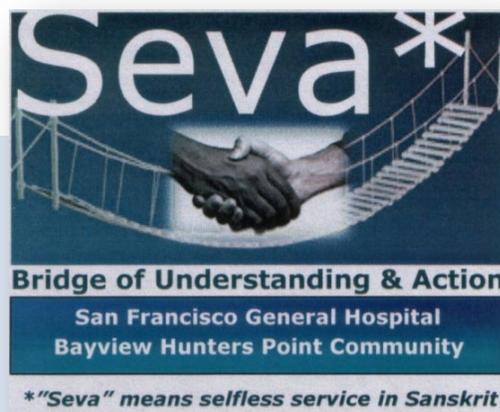


Seva* Community-Based Health Policy, Practice & Advocacy Recommendations

San Francisco's Bayview Hunters Point Community and San Francisco General Hospital Physicians

Practical ideas sparked at the community/provider interface

- * An unlikely partnership merged community wisdom and professional expertise
- * A respected healthcare institution expanded the setting for service and training
- * A diverse community expressed consensus on tough issues and solutions...



- ✓ This really is the community's voice
- ✓ Common sense and prevention are back in style
- ✓ Finally someone has said that community members are as responsible as government and other institutions for creating change where they live.
- ✓ Every community leader and policymaker in the country should see this.
- ✓ Community-Based Participatory Research? It works!

- NOW, Seva* calls on policymakers to respond**
- ✓ **Implement** the Seva* recommendations.
 - ✓ **Cite** Seva* and strengthen your existing community-serving policies.
 - ✓ **Change** policy and practice using the Seva* community-based participatory process.

Seva*'s process:

Community members in San Francisco's Bayview Hunters Point neighborhood face steep barriers to wellness. They know what is working for them, what is not, and what they want to change. Seva* asked them to share their experience.

Local public health workers and experts from University of California and San Francisco General Hospital listened. They understood the need to shift healthcare policy and practice based on what they heard and on their direct clinical experience.

Community residents and leaders, community health workers, seasoned and new healthcare professionals joined together. They considered a range of public policy and institutional practice recommendations that emerged from the community-based participatory process. Recommendations were drafted and reviewed through an online interactive feedback system, through the Seva* "Accountability Council" of Bayview Hunters Point residents and public health experts, and through hundreds of individual conversations.

Seva* community participants were consistently positive and optimistic.

"We have healing views of the water." They were quick to share nontraditional responses to health challenges. *"Knowing my neighbors keeps me healthier."* When pressed to consider what external supports they need, they could be very specific. *"We need a health food market."*

The Seva* process illuminated community resiliency and problem solving.

These strengths put into stark relief the underlying structural barriers to good health such as concentrated poverty, racial segregation, unequal educational and economic opportunities, and limited access to affordable health care.

The Seva* Accountability Council agreed with the community's priorities.

The Council added a sense of urgency to the response, the role of advocacy in social change, and a request that Seva* healthcare providers play an active role.

Six major directives emerged from Seva* dialogues

- ✓ **After violence: prevent future violence**
- ✓ **Environment: make our urban and natural surroundings clean and safe**
- ✓ **Food access: create plentiful and healthy food options**
- ✓ **Social supports: strengthen the safety net and raise social cohesion**
- ✓ **Next generation: engage and mentor youth**
- ✓ **Healthcare access: make services more available to more people**

“There is no one who counsels witnesses of street violence after an incident ... which normalizes the violence and allows trauma to set in.” – BVHP resident

Violence is present in every community.¹ In urban and impoverished neighborhoods, violence hovers at an epidemic level, targets Black and Latino populations more than others,² shapes the behavior of young people who witness it,³ and inflates the bottom line of long term social costs.⁴ Young people, in neighborhoods like BVHP, are regularly exposed to street violence, are as at-risk for family violence as youth anywhere, and too often never feel safe.⁵

New evidence suggests that individuals exposed to even low levels of violence over time can develop symptoms very similar to those

exhibited by soldiers returning from combat,⁶ and can suffer altered brain chemistry and other physical changes from environmental stress.⁷ It is estimated that a third of children living in BVHP are suffering from what experts now call “Persistent Traumatic Stress” (PTS) as a result of daily life in an atmosphere of violence.

“Facing the daily threat of premature death at the hands of other youth is something most of us could never envision...”

***From an essay by Dr. Nathan Irby, MD
Emergency physician/violence prevention researcher***

Develop and implement curricular training for UCSF residency programs that includes methods for screening, assessment and referral for patients and clients identified with Persistent Traumatic Stress.

