

# DIRECTOR'S REPORT



May 2005 — William B. Walker, MD, Health Services Director

## Inside

### —2—

Director's Message Continued

Budget Information

### —3—

Service Excellence Honor Roll

### —4—

Reducing Health Disparities

—Health Centers Improving Linguistic Access for Patients

—New Approaches to Health Education Help Reduce Disparities

### —5—

Employee Milestones

Healthy Outlook

Collaborations to Promote Nutrition

### —6—

Saving a Life Far from Home

Prop. 63 Input and Information Available Online

Health Plan Has New Second-in-Command

Street Smarts Expansion

## Working With the Community

If you've looked at our website (<http://cchealth.org>) recently or seen the brochure we've produced to explain our services, you know that we describe CCHS activities as "Serving You, Protecting You and Working with You." This month I'm going to share some of my thoughts about "Working with You."

This is the time of the year when the community can weigh in on issues related to the budget. They often come to budget hearings to let the Board of Supervisors know what health programs are important to them. I am always gratified when I hear their comments because it reminds me of the critical role we play in so many people's lives in Contra Costa.

There are so many other ways in which we work with the community and so many reasons why those relationships are important. For public health systems like ours, we must have a close relationship with the people we serve. We can't respond to the needs of the community without having the community integrated into defining those needs.

### **Advisory boards guide policies**

We have a historical relationship with the community through advisory boards in which community representatives, in a formal way, help guide policies and give us input. That process allows committed community members, appointed by the Board of Supervisors, to take an in-depth look at issues and work with our staff to find solutions to problems and create new programs and policies. For example, the Alcohol and Other Drugs Advisory Board has been a strong and consistent voice for recovery and community prevention, especially focused on youth. The Managed Care Commission was instrumental in supporting our development of Medi-Cal managed care in the early '90s and has been a clear voice for responsive managed care initiatives ever since.

### **Learning to work with residents**

Over the last decade, thanks to a number of programs, we've gained experience in how to work more effectively with residents in other ways. Public Health's Healthy Neighborhoods

Project taught us the importance of focusing on the assets and strengths of communities. That philosophy can help those of us who work with community groups, as well as those who work one-on-one with clients and patients.

Our Partnership for the Public's Health project taught us the need for and benefit of collaboration with our communities. We learned that systems like ours need to make internal changes to deliver better services. Because those efforts need to continue after special grant funding ends, we created the Public Health Outreach, Education and Collaboration unit. Their work with individual communities is part of our department-wide effort to reduce health disparities.

The Laotian community in West County expressed their concern to us about how they would be notified of refinery accidents and shelter-in-place orders. As a result, our Hazardous Materials program and its Ombudsman created a groundbreaking notification system for non-English speakers. Through their work with us, the Laotian community has become more vocal about chemical releases in their neighborhood and we welcome that.

The North Richmond Center for Health, funded in part by an environmental fine settlement, was designed based on what the community defined as its needs for services. The North Richmond Center for Health programs and those at the Bay Point Family



— Dr. Walker

Continued next page

## DID YOU KNOW

Last year, our Health Centers provided **311,000** visits

## Director's Message Continued...

Health Center continue to evolve in response to priorities expressed by community members.

Public Health's Family, Maternal and Child Health Program and the Public and Environmental Health Advisory Board have used a creative technique called "Picture This" to gather photos and essays from the community about what they see as needs in their neighborhoods.

We learned a lot in the early years of our AIDS/ HIV programs. We found that HIV clients were extremely effective outreach workers. We also learned that our needle exchange program was not only a good way to protect the health of the community by stopping the spread of HIV, but it was also a way to bring clients in for health services.

Across the country, communities have complained that millions of dollars from a lawsuit against the tobacco industry were being used for programs not related to health. We listened to the Contra Costa County Interfaith Sponsoring Committee. They advocated that the money be used for health care for the indigent and that is what we did.

Sometimes those decisions aren't easy. Our Tobacco Prevention Coalition, which has led the fight for tobacco control policies for two decades, wanted the funding to go to tobacco prevention efforts. We had to weigh the concerns of both community groups in making our recommendation to the Board of Supervisors

### ***Harnessing technology***

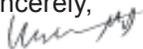
We are now harnessing technology to give the community more ways to communicate with us. The Prop. 63 efforts underway to decide how to spend new Mental Health dollars give residents the chance to be notified about community forums, make comments and ask questions through e-mail. The form for making suggestions for allocating funds can be downloaded from our website. We receive dozens of emails a month from residents who log on to our website and ask for help in resolving problems or getting information. Likewise, the Hazardous Materials programs give community members the opportunity to monitor emissions from some refineries online.

One clear lesson from our work with the community over the years is that we need to develop humility in listening. We have to go into meetings realizing that we don't have all the answers. We need to approach work with our partners with an open mind. Internally, we are working to ensure that our staff with expertise in working with communities can help others accomplish their goals.

