



Ancillary Services: Extending Care, Empowering Patients

For many people, healing is more than a physical process. Long after physical wounds have been treated, issues related to a trauma or disease can continue to cause patients undue stress and suffering. Fortunately, relief is available through the San Francisco General Hospital Medical Center (SFGHMC). Educational groups, support groups and ancillary services empower patients by giving them critical information and valuable self-management skills. Perhaps most important, the groups convey to patients the essential understanding that they are not alone.

Hali Hammer, medical director for the SFGHMC Family Health Center (FHC), says that her group has worked for years to move education and treatment away from expensive services

By combining medical, educational and support components, the FHC is able to bring the fullest range of services to diabetics, often in a group setting. A range of programs including nutrition education, tai chi classes and a support group for African American patients are among the services available to patients with diabetes at SFGHMC. The Family Health Center also offers groups in English, Spanish, Cantonese and Russian to address myriad health issues in culturally competent settings. All underscore the need for positive lifestyle changes.

“Nutrition and exercise are the most effective defenses against diabetes. When our patients have the support and encouragement of others in their group, they’re more likely to exercise and eat better,” says Hammer.



Margy Hutchison performs a “belly check” on a Centering participant. Photo used with permission of Chris T. Anderson

provided by physicians. By using skilled health educators, nutritionists and social workers to fill those roles, the FHC provides top-quality, cost-effective treatment and services to some 9,000 patients a year. This group-based model, which the FHC provides in collaboration with the general medical clinic, is especially effective in treating people with chronic illness.

“We look at all the realms that have to be addressed for chronic illness, and offer education and self-management skills that are best learned over a period of time,” says Hammer.

Diabetes: Teaching Patients to Teach Each Other

People with diabetes are a prime example. The disease has become increasingly prevalent in recent years, especially in urban environments and in poor populations such as those served by SFGHMC. Fortunately, diabetes is both preventable and treatable. By screening patients for diabetes and assessing their individual health conditions, FHC staff can diagnose diabetes early on, or help people reduce the risk of becoming diabetic.

“Teaching self-management techniques and addressing the constellation of problems that come up is so much more effective in a group setting,” she continues. “Our patients can come in, get their medications refilled, have their blood pressure taken and lab tests drawn—and get the support they need to control their illness. We teach them and they teach each other.

“For example, some people who have to take insulin are understandably anxious about injecting themselves. Those who are already taking insulin can empathize with the resistance. They also know how much better they feel now that they’re taking it, and they communicate that to their fellow group members. When we bring

people who have struggled with the same issue together, it’s incredible how powerful the support is.”

Children’s Groups: Building Support at an Early Age

For children, dealing with conflict or trauma can be especially difficult. Often they feel like they’re alone and powerless to overcome their problems. Support groups at SFGHMC prove otherwise.

“We know that kids compare themselves to their friends. Often peers are their strongest influence,” explains Miriam Martinez, Director of Infant, Child and Adolescent Psychiatry at SFGHMC. “That makes group therapy a very effective tool in working with children and adolescents.”

Several groups for young children, teenagers and families provide support in environments that are tailored to their developmental needs. A social skills support group for 8 to 11-year-olds supports children in their efforts to build confidence,

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improve self-esteem, manage their anger and cope with conflict. Another group offers teenage girls a safe place to talk about what's going on for them around a variety of issues, including relationships, difficulties communicating with their parents and worries about community and interpersonal violence. Parents' groups, offered in English and Spanish, provide parents with needed support and a place to hear from other parents about what is effective in parenting children of all ages. And Creating Hope Against Trauma (CHAT) helps caregivers and their children cope with the effects of domestic violence. CHAT enables the caregivers to receive help at the same time their kids do, but in a separate setting.

"Providing groups for parents and for children at the same time helps families," says Martinez. "Often parents feel that, due to time constraints, that they have to choose between their own care and their child's. This way, they can take care of themselves and their children. We offer our concurrent groups during the early evening when children are out of school and parents are off from work.

