

Appendix A:

DPH Prevention Framework (Draft for Discussion)

Purpose of Framework:

To guide the development of a five-year DPH Prevention Plan.

Prevention Goals¹ :

1. Prevent premature death, disability, disease and injury due to preventable causes.
2. Reduce and/or eliminate health disparities among segments of the San Francisco population.

Guiding Principles:

1. Focus on the health of populations and consider the effects of health conditions throughout the life cycle.
2. Collect all relevant available evidence on important health conditions and their major determinants.
3. Prioritize prevention decisions based on defined criteria, including evidence about preventable burden of disease in population and effects on inequities.
4. Identify and address root causes, determinants of health and their interactions².
5. Assess and build on existing prevention efforts in the planning process.
6. Apply multiple level best practice strategies for the entire spectrum of health determinants. This includes collaboration across sectors and levels within the DPH; and coordination with public, private and nonprofit organizations beyond DPH.
7. Promote genuine public partnership.
8. Evaluate interventions for their effects on population-based outcomes and use evaluation results for future planning and budgeting.

Support Structure:

1. Form a Prevention Planning Team under the Integration Task Force to plan and oversee the implementation of DPH wide prevention activities. (The Integration Task Force is a Department wide group that focuses on integration system and policy issues.)
2. Prevention is planned as a special topic on the Expanded Community Programs Managers and Medical Directors' Meeting agenda on a quarterly basis (starting October 2002). This meeting will include representatives from the AIDS Office and Community Health and Safety Services.
3. The Prevention Planning Team to invite public partnership through community groups and to utilize existing public advisory groups towards prevention effort.

¹ National Healthy People 2010 major objectives as well as a component of the DPH 2000 Strategic Plan.

² The main determinants of health are social, economic, cultural, environmental, health services and personal health practices.

Proposed Steps and Resources:

	Action	Detail	Lead	Resource/Issue
1.	Establish an objective analysis of the state of San Franciscan’s health.	<ul style="list-style-type: none"> Produce evidence about burden of disease/injury/disability in the population such as Disability Adjusted Life Years (DALYs) and leading determinants of burden of disease. In the long run, establish and refine an ongoing review of the health status of the community and its sub-groups. 	Community Health Epidemiology section, with other epidemiological and program units	Based on San Francisco health data, Healthy People 2010 and other literature.
3.	Create and implement a process to identify and prioritize prevention issues Department wide and among sections based on guiding principles.	The criteria to include: <u>effects on population health and disparities; needs analysis; mandated requirements; social injustice and health inequities; availability of effective options; availability of resources; emerging public health issues and concerns; community input and other, such as life cycle.</u>	<ul style="list-style-type: none"> Senior management staff, assisted by Prevention Workgroup³. Prevention Workgroup reviews and makes recommendations on top public health concerns at the quarterly Expanded Management Team Meeting. Management and budget committee to prioritize and re-direct funds. 	Disability Adjusted Life Years (DALYs) and leading determinants of burden of disease; educational outcomes; literature; research institutes;
4.	Define goals and objectives for each identified issue.	This includes measurable outcomes in a specific timeframe. The focus is on population health and upstream indicators.	Prevention Workgroup makes recommendations to section managers.	Healthy People 2010 and other relevant sources.

³ The Prevention Workgroup is made up of a representative team of public health staff across all sections.