Institutional ACTION

The critical role of early childhood development in preventing future problems and laying the foundation for a lifetime of health and wellness has become clearer in the past decade as the effect on the body of early exposure to trauma is better understood.⁸ A seminal study, the Adverse Childhood Experience or ACE study, expanded the understanding of mental and physical health determinants, and suggested the need for a multidisciplinary, integrated approach to treatment. It also proposes a way to quantify or “score” an individual’s exposure to trauma.⁹ Some researchers are cautiously optimistic that chemical therapies can be very useful to the medical response to PTS, especially in very young children.¹⁰

¹ Homicide is the 2nd leading cause of death for individuals between the ages of 14 and 24. Nonfatal, violent related injuries accounted for more than 700,000 visits to emergency departments in 2006. CDC (2007)

² Blacks are most affected with 32.5/100,000 people being victims. CDC (2007)

³ 6% of high school students do not go to school because they felt unsafe there or en route. CDC (2007)

⁴ In addition to causing injury and death, youth violence affects communities by increasing the cost of health care, reducing productivity, decreasing property values, and disrupting social services, Mercy et al. (2002)

⁵ More than 692,000 young people ages 10 to 24 are treated in emergency departments each year for injuries sustained due to violence. CDC (2007)

⁶ Kessler RC, Sonnega A, Bromet E, et al. *Arch Gen Psychiatry* (1995)

⁷ Paul M Plotsky, et al., *Neuropsychopharmacology* (2005). Michael J Meaney and Bremner, JD, *Dialogues in Clinical Neuroscience* (2006). Allan N. Schore, et al, *New Zealand Journal of Psychiatry* (2002)

⁸ Shonkoff, Jack P. and Phillips, Deborah A., (eds.), *From Neurons to Neighborhoods* (2000)

⁹ Felitti VJ, et al., “ACE study,” *American Journal of Preventive Medicine* (1998)

¹⁰ Pine DS, et al., *Biological Psychiatry Journal* 51;7 519-531 (2002)

Seva* learned that prevention and early intervention strategies are more likely to reduce violence and be embraced by the community than criminal justice strategies.¹¹ Feedback from residents was generally positive and hopeful, and reflected what some researchers have found, that in high-risk neighborhoods “over focus on the threat increases fear and reluctance to act, furthering the perception of the community norm of violence. *Crime Watch* activities can heighten rather than lessen the symptoms of PTSD by making people highly suspicious of all residents.”¹² Ideal primary violence prevention would address underlying causes (e.g., economic and social injustice), risk factors (e.g., the proliferation of liquor stores in low-income neighborhoods), and healthy living opportunities (e.g., good nutrition and physical activity, a socially-cohesive environment, and positive adult role models).

Promising violence prevention and early intervention approaches acknowledge the profound role that the parent-child relationship plays in determining the child’s future experience with violence. Parent- and family-based interventions that address families’ environmental, cultural, and financial needs, when paired with school- or community-based interventions, have proven highly effective.¹³



Pictured are participants in the **Summer Empowerment Academy** which inspires teenagers from low-income communities to pursue higher education. The program was started by Dr. Nathan Irby and **Dr. Risha Irby-Irvin, MD**, a Seva* team member who won a prestigious American Association of Medical Colleges award.



Public ACTION

Prioritize funding for existing community-based providers that prevent future violence in BVHP by treating those exposed to it. Those providers include SF General Hospital’s Trauma Recover Center, UCSF’s Wraparound Project, Meditation at Visitacion Valley Middle School, and the HEARTS partnership between Carver Elementary School and SF General Hospital’s Child and Adolescent Psychiatry program.



Dr. Nadine Burke uses a version of the ACE screening tool in her BVHP pediatric clinic. She was featured in the New Yorker Magazine (3.21.11) for her bold work connecting children’s health and early exposure to violence.

Counseling of young victims, perpetrators and witnesses immediately following episodes of violence may help those individuals. Similarly, peer counseling of individuals exiting prison and reentering their communities may interrupt the cycle of violence before it is repeated or passed on.

Grow the network of community-based programs that connect Bayview Hunters Point youth to positive role models. Make sure all those in your professional and social network know the signs of Persistent Traumatic Stress and where someone who may be experiencing the disorder can get help.



Community ACTION

¹¹ Rivara and Farrington (1995)
¹² Embry, DD, et al. *Two sides of the coin: Multi-level prevention and intervention to reduce youth violent behavior* (1999)
¹³ *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*, CDC (2002)

“We need to educate everyone about environmental health risks and necessary preventive actions” – BVHP resident

For centuries, the Ohlone tribes lived harmoniously with the land and sea along Bayview Hunters Point’s waterfront, using resources no faster than nature could replenish them, and seldom leaving a trace.¹⁴ It has taken less than 100 years for modern inhabitants to turn BVHP into a place notorious for damaging levels of toxicity and serious health issues affecting residents.¹⁵

BVHP’s wealth of undeveloped open space and the intensifying demands of urban development have created enormous opportunity for the City, outside investors, and current and future BVHP residents.

Though BVHP residents and community leaders involved in the Seva* process know that their interests are not the only ones in the balance, and that their neighborhood may benefit from changes to their environment, they were frustrated by not being in a decision-making role, despite having earned their place in the neighborhood each day for, in many cases, generations.