Each group is run by skilled clinicians, usually masters level pre-doctoral interns or post-doctoral clinical psychology fellows. The staff is trained to work with group dynamics, and to address the symptoms they see in individuals in the group. And, says Martinez, the group leaders have the flexibility needed to modify their curricula in light of special issues that come up.

"Children express themselves both verbally and nonverbally. Mental health clinicians are trained to address various forms of communication in creative ways," she says. "With young kids, we do exercises where they may write phrases or include pictures in art projects that they're working on. Older kids might write about the events in their lives, such as a divorce or death in the family.

"Some kids are unable to talk about frightening things they've experienced. For others, even thinking about the traumatic event is overwhelming. That's why we tailor interventions and groups to meet their different developmental needs," Martinez continues. "We had a girl who would come to group regularly who couldn't talk about what was going on. So she would just sit and close her eyes. That was what she needed to do to cope, and that worked for her and the group."

Martinez adds that communication with parents or caregivers is essential to helping the children.

"We meet with them at the beginning to discuss their children's needs and set goals," explains Martinez. "Then we continue to work together throughout the course of the group to address problems, concerns and progress. At the end, we discuss what has changed for the children, and what the caregivers can do to maintain healthy choices.

"Sometimes parents don't know how to set limits because they never had them themselves," she continues. "Through our group therapy services, we're able to demonstrate to parents how providing consistent structure, setting limits and encouraging communication helps children and youth feel contained and, therefore, safer."

Traumatic Loss Group: A Healthy Place to Heal

So many conflicts are "settled" through violence in the Bayview-Hunters Point neighborhoods of San Francisco, residents find attending funerals to be an all-too-common occurrence there. For those who have lost family members, especially children, to violence, it can be extremely difficult to find support when they need it most. Because they often don't know who killed their child, they may not know who is safe to turn to. Or friends or co-workers may presume their child was involved in gangs or drugs and that the violence was inevitable, if not deserved.

A special group offered by the Trauma Recovery Center (TRC) at SFGHMC provides those family members safety, support and a healthy place to heal.

"There is such a high rate of gun violence in certain areas of the city that many family members feel they don't have the space to get support," says Vanessa Kelly, Psy.D, co-facilitator of the Traumatic Loss Group. "It's important to our group members to be able to grieve and mourn the losses they've had."

Most of the victims are young African-American men and children, and it is primarily their parents or grandparents who make up the group.

"A parent never completely gets over the loss of a child. All the hopes and dreams they had for their child are now gone," Kelly explains. "We can't change that. But the Traumatic Loss Group can help families cope with the loss on a daily basis."

While the group is facilitated by trained professionals, Kelly says the greatest help comes from the participants themselves.

"They understand on a visceral level what the other members are going through. They know how living in a violent neighborhood can continually re-trigger the trauma they've been through. And they understand the sense of isolation and shame that often comes with the death of a child."

Because outsiders may assume that those who met violent deaths were involved in gangs or drugs, their families often feel ashamed about how their neighbors view them. As it happens, none of the victims being mourned in the current group was a gang member or drug dealer.



Lynn Dolce, Clinical Services Coordinator at Child and Adolescent Services discusses referrals with Miriam Martinez, Director, Division of Infant, Child and Adolescent Psychiatry.

"But friends and neighbors still make insensitive remarks," says Kelly. "They'll say things like, 'Thank goodness you have two more children.' Or, 'It's time to move on.'"

She adds that Trauma Loss Group members say the group has helped restore their lives. Recently, one member was able to return to work because of the support she got.

"Her boss said she needed to get back to work within a week of her son being killed. The client had heard her co-workers gossiping about the latest deaths in the Bayview, and she didn't want them to know how her son died," says Kelly. "So at work she had to carry on and be professional. She said she felt lonely, even though she was with other people all day long.

"But she doesn't feel alone when she comes to group. The group is there to be witness to her loss and to support her in the long process. It helps her feel the pain a little less and a little less often."