	Action	Detail	Lead	Resource/Issue
5.	Identify prevention options in priority areas based on efficacy, effectiveness and cost effectiveness for all identified issues.	<ul style="list-style-type: none"> This includes identifying a range of prevention interventions/strategies/methodologies based on best practices, efficacy and cost effectiveness. Core public health units (Health Promotion, Community Health Epidemiology, Environmental Health, etc.) are available to assist clinical providers. 	<ul style="list-style-type: none"> Health Promotion, Community Health Epidemiology Section, Environmental Health and a team of selected public health staff. Prevention Workgroup reviews and makes recommendations on top public health concerns to section managers at the quarterly Expanded Management Team Meeting. 	Academic /research institutions and other related organizations. Review scientific literature and San Francisco conditions.
6.	Decide on priority prevention interventions for implementation for all identified issues.	<ul style="list-style-type: none"> Intervention may include a host of activities that address policy, practice and training. Identify evaluation measures and indicators once interventions are selected. 	Section managers assisted by Prevention Workgroup; program managers in priority action areas.	<ul style="list-style-type: none"> Create resources for programs that do not have expertise. Review scientific literature and San Francisco conditions.
7.	Implement, monitor and evaluate prevention activities for all identified issues.	<ul style="list-style-type: none"> Guiding Principles to be used as evaluation criteria in all stages of prevention activity. This includes upstream evaluation, long-range outcomes, policy analysis and supporting community collaborations. Work with DPH QM initiative. 	Program management staff of sections that are addressing prevention issues.	Community Health Epidemiology section, Health Promotion section, MIS, DHS, DCYF, community groups, etc.

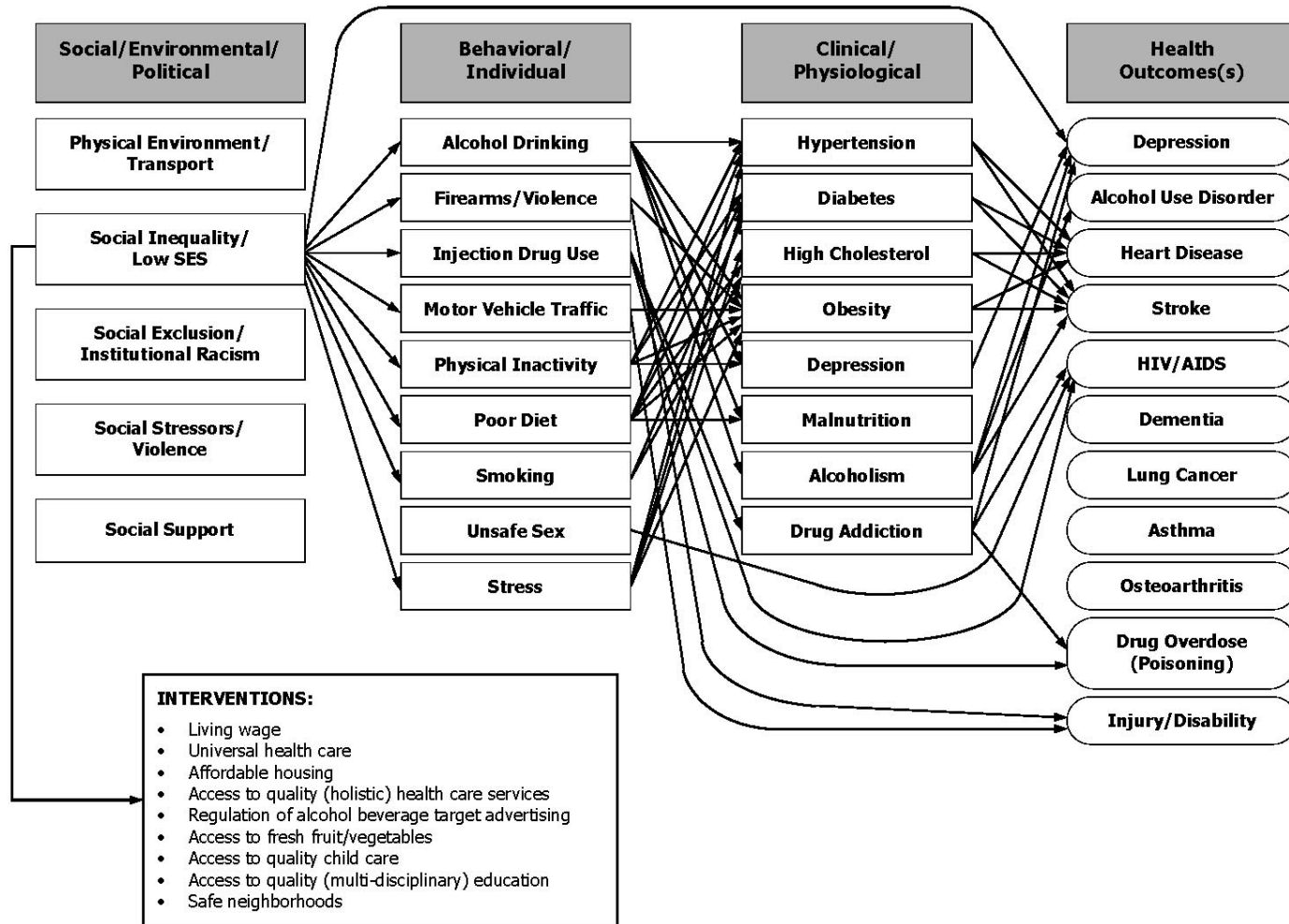
Appendix B:**Prevention Planning Workgroup Representatives**

