The Center for Vulnerable Populations
Translating Research Into Solutions for At-Risk Communities

The Center for Vulnerable Populations (CVP) is a practice-based research center based at SFGH, dedicated to preventing and treating chronic diseases in people most at risk. By understanding the specific challenges that vulnerable populations struggle with, the center serves as a critical component in improving public health.

“It’s what we call practice-based or community engaged research,” explains Dean Schillinger, MD and founding director of the CVP. “The most important question we ask is, how do we translate our findings into real-world solutions? And the answer is, by involving practitioners who work with vulnerable populations and developing interventions our patients can actually use.”

“It’s no accident that we’re at SFGH,” adds Kirsten Bibbins-Domingo, PhD, MD and co-director of the CVP. “The research is completely tied to the clinical work we do at the hospital.”

CVP research addresses chronic diseases such as diabetes and heart disease, and important factors like food insecurity and limited health literacy, all of which are more prevalent in low-income and minority communities than they are in the general population. Too often, economic and cultural barriers prevent patients from accessing or even understanding the services they need.

“In lower-income populations, there are many obstacles that may make it challenging for patients to manage their chronic illnesses,” says Bibbins-Domingo. “But when we adapt solutions to the community, they can have greater success.”

SMARTSteps (Self-Management Automated and Real-Time Telephonic Support) is just such a solution. A diabetes management tool implemented in collaboration with the San Francisco Health Plan, SMARTSteps uses an automated phone calling system to help patients manage their disease. Patients receive weekly automated phone calls in their native language asking about their self-care, such as adherence to medication and diet, as well as their psychological and emotional well-being. Recipients respond using touch-tone commands, and any response that raises a red flag is immediately followed by a call from a nurse care manager or health coach who speaks the patient’s language.

To date, the SMARTSteps program has seen high rates of patient engagement, especially among those with limited English proficiency.

SMARTSteps is built upon earlier research conducted by the CVP. From 2003 to 2006 the center studied patients with type 2 diabetes, many of whom had limited literacy skills and limited English proficiency. The study found that automated telephone management yielded the best patient outcomes, and now the program has been expanded to reach an additional 322 participants.
Food Access

Food insecurity (the inability to access nutritious food) is another issue addressed by the CVP. Recently one diabetes patient told a CVP faculty member that his nutritional intake consisted of a sandwich a day. When the faculty member delved a little deeper into the man’s eating habits, she found that his sandwich was comprised of Spam placed between two pieces of cinnamon roll.

“He was buying the rolls at a convenience store,” says Natalie Collins, MSW and CVP manager. “Like so many of our patients, this man didn’t have access to fresh food, which makes managing his diabetes all the more challenging.”

“It’s no secret that unhealthy food increases the rate of chronic illnesses like diabetes and hypertension,” adds Bibbins-Domingo. “By focusing our efforts on community outreach and the WIC (Women, Infants and Children) nutritional program for example, our patients gain better access to staples like fruits and vegetables. With good nutrition, we can help people prevent chronic disease before it even starts.”

Patient Safety

Many patients at SFGH are seen on an outpatient basis. With limited language and literacy skills, managing multiple medications and complicated treatment regimens can be overwhelming for them. The CVP’s work on patient safety issues addresses the hidden risks and complexities that undermine safety for these chronic disease patients.

“When I was a resident, I found that one of my patients who had just been discharged from the hospital was taking four times the maximum dose of her blood pressure medication,” says Urmimala Sarkar, MD, MPH. “The overdose gave her kidney failure, and I had to send her right back to the hospital.”

By improving patients’ capacity for self-management as well as furthering communication among providers and patients, Sarkar adds, patients with chronic disease can expect better outcomes. She and her colleagues are advocating for better patient safety through solutions that are specially tailored for them.

Heart Disease

Heart disease is another condition where social factors like education, ethnicity and income differences hit vulnerable populations the hardest. Dr. Bibbins-Domingo’s work focuses on understanding the interaction among the social, behavioral and biological factors that place vulnerable groups at risk for cardiovascular disease.

“What piqued Dr. Bibbins-Domingo’s interest was working with an African-American patient in the clinic who was in his early forties,” says CVP manager Collins. “Here was someone presenting with chronic heart failure when he should have been healthy and in the prime of his life.”

“The consequences of heart disease for someone in their thirties and forties can be devastating—to the individual, to the family and to the community as a whole, particularly in communities where premature heart disease is common,” says Bibbins-Domingo. “In order to prevent heart disease for people in their forties, we need to start when they’re in their teens. Fortunately, there is dramatic potential for improvement. By figuring out effective ways to target adolescents and young adults, we can help them change unhealthy habits. Even small improvements can yield proportionately greater benefits.”

