

**Comments Received by E-Mail**  
**The San Francisco Department of Public Health**  
**Reaching Our Public Health Goals**

**#1 What can the Department do over the next five years to meet San Francisco's health needs?**

- I am wondering what steps DPH is taking or will take to address Hepatitis C(+) patients' desire for treatment/therapy to clear their body of the virus. The patient response rate and success of this type of therapy has greatly improved over the last 5 years.  
As a nurse here in San Francisco, I am committed to the health needs of the population of all San Franciscans. I would like to give my patients options available for treatment.  
So far, the Liver Clinic at SFGH is the main (only) resource for Hep C+ patients seeking treatment, within the CHN.
- More interpreters -- more community based prevention/promotion programs. More services for new immigrants.
- The Health Department has allowed its delivery system -- largely community based -- to deteriorate dramatically over the past decade. The ability of frontline agencies to operate has been severely compromised and needs to be strengthened as an immediate priority.
- Ensure that there is adequate healthcare services for the uninsured - besides the costly emergency room.
- Increase detox facilities and drug rehabilitation programs.
- Develop a database of shut-ins to be used in case of an emergency, such as an earthquake.
- Following the mandate of the Supreme Court's Olmstead decision, and in keeping with the priorities of San Francisco's greater disability community, there needs to be an explicit emphasis placed on home-based community care vs. institutional care as a clear priority for the City and the County. One thing that the City can do is to redirect (and encourage policy makers to redirect) economic and systemic resources from institutional placement to community-based care and related services that will enable people to remain in their communities. DPH should have an emphasis on discharging people to the community in all situations possible, and should continue to work in cooperation with disability community groups, including ILRCSF, the Lighthouse, the Mental Health Association, The ARC and IHSS Public Authority, and others to help make that happen.

- A big concern for myself and my organization is what the city of SF will do once West Nile Virus arrives. We are very concerned that least environmentally damaging and cost effective actions are implemented.

## #2 **What can the Department do over the next five years to prevent disease and injury?**

- In light of the need to engage communities of color around HIV prevention, the DPH should take a leading role in working with affiliated groups to inform them about and encourage their participation in cutting edge clinical trial research being conducted here within the Department-- almost completely funded through Federal grants from NIH and CDC. For example, we are actively recruiting for preventive vaccine trials and a number of other prevention studies targeting the link between substance use and HIV as well as the link between STD's such as genital herpes (herpes simplex virus-2 or HSV-2) and HIV.
- Outreach -- promotion -- more services to non-English speaking people and recent immigrants who are unfamiliar with our healthcare system, such as it is.
- Homicide and suicide by firearm have been largely ignored as a public health issue, as have suicides from bridges and other public structures that could easily be made safe.
- In regards to sexually transmitted diseases I think it might be more beneficial teach abstinence. It is in fact the one way that is 100% effective. I think that the bar should be set high for these young adults and they should know that there is another method besides contraception.
- Get the homeless off the streets. Get the homeless healthy and back into taxpaying society, or get them into facilities that can take care of them if they're unable to care for themselves. Get drugs, drug dealers and gangs out of the city.
- When drafting your Strategic Plan, please consider the negative health impacts of an auto-centric transportation system, including the higher rates of injuries and fatalities, asthma, and obesity.

In the next five years, if you could use your resources to work with other groups inside and outside government already encouraging the use of public transit over automobiles both for children (safe routes to school legislation) and adults. Even when one rides the bus there is an increase in physical effort to get to the stop or station, let alone the incredibly good workout of even a leisurely bicycle ride. In addition, public air quality improves when fewer people make auto trips.

- As the World Health Organization recently acknowledged in its World Health Day (see link below), transportation and dependence on automobiles have become

public health issues of crisis proportions. The list of health effects from automobile dominance in our own city is long: obesity, asthma, injury, and death. Many fatal collisions involve pedestrians and bicyclists, yet the proportion of funding to enhance safety for nonmotorists remains shockingly small.

Economic health for poor and working San Franciscans also suffers when they are forced by poor transit alternatives to maintain a car, spending up to a third of their income for this expense, money that could better go toward healthy food, education, or improved housing. Residents of poor neighborhoods such as Bayview/Hunters Point suffer the highest rates of asthma and also some of the worst public transportation. Coincidence?

One final irony. Muni service to San Francisco General Hospital itself is under attack. Only public outcry saved the #33-Ashbury from being truncated at 16<sup>th</sup> Street and no longer in service to SFGH. The workhorse #9-San Bruno is still threatened with cuts that will have a serious impact on patients as well as neighbors and staff.

We need a strong message from public health that dependence on automobiles, as currently enforced by San Francisco's own city agencies (police refuse to even ticket motorists who kill pedestrians, for example), is a serious health threat. Transit, walking, and cycling all offer inexpensive opportunities to cut pollution, encourage exercise, and boost the budgets of the San Franciscans served by public health.