Section Name	Section Director	Representatives
AIDS Office	Stephen Tierney/Jimmy Loyce	Tracey Packer/Valerie Rose
STD/Prevention and Control	Jeff Klausner	Deborah William-Taki
TB Control	Masae Kawamura	Tony Paz
Community Epidemiology	Tomas Aragon	Randy Reiter*
Policy and Planning	Anne Kronenberg	Jim Soos (to be kept informed)
Environmental Health	Rajiv Bhatia*	Jack Breslin, Karen Cohn, Carolina Guzman
Prevention	Ginger Smyly*	Brian Katcher* , Cynthia Selmar, Christine Goette, Stanley Sciortino*
Dental	Samantha Stephen	Samantha Stephen
Housing and Urban Health	Mark Trotz	Margot Antonetty
Maternal Child Health	Mildred Crear	Rita Times
Behavioral Health	Bob Cabaj/Jorge Partida	Toni Rucker, Tina Yee
Community Programs Administration	Barbara Garcia	Iman Nazeeri-Simmons, Maria Cora, Wylie Liu*
Primary Care Network	Patricia Perez-Arce	Maureen O'Neil, Marcellina Ogbu
SFGH Admin	Gene O'Connell	Judith Klain
Laguna Honda Hospital	Terry Hill	Paul Carlisle

*Members of the Prevention Planning Committee are in bold-faced text.