Dr. Bibbins-Domingo’s research on salt in processed foods found dramatic benefits for small reduction in salt.

“Most everyone in the U.S. would benefit from reducing salt in their diet, and those at highest risk for heart disease would benefit even more,” she says.
Dr. Bibbins-Domingo continues to work with patients and clinicians to educate them on the health benefits of salt reduction, as well as with policymakers on the national and state level to provide the evidence for regulation of salt in processed and prepared foods.

Policy Advancement
“The CVP’s research mission exemplifies why all of us are inspired to continue working at SFGH,” she continues. “If we can provide solid evidence and work with clinicians and policymakers to make changes, we can have great effect on those at higher risk.”

To that end, many CVP faculty members serve on state and national committees. Dr. Schillinger is the diabetes control officer for the State of California. He says that two-way communication between local entities and beyond is critical to improving public health.

“We understand our patients’ needs at the local level. We’ll make suggestions at the larger level and offer to try them locally before rolling them out statewide,” he says. “In the other direction, we can make the most of serving at the state and national levels for our local benefit. What we do essentially is toggle between policy and practice. Policies are made at higher levels. Practice is local. We bridge those two worlds.”

As an example, Schillinger cites the work of CVP faculty member Hilary Seligman, MD. Recently the California Pan-Ethnic Health Network, a statewide multicultural health advocacy organization, incorporated Seligman’s findings and suggestions on food insecurity into a policy brief that will provide in-depth analysis to healthcare providers as well as policymakers.

Community Engagement
Like so many programs at SFGH, the Center for Vulnerable Populations has a strong outreach component. Faculty members work with community organizations and youth groups, and appear on local and national media as well as town halls and symposia.

The CVP is currently working with YouthSpeaks, a community organization that promotes spoken word poetry with San Francisco youth. Through this partnership, the CVP has helped young people develop hard-hitting public service announcements about diabetes that speak to the sensibilities of other youth.

“Our team visited with them weekly, providing information about how diabetes affects youth, minorities and at-risk groups,” says Collins. “YouthSpeaks students wrote the scripts and will be disseminating them through local media, blogs and social networks. Now young people will be getting the message about how diabetes directly affects them and their community.”

At the same time, CVP is reaching its target population by accessing ethnic media. Bilingual clinicians appear on radio and television, talking about issues that affect the most vulnerable communities.

Up Next
Plans are in place to renovate space on 25th Street (above the SFGH Foundation) for a physical home for the CVP to coordinate efforts and expertise and to develop two innovative new programs in Health Communications, and Health Policy and Chronic Disease Prevention. Building on a generous matching gift received in 2008, the center is seeking additional funds to complete renovation and realize its vision of becoming a premier research center for vulnerable populations.

According to Dr. Schillinger, patient-centered technology is going to be critical to the center’s efforts.

“The future of successful healthcare delivery is going to rely on technology,” he says. “Low-income people experience a digital divide. Partly that’s a function of the fact that the people who develop applications don’t have our population in mind in creating the programs. But we find that involving the end users in developing them works. So creating applications that are literacy and language appropriate can yield fruit. The trick is in involving our patients in the development of technological solutions. If we skip that step, we lose them. With their help, we’ll be able to pursue more innovative, focused technology that will deliver health messages to our communities.”

“What’s great about that space is that it’s close to the hospital campus, which exemplifies our close work with clinicians,” adds Bibbins-Domingo. “And it’s in the community where we have to be if we want to prevent disease before it starts.”

“In other healthcare settings, research tends to compete with clinical time. At SFGH, those two aspects complement each other,” echoes Schillinger. “AIDS is a prime example of that. San Francisco General was at the forefront of AIDS research because we were at the forefront of AIDS treatment. Now we’re at a time when chronic diseases are the epidemic.”

“The Center for Vulnerable Populations is really a microcosm of what we do across the board at SFGH, whether it’s in the Department of Medicine, Ob/Gyn, Family Medicine, Psychiatry, Surgery or other areas. It’s about developing solutions to health problems that integrate social approaches,” he continues.

“People don’t exist in pieces. There’s not a heart here and a brain there. People need integrated approaches to their problems. Very few cities have public hospitals of this stature. And even fewer are affiliated with university hospitals. That to me is the power of San Francisco General. We’re actually doing practice-based research in our own home. We’re embedded in it.”

