

# THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION NEWS

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## Children's Asthma Program Helps Helps Everyone Breathe Easier

There's a good reason why the children's asthma program at San Francisco General Hospital is called "Yes We Can." Since 1999, the program has helped more than 1,000 children achieve positive results in coping with asthma, with many youngsters becoming symptom-free by their teenage years.

"Asthma is the most prevalent chronic disease among children," explains Shannon Thyne, medical director of San Francisco General's Children's Health Center and Children's Asthma Clinic. "It's the number one reason for children's absences from school, hospitalizations and emergency room visits. At least 12 percent of all children in San Francisco have asthma."

The asthma rates in San Francisco's Bayview District have been significantly higher. Before the *Yes We Can* Children's Asthma Program was established, Bayview residents had four times the state rate of hospitalization for asthma. Not only are more than half the Bayview households classified as having low – or very low – incomes, the neighborhood is also home to power and sewage treatment plants, and most of the city's diesel yards and industrial sites.

"Minority and poor children are disproportionately represented in the emergency room, which has been used too often to treat asthma," says Thyne. "San Francisco General is the community hospital for those kids, and we are trying to move their care out of the emergency room and into the primary care setting."

If there is anything good about asthma, Thyne adds, it's that there are clear guidelines for diagnosis and that treatment options have improved over the past few years. Much of *Yes We Can's* work – and ensuing success – has come from the collaborative efforts of agencies, organizations and people who understand that asthma must be dealt with at the community and neighborhood level.

Five years ago, medical staff from San Francisco General began training culturally and linguistically competent community health workers from San Francisco State University and City College to educate San Francisco residents

about treating asthma. Now the community health workers provide asthma education and support in the clinic, as well as in patients' homes.

In addition, funding from the San Francisco General Hospital Foundation has provided for spacers (plastic tubes attached to asthma medications to improve medication delivery) for hundreds of the clinic's patients. A San Francisco Health Plan grant supports the much-needed supplemental aid of an on-site nurse practitioner, and the Plan also provides mattress and pillow covers (which reduce exposure to asthma triggers)



Community health worker Silvia Raymundo teaches a patient how to use an inhaler.

for its members. Other community organizations, as well as board-certified allergists from UCSF's volunteer faculty, contribute to the clinic's success. Parents, too, have become strong advocates for their children.

The results of all this effort? The number of days that children experience asthma symptoms has been cut almost in half. The number of days they can exercise (and play) has risen by 64 percent. Attendance at school and quality of life have improved, too.

The *Yes We Can* Children's Asthma Program is literally a model program for community-based asthma intervention.

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# Child and Adolescent Services: Helping Children Heal from the Trauma of Violence

When violence is perpetrated upon adults, children often suffer right along with them. Witnessing violence, trying to prevent it, or living with a parent in the throes of post-traumatic stress disorder (PTSD) can exact both an emotional and physical toll on children. Now, through an innovative, integrated project developed by the Child and Adolescent Services (CAS) program at San Francisco General Hospital (SFGH), children are better able to heal from such damage.

“Children’s lives can be turned upside down by violent events. Those who witness extreme domestic violence, assaults and rapes often suffer from depression, PTSD and other disorders,” explains Dr. Miriam Martinez, Director of Infant, Child and Adolescent Psychiatry. “These children need mental health services, as do their parents. But often the adults feel they have to choose between help for their children or their own therapy.”

In 2001, San Francisco General Hospital established the Trauma Recovery Center (TRC) to help adult victims of crime overcome the challenges of interpersonal violence and return to social and economic productivity. Historically, services for adults and children have been provided in separate locations, making it difficult for parents with heavy work schedules, lack of transportation and lack of childcare. Now, with a CAS therapist at the center, parents and children can be treated at the same time.

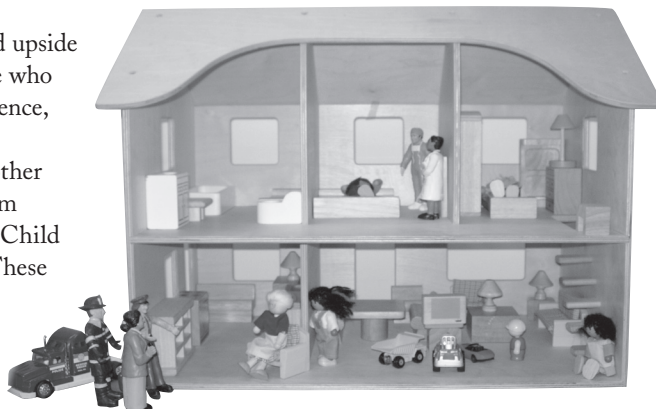
## Children’s Asthma Program

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In fact, the national Centers for Disease Control (CDC) has posted a case study of the San Francisco program on its web site for a “clear picture of the medical/social care model in action.” (For a copy of the complete case study, go to [www.cdc.gov/asthma/interventions/yes\\_we\\_can.htm](http://www.cdc.gov/asthma/interventions/yes_we_can.htm).)

“I want people to know what a true collaboration the *Yes We Can* Children’s Asthma Program is,” Thyne concludes. “We’ve taken people with different interests and strengths and they’ve augmented each other. The bottom line is they’ve built a program that works. The program is decreasing hospitalization for asthma patients, kids are having fewer days with symptoms and they’re missing less school. They’re getting their lives back.”