Working with the community is an important part of all of our jobs. Employees who see individual patients and clients – those at CCRMC, the Health Centers, Alcohol and Other Drugs Services, Public Health and Mental Health – address not only the individual needs of their patients and clients, but also must be able to plug their clients into community-based resources. That process enriches the way we do our jobs and expands what we have to offer.

Strengthening our communities and families is what will have a long-term impact on the health status of Contra Costa. I'm proud of the work we've done so far to reach that goal, and at the same time, I recognize we have a long way to go. Although many of these community-focused efforts are not mandated by the federal or state government, the Board of Supervisors has joined us in making them a priority in the past. My hope is that in this year's budget process, the Board will continue to support them.

Sincerely,



William Walker, MD

### **Budget Information**

As you know the Board of Supervisors held a budget workshop in April. As I was directed to do, I presented more than \$18 million in program reductions in order to give the Board an understanding of the choices to be made. It was a difficult presentation to make, particularly because I thought I would be asked to make an actual reduction of \$8.1 million, already a daunting task. At the last minute the target reduction was increased to \$14.7 million. I told the Board of Supervisors that dealing with such additional cuts is "a bit like parking a bucket of Ebola virus in your front yard." It's a disaster waiting to happen. The additional cuts resulted from our department and Employment and Human Services being assigned a larger share of the county deficit to absorb while the Sheriff's Office and Probation were given a smaller share to absorb. If our reduction target remains at \$14.7 million, we would receive \$6.6 million (7%) **less** than we received last year from the County General Fund. Law and Justice departments would receive \$10.4 million (8%) **more**. Though we are the largest department in the county, we only receive 13% of our funding from the county. I told the Board that we stretch every dollar we spend by bringing in nearly \$600 million annually. I pointed out cutting some programs will result in even more losses in federal money that require matching funding. Board members acknowledged the budgetary disparities during the workshop. Supervisor John Gioia emphasized the fact that the our department's proposed budget is a "work in progress." He cautioned against making reductions that could result in increased costs over the long term, such as increased hospitalizations. The board expressed their appreciation for our presenting detailed program reduction information and the ramifications of those cuts. The next steps will be another budget workshop on May 10th and formal budget hearings in early June. We'll have to wait and see how this all plays out. I will do my best to protect as many of our critical programs as I can. — WW

# GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

## *Honor Roll*

### **Veda Bhatt, MD**

*Martinez Health Center*

For always treating me like a human being. That is a first for me when it comes to doctors. She listens and always goes the extra mile to make me feel good. I think she is the best.

—Nominated by a patient

### **Kim Duir, MD**

*Richmond Health Center*

For being willing to take on a complicated patient who was getting lost in the system.

—Nominated by Teresa Schreeder

### **Joe Gordon\***

*Information Systems Technician I*

For always being upbeat, polite, and bending over backwards to resolve problems in a timely manner. He absolutely epitomizes good customer service.

—Nominated by Dawna Vann

### **Grace Marlar, MPA**

*Provider Relations Coordinator  
Mental Health Division*

For always working tirelessly and maintaining a cheery attitude while building up Provider Services. During four recent audits, she never once let stress get her down and really went the extra mile.

—Nominated by Beth Lucas

### **Jean Rich, Outreach Secretary**

**Blanca Brossa, Community Outreach Representative\***

*CCHP*

For unselfishly making themselves available to answer questions or concerns regarding English-Spanish translations and for assisting with signage, not only for our Mental Health program but also for the Pittsburg Health Center. Their expertise was invaluable.

—Nominated by Michele Y. Simes

### **Scott Loeliger, MD**

**Marcia Furtado, NP**

**Eugene Kaplan, MD**

*Martinez Specialty Clinic*

For performing at the highest level while giving me their services. I hold all of you (and the John Muir specialist who performed surgery) in high esteem. I came out of the experience without the need for medical drugs.

—Nominated by a patient

\* Also nominated last quarter for Going the Extra Mile

This page brings news of how the implementation of the CCHS Plan for Reducing Health Disparities is progressing and highlights program efforts. Our divisions have been working on three key areas to reduce health disparities. These are improving linguistic access, implementing educational activities on diversity and cultural and linguistic competence, and developing an organizational climate that values patient, customer and employee diversity.