Nature, buildings & people

It is clear that where a person lives impacts his or her health. This is true of both the natural environment and the built environment that surrounds him. Housing is a part of that environment, and is a determinant of health. In BVHP, I believe that the pursuit of housing that is affordable, livable and clean will have important policy implications, and could strengthen the health of this particular community.

Dr. Bonnie Chen, MD
Seva* & SFGH resident

Adapt the respected *Toxic Tour*, developed by public health official and BVHP resident Karen G. Pierce, for online education, and ensure every District 10 public health provider takes the tour and understands environmental injustice and its health consequences.

Institutional ACTION



Development and environmental advocacy in Bayview Hunters Point have pitted neighborhood groups against one another as residents struggle to balance their right to economic opportunity against concerns about health and justice for vulnerable populations. These issues emerged from resident advocates in Seva* Accountability Committee meetings more than in dialogues with other residents, and took the form of a call for Seva* to *Speak truth to power* and to *Remember the “Precautionary Principle.”*¹⁶ A sense of pride in the neighborhood’s fighting spirit and victories such as the closure of a polluting power plant was also evident.

Seva* heard that residents understand the connections between the natural environment, “built” environment, and people. *Our neighborhood has gorgeous weather, open spaces and water views. This is an amazing area that way.* In fact, Seva* heard about the beauty of the land, and its positive impact on the health and wellbeing of residents, more than any other environmental message. *“We should leverage our good open spaces, waterfront, and other environmental assets that could contribute to good health.”* Seva* also heard that the future BVHP environment, now under design, should better reflect the actual needs of the current and future residents who will live with the results.

¹⁴ See www.muwekma.org/

¹⁵ Ester, T, et al. *A Toxic Inventory of Bayview Hunters Point, San Francisco* (2004)

¹⁶ See the text of San Francisco’s Precautionary Principle at www.SFGov3.org.

Because the community still shoulders the burden of historic environmental inequity, and suffers disproportionately from the related health consequences of environmental injustice, prioritize BVHP when investing in clean technologies, green jobs and green spaces. **Public ACTION**



Environmental injustice up close & personal on innovative “Toxic Tour”

The Toxic Tour begins at a public housing project with a sweeping view most people never see: toxin-spewing truck farms, distribution centers, freeways, waste-processing facilities and more ... all serving the needs of a large city but leaving the environmental burden to a minority of residents with few resources to respond.

Karen Pierce’s *Toxic Tour* is one of San Francisco’s most innovative strategies for addressing environmental issues through practical education. Karen was born in Hunters Point, and raised her own children in the neighborhood. She is also a career public health expert who has connected her professional work with a commitment to her community.

Her tour brings small groups directly to the doorstep of environmental injustice. Participants who begin as tourists often leave as advocates who know, among other things, that BVHP is the place where over 80% of the City’s human waste is processed, the only SF neighborhood dissected by two freeways, and the home for the City’s vast majority of diesel-emitting commercial vehicles.

The *Seva** policy recommendations prioritize BVHP residents’ primary vision, as it emerged, of a restored, healthy environment that reflects the day-to-day needs of current and future BVHP residents. *Seva** considered the goals of City and regional planners, corporate developers and others, but only in the context of local voices that emerged from the community-based participatory process. *Seva** now urges policymakers to give those same voices more priority.

“Map” all BVHP community assets (e.g., open and active spaces, healthy food retailers, historical markers, places of worship, etc.) and promote them as opportunities for community members to engage with and celebrate the place where they live.

Community ACTION



Espanola Jackson at a *Seva Accountability Council meeting.**

Espanola Jackson, a tireless BVHP community advocate, said that the “*Precautionary Principle*,” embraced in San Francisco’s environmental code in 2003, seems to have been forgotten.

The *Precautionary Principle* shifts decision-making from *risk assessment* toward *alternatives analysis*. For example, instead of a local Parks and Recreation manager asking “How much arsenic in arsenic-treated wood is allowable in children’s playground equipment?” she would ask “Do we need to use treated wood at all?”

After
Violence

The
Environment

Food
Access

Social
Supports

Next
Generation

Access
to Care

“We have fast food restaurants and liquor stores on every corner. But where is the health food store?” – BVHP resident

Good nutrition is essential to good health; and access to healthy affordable food is essential to good nutrition. Yet, in Bayview Hunters Point — San Francisco’s historic foodshed and today’s home to the City’s hub for wholesale produce distribution — healthy affordable food is scarce. That scarcity is typical of low-income neighborhoods and communities of color across the United States.^{17, 18, 19, 20}

Publicly celebrate healthy food restaurants, retailers, growers and distributors, and build the capacity of SEFA, the Food Guardians public health community worker program, and associated grassroots advocacy groups.

Community ACTION



Dr. Jennie Wei, MD
researches food policy as
part of the Seva*
Partnership project.

A patient of mine who had just been diagnosed with diabetes listened, politely, as I spent the whole doctor’s visit explaining how important it was to change her diet, eat more fruits and vegetables, and try to eat brown rice and whole wheat bread instead of white rice and white bread. When I finished, she smiled and asked me, “Doctora, where can I find brown rice? And I’m not sure my corner store sells whole wheat tortillas...”