CARE: Empowering Patients With Cancer

Getting a cancer diagnosis is tough enough. But if you can't understand the system or know what are resources designed to help you, a cancer diagnosis can mean pain far beyond what anyone

should have to endure. Through the Cancer Awareness Resources and Education (CARE) program, patients can combat not only their cancer, but the feelings of isolation and fear that go with it.

The program began in 2002 after a needs assessment showed just how little patients understood about what was happening to them. Blue Walcer, CARE's director, went with a group of trained multilingual volunteers to SFGHMC's oncology unit and talked to patients in waiting rooms.

"We found people waiting for chemotherapy, having no idea what was in store for them," says Walcer. "We'd ask them, 'Who's your oncologist?' And some wouldn't know what an oncologist was."

"In developing the CARE program, we took the approach that education is a critical extension of patient care," she continues. "So many patients feel uncomfortable in a medical setting where they often don't speak the language or understand what is happening. We've made sure to create a warm, welcoming environment for them."

CARE offers classes in English, Spanish and Cantonese. The program includes relaxation and goal-setting exercises, plus guest speakers who address a wide range of topics such as nutrition, complementary medicine, stress reduction, symptom management and more. By providing comprehensive cancer-related education and self-care skills, the program enhances patients' understanding of their disease and helps them gain a sense of control over their lives.

In addition to classes, CARE takes patients on educational excursions, such as guided nutrition tours to learn about herbs, supplements and healthy eating. Walcer adds that the program features speakers who present information in interactive and engaging ways.

"We look at our patients' strengths and assets and develop the program to build on those capacities," says Walcer.

Through the bilingual (English/Spanish) Araceli Theater Project, patients perform theater pieces for their providers, medical students and the greater community, telling their stories in creative ways. Araceli gives patients an outlet to express themselves and engage in a vibrant community, which further promotes their own health and well-being.

"It's a great vehicle for patients to express themselves, and for others to learn," says Walcer.

Participants in the CARE program come from over 20 different countries. Groups are offered in English, Spanish and Chinese. The patients are reflective of the SFGHMC patient population, often coming from lower-income neighborhoods where violence reigns.

"One week, we had three unrelated patients who had lost people in their lives to drive-by shootings. Living in poverty, there's just so much trauma. It's been very educational for me to see how much people have to endure. And it's encouraging to see how much comfort and support they can get from each other," says Walcer.

"CARE is a form of complementary medicine. It complements what's happening in the hospital by feeding the soul as well as healing the body."

CenteringPregnancy: Easing the Stress of Pregnancy

Pregnancy can be a trying time, even under the best of circumstances. For women who are poor or perhaps not fluent in English, it can be incredibly isolating. It is for those women that Margy Hutchison established CenteringPregnancy® at San Francisco General. The program combines support and education with the medical assessment aspect of prenatal care.

"Traditionally, pregnant women don't get to know one another. They may have healthy babies, but then they have no support to go out and be good parents," says Hutchison, a certified nurse midwife. "Being together during pregnancy normalizes the experience."



Blue Walcer, MPH, CARE Director (Middle Row, 3rd from Left) with her Tuesday night group.

Instead of traditional one-on-one visits with their provider, participants in CenteringPregnancy receive care in a group setting with other women who are all due around the same time. In addition to learning self-care, such as taking their own vital signs, the women participate in group discussions about issues related to pregnancy and parenting. The group helps ease the stress and anxiety that often is a natural part of pregnancy.

"When they hear from others who have had the same experiences, they think maybe there's not something so wrong with them," says Hutchison. "And the group addresses personal topics, such as domestic violence or relationship issues, that can be so difficult to face alone."

One of the best aspects of CenteringPregnancy, Hutchison adds, is the sense of respect it conveys to the women.