## Health Centers Improving Linguistic Access for Patients

So much is happening to reduce health disparities in our CCRMC/Health Centers Division that this month's report will focus just on our health centers. Next month, we'll spotlight the medical center. Our nine Health Centers have made great progress toward reducing health disparities by increasing linguistic access for non-English speaking patients. "Communication is key to interaction between providers and patients. When patients don't understand treatment instructions, there could be very adverse outcomes." said Shannan Moulton, Administrative Assistant II, Ambulatory Care Administration and a member of our Reducing Health Disparities Initiative (RDHI) Linguistic Access Committee. When our revised language access policy was issued, emphasizing that minors cannot be used as interpreters, it was important to inform all staff about the policy and the resources available for interpretation. To increase awareness among staff about the need for linguistic access, a flier explaining how to use interpreter and translation services was distributed to staff at the health centers. Having friends and family interpret isn't a good idea because what they say



Left to right, Shannan Moulton, Concepcion Trevino James and Dianne Dunn-Bowie, Director of Ambulatory Care.

could be influenced by their own attitude toward the patient or staff, according to Concepcion Trevino James, manager of the Bay Point Family Health Center. The doctor also may need to relay sensitive information that the patient may not want the relative or friend to know. In domestic abuse cases, the person who is interpreting could be the abuser. Bay Point Family Health Center has several bilingual nurses, and the staff also makes use of our contract with CyraCom International, a telephone interpretation service that includes two headsets, one for the patient and one for the doctor, so the communication is face-to-face while they listen to the interpreters. All health centers also have "I speak" cards, which has the phrase "I speak" in a variety of languages so that a patient can simply point at their language, Concepcion said. "We're trying to provide linguistic access because if we don't understand what patients are saying, we don't really know what they need and can't treat them appropriately," Concepcion said. Bay Point also has a program using Promotoras – community women who speak Spanish and are specially trained as peer educators to conduct health education classes for the Latino population. Concepcion is working with Chinyere Madawaki, manager of our North Richmond Center for Health, to bring the program to West County by June or July.



For information on the Health Centers' efforts, contact Shannan Moulton at [smoulton@hsd.co.contra-costa.ca.us](mailto:smoulton@hsd.co.contra-costa.ca.us) or 925-370-5177. For information about the RDHI, contact RDHI Leader Jose Martin at [jmartin@hsd.co.contra-costa.ca.us](mailto:jmartin@hsd.co.contra-costa.ca.us) or 925-370-5055.



## New Approaches to Health Education Help Reduce Disparities

For several years, the Richmond Health Center has had interpreters and clinicians who speak Mien and Lao, but not Kmhmu. After a meeting with a group of doctors and the Kmhmu community, monthly "group visits" were started a year ago, said Dr. Troy Kaji, who runs the group with the help of an interpreter. Separate group visits also were started for Mien patients. Health issues are presented in a culturally appropriate way and the support group environment helps build the clients' confidence about their own ability to make healthy lifestyle decisions, he said.

The verbal delivery of information also was important because the Kmhmu language is primarily a spoken one, he said. "They definitely have a new way to access health care in their own language and in a place to discuss health issues among themselves," Troy said. The group has been successful in empowering the clients. "We build their confidence so they can take better care of themselves," Troy said.



For more information about the Kmhmu and Mien groups, e-mail Troy Kaji, MD at [tkaji@hsd.co.contra-costa.ca.us](mailto:tkaji@hsd.co.contra-costa.ca.us)

## Employee Milestones

Congratulations to these employees who have given us long years of service: Ernesto Abejuela, Erik Blanek, Howard Shaw, Sabina Sicard, Manuel Llamas, Marlene Keys, Jennifer Sullenger, Latonya Davis, Megan Riccobuono (10 years); Leslie Lonergan, Rosario Dela Cruz, Bertha Gabriel, Joe Navarro, Farida Choudhary, Elaine Sippy (15 years); Marcelle Jacobson, Carol Linton (20 years); Doran Lamb, Carolyn Wilbanks (25 years); Maria Catanese, Claire Bauer, Deborah Wolfe (30 years). *(We know there are lots of other dedicated employees with long years of service. Because of space limitations, we are only reporting those with 10, 15, 20, 25 and 30 years.)*

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## Healthy Outlook

It's been more than a year since we launched our "Healthy Outlook" column in the *Contra Costa Times*. The bi-weekly feature is coordinated by Pittsburg Health Center's Dr. Steve Daniels and written by CCHS professional staff with health advice and information. We've covered a wide range of topics in the past year. Of course we don't know what's most popular with those who read the column in the newspaper, but we also post it on our website. Among the most read are "Lowering Your Salt Intake to Bring Down Swelling," by Steve Daniels, MD; a column about medication and depression by Barry Miller, MD; "Cold Season's a Snap with the Right Ingredients," Diana Mahar, MD; and "Grief Can Make Holidays Difficult," by Julie Kelly. Steve gets e-mail from readers about the columns, including this recent one: "I really related to the article by Denice Dennis, MPH (about tobacco) as a former two-pack a day smoker. I didn't quit until after I had been on a respirator for one month due to septecimia and my 30-year history of smoking caused my lungs to fall apart."