Dr. Jennie Wei, MD
Seva* & SFGH resident physician

Residents often come to rely on fast food restaurants and corner stores; and traditionally healthy cuisines and diets become loaded with unhealthy fats, sugars and sodium. These conditions put children at especially high risk since eating habits established in childhood are important determinants of eating habits as adults.

Individual health parallels the accessibility of healthy food. BVHP residents are much more prone to obesity, diabetes, high blood pressure, high cholesterol levels, and other chronic health conditions,²¹ while residents of places with better food access tend to consume healthier foods²² and have lower risks of diet-related chronic diseases.^{23, 24}

The absence of food sources also restrains economic health.²⁵ Food retailers are economic anchors that create foot traffic for other businesses, attract new investment, and create jobs.²⁶

¹⁷ TreuHaft, S.; Karpyn, A. *The Grocery Gap: Who Has Access to Healthy Food and Why it Matters* (2010)

¹⁸ Baker, E., et al. *The Role of Race and Poverty in Access to Foods* (2006)

¹⁹ Galvez, M., et al. *Race and Food Store Availability in an Inner-City Neighbourhood* (2007)

²⁰ Zenk, S., et al, *Neighborhood Racial Composition, Neighborhood Poverty, and the Spatial Accessibility of Supermarkets in Metropolitan Detroit* (2005)

²¹ “Adult obesity rates are 51% higher for African Americans, 21% percent higher for Latinos than whites.” CDC (2010)

²² Rose, D., et al, *Deserts in New Orleans? Illustrations of Urban Food Access and Implications for Policy.* (2009)

²³ California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research. (2008)

²⁴ Rundle, A., et al, *Neighborhood Food Environment and Walkability Predict Obesity in New York City.* (2009)

²⁵ The SF Mayor’s Office of Workforce and Economic Development estimates that BVHP loses \$13 million in retail leakage annually, just in the food retail category. (2007)

²⁶ TreuHaft, S.; Karpyn, A. *The Grocery Gap: Who Has Access to Healthy Food and Why it Matters.* (2010)

Adopt health and business standards for food retail that reduce the sale of tobacco, alcohol, and unhealthy foods, and that encourage healthier offerings. Consider promising policies such as restaurant menu nutrition labeling, tax incentives for buying and selling healthy foods, recognition strategies and regulatory streamlining for responsible businesses.



Public ACTION

San Francisco has made a good start with regard to food policy.²⁷ The *Public Action* recommendations are consistent with other city efforts such as the Healthy and Sustainable Foods mayoral directive's call for a Food Business Action Plan to promote healthy offerings in the retail environment, the Sustainable Food Business Recognition Program's call for recognition strategies, and an emerging program focusing on Healthy Corner Store permits. While Seva* did not hear a call for new taxes/fees, incentive tax breaks, or any other specific fiscal policy, the urgent need for healthier food options in the neighborhood was clear.



Promising Practice

SEFA (Southeast Food Access)

A citywide public health initiative has grown a community-based, multidimensional approach to addressing neighborhood food access issues. Collaboration between governmental, business, and community systems has proved essential to progress.

SEFA emerged from a San Francisco Mayor's Office public health strategy to increase healthy eating and physical activity throughout the City. Food-related health disparities between vulnerable populations in BVHP relative to the City at large generated interest amongst the initiative's leadership and funding partners to create the "working group."

SEFA is still staffed and led by public health experts working with co-chairs who work in the community, but has expanded its network of collaborators and its framework over time. The group builds capacity around existing food access improvement efforts, and brings leaders of those efforts together so that each can build on the others' work without duplication.

Food retail, urban agriculture and nutrition education remain primary focal points for SEFA's work. **Food Guardians**, a "promotoras" resident health workers project developing standards by which healthy food can be gauged, and the **Seva* Partnership** (behind this policy brief) both emerged from relationships established through SEFA.

Philanthropic organizations, health care providers and other major institutions concerned about food-related health and social disparities in Bayview Hunters Point should promote the collaborative vision of equal access to healthy, affordable and culturally appropriate foods, and ensure individual groups they work with connect with SEFA.



Institutional ACTION

²⁷ See SFFood.org.

After
Violence

The
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to Care

“The best thing about my community in terms of health is the strength of our families and church groups” – BVHP resident

Bayview Hunters Point is a paradox when it comes to the cohesiveness of its social and cultural makeup. Its diversity and the competing agendas of its multifaceted but active advocacy community can be fragmenting. However, the generally progressive nature of the larger San Francisco Bay Area, and the proliferation of cross-cutting traditions - such as *faith, family and community* – have created hubs of meaning and support in residents' lives.

Organize new community building groups in the neighborhood, and encourage existing groups to join appropriate networks, coalitions and other organizational associations that are inclusive, community-defined, and focused on strengths rather than deficits.