"The traditional structure isn't respectful of people's time," she says. "Even when I go to my private care provider, I have to wait a long time. I think that's disempowering. In this model—10 two-hour sessions—the women are engaged in activities from the minute they walk in the door. They take their blood pressure, engage in discussion or perhaps see a midwife for an exam. They get the feeling they can create positive change in their own lives."

The CenteringPregnancy program at SFGHMC is one of 12 throughout the Bay Area, and the first to open outside the Northeast. Since 1999, the program has seen more than 500 women. The response has been overwhelmingly positive, with nearly all the participants saying they would choose CenteringPregnancy again over traditional care.

"Women feel more comfortable here than in a traditional one-on-one environment," says Hutchison. "Ultimately we want to send women home from the hospital not just with healthy babies, but also with friends they can call as they move into parenting."

Recently Hutchison saw evidence of just that, when she attended the birth of a woman who had been in her group. There was another woman from the same group who'd delivered the day before and another woman who'd delivered the day before that.

"Then a couple of other women from the group came to visit. So there were five women there from that group of 10," says Hutchison. "CenteringPregnancy may not be a support group in the traditional sense, but it's a powerful experience for many of the women and families it touches."

SFGHMC: Combining Patient Education and Support With Excellent Medical Care

"Chronic disease is prevalent in the populations we serve," concludes Hammer. "If we're going to make healthcare truly accessible, we need to think outside the box. At SF General, we're using all the resources we have in terms of health workers, community resources and other trained health professionals to provide the most humanistic, cost-effective care possible." 🌟

Macy's Passport 2006

The Family Health Center Comprehensive Care Clinic (formerly the Stanley Jackson Clinic) and the Bay Area Perinatal AIDS Center (BAPAC) were selected jointly as a first-time Major Beneficiary of Macy's Passport 2006. Approaching its 25th year as a fashion show fundraiser for organizations in the fields of HIV/AIDS research, awareness, and education in the United States. It is held both in San Francisco and Los Angeles and the dollars raised stay in the local community.

BAPAC and the Comprehensive Care Clinic at San Francisco General Hospital Medical Center collaborate to provide seamless transfer of HIV care from pregnancy to the postpartum period for all affected family members regardless of HIV status.✎



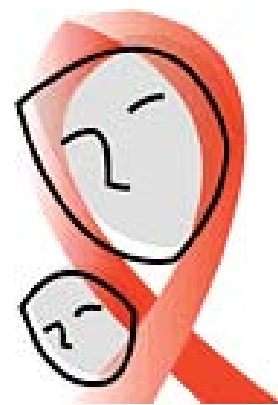
Gloria Hernandez-Fisher, Administrator, BAPAC and Robert Mettler, Chairman and Chief Operating Officer, Macy's West at the Passport check presentation ceremony.



AIDS at 25 Initiative— Richard and Rhoda Goldman Fund

The Bay Area Perinatal AIDS Center (BAPAC) at San Francisco General Hospital Medical Center received a special grant from the Richard and Rhoda Goldman Fund in recognition of the 25th anniversary of the the discovery of AIDS. The Fund gave \$1 million in special funding to 14 Bay Area AIDS organizations. BAPAC received \$25,000 in this special Goldman grant. Formal public announcement of the grant was made on December 1st, World AIDS Day.

“Although the Goldman Fund does not regularly fund HIV/AIDS and other health issues,” the Goldman Fund said in its formal statement about the awards, “the Foundation believes that this 25th year provides an excellent opportunity to highlight the ongoing fight against the disease in the Bay Area and the need for ongoing philanthropic support.”✎



BAPAC
Bay Area Perinatal
AIDS CENTER

SAVE THE DATE

for the

Annual Staff Appreciation Luncheon

Friday, September 14

To find out how to help support this event to recognize the amazing staff of SFGHMC, please call **415-206-4478** or email Katherine.Moe@sfdph.org.

The Volunteer Center Needs Your Help!