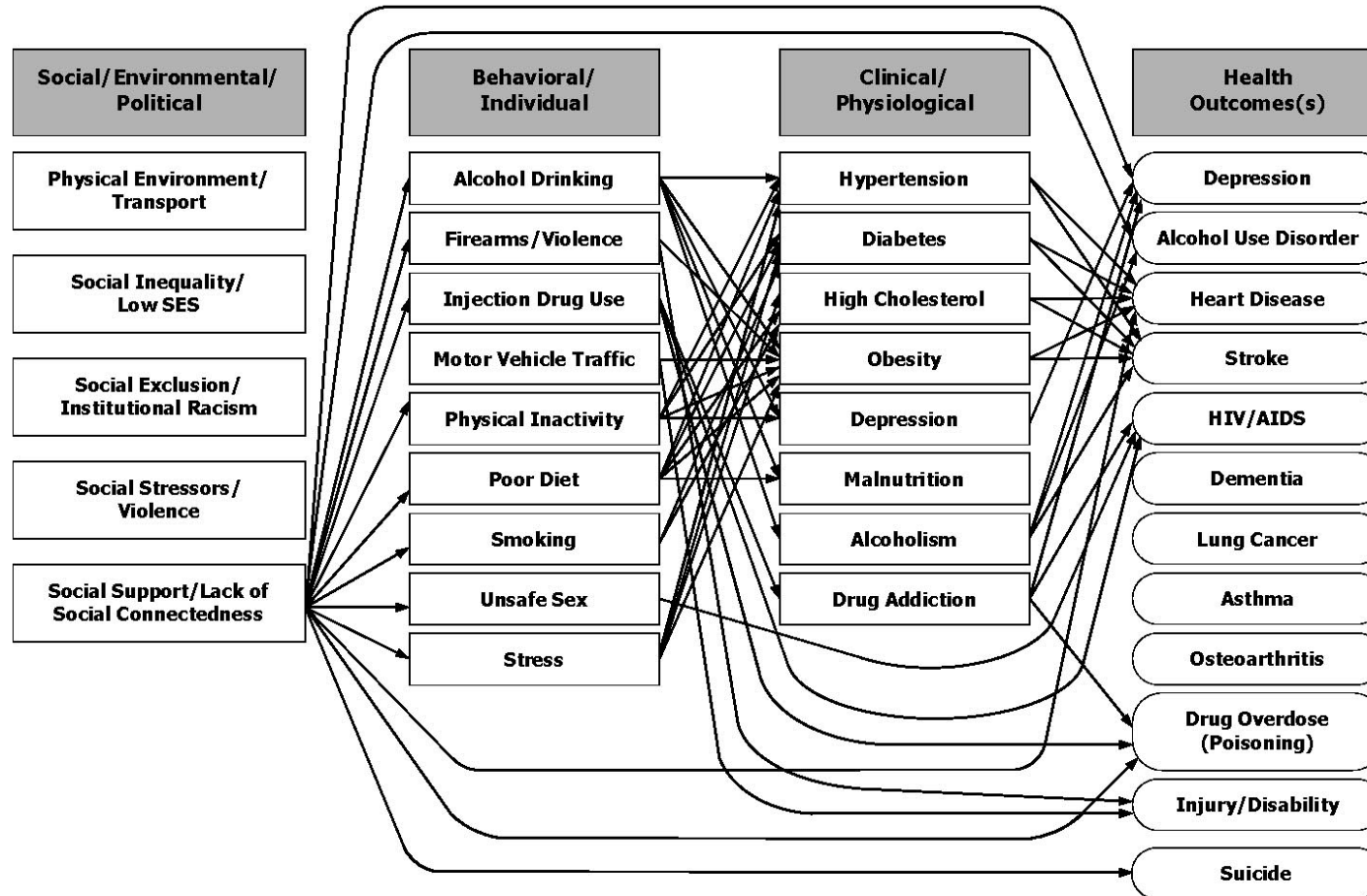
Appendix C:

