

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

2009 H1N1 Flu Care Guide

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. DPH worked to make prevention and education messages culturally appropriate and accessible to all members of the community. A *Flu Home Care Guide* for the general public was completed in English, Spanish, and Chinese. Electronic versions are available at www.sfcdep.h1n1.

SFGH Trauma Center Improves Translation Services

Since a 2006 Interpreter Services Department restructuring project began, the introduction of videoconferencing and cordless telephone technologies has allowed providers caring for LEP (Limited English-Proficient) patients to access the hospital's staff interpreters remotely. These technologies have led to dramatic improvements in ease and access to trained medical interpreters. The average wait time for an interpreter has been reduced from roughly thirty minutes to three minutes. Additionally, the practice of skipping LEP patients in queue due to interpreter unavailability has been virtually eliminated

The availability of real-time videoconferencing equipment allows interpreters to be “virtually” present in the room with patients. Video also lets interpreters assess patients’ body language cues which enhance translators’ ability to facilitate the most effective and sensitive communication between patient and provider. As a safety-net provider, San Francisco General Hospital and the Department of Public Health serve a disproportionate share of San Francisco’s recent immigrant populations. On any given day, more than 30 percent of the patients seen at SFGH require some level of language assistance. Because of San Francisco’s diversity, access to trained medical interpreters has been an integral part of the mission and practice of San Francisco General Trauma Center for decades. In 2009, on an average day the Interpreter Services Department will receive over 300 interpreter requests, primarily for Chinese, Spanish, Vietnamese, and Russian.

Without the provision of interpreter services, LEP patients are seriously handicapped. They would be unable to communicate their medical histories, current ailments or

injuries, concerns or questions. Providers would be unable to question patients, provide even basic explanations and/or instructions, convey concern, counsel on alternatives, or even to express empathy.

OBJECTIVE

Pursue State and federal health policy changes consistent with Department priorities

California Legislative Initiatives

During the FY 2008-09 legislative session in Sacramento, the Office of Policy and Planning tracked nearly 100 bills affecting health and health policy in San Francisco. The following chart includes those health-related bills in the FY 2008-09 session that became law. Appendix B contains a complete list of bills that the Department tracked, including those that died in session or were vetoed by the Governor.

Bill/Author	Content
AB 38/Nava	Establishes California Emergency Management Agency.
AB 66/Dymally	Requires HIV testing for all inmates, incarcerated for at least one year. Also requires testing within 60 days after entry and prior to expected discharge from the facility. Requires the Department of Corrections and Rehabilitation (CDCR) to develop a plan, in conjunction with an inmate's parole or probation officer and the local county health officer, to refer the inmate to necessary HIV or Hep. B or C care and treatment services in the county where the inmate will be released.
AB 97/Mendoza	Requires every food facility, except a public school cafeteria, to maintain on premises the label for any food or food additive that is or includes any fat, oil, or shortening, for as long as the food or food additive is stored, distributed, served by or used in the preparation of food within the food facility. Prohibits oil, shortening or margarine containing specified trans fat from being stored, distributed, served by or used in the preparation of any food within a food facility as of 7/1/09.
AB 211/Jones	Requires all health care providers to implement specified safeguards to protect the privacy of to a patient's medical information. Establishes the Office of Health Information Integrity within the CA H&HS Agency to ensure enforcement including the imposition of administrative penalties for violations.
AB 346/Beall	Requires the Department of Alcoholic Beverage Control (ABC) to issue regulations to require that any alcoholic beverage sold in CA to bear a label making its alcohol content easily discernable when the ABC determines the beverage meets specific criteria that may be appealing to minors.
AB 1461/ Krekorian	Disallows the exclusion in health insurance policies that the insurer is not liable for any loss sustained or contracted if their insured is intoxicated or under the influence of any controlled substance.
AB 1879/Feuer	Authorizes the Department of Toxic Substances Control (DTSC) to regulate the sale of products containing certain chemicals including phthalates, mercury, lead, cadmium, and arsenic. DTSC would be allowed to regulate the use of these chemicals in consumer products as well as allowed to restrict the sale or use of any product containing these chemicals.
AB 2010/ DeSaulnier	Exempts affiliate clinics from existing law requiring clinics, not previously licensed, to be issued a provisional license by DPH.
AB 2327/ Caballero	Requires all entities providing disaster-related services and assistance to strive to ensure that victims receive the assistance they need and are eligible for while requiring public employees to provide assistance without eliciting information or

