beds from becoming temporary housing for homeless patients who are well enough for hospital release but still in need of recuperative care. At the same time, the Center has become a viable option for short term sobering and stabilization services for alcohol-dependent persons thereby decreasing ambulance trips to emergency departments and over-use of emergency medical staff. One of the great efficiencies of the respite-sobering combination is the cross over and sharing of on-site medical staff such as clinicians, nurses and social workers who can deliver appropriate medical services to the clients whose needs are similar during their stay at the Center.