Dean Schillinger, MD and Kirsten Bibbins-Domingo, PhD, MD with patients Juan and Maria Fernandez in front of SFGH.
Select grant awards made to SFGH Foundation on behalf of hospital programs:

**Avon Foundation**
- $750,000 to support the Avon Comprehensive Breast Care Center
- $150,000 to support the Avon Consortium of Underserved BRCA Testers: Building Research Capacity for Underserved Women at Risk of Hereditary Breast Cancer

**California HealthCare Foundation**
- $64,469 to design an efficient, high volume, responsive and cost-effective endoscopy unit

**Center for Orthopaedic Trauma Advancement**
- $75,000 to provide support for the orthopaedic trauma fellowship program

**Firedoll Foundation**
- $25,000 to provide survivors of traumatic brain injury comprehensive support services through the Neuro Trauma Outreach Project

**George Frederick Jewett Foundation**
- $25,000 to support the Center for Vulnerable Populations space renovation project

**Gordon and Betty Moore Foundation**
- $90,000 to support staff training and education needs related to the hospital’s journey towards achieving Magnet designation status

**Joseph Drown Foundation**
- $50,000 to support the Institute for Global Orthopaedics and Traumatology

**Kaiser Permanente**
- $300,000 to support the Prevent Heart Attacks and Strokes Everyday (PHASE) Initiative
- $150,000 to support the Primary Care Data Reporting and Quality Improvement Intervention Project

**Mimi and Peter Haas Fund**
- $40,000 to provide support for the Bay Area Perinatal AIDS Center

**OMEGA Medical Association**
- $21,875 to provide support for the orthopaedic trauma fellowship program

**Orthopaedic Research & Education Foundation**
- $53,125 to provide support for the orthopaedic trauma fellowship program

**Richard and Rhoda Goldman Fund**
- $50,000 to provide bilingual (Spanish-speaking) counseling services at the Women’s Options Center

**The San Francisco Foundation**
- $80,312 to support the Cancer Awareness Resources Education program

We are very grateful to all our donors whose support continues to sustain the many vital programs at San Francisco General Hospital and Trauma Center.

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**SAVE THE DATE**

**San Francisco General Hospital Gala Fundraiser**

Benefiting the Dorothy Washington Nursing Educational Fund

Friday, September 10, 2010
Parc 55 Hotel San Francisco
7:00pm - 11:00pm

**RSVP by Mon. August 23, 2010**

**Purchase a Ticket or Support the Scholarship Fund with a Donation!**

For more information, please contact Elaine Lan at 415.206.5959 or email elan@sfghf.net

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**The scholarship fund was named in honor of Dorothy Washington for her legacy of mentoring and supporting novice nurses.**

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**DOSAGE:**
- **COCKTAILS**
- **DANCING**
- **FUN**

**DURATION:**
- **REFILLS:**
SAVE THE DATE!

Hearts Events 2011
Thursday, February 10, 2011
Union Square, San Francisco
TENTED EVENTS

HEROES & HEARTS

LUNCHEON
11:30am - 1:30pm
An afternoon honoring local heroes and unveiling the 2011 series of Hearts in San Francisco.

HEARTS After Dark

EVENING EVENT
7:00pm - 10:00pm
An evening of live music, hors d’oeuvres & cocktails under the stars in the heart of San Francisco.

Do you know a local hero?
Someone who has demonstrated exceptional and inspirational behavior in the community?
Give them the thanks they deserve by nominating them for a 6th annual Heroes Award.
Download a nomination form at sfghf.net

For additional information about supporting the HEARTS events, contact Katie Moe at kmoe@sfghf.net or 415-206-5928.
The Heart Circles
San Francisco General Hospital Foundation created the Heart Circles to acknowledge individuals who have provided gifts for operating support of various programs and departments at San Francisco General Hospital and Trauma Center. We gratefully thank the following Charter Members of the Heart Circles.

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San Francisco General Hospital Foundation

SFGH Rebuild Community Mural Paint-In, Saturday, October 2nd from 10am-5pm. Help beautify the construction site and safety wall along Potrero Avenue as a participant in the all-day community painting project. SFGH Rebuild Community Mural Paint-In incorporates original artwork from students from neighboring Buena Vista Elementary School, hospital patients and staff. Under the supervision of San Francisco-based nonprofit Precita Eyes—an inner-city, community-based mural arts organization—the mural will depict a unified vision of health, healing, and the hospital.

Quake But Don’t Break. How earthquake safe is the new hospital? What makes it that way? Answers to these and other questions will be provided at the SFGH Rebuild Seismic Safety Fair. The October 23 event (9am-12pm) will feature architects, engineers, builders and other experts who can talk about the exciting and super-safe features of the new building. While you’re there, plan your own family disaster kit and talk to emergency preparedness experts. Please join us for an open house in the cafeteria (2nd floor of the main hospital) for this community event.

Did You Know? SFGH’s Barnett-Briggs Medical Library is open to the public. The library houses a vast collection of health information and computers with free Internet access. It is located in Building 30 on the 23rd Street side of campus. For more information call 206-3114.

Donate online or sign up to receive updates about SFGHF events!