Community ACTION



“Social cohesion,” sometimes called “social capital” is a shared resource bank of trust and connection between individuals and affinity groups in a community. It seems connected to health and wellness,²⁸ affecting health most strongly in cities where income inequality is greatest.²⁹ It has been associated with the rate of recurrent heart attacks amongst low-income people and people living in poverty.³⁰ Thought any association that builds trust also raises social capital, community gardening³¹ and faith-based strategies³² seem especially effective.



Building social cohesion

Pictured are Seva partners and BVHP residents touring a Quesada Gardens Initiative community gathering space.*

However elusive social cohesion may be to a neighborhood like BVHP, community members generally seem to understand its practical value. Seva* participants raised the issue most often with regard to the community's most vulnerable neighbors, such as the elderly and ill, for whom it can provide a meaningful response to urgent issues.³³

Some of the most innovative work in the field of community building is in Bayview Hunters Point. One program, the **Quesada Gardens Initiative**, prioritizes building social cohesion as a primary goal, and facilitates processes that connect people and groups to one another and to “place.”

Specific community building strategies depend on the skills and needs of those who live, work and play in the community. Gardens, gathering spaces, and public art projects are proliferating, and positive changes to the physical and social environment have been created and sustained over time.

²⁸ Social cohesion and social capital is a powerful contributor to good health and decreased mortality. Kawachi I, et al. *Social capital, income inequality, and mortality* (1997)

²⁹ Kawachi I. *Commentary: social capital and health: making the connections one step at a time.* (2006)

³⁰ Scheffler RM, Brown TT, Syme L, Kawachi I, Tolstykh I, Iribarren C. *Community-level social capital and recurrence of acute coronary syndrome.* (2008)

³¹ Twiss J, et al. *Community gardens: lessons learned from California Healthy Cities and Communities.* (2003)

³² Kawachi I, Kennedy B, Glass R. *Social capital and self-rated health: a contextual analysis.*(1999)

Create a uniform measure of place-based social cohesion that indicates where strategic social investments should be made, and redefine “local” policy and practice so that investments in the physical environment also build the social environment. (For instance, when public funds are spent to benefit a particular neighborhood, every new hire and purchase should grow the emerging “community sector” of professional and quasi-professional workers and entrepreneurs in that neighborhood.)

Public ACTION



“Three cups of kindness never hurt no recipe.”³⁴

BVHP resident at a Seva* dialogue

Promising practices that reflect a range of approaches to strengthening social cohesion can be found in BVHP. For instance, Hunters Point Family develops its programs and organizational structure around a family orientation familiar to the youth and families it serves. While place-based organizations that emerge from the grassroots with the primary goal of building community capacity and promoting unity across demographic lines may represent the purest expression of community building, others incorporate it. Community-based programs generated by governmental and other institutions sometimes include the building of community strength among desired outcomes. Constituency-based programs serving affinity groups and issue-oriented associations are quick to value non-place-based community building. Collaborative or partnership approaches to work in BVHP, such as economic development collaborations, are also a part of the community building landscape.

Physician perspective

While social cohesion and health is an active area of research, it is not hard to understand that there is a connection.

One of the first patients I met in my General Medical Clinic practice at San Francisco General Hospital was a 93 year old woman who had moved to the Bayview District with her husband in the 1940's. This woman always came to her appointments with her daughter, and they both often talked about the importance of the church in their lives.

In fact, the daughter singled out involvement in their church as a key to her mother's long life and good health. For both of them, their church was more than a place for religion. It provided a reason to get out of the house regularly, a location for lifelong friends to come together, and a place where they felt connected, supported and needed.

- **Dr. Vanessa Thompson, MD**
Seva* & SFGH resident physician

Develop a “Community Building” funding category and other institutional supports for true grassroots community building programs that can show efficacy with regard to strengthening BVHP’s diversity and social strength.

Institutional ACTION



³³ Kawachi I, from the Harvard School of Public Health, states that “the higher the stocks of social capital...the higher appear to be the health achievement of a given area. Strengthening the social capital within communities may provide an important avenue for reducing socioeconomic disparities in health.” *Social capital and community effects on population and individual health.* (1999)

³⁴ See full citations for more from Shonkoff JP, Felitti, VJ, and Pine DS.

***"We need to bring intramural sports back"
- BVHP resident and youth services provider***

Walk around Bayview Hunters Point and you may think it is a neighborhood of families given the density of single family residences and numbers of youth on the streets. In fact, the numbers of families with children is decreasing here as it is in other San Francisco neighborhoods as the City becomes more expensive to live in.³⁵ Increasingly, parents struggle to care for their children with fewer resources of their own, thinner networks of support and diminishing outside services. That creates developmental risks for the children, stress for the family, and a challenge for the community.

A strong community and good healthcare prevention efforts are critical to the futures of Bayview Hunters Point youth since behavior is informed by societal norms and healthy behaviors learned in youth usually are carried throughout the life span.³⁶ Promoting healthy behavior to children as "normal" while equipping them with specific behavioral tools for a healthy life may be our best bet for improving their health outcomes. Compared to the cost of late stage interventions, such as healthcare responses to serious health conditions or criminal justice responses to social issues, investing in our children and youth represents a value for everyone.