	documents that are not strictly necessary to determine eligibility under state or federal law.
AB 2352/Fuentes	Allows the release of information under the Lanterman-Petris-Short Act to county social workers, probation officers or any other person authorized to have custody or care of a minor in order to coordinate health care services, medical treatment, mental health services or developmental disability services.
AB 2400/Price	Requires general acute care hospitals or psychiatric hospitals, prior to closing or eliminating supplemental services, to provide public notice on all entrances into the facility, notice to the CDPH, and notice to the local board of supervisors. Exempts public facilities from all requirements.
AB 2474/Galgiani	Requires, until 1/1/10, hospital inpatient payment rates for CCS and GHPP to be 90% of the Medi-Cal hospital interim rate of payment developed by DHCS.
AB 2527/Berg	Technical clean-up to MAA/TCM statute
AB 2599/DeLeon	Requires the Department of Public Health to set guidelines for invoicing, charging and collecting fees for the Birth Defects Monitoring Program in an amount necessary to cover all expenses.
AB 2658/Horton	Requires CDPH to specify the timeliness requirements related to reportable diseases and conditions. Requires labs on 7/1/09 or within a year of the establishment of a statewide electronic lab reporting system to submit reports electronically to the state.
AB 2702/Núñez	Adds standby emergency services in a Los Angeles facility to the list of eligible entities for Maddy Fund emergency services reimbursements. Requires said standby facility to provide certification information to CDPH as well as patient encounter information to both CDPH and EMSA.
AB 2737/Feuer	Allows public safety personnel, when exposed to an arrestee's blood or bodily fluids during the scope of their duties, to petition the court for the involuntary testing of an arrestee.
AB 2796/Nava	Authorizes OES to establish a statewide registry of private businesses and nonprofit organizations that are interested in donating, during emergencies or exercises, services, goods, labor, equipment or other resources. Provides civil and criminal liability immunity to those entities that have joined the registry that voluntarily and without expectation provides services or resources during a state of state or local emergency or during a training conducted by OES, a city, or a county.
AB 2899/ Portantino	Allows publicly funded HIV test sites to advise people who have been tested before and are following appropriate public health risk reduction measures that they do not need further education services, to determine if a person should be allowed to self-administer certain DPH required data forms and to provide prevention education through video, small groups, individual interaction or other methods.
AB 2917/Torricono	Establishes integrated (employer/LEMSA) process for disciplining EMT's. Requires EMSA to develop regulations for disciplinary procedures.
AB 3076/Huffman	Makes technical changes to the Maddy statute correcting an inadvertent drafting error contained in SB 1773/Alarcon.
AB 3083/Salas	The Adult and Older Adult Mental Health System of Care Act sets out a system of mental health care services provided by participating counties and administered by the State Department of Mental Health, for adults and seniors with serious mental disorders. California veterans who meet the existing eligibility requirements for participation are provided services to the extent resources are available. Counties should advise veterans of the services available through the federal government and requires counties to refer the veteran to a county veterans' service officer to determine their eligibility for federal services. This bill requires counties to assist veterans in accessing federal services and also specifically include bipolar disorder and post-traumatic stress disorder in the definition of "serious mental disorder." The bill also requires the State to seek all

