

Tenderloin on cutting edge of health care for seniors

Neighborhood has long provided the elderly an array of comforting quality-of-life services

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Palliative care is a staple treatment at central city seniors centers, providing relief from the pains and stresses of chronic lung, liver or kidney disease, chronic heart failure, AIDS, cancer, dementia or stroke. It's part of a well-rounded approach, combining medicines with good nutrition, case management, housing, behavioral health and social programs.

It's illuminating to compare a recent New York Times report on palliative and hospice care with what we found in the Tenderloin. The Times showed that the great number of for-profit medics regard palliation as an add-on service, when they think of it at all; Tenderloin caregivers tend to see these treatments as interconnected in the fabric of overall health care.

The next step is hospice. Patients whose illness becomes terminal move on to hospice care, provided in a stress-free, peaceful setting, often with friends and family in attendance. Palliative care makes the patient as comfortable as possible during her/his final days. Hospice is available free in California to those with Medicare and Medi-Cal.

Norbert Charles will undergo cancer surgery a few days before Christmas and, depending on how that goes, hospice could eventually be in the cards. But not yet. A friend at his SRO, Terrie Wolfe, likens Norbert to a Timex watch — "He takes a lickin' and just keeps tickin'." An athlete (track, football) as a youngster at long-shuttered Poly High, and a Vietnam vet, he maintains that warrior spirit.

Angry tears stream down Charles' face, recalling his Vietnam saga. As he tells it, his hopes of competing in the 1964 Olympics — a 6-foot-7 high jumper in high school — were dashed when he was drafted. He served in Vietnam with the 82nd Airborne for nearly three years, then was discharged after he came home to San Francisco, A.W.O.L., to visit his dying mother. Today he claims the military admits to no record of his service, cutting him out of benefits he deserves, leaving him anguished

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and hurt, "a skeleton now that they can just throw away."

Like many Tenderloin seniors, he pieces together his medical care, visiting S.F. General and California Pacific hospitals, plus Curry's primary care clinic, which is run by a UCSF faculty member. He takes his meals at both Curry and Glide Foundation, augmenting them with canned food and microwave concoctions.

CULTURAL COMFORT

Daily, scores of Tenderloin and South of Market seniors are transported to adult day care facilities elsewhere in the city. Self Help for the Elderly operates adult day care centers at several locations in San Francisco.

Sarah Chan is program director at Self Help for the Elderly's center on 22nd Avenue in the Richmond District, where nearly a third of the 156 daily clients are Tenderloin residents. This bright, cheery place unites them with friends, mostly Chinese American, and staff they've known for years.

Here is where they can get a free lunch, often traditional Chinese fare, and clients and staff converse in appropriate regional dialects. Everything is done to assure their cultural comfort while they receive treatment. The feeling is upbeat. This, too, is palliative care.

"I tell staff to be as joyful as possible," says Chan. "We want our clients

to feel like they're at home, and I think most days they're happy to be with us and with one another. Happiness is critical. It promotes good health."

In the outer lunch room, a convivial buzz prevails. It's quieter, by design, in the separate inner dining room for dementia patients, who require less distraction. Some of the Alzheimer's sufferers are hand-fed.

Chan confers regularly with caregivers to determine which clients are showing onset of dementia. "Clients cannot tell us," she says, "so we assume a sort of parental role."

This is palliative care for the Chinese elderly. They are not in pain, but they are in need of comfort. Culturally, it puts them at ease.

Many of Chan's clients go on to hospice. She views this as a continuation of the care her center provides. "We try to make what remains of their lives as satisfying as we can, and hospice is a continuation of that treatment."

CITY OFFICIAL WAS A PIONEER

The modern era for senior health care in San Francisco started in the Tenderloin in 1972 with the North of Market Health Council. Founder Dr. Francis Curry, then public health director, was a pioneer in bringing medical care to the poor. His main concern: Many Tenderloin elders suffered alone, isolated from friends, family and care.

The Health Council's operation was nothing fancy: one doctor, one nurse, in a storefront. Curry Senior Center has grown enormously in 41 years. It now provides primary care for 1,600-plus clients, annually hosts 1,700 social activity hours, served 49,000 breakfasts and 61,000 lunches last year, and houses formerly homeless seniors. Cantonese, Lao, Vietnamese, Mandarin, Russian, Spanish and Tagalog are all spoken here, representing the panoply of Tenderloin cultures.

In 1982, Curry Center was a founding partner in the San Francisco Community Clinic Consortium, whose 10 partner clinics now serve more than 87,000 low-income, uninsured, underserved San Franciscans each year.

Dr. David Ofman, appointed consortium interim director last month, has lived much of this history, having run North of Market Senior Services and Curry Senior Center, plus a variety of safety net projects.

"Seniors in the Tenderloin are not the same as 31 years ago, when our consortium began," says Ofman. "There's a lot more homelessness, a lot more mental illness, a lot more substance abuse, and AIDS was barely on the horizon back then. They're living longer, they're older, more frail. And we have many more Southeast Asians now — a positive influence, bringing stability to the district."

"We're better able to serve them now, though. There's been expansion of service across the board. There are a lot more supportive services."

During the '80s, large numbers of ailing seniors were holed up in hotels, hidden away. Plus, there weren't that many caregivers back then, Ofman recalls. Now they're more likely to seek help. "There are still some who refuse treatment, but I can't recall the last time we discovered someone seriously ill, in need of care, who didn't get it."