The Volunteer Center is in need of the following donations:

- New Underwear & Socks
- 'Gently Used' Clothing
- Reading Glasses for Patients
- Small Refrigerator for the Volunteer Center
- Volunteers! Volunteers needed to help with the clothing program. The clothing program is vital as every patient being discharged is given clean clothing. Help is needed in collecting, sorting, and stocking clothing closets.

The mission of the Volunteer Program is to create the opportunity to give back to our community and enhance the quality of life for patients who depend on SFGHMC. The Volunteer Program at SFGHMC was established in 1957. Since that time, volunteers have become integral to the operation of the Hospital.

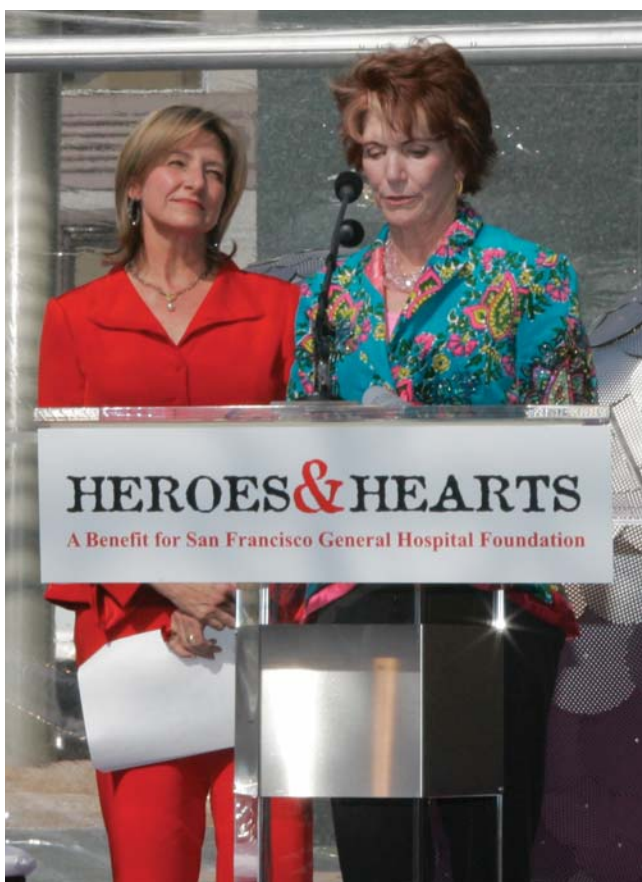
To make a donation or find out more about volunteering, please call Janie Jennings, Director, Volunteer Center at 415-206-8495. 🌻



Former Mayors Willie Brown and Frank Jordan flank Mayor Gavin Newsom, along with Noah Gray-Cabey, star of NBC's "Heroes" and Gene Marie O'Connell, CEO, SFGHMC.



2007 Heroes from Left to Right: Pat Putney; Margaret Hagan; Laura Mahlmeister, RN, PhD; Captain Niels Tangherlini, SFFD; Sergeant Mary Dunnigan, SFPD.



Co-Chairs Julia Mandeville Damasco and Judy Guggenime.



2007 Special Hero William P. Schecter, MD, Chief of Surgery, SFGHMC.



Aerial view of Heroes & Hearts tent at Union Square, Valentine's Day, 2007.



A sold out event, the luncheon was a success!

“The heart has its reasons which reason does not know” -PASCAL

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Of Note

Talmadge E. King Jr., MD, Chief Medical Services, SFGHMC has been selected to receive the 2007 Trudeau Medal.

The Trudeau Medal is the American Lung Association and the American Thoracic Society's highest honor. The medal recognizes lifelong major contributions to prevention, diagnosis and treatment of lung disease through leadership in research, education or clinical care. Established in 1926, the award is given in honor of Edward Livingston Trudeau, MD, a founder and the first president of the American Lung Association.

The award will be presented to King on May 20 at the ATS 2007 International Conference in San Francisco.

New Generation Health Center celebrated its 10th anniversary on March 6, 2006 and recently treated its 10,000th patient.

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