	available federal funding for mental health services of veterans.
AJR 54/Laird	Memorializes Congress and the President to rescind the August 17, 2007, CMS directive on the SCHIP program.
SB 158/Florez	Adds duties for the existing Healthcare Associated Infection Advisory Committee (created by SB 739/Speier). Mandates training for hospital staff on hospital associated infections (HAIs). Requires health facilities to develop and implement patient safety plans to improve the health and safety of patients and to reduce preventable patient safety events. Requires health facilities to implement facility wide hand hygiene program.
SB 541/Alquist	Requires that all health facilities prevent unauthorized access to patient medical data. Imposes reporting requirements and administrative penalties on health facilities for violations of these provisions.
SB 564/Ridley-Thomas	Specifies that a school health center may conduct routine physical health, mental health and oral health assessments.
SB 997/Ridley-Thomas	Revises the membership of the EMS Commission to include two additional members – one employed by Cal-Fire and one employed by a city, county or special district that provides fire protection – appointed by the Governor from a list of names submitted by the CA Professional Firefighters.
SB 1058/Alquist	Establishes the Medical Facility Infection Control & Prevention Act that requires general acute care hospitals to implement procedures for the screening, prevention and reporting of specific health-care associated infections.
SB 1147/ Calderon	As of January 1, 2010, or the date that all necessary federal approvals are obtained, require Medi-Cal benefits provided to an individual under 21 years of age who is an inmate of a public institution to be suspended, rather than terminated.
SB 1169/Runner	Extends sunset for the Inmate Health Care and Medical Provider Fair Pricing Work Group to 2014. Requires sheriffs to negotiate in good faith with providers of emergency medical services. Hospitals that do not contract with the sheriff shall be reimbursed at 110% of cost.
SB 1184/Keuhl	Requires all clinical labs to report all CD4 and T-Cell test results to health officers within seven days.
SB 1213/Ducheny	Repeals reporting requirements for mobile health clinics to both CDPH and local authorities. Now requires the licensee of a mobile unit operating at a new site to report the site to CDPH within 72 hours after the unit's first visit to the site.
SB 1236/Padilla	Extends the sunset to 1/1/14 that authorizes Boards of Supervisors to levy additional penalties collected for criminal offenses to be used for pediatric trauma centers and county EMS (Maddy Fund).
SB 1307/Ridley-Thomas	Sets additional requirements for the drug pedigree program established in previous legislation by requiring the addition of a unique identification number for each drug pedigree required product. Pushes the date for compliance for the drug pedigree program for wholesalers to 7/1/16 and for pharmacies to 7/1/17. Provides an exemption for drugs transferred between governmental entities.
SB 1420/Padilla	Requires each food facility in the state that is part of a chain (19 or more locations) to provide nutritional information that includes per item the total number of calories, grams of saturated fat, and milligrams of sodium on standard menus. Requires menu boards to include the total number of calories. Nutritional information required by the bill shall be determined on a reasonable basis. Pre-empts any local government ordinance or regulation that regulates food facility nutritional information dissemination.

OBJECTIVE**Enhance the Department's relationship with community groups****TB Control Screening Workers in the Castro**

Disease control workers from the Tuberculosis (TB) Control section set up a special screening over the first two weeks of 2009 testing 200 workers from businesses in the Castro and SOMA. The screenings were part of an expanded investigation originating from a cluster of five TB cases. Three of these cases, involving young gay men, had matching genotypes and were linked to bars and businesses in the Castro and SOMA. Screeners utilized the most advanced blood test available and people who were HIV positive were encouraged to receive a chest x-ray.

Supervisor Bevan Dufty and staff from Magnet worked closely with Dr. Kawamura's office reaching out to businesses in the community and encouraging them to distribute the information about TB to their workforce. Community support and cooperation from business owners and management was exemplary.

OBJECTIVE**Partner with other providers on health issues of common concern****Laguna Honda Study to Begin in Collaboration with UCSF**

The Laguna Honda Foundation, in collaboration with the University of California San Francisco, funded a research study by the hospital's infection control nursing staff to gauge the therapeutic impact of silver coated catheters on residents who require chronic urinary catheterization.

Refocusing On Noise Prevention

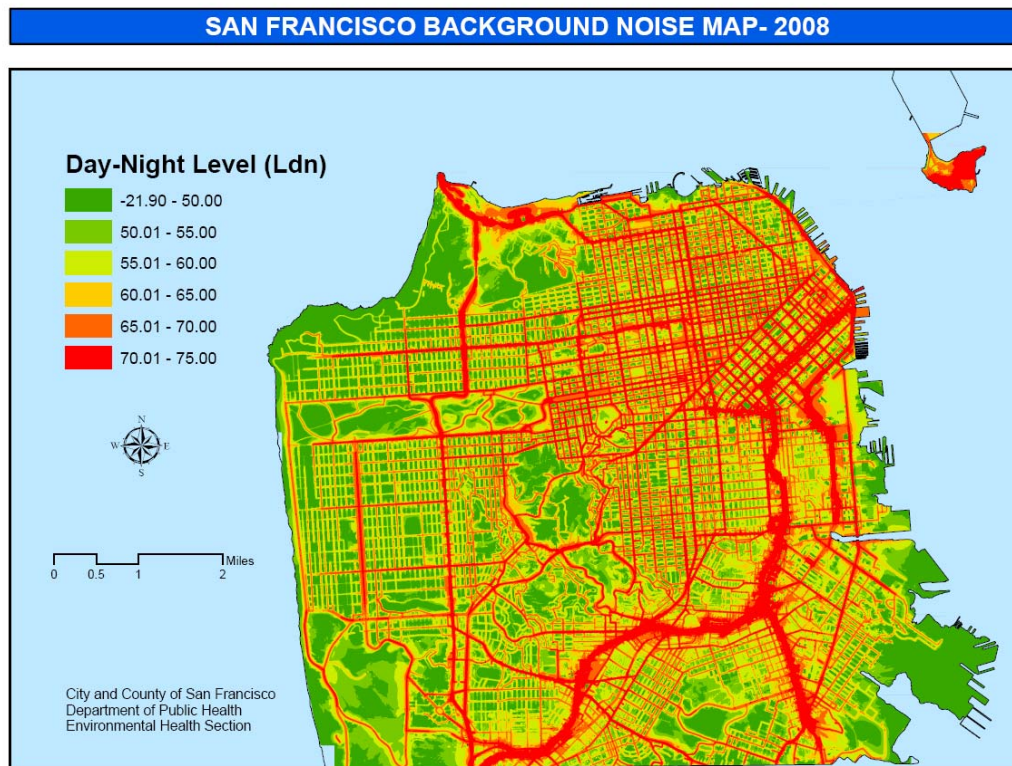
Noise is an inherent part of urban living yet it is also the most ubiquitous environmental hazard in America. In San Francisco, traffic makes the largest contribution to background noise. Construction and ventilation systems are also important contributors. Car alarms, leaf blowers, beeping trucks and buses and emergency vehicle sirens all add to the din.