<http://www.who.int/world-health-day/2004/en/>

- I would like to tell the Department to consider the negative health impacts of an auto-centric transportation system, including the higher rates of injuries and fatalities, asthma, and obesity.

We need safer streets for bicyclists and pedestrians, especially for seniors and kids. The Department should look for ways to promote healthier alternatives to car travel such as walking and bicycling.

- Thank you for contacting us regarding input on your strategic plan. My name is Lorie Gehrke and I am the President of the SIDS Alliance of Northern California. Our group is a volunteer parent organization and our mission is to support grieving families affected by the tragedy of Sudden Infant Death Syndrome (SIDS), to provide community education and outreach, and to help fund research into the causes of SIDS. Over the years, I have worked with the SIDS Coordinator for the City and County of San Francisco (Linda Thomas Bosley) and have conducted SIDS trainings at a San Francisco hospital. I have also provided risk reduction information to a group of USF graduate students, which they then distributed to San Francisco daycare centers.

Although San Francisco does not have a high number of SIDS deaths, I believe

the Department of Public Health should continue its education and community outreach efforts to inform the community (particularly new parents and daycare providers) about safe sleeping and ways to reduce the risk of SIDS. By informing and educating the public, you do a tremendous service to San Francisco's youngest citizens.

- Particularly in these difficult fiscal times, prevention remains the most cost-effective public health strategy. I would urge that the strategic plan update renew its commitment to prevention and give it a very high priority. This addresses two of the department's goals: 2. Disease and injury are prevented, and 3. Services, programs, and facilities are cost-effective and resources are maximized. It furthers Strategy 4.3, in which the Department cited its accomplishment to "continually seeks ways to partner with other City departments and community-based agencies on common health issues, including children's services, disabled and older adult services, and other programs."

I would like to see the department partner with Recreation and Parks to promote the health aspects of active recreation for children, the disabled, and seniors (and in fact for all San Franciscans). The department should maximize opportunities to utilize our city and national parks; for example, to promote the Crissy Field Center at the Presidio for outdoor children's activities.

The department should also work with the Municipal Transportation Commission and DPT to promote more bike lanes throughout the city, and safe walking routes to school, as low-cost ways of addressing obesity and the consequent increase of diabetes and other diseases. All of this can be in conformity with the city's Transit First Policy. Exercise need not be a for-pay activity. It is most cost-effective and time-effective when it occurs as part of life's daily activities. Motivation is less expensive than hospital rooms. The department should also encourage senior activities like Tai Chi. It would be beneficial to work with RPD and the Police Department to encourage senior activities in underutilized parks like McLaren Park, and parks that need to be cared for, like Warm Water Cove on the southeastern shore at the end of 24th St. and the pocket park at Islais Creek.

Of course this won't work for everybody, and I appreciate the department's important contribution as the health provider of last resort. Every person who stays healthy frees limited (and shrinking) resources for those who aren't.

- Proactively cite and tow vehicles that are parked on sidewalks (so that citizens don't have to walk out into traffic mid-block and to encourage...rather than discourage...walking): Use the additional revenue from citations to invest in infrastructure to support walking (wider sidewalks, bulbouts, countdown crossing lights, etc.)
- Get cars out of the way of transit so that it can move (speeds up service, encourages transit ridership by improving reliability and frequency of service at

no additional cost...ie, the same driver/bus can make more round trips each shift)....and so that the air is improved

- Make sure that the children of recent immigrants receive all their immunization shots.
- Promote abstinence among teenagers rather than "safe sex". The only safe sex for those not married is no sex.
- As noted below, the Department should work closely with the Mayors Office on Disability and in collaboration with community groups serving the disability community to implement the ADA self-evaluation in relation to DPH programs and services, and work to develop a plan for improving access based upon the self-evaluation. Access should be ensured not only for people using their services, but should include outreach to current and potential consumers. By ensuring adequate and timely service delivery, the Department will avoid exacerbation of illnesses and disability, as well as costly emergency room treatment. DPH should continue speaking out on the need for housing, addiction treatment and healthcare for all. Many illnesses and disabling conditions (both physical and psychiatric) are caused and/or severely exacerbated by poverty and homelessness.

### **#3 What can the Department do over the next five years to use resources cost-effectively and efficiently?**

- I would recommend that the city and DPH re-evaluate the way they address capital infrastructure issues in the budget.

Currently the city budgets on an annual basis - a short term budgeting process. The city's priority is first to fund current operating expenses, then to expand new services and last to fund capital infrastructure such as facility maintenance, facility improvements, acquisition of facilities, MIS systems and technology. Typically the city prioritizes service expansion over capital infrastructure and most year's the funding allocated for capital infrastructure is inadequate to keep up with growing technology demands. As a result of many year's of deferred maintenance and acquisition of capital the city's infrastructure erodes, impairing the city's ability to provide services efficiently.