*If you have an idea for a column, contact Dr. Daniels at [SdocDan@aol.com](mailto:SdocDan@aol.com) or call 925-370-5200 ext. 3553.*

## Collaborations to Promote Nutrition

Staff in several Divisions continue to collaborate with the community on innovative ways to prevent obesity and promote healthy eating and physical activity. The Richmond Health Center is hosting two exhibitions called "Food over Time and Change" and "Food and the Family Table" that illustrate the history of food in Richmond. The exhibits are created by ArtsChange, a non-profit organization formerly known as the Quilt of Many Colors. They trace an evolution from the diverse variety of food enjoyed by the Ohlone Native Americans on the shores of San Pablo Bay through today. They are on display weekdays during normal business hours at the Health Center, 100 38<sup>th</sup> St.

Several projects in Public Health are addressing similar topics, including three funded by a Healthy Eating Active Living (HEAL) grant from Kaiser Permanente. The Empowerment Through Action project features a teen advocacy group at Pittsburg High School. It is staffed by our TeenAge Program and Community Wellness & Prevention Program, which is addressing nutrition and physical activity issues and includes training in public health, media advocacy, community assessment and a social action project of their own choosing. The other two projects funded by the HEAL grant include a social marketing campaign about television viewing habits, and a series of workshops featuring our bilingual Promotoras learning and delivering obesity prevention messages for the Spanish-speaking community.



*For information about ArtsChange and its exhibition, visit [cchealth.org](http://cchealth.org) or call Richmond Health Center at 510-231-1348. For more information about the HEAL grant projects, contact Luz Gomez at [lgomez@hds.co.contra-costa.ca.us](mailto:lgomez@hds.co.contra-costa.ca.us) or call 925-313-6217.*

## Saving a Life Far from Home

Martinez and Richmond Health Center's Nurse Practitioner Joan Roos was in the Cincinnati/Northern Kentucky International Airport last month when she heard a cry for help. According to Cincinnati.com, an online news service, Joan grabbed a nearby automatic external defibrillator (AED) and went to the aid of traveler Thomas Bohemer. Another nurse, David Love of Memphis, arrived to help Roos. A second shock revived the man. Paramedic Captain Kevin Sell said, "These are two people who had a moral and ethical obligation to stop and be a Good Samaritan and the airport just happens to be the type of airport to provide the equipment for Good Samaritans to use." Bohemer underwent heart surgery and is now recovering at home. His wife said she'll push for more AEDs in public places. Our Emergency Medical Services Division agrees with that sentiment and has information on its webpages to help communities start public access defibrillator programs. We have recently installed them in all our Health Centers.



For more information about Public Access Defibrillators, log on to <http://cchealth.org/groups/ems/pad.php>

## Prop. 63 Input and Information Available Online

Our Mental Health Division is moving ahead full throttle to implement the Community Services & Supports component of Prop. 63, the Mental Health Services Act. Their latest innovation is to make it possible for Contra Costa residents to submit their ideas about how to spend the voter-mandated money. The simple form is posted on our website (cchealth.org) Meanwhile, four Stakeholder Workgroups have been selected to recommend service priorities for children, transition-age, adults and older adults with severe mental illness. A complete list of the delegates in each Workgroup is also available online. The Workgroup meetings are open to the public, and their schedules and meeting minutes will be announced online. The community forums have been completed and summaries of each of those sessions are on the website as well. All these efforts are geared toward developing a draft three-year plan for Community Services and Supports, the first component of the new Mental Health Services Act funding. Following a public input process in summer and fall, the plan will be submitted to the state for approval.



For more information, contact Kimberly Mayer at 925-957-5132.

## Health Plan Has New Second-in-Command

Patricia Tanquary MPH, PhD joined the Contra Costa Health Plan last month as its new Deputy Executive Director, taking over for Rich Harrison, who recently became the Executive Director. After attaining her degrees from UC Berkeley, Patricia began her career as a social worker in San Diego. She became the Associate Administrator at French Hospital Health Plan in San Francisco. She joined Kaiser Foundation Health Plan in 1987, where she managed all member services. She later served as Administrator for Kaiser Hospital in San Rafael, then Redwood City. Before joining us, Patricia was the Director of National Provider Contracting for all Kaiser regions across the country.



## Street Smarts Expansion

An award-winning traffic safety campaign that was introduced locally in West County is making its debut this spring in East County, thanks to a collaboration between CCHS and several city governments. Street Smarts is an education campaign aimed at everyone who shares the road: motorists, bicyclists and pedestrians. Its goal is to reduce injuries on the road through promotion of a set of safety slogans on bumper stickers, posters and TV ads. Street Smarts was first developed by the City of San Jose. Locally, it represents a partnership between CCHS, Contra Costa Public Works Department, the cities of Richmond and San Pablo and the unincorporated communities of Bay Point.



To sponsor or purchase Street Smarts materials or for more information, call Denise Gallegos-Milosevich at 925-313-6110.