We all know that exposure to loud noise can harm hearing; but it is less well known that chronic exposure to more moderate noise, from traffic and other sources, may, increase blood pressure, trigger heart ailments, and limit learning in children. DPH believes urban noise and related burdens are important and avoidable and in 2008 made prevention of noise exposure a priority environmental health goal.

In 2008, with the legislative assistance of Supervisor Tom Ammiano San Francisco updated its outdated 1974 noise control ordinance to modernize standards and protocols for noise measurement establish more health protective standard for outdoor excessive noise, and establish new absolute limit for interior noise to protect residents.

As part of its responsibilities under the law DPH has been helping to ensure new land use development include adequate protection against excessive noise. We have developed city wide models and maps of traffic noise levels. (See figure below) and evaluate new industrial projects for their contributions to noise. For example, DPH modeled the noise impacts of relocating Candlestick Park to alternative sites within the Hunter's Point Naval Shipyard property.

Noise is regulated by many city agencies, and the ordinance directed DPH to convene and coordinate an interagency noise task force to better evaluate and solve priority community noise problems. During the first nine months of its existence, the task force evaluated the impacts of Fire Department sirens on Tenderloin residents; helped the Department of Public Works and refuse companies coordinate and limit early morning garbage collection and street cleaning; and supported the development of protocols that guide issuance of construction related night noise permits and require the use of noise limiting technology.



In a collaborative project, DPH and SFPD joined together to train traffic officers in the measurement of motorcycle noise. As a result, police completed a summer long motorcycle noise enforcement program. The enforcement was covered by a variety of local newscasts and has become a hot topic on many motorcycle enthusiast blogs. DPH received calls from motorcycle purchasers asking how they can be sure their used bikes meet the legal noise limits. This represents the creative use the media to accomplish public health goals related noise, sleep disturbance, and stress.



Sound is an accepted trait of a vibrant city and limiting noise while permitting needed activities is challenging. Still the impacts of noise upon human health and well-being make it imperative that health agencies take noise prevention. San Francisco's efforts are particularly important and timely given the elimination of Federal Office of Noise Control and the subsequent lack of funding for the state and local guidance and regulation. Our noise prevention initiatives are being appreciated by residents and are models at national and international conferences. They are once again giving visibility to the health impacts of noise and the common sense strategies of prevention.

Safe in the City Video Success

An HIV prevention intervention developed and evaluated by STD Prevention & Control, was chosen for inclusion in the Centers for Disease Control and Prevention's (CDC) *2008 Compendium of Evidenced-based HIV Prevention Interventions*.

The intervention, a 23 minute video entitled "Safe in the City," (www.safeinthecity.org) is one of eight new interventions listed in the *2008 Compendium*. This educational video is shown to patients in STD clinic waiting rooms. According to one study, patients who saw the video were 10 percent less likely to get a new STD than patient who did not see it. The video is now being shown at STD clinics across the US.