Causal Web for Low Socio-Economic Status



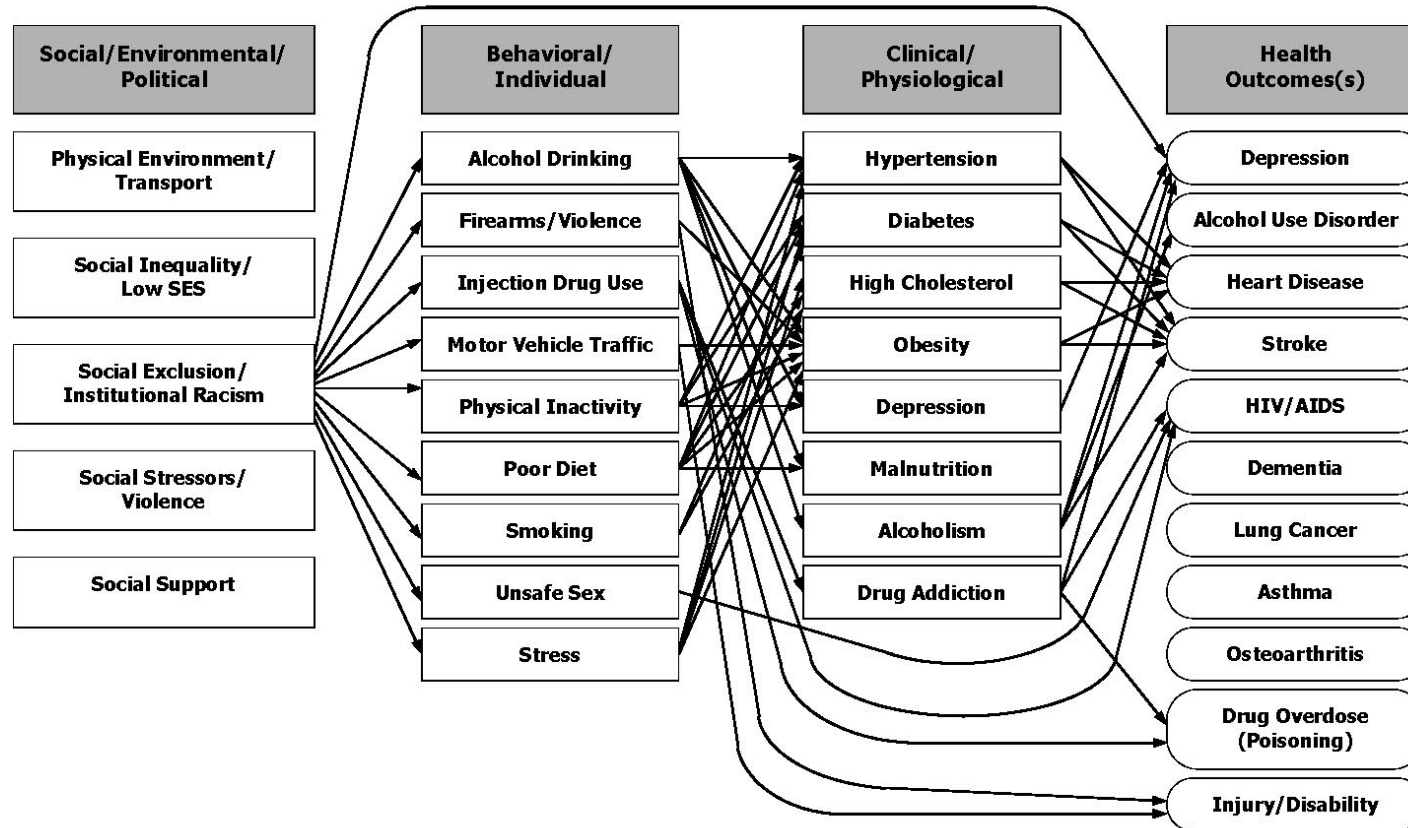
Appendix C:

Causal Web for Social Isolation/Connectedness



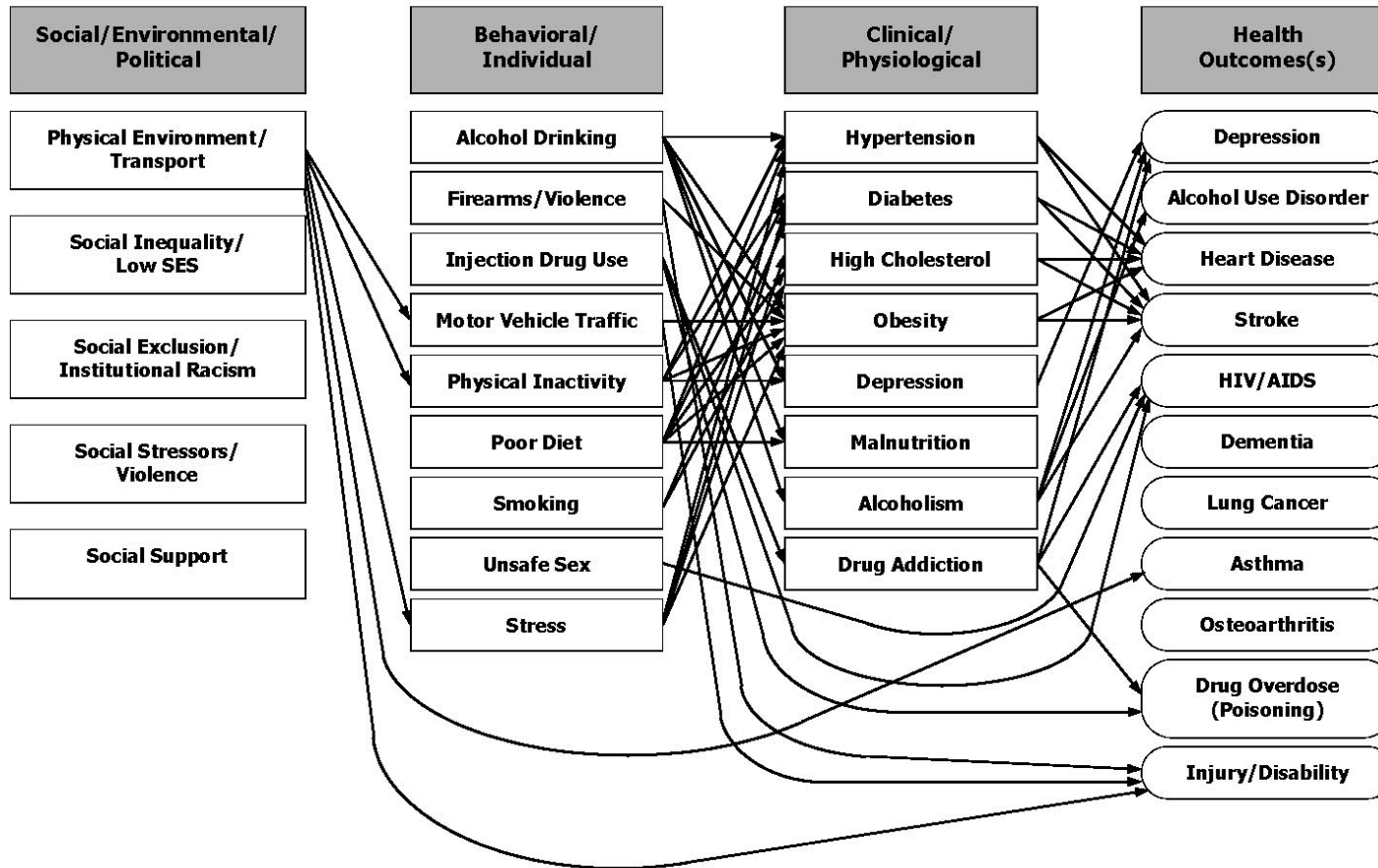
Appendix C:

Causal Web for Institutional Racism



Appendix C:

Causal Web for Transportation



Appendix D:

Proposed List of Prevention Planning Committee Members

Section Name	Section Director	Representatives
Prevention	Ginger Smyly	Brian Katcher
AIDS Office/STD Prevention and Control	Stephen Tierney/Jimmy Loyce and Jeff Klausner	tbd
Community Epidemiology	Susan Fernyak	Randy Reiter
TB Control	Masae Kawamura	tbd
Policy and Planning	Anne Kronenberg	tbd
Environmental Health	Rajiv Bhatia	Rajiv Bhatia
Behavioral Health	Bob Cabaj	tbd
Primary Care Network	Barbara Garcia	Marcellina Ogbu and/or Lisa Johnson
SFGH Admin	Gene O'Connell	tbd
LHH Admin	Larry Funk	tbd

Please note this group will be expanded when the plan is implemented.

Appendix E:

Case Examples of Projects that Address Identified Social Determinants :

The San Francisco Mission Neighborhood Health Impact Assessment

Neighborhood rezoning plans must undergo environmental impact assessment to inform governmental decision-makers and the public about the potential, significant effects of proposed decisions and activities. Laws mandating EIA recognize that social and physical environments are inter-related; however, EIA has been traditionally deficient in addressing how projects impact social determinants of health and health agencies have traditionally had limited involvement with EIA.