“Often, the children will keep seeing pictures or hearing sounds of the violence. Such intrusive imagery can get in the way of their schoolwork and friendships,” says Martinez. “Or imagine a mother who has been raped. She may be afraid of leaving the house or of taking her child to the park. If parents don’t feel safe, then their children can’t have normal childhood experiences so important for healthy development. We need parents to heal for the kids to heal.”



*An example of play therapy staged by CAS staff.*

To that end, the project raises the awareness of therapists serving adults about the emotional impact of violence and crime on children. And it educates adults about the impact of the parent’s functioning on the child. As for the children, each one who comes through the program receives a full psychological assessment.

“We use psychological measures to help us understand the child’s symptoms, and how he or she is coping with a particular trauma,” says Martinez. “Often for children, this is one event in a series of traumatic events.”

The program offers individual trauma resolution therapy for children and adolescents, utilizing cognitive behavioral techniques, as well as play and family therapy. For example, one six-year-old girl was recently referred to Child and Adolescent Services after witnessing domestic violence. At school, her teachers described her as bossy and having trouble maintaining friends. For years Sophie (not her real name) had witnessed physical violence between her parents that included large bruising and medical care for her mother.

“Like many children, Sophie would get in between her parents, thinking she could stop them from fighting. She was sometimes hurt in the process,” says Martinez. “CAS began seeing her and integrating trauma resolution play therapy with sessions with her mother. At the same time, her mother attended her own therapy at the Trauma Recovery Center and eventually left the abusive relationship.”

“When Sophie began therapy, her play with doll house figures was full of violent themes between the adults. Her play included dolls hiding in fear and crying under beds.

“With a few months of treatment, Sophie’s play has moved from these violent themes to less trauma-centered themes including tea parties and other more age-appropriate play. Sophie is now less preoccupied with the violence she witnessed, and we feel she is back on a developmental trajectory expected for a child her age. Her friendships are improving and she appears less anxious, depressed and withdrawn.”

*(Continued on next page)*

# An Artist Who Truly Delivered



**F**ormer San Francisco Giants pitcher Jim Brower and his wife, Jessica, visited SF General Hospital last spring, brightening the day for three-year-old Terry LaVern (pictured) and dozens of other children on the Pediatric Ward. Brower, whose parents have taken in numerous foster children, said that, "Anything we can do to make a child's day a little brighter, we're happy to do."

## Child and Adolescent Services

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CAS staff are also working with Sophie's mother to address Sophie's tendency to take on a parental role. The integration of services for parents and children is critical to the success of the program.

"When something horrible happens to one person in a family, it impacts the entire family," says Martinez. "The close working relationship between the child's therapist and the TRC therapist is huge. By providing both services in one place, we make it easy and seamless for the parents to bring their children in. And we make it possible for families to heal." 🌟

**W**hen Deborah Hamon was asked to paint one of the Hearts in San Francisco, she had her doubts—not about the project's worthiness—but about whether, eight months into her pregnancy, she could actually complete it on time. She could and did, although she had to lie on the floor to work on the bottom of the heart. Deborah spent a month on the project, finished on a Friday, and delivered her baby girl the following Monday.

"Braided Heart" features two young girls who may be on the brink of self-discovery. In one image, the girls look like closely matched playmates, with intertwining braids. On the other side, one girl is tweaking her friend's braid. Is this playfulness or something else?



"Braided Heart" by Heartist Deborah Hamon

"I deliberately left it ambiguous," says Deborah. "There is a barely perceivable emotion that can change depending on what the viewer brings to the work. Are these girls confident or insecure? Are they whimsical or serious? Forlorn or contemplative? Are they trusting or less innocent? What are their hopes and dreams?" 🌟

## Get Your Own Copy of Deborah's Heart

Discover your own answers to Deborah's questions, and enjoy all the art created for Hearts in San Francisco. The limited edition Hearts in San Francisco book features photographs of Deborah's heart as well as the other 130 artworks and statements by each Heartist. To purchase copies, contact the San Francisco General Hospital Foundation at (415) 206-5930 or visit [www.heartsinsf.com](http://www.heartsinsf.com). All proceeds benefit the San Francisco General Hospital Medical Center.



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## Of Note

President **Judy Guggenhime** and her husband Rich were honored by CORO Northern California in April for exemplifying community leadership.

**Valerie L. Ng, Ph.D., M.D.**, was awarded the Elliot Rapaport Award in June for her dedication and service to SFGHMC.

The Julius R. Krevans Intern-of-the-Year Awards were presented to the following SFGHMC medical staff who underscored the hospital's tradition of providing quality and compassionate care to patients: **Philip Hopewell, MD** and **David Ofman, MD** with special honors, **Priscilla Magaña, DO, MPH**, **Gabriel Chamie, MD**, **Margaret Isaac, MD**, **Kirstin W. Woo, MD**, **Joshua P. Rising, MD**, **Caitlin E. Hasser, MD**, **Edward Chang, MD**, and **Sean Doyle, MD**.

The Foundation's Hearts in San Francisco Project will be awarding \$1 million to programs at SFGHMC in September at the 6th Annual Staff Appreciation Barbecue.

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The San Francisco General Hospital Foundation is dedicated to improving the care and comfort of patients at the San Francisco General Hospital.