Among requirements for inclusion in the CDC's *Compendium of Evidenced-based HIV Prevention Interventions*, programs must be scientifically proven to reduce HIV or STD-related risk behaviors, or promote safer behaviors. The *Compendium* is a single source of information that educates prevention practitioners about HIV intervention programs with

proven results. The methods noted in the *Compendium* are critical to the nation's efforts to prevent the further spread of HIV infection.

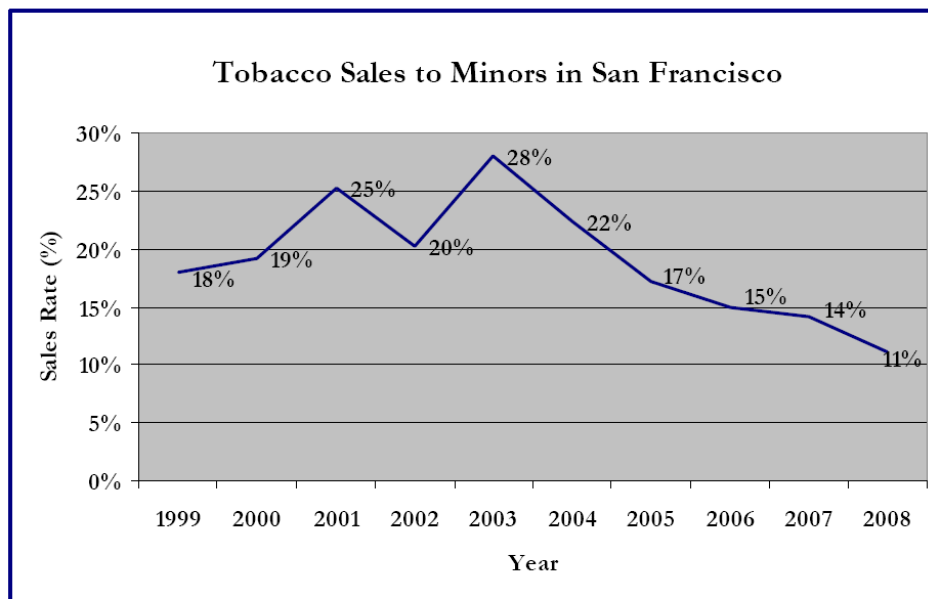
OBJECTIVE

Work with business to improve the health of San Franciscans

Tobacco permit process cuts sales to minors

In 1999, San Francisco began conducting police decoy operations and tracking the rate of illegal tobacco sales to minors in an effort to prevent such sales. Six years later, the Department of Public Health adopted the City's new Tobacco Retailer Permit Ordinance to penalize these illegal sales through the suspension of permits to shops that were found selling tobacco to minors.

Between 2004 and 2005 when the ordinance was enacted, a clear decrease in relation to tobacco sales to minors was observed. Based on data obtained through the undercover operations, the percentage of minors that were able to buy tobacco fell from 22.3 percent in 2004 to 17 percent in 2005 to 11 percent in 2008. These results are testimony to the strength of legislation that addresses environmental factors affecting health, in this case youth's easy access to tobacco. Collaboration between the San Francisco Tobacco Free Coalition, which successfully advocated for the ordinance, and San Francisco City agencies that enforced accountability to these laws have led to an over 50 percent decrease in San Francisco minors' access to tobacco products since 2004. .



The statistics are based on the number of tobacco retailers that are visited by the Police Department Vice Division each month during tobacco youth decoy operations. The decoy operations are conducted by the Police Department for and funded by the Department of Public Health through a work order. Decoy operations are normally conducted two times each month.¹

¹Police Department Enforcement of Tobacco Sales to Minors. Summary Report for 1999 to 2008

Pfizer to Provide Free Drugs to Some Healthy SF Members

Through Pfizer's *Sharing the Care* program, the company will provide free medicines for some Healthy SF enrollees. This program allows patients who participate in Healthy San Francisco at *Sharing the Care* registered clinics to have access to free Pfizer medicine as long as they meet standard program eligibility criteria. Patients must be registered members of the health care center, have an income at or below 200 percent of the federal poverty level and not have prescription drug coverage.

Kaiser Permanente Joins Healthy San Francisco

Effective July 1, 2009, Kaiser Permanente becomes the newest member of the Healthy SF network in providing care to the uninsured. Kaiser's extensive network will provide primary, emergency, specialty, diagnostic, pharmacy and inpatient services to some of the nearly 42,000 residents who are currently enrolled in the program. We are immensely pleased to have Kaiser as our partner in HSF.