Strategic investments that seem especially promising target the nexus of community building and health prevention and promotion. For instance, structured programs that provide a safe, active place for young people when they are not at home not only keep kids safe, but provide entry points for education about issues many young people face such as sexual health, family violence, bullying at school, etc. These programs also provide for young people consistent exposure to what is best about their communities, and direct socialization experience that complements that which they get at home and in school.

Note to Dr. Francis:

"Our family would like to thank you for giving Paul the opportunity to be part of this year's program. My wife and I have always tried our best to find opportunities for our 4 children that are positive building blocks for their future. The mentors in our opinion did an outstanding job providing good leadership and motivation for Paul. Our family especially his older sisters were often impressed when Paul would demonstrate or discuss various medical procedures. We now call him DR. Paul!"

- The Castro family

Reach all BVHP children, youth and their families with a compelling presentation of youth mentorship and active living space opportunities.

Community ACTION



³⁵ "As is the case citywide, families with children (both married-couple families and single-parent families) are the smallest household group in the Eastern Neighborhoods." *Eastern Neighborhoods Rezoning and Area Plans* (2006)

³⁶ Edelman, CL, et al. *Health Promotion Throughout the Life Span* (2006)

Accepted evidence shows that a consistent, positive adult presence in the life of a child dramatically increases the chance of positive outcomes of all sorts.³⁷ Youth service providers engaged by Seva* seemed very clear that this is true. One adult resident said the major difference between his experience as a youth in BVHP and the experience of today's young people is that intramural sports programs involving parents, many of which had been very informal, are gone. That, he said, is both a symptom of the overall community's ill health and a guidepost for helping its newest members.

Fund new prevention programs emerging from the nexus of community building and youth mentorship such as intramural sports, boys and girls clubs, swimming leagues, environmental and gardening projects, etc. The "safety net" is vital to at risk populations, but no substitute for good healthcare prevention and promotion efforts.

Public ACTION



A little mentorship goes a long way

Dr. Francis (center) leads tours of San Francisco General Hospital. His outreach focuses on BVHP youth who may be interested in a career in the public health field. Neighborhood residents Annette Smith, Jeffrey Betcher and Jim Ansbro took the tour which introduced them to parts of the hospital most people never see.

I took a group of girls on a tour of the hospital. They visited the radiology suite, the operating room, and a sick patient on the hospital ward. It was hard for me to see much of a reaction through their practiced teenage indifference. A week later, I received a card from their advisor at College Track telling me they had been talking about the tour for days. One girl had said it was "the best day of her life," and another committed herself to a career as a pediatrician, something she always thought out of reach.

Dr. Damon Francis, MD
Seva & SFGH resident physician*

Ensure that all children have high-quality supports for early development that will set the stage for a lifetime of health and success by prioritizing prevention and health promotion as well as strong communities and meaningful connections between young people and adults.

Build capacity around existing youth services in BVHP to ensure they incorporate best practices, gender equity and culturally competent programming.

Institutional ACTION

³⁷ DuBois, DL, et al. *Effectiveness of Mentoring Programs for Youth: A Meta-Analytic Review* (2002)

“Transportation on MUNI can be hell for people on the Hill” – BVHP resident

For many people who live in neighborhoods like Bayview Hunters Point, where barriers to full access to healthcare remain high, “healthcare” means little more than calling an ambulance or visiting an emergency room when there is no other option.

Barriers to full access that emerged from Seva* community dialogues include difficulty finding the right provider, distance between patient and provider, inadequate or underutilized transportation options, insufficient awareness about payment options and insurance coverage, and underutilized informal support networks.

Innovative coverage and localized services were viewed favorably throughout the dialogues. San Francisco’s neighborhood health clinic system and the many community-based nonprofit service providers that target specific health issues and populations provide the kind of personalized, culturally-competent services that a centralized healthcare delivery system alone cannot. African American residents reported that African American healthcare providers once lived in and provided “house calls” to the community, something that is no longer true. Localized and mobile services are especially important in the absence of a professional class embedded in the neighborhood.

Personalized care ensures access

Barbara is an informed patient. She earned a Masters degree in Public Health in her native Baton Rouge, and has been involved in BVHP health justice work since 1969. But when Dr. Ram Subbaraman, her primary care physician at San Francisco General Hospital, recommended three procedures, she knew she could not afford them all, and felt she had to choose which medical issues she would address and which she would ignore.

When Barbara missed an appointment, Dr. Subbaraman proactively called her to find out why, and then found a way for her to get affordable treatment. Barbara has never forgotten the personal touch that brought her access to health care when she needed it most.

Step up efforts to make enrollment in Healthy SF making enrollment a priority for all community health care providers.