In San Francisco's Mission's Neighborhood, a coalition of community organizations, the Mission Anti-displacement Coalition (MAC), convened to represent the needs of residents in a city rezoning process are using Health Impact Assessment as a vehicle to evaluate the health and social impacts of alternative zoning proposals, increase community capacity to engage with land use planning, and develop public awareness of the relationship between land use and health. The assessment aims to answer the following questions:

- What are the forces that influence land use decisions?
- What are the consequences to current mission residents of land use trends and policies on individual and family health and well being, neighborhood composition, culture, and cohesion?
- How will alternative zoning rules affect the region and equity over the long term?

Organizational members of MAC participate as a planning body and contribute as researchers. The roles of SFDPH include facilitation of the assessment's planning and implementation, coordination and documentation of the process and its findings, training for community member research activities, and other research support. Multiple qualitative, quantitative, and popular research methods are being applied to the assessment. The MNCHIA findings will be integrated into a document and will be disseminated through multiple, culturally relevant and language appropriate mediums. The partnership will develop a plan to monitoring the influence of the assessment both on the zoning decision as well as local agency approaches to community involvement.

SFDPH has been collecting informal meeting notes that delineate the growth, challenges, successes and maturity of the decision-making process. Some of the outcomes to be examined include, changes in the community's capacity for designing, implementing and disseminating research; changes in the government agency's capacity to work as equal partners with community members, influence of the assessment on the zoning decision, changes in local agency approaches to community involvement, and changes in the local planning agency's Environmental Impact Assessment procedures.

Jornaleros Unidos Con El Pueblo (Day Laborers United with the Community).