A good example of this is the replacement of the mental health billing system which is a legacy system, far beyond its useful life. Understandably, when DPH must face cuts to services vs fund IT systems, services are prioritized. However, after a certain point in time, revenue losses associated with an antiquated system justify the short term high cost of system replacement. But politically, this approach is unpalatable since capital infrastructure is for the most part, transparent to the average citizen.

In the past, DPH Finance (and possibly also the Health Commission) has advocated for a reserve to fund capital as well as future revenue losses. Unfortunately this idea has never been approved by the Mayor and Controller, as a result of competing fiscal needs. In lieu of a reserve, I would recommend that the city either take a longer term approach to budgeting or allocate more funds to capital infrastructure. Several years ago the city debated a change to a 2 year budgeting process. But the current political system of 4 year legislative terms encourages short term accomplishments over long term capital investment.

- DPH can put in place a plan to reduce institutional beds by a specific number ( MHRF and Laguna Honda ) with the money from the city general fund following the individual into the community with specified community support services ( plus whatever MediCal dollars may be captured ).
- Cut duplicative administrative tasks -- accept electronic signatures on contract documents -- have master-contracts so amendments/modifications can be simplified -- give long-standing contractors a bit more flexibility, as if dozens of years of quality service and accountability had some value. Increase administrative cost rates to contractors because that service can be provided more efficiently by contractors than by the department itself -- have objective third party (outside consultant hired by commission) evaluate system for inefficiencies, and finally, create one city-wide method for assessing cultural competency simply

and quickly so contractors would not have to prove their case, after years and years of competent multi-cultural activity, with a time and labor intensive assessment for every city department with whom the contractor has a relationship.

- Emphasize use of community-based resources again.
- I dunno, but I think Care not Cash will help.
- Team with local universities to develop intern positions for students, where they get practical, hands-on experience and college credit, while the Department gets additional manpower at minimal costs.
- Team with local universities to develop intern positions for students, where they get practical, hands-on experience and college credit, while the Department gets additional manpower at minimal costs.
- Invest in the needed systems to get people OUT of Laguna Honda Hospital and into the community. Institutional care is far more expensive and less effective than community care. Investing in IHSS, low-income housing, and SSI and MediCal advocacy will all save the City many hundreds of thousands of dollars over time. It also better serves the disability community.

#### **#4 What can the Department do over the next five years to engage with San Francisco's communities?**

- I have a suggestion that is a little out of the normal area for the DPH as I understand it, but certainly has a major impact on public health and safety. As a member of Friends of Lake Merced I have become familiar with some of the water issues that affect San Francisco and its residents. It seems clear that the continued provision of fresh water, and the safe and environmentally sound disposal of wastewater, is an important public health issue into the coming decades. The Mayor has recently transferred responsibility for water conservation from the PUC to the Department on the Environment. Still there are many aspects of wastewater treatment, and especially recycling, that are not being addressed in an aggressive manner. Similarly, there is much more that can be accomplished in the area of fresh water capture. Other agencies are well ahead in such areas as downspout disconnect, permeable surfaces, and wastewater BMP programs.

I hope that there is a way for the DPH to join with the DoE and PUC to aggressively pursue the best use of this most valuable resource.

- More multi-lingual services in district health centers.
- Expand the number of community-based organizations it uses for services.
- Clean up the City so that tourists will come back and bring their money with them, and residents will be proud of their neighborhoods and want to stay. Right now the City is filthy and depressing, and I don't know who would want to visit it. Fix the homeless problem!

Heck, if the rents weren't so dang high in SF, maybe we wouldn't have the problems we have today. Housing costs were astronomically inflated during the dot com boom, and they never came back down to human levels when it fell apart. Perhaps rent control should be reinstated. There are a lot of apartments sitting empty because landlords still insist on exorbitant rents. Families are living out of their cars because they can't find work or housing. Individuals are cramming 5 or 6 people into small apartments because that's the only way they can afford the rent. When people put all their money into their rent, there's little extra for food or healthcare, so they go to the emergency room when all of a sudden they crash for one reason or another. If rents were lower for housing and for business, then we might attract business back to the City, which would create jobs and city revenue so that we could have resources to clean up the filth.

- Partner with neighborhoods and local schools to hold health fairs in the cities various ethnic communities.

- The DPH's Strategic Plan update should include plans to ensure that SF General, all primary care and mental health clinics, substance abuse programs, maternal and child health, and all other services are both physically and programmatically accessible to people with disabilities. The department should work closely with the Mayors Office on Disability and community groups serving the disability community to implement the ADA self-evaluation in relation to DPH programs and services, and work to develop a plan for improving access based upon the self-evaluation. Access should be ensured not only for people using their services but also for outreach to current and potential consumers and employees. Ensure that at least one, if not more, members of the Public Health Commission are people with identified disabilities!
- It would be great if the SFDPH would consider presenting their WNV strategy to the Lake Merced Task Force, Tim Colen chair [tcolen@pacbell.net].