Public ACTION



Transportation: Patients often experience difficulty getting to healthcare providers, whether they live in rural Georgia or metropolitan BVHP; and studies have shown that this difficulty is a determinant of healthcare utilization.³⁸ Most of San Francisco’s hospital services are located on the North and West side of the City.³⁹ In BVHP, a shuttle service organized by a leading community-based organization, transports residents who live in low- and moderate-income housing to key service providers in and near the neighborhood. Nationally, door-to-door escort services are showing efficacy, especially for the growing population of elderly patients.⁴⁰

³⁸ Melnikow J, Paliescheskey M, Stewart GK. *Effect of a transportation incentive on compliance with the first prenatal appointment: a randomized trial.* (1997).

³⁹ http://www.aaccessmaps.com/show/map/us/ca/sanfrancisco_hospitals ; accessed on May 31st, 2010

⁴⁰ Freund and Vine. *Aging, Mobility and the Model T: Approaches to Smart Community Transportation* (2010).

Coverage: In San Francisco, it is possible to think that the issue of access to affordable care was solved when the Healthy San Francisco program⁴¹ was implemented in 2007. Seva* heard from participants that this program and its core principle of healthcare coverage for everyone has been extraordinarily well-received by the community;⁴² however, full utilization has yet to be achieved.

Prioritize patient-centered care such as community clinics with hours and services matched to community needs. Expand niche support services such as home-based primary care for at-risk patients, case management, and transportation resources.

Institutional ACTION



New generation of doctors prioritizes service

Resident doctors at San Francisco General Hospital's Internal Medicine Residency Program bring personal conviction to the residency program's curricular commitment to community involvement. Dr. Basim Khan, MD and Dr. Jennie Wei, MD are pictured collaborating on the Seva policy project.*

Bayview Hunters Point patients at San Francisco General Hospital often tell us they postponed seeing a doctor or taking medicines because of the cost. One patient said she had never had a primary care doctor. When I asked her why, she said she did not have insurance and could not afford it. These patients did not know that physician visits and common medications are covered under Healthy San Francisco.

Dr. Basim Khan, MD

Seva & SFGH resident physician*

Identify, develop and educate informal networks of caregivers within the community such as neighbors, church congregations and other groups capable of supporting preventive care and helping when people they know get sick.

Community ACTION

Informal support: When all else fails, many residents in neighborhoods like BVHP count on neighbors, family and friends for advice, rides to appointments, food, help administering medicines, and more. These informal support networks are systemically undervalued, and usually considered only in cases of terminal illness when traditional healthcare has become less necessary and too expensive. Strategic efforts to develop informal social supports could be a beneficial way to meet patient needs, and would be welcomed by the residents engaged by Seva*.

⁴¹ *Healthy San Francisco* is a program aimed at providing healthcare services to all of its uninsured residents. All San Francisco residents between the ages of 18 and 64 who have been uninsured for at least 90 days are eligible. The program provides access to primary care, specialty care, inpatient hospitalizations, diagnostic services, mental health care, and prescription drugs from participating clinics and local hospitals.

⁴² Over 90% of program enrollees are supportive of the program according to a Kaiser Family Foundation survey of Healthy San Francisco participants: www.kff.org/kaiserpolls/7929.cfm (2009)

Bayview Hunters Point community: a brief history of resiliency

The Bayview Hunters Point neighborhood has always been home to peaceful and scrappy folk, beginning with the native Ohlone people. Draped over hills of Serpentine and loam in the southeast part of San Francisco, its ragged coastline of land and landfill cut into the Bay.

In modern times, the neighborhood grew along transit arteries to the City, the business of producing, processing and distributing food, and by lending its naturally conducive waterfront to building the region's maritime industry. Growth stopped abruptly after WWII, when Hunters Point Naval Shipyard reduced and then ended shipbuilding activity, and a steady decline in the community's overall quality of life began.

Unemployment climbed. Unjust redevelopment in the City's Fillmore District scarred the African American populace. Civil Rights Era social frustration erupted into rioting after police killed a young man from the community. The crack epidemic of the late '70s and early '80s devastated a generation, and ignited a trend toward self-medicating behavior. The Shipyard, once a source of pride, was placed on the nation's Superfund Site list of most toxic places, and on the community's long list of environmental injustices. Violence became common, and residents withdrew into isolation from one another.

Despite serious problems, Bayview Hunters Point retains its historic strength

and peaceful nature. It is still the most densely populated African American neighborhood in San Francisco. The area is home to good weather, stunning views, and unprecedented urban open space and waterfront. Its cultural history is rich and visible; and its families, churches, and community-based organizations thrive.

Demographics are shifting as Asian, Latino, and Pacific Islander populations grow, and the African American population shrinks. Overall, the population is expected to double in the next 20 years, an explosion of change far beyond typical gentrification. Structural injustice and economic forces, at work everywhere, are glaring here. Low- and moderate-income people struggle to hold on as home prices and rents increase. Unemployment is generally understood to hover above 50%. Long-term residents feel pressured to leave as rapid changes to their neighborhood seem defined by anyone but them.