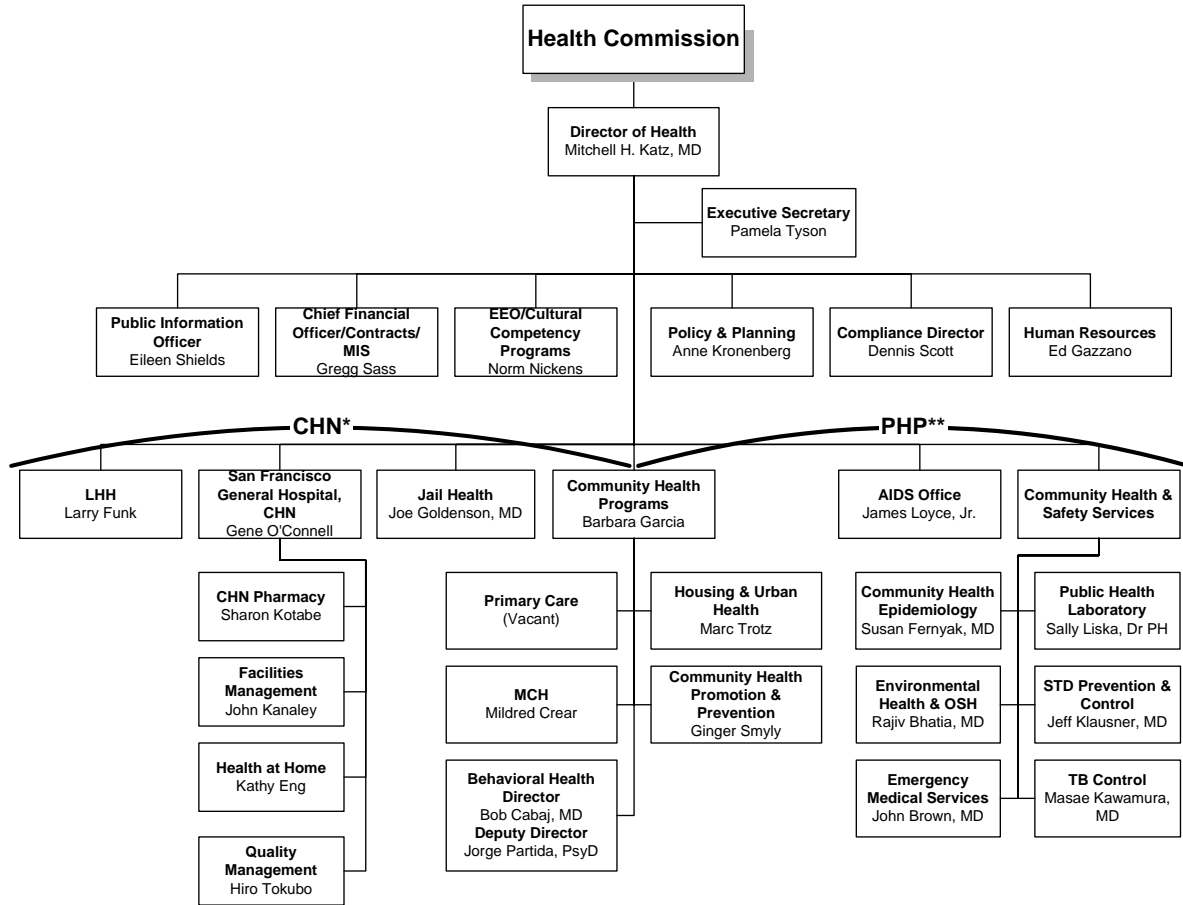
The Day Laborers project has built an effective partnership involving San Francisco immigrant day laborers, community organizations and public health and safety institutions from which partners have developed an understanding of how the day laborers' hazardous working conditions are influenced by social and structural contexts such as the laborers' economic needs, employers' interests in flexible labor, and an institutional focus on more formal employment sectors. **The overall aim of this project is to improve working conditions for day laborers through multi-level social change strategies that reflect the knowledge, needs, and participation of day laborers.** The proposed project takes collaborative approach to needs assessment, human service program development, and labor policy change and involves the direct participation of the affected community, the day laborers. The approach is distinguished from traditional public health practice and interventions research in several ways. First and most importantly the intervention seeks and acts towards social and institutional change and not individual change. The approach draws from principles and values contained in the theory of participatory research and education which envisions social changes as a cyclic, iterative process of dialogue, action, and reflection. The approach recognizes the research and stakeholders as equal participants and decision-makers in the process. The approach is similar to other collaborative approaches to policy change undertaken with the participation and leadership of public health practitioners (e.g. The San Francisco Board of Supervisor's Asthma Task Force), however, our proposed approach further emphasizes and supports the direct leadership and involvement of the affected community.

The project has been recently selected for funding through an NIEHS program, Environmental Justice: Partnerships for Communication. Using this funding mechanism the project is preparing to convene a Community Council of stakeholders, consisting of our exiting partners as well as employers, social service providers, and day laborers. Supported by the project team, the Community Council will design, implement, disseminate, and evaluate interventions targeting each of four audiences—day laborers, employers, service providers, and governmental institutions. A participatory assessment will consider how the interventions can be integrated across multiple sectors, (e.g. laborers, employers, service providers, and institutions) how they use and develop day laborers' assets, and how they can address underlying social and structural contexts.

The evaluation will be and inclusive, iterative and inductive process in which the questions asked and directions pursued emanate from the primary stakeholders. Evaluation in participatory approaches is also synonymous with the reflective phase of the dialogue-action-reflection cycle. The evaluation will focus on outcomes related to capacity for achieving social change and the actual achievement of changes in living and working conditions. Collective capacity may be measured through indicators of advocacy and leadership skills, interpersonal trust, and working relationships. Environmental outcomes include changes in hazardous work conditions and their social context can be evaluated through indicators of employment conditions, economic options, and institutional policy.

Appendix F:

San Francisco Department of Public Health Organizational Chart



*CHN = Community Health Network, the integrated health service delivery system of the Health Department

**PHP = Population Health and Prevention

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