Hospice care has made big strides since 1982, when Medicare approved it for those receiving only comfort care "with no medical treatment" in their last six months. But even then it took a backseat to curative treatment. Now palliative care is offering both comfort and medical care as needed.

"Quality of life has assumed a role in treatment as important as controlling disease," Ofman states. ■

John Burks is a former chair of the Journalism Department of S.F. State University and president of the Board of Directors of San Francisco Study Center, the nonprofit that publishes The Extra. He wrote this article for The Central City Extra through a California Health Care Foundation Journalism Fellowship, a project of New America Media in collaboration with the Stanford In-reach for Successful Aging through Education Program.



David Knego, right, Curry Senior Center director, confers at Curry's meal site, operated by Project Open Hand, with volunteers from Salesforce, a tech firm offering help to the neighborhood because it wants to, not because it's contractually obligated to under the Twitter tax break's community benefits agreements.

Senior health care: Shaping it for the future

SAN FRANCISCO, with the highest percentage of aging adults in California, is directly threatened by the recent 10% Medi-Cal rate cut, warned Mikiko Whang, rabbi for Sherith Israel, at an aging-and-health care rally in mid-November.

Sponsored by the San Francisco Organizing Project, a faith community consisting of Congregations Sha'ar Zahav, Sherith Israel, St. John the Evangelist and Star of the Sea, the event brought together more than 100 activ-

ists at Sha'ar Zahav in the Inner Mission on a rainy Tuesday evening to sign a "covenant of care."

The 2010 census shows more than 14,000 seniors ages 60 to 95-plus living in the central city — nearly 5,000 live alone. Those numbers are growing steadily, and with them grows the need for senior care, said Rabbi Whang. San Francisco's population is heading toward an over-65 population of 40% by the year 2040, about 320,000 elders, he said. "That's why it matters so much

that we prepare for that population now."

SFOP's covenant demands that "everyone has access to healthcare," and that "our elders have the necessary services and support to live with dignity, security and peace."

Among the signers were Supervisors David Campos and David Chiu and an assortment of city health officials. Chiu pointed out that City Hall began laying the groundwork for the Affordable Care Act two years ago, confident

of its passage. "We knew we'd better be ready if San Francisco is to remain a model for public health care. We want to keep ahead of the game."

The Organizing Project's mission — one of them, anyway — is to demand policy for good health care for all, especially seniors. They will hold a series of meetings attacking the problem. To join in, contact Geoff at (415) 699-9259 or www.geoff@sforp.org. ■

— John Burks

It's critical to make your final wishes known

A LARGE MAJORITY of Californians prefer a natural death if severely ill, rather than getting all possible care, according to a California Health-Care Foundation study. They'd prefer to die at home instead of in a hospital or nursing home, and they want to talk with their doctor about their wishes for care at the end of their lives. They don't always get what they want.

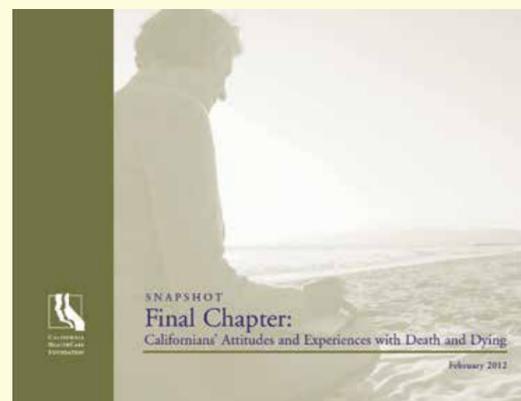
- Californians say the most important factors at the end of life are making sure their family is not burdened financially by the costs of care (67% say this is extremely important) and being comfortable and free from pain.
- Two-thirds would prefer a natural death if seriously ill. Only 7% say they want everything done to preserve life.
- Though 60% say it's "extremely important" their fam-

ilies not be burdened by tough decisions about their care, 56% have not communicated end-of-life wishes to loved ones. Only 23% have put end-of-life wishes in writing.

- Though overwhelmingly they'd prefer to die at home, 42% of California deaths occurred in hospitals, 18% in nursing homes.
- Top concerns vary by race and ethnicity. Latinos, for example, rate living as long as possible (56%) more highly than other groups. Only 5% of whites want everything possible to be done to prolong life. ■

Excerpted from CHCF's 2011 report: "The Final Chapter: Californians' Attitudes and Experiences With Death and Dying."

To view the entire document: www.cbef.org. — J.B.



'Therababies' ease Alzheimer's anxieties

SARAH CHAN, director of adult day services at Self Help for the Elderly's adult day center in the Richmond District, is holding two "therababies." These little cuties were created by an attentive son a few years back in an attempt to ease his aging mother's Alzheimer anxieties.

The son had noticed his mom seemed less troubled whenever babies or baby dolls were present. He made her an amazing, lifelike surrogate. It worked. Not only for her, but for others. Since the mother's passing, dozens more therababies have been added. Cuddled in the arms of adult dementia clients, they work their magic every day.

Meals for seniors at the center are calibrated to match each client's medical needs (diabetic, Alzheimer's, etc.). A special, quiet-zone dining area is set aside for dementia and Alzheimer's clients. ■

— J.B.