The health and longevity of residents are directly affected by these forces. The neighborhood's population is overburdened by chronic disease and hospitalization rates. *People who live in Bayview Hunters Point can expect to live on average 14 years less than their counterparts on Russian Hill.**

* Healthy Communities Initiative and the Hospital Council of Northern & Central California (2011)

The **University of California San Francisco, *Internal Medicine Residency Primary Care Track at San Francisco General Hospital Medical Center*** is an academic primary care residency devoted to training physicians to be leaders in the care of the underserved. The majority of graduates continue to work with the underserved, whether in research, clinical, public health, health policy or advocacy careers. The residency is based at San Francisco General Hospital which is widely regarded as one of the finest public hospitals in the nation, and is a key healthcare resource for residents of BVHP.

Seva* *Community-Based Health Policy, Practice & Advocacy Recommendations* (Revised May 2011) See full citations and more:

www.SevaPartnership.org

****Seva means "Selfless Service" in Sanskrit***

Seva*'s leadership team

Jeffrey Betcher, *Bayview Resident*
Quesada Gardens Initiative/Bayview Footprints
Katie Helwig, *SF Food Bank*
Sharad Jain, MD,
Associate Professor of Clinical Medicine
SFGH Internal Medicine Residency Program

Jacob Moody, M. Div, MSW, *Executive Director*
BVHP Foundation for Community Improvement
Sudeep Motupalli Rao, PhD, *Bayview Resident*
Deep-Solutions/BeautifulCommunities.org
Roberto Ariel Vargas, MPH, *Bayview Resident*
Community Health Advocate

Organizational hosts (meetings & dialogues)

African American Community Health Equity Council (community-based policy development group)
Bayview YMCA (community service provider)
BVHP Multipurpose Senior Service Center (community members and service providers)
Black Coalition on AIDS (community service provider)
BMagic Collaboration (coalition of youth-serving community organizations)
Southeast Food Access (coalition of community, governmental and business groups)
Willie Mays Boys & Girls Club (and member families of this youth-serving community organization)



Individual participants

Accountability Council (meeting attendees not listed elsewhere)

Ayanna Bennett, *3rd Street Youth Clinic*
Alice Chen, *San Francisco General Hospital*
Ed Donaldson, *Corporation for Public Housing*
Maryann Fleming, *Portola Family Connections*
Emanuel Hepburn, *BVHP YMCA*
Michael Huff, *African American Health Disparities Project*
Espanola Jackson, *BVHP Resident*
Shanita Jones, *Bayview YMCA*
Wylie Liu, *Director, Director, UCSF/UCP*
Michael McGowen, *ArcEcology*
Tanishia Miller, *Ladies in Power*

Elizabeth Ortega, *Portola Family Connections*
Chester Palesoo, *Samoan Community Development Center*
Sharon Papo, *Third Street Youth Center and Clinic*
Karen G. Pierce, *BVHP Community Advocates, BVHP*
Health and Environmental Assessment Task Force
Randolph Quezada, *Public Policy Specialist, UCSF/UCP*
Tino Ratliff, *New Generation Health Center*
Yvette Mari Robles, *BMAGIC*
Amor Santiago, *API Family Resources Network*
Naomi Wortis, *UCSF/SFGH, Community & Family Medicine*

SFGH Primary Care Internal Medicine Residency Track

Soraya Azari, MD
Palav Babaria, MD
Sanjay Basu, MD
Lisa Bebell, MD
David Brody, MD
Chitra Chandran, MD
Jenny Chang, MD

Bonnie Chen, MD
Anna Chodos, MD
Leslie Cockerham, MD
Denise Connor, MD
David Dowdy, MD
Damon Francis, MD
Meredith Greene, MD

Joshua Hanson, MD
Risha Irby, MD
Devora Keller, MD
Basim Khan, MD
Mia Lozada, MD
Carina Marquez, MD
Matthew Roosevelt, MD

Shobha Sadasivaiah, MD
Jennifer Siegel, MD
Larissa Thomas, MD
Vanessa Thompson, MD
Joyce Vilorio, MD
Jennie Wei, MD

SEFA (Southeast Food Access) leadership

Dr. Mark Ghaly, MD, *Director, Southeast Community Health Clinic/SEFA Co-Chair*
Christina Goette, *SF Department of Public Health/SEFA*
Susana Hennessey-Lavery, *SF Department of Public Health/SEFA*
Michael Janis, *General Manager, SF Wholesale Produce Market/SEFA Co-Chair*



Many other individuals participated in community dialogues, informally advised Seva, or expressed support for this document. Seva* is grateful to each. If you or your organization would like to be added to the supporters list, please email Jeffrey Betcher at Jeffrey@QuesadaGardens.org.*

Betcher J, with Jain S, Rao SM, Vargas, RA et al. *Seva* Community-Based Health Policy, Practice & Advocacy Recommendations* UCSF University Community Partnerships (2011)

Seva Community-Based Health Policy, Practice & Advocacy Recommendations* (Revised May 2011) See full citations and more:

www.SevaPartnership.org

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