

EVCP Expresso ? November 2019

Dear Colleagues,

Epic winds, wildfires, and power outages took front and center stage during the final weeks of October. Approximately 190,000 people were evacuated from the Kincadee fire alone, and over a million endured power shutdowns. I know that many members of the UCSF community have been affected ? and am grateful to those involved in the response. While Mylo and I were merely inconvenienced, we recognize the stark reality that life in California is profoundly changed.

And yet, I realize how much I have to be thankful for, including amazing individuals in my life and members of an earlier UCSF community, who came before us and laid a fertile foundation for growth, innovation, and social justice. In this spirit, join numerous UCSF organizations on November 20, the fiftieth anniversary of the occupation of Alcatraz, for *We Are Still Here: Native Activism and Resilience in the Bay Area* ^[1].

I also see November as the onset to the end of another year ? and in this case another decade ? a time when we can look forward to new horizons and seize new opportunities. There?s a sense of hope that good things are yet to come.

On that note, this month I?m excited to provide updates on the Comprehensive Parnassus Heights Plan ? recently highlighted by Chancellor Sam Hawgood in his State of the University address. You?ll also read about efforts related to data sharing and the importance of earning trust, and you?ll be inspired by the way people from UCSF have come together to help refugees and asylum seekers.

This month?s topics:

- Through the Fog: Parnassus campus plan takes shape
- Think Before You Share: What?s your data plan?
- Health and Human Rights: A new, collaborative UCSF initiative

I also am taking this opportunity to inform all *Expresso* readers about an updated UCSF Policy on Violence and Bullying ^[2] (revision to Violence in the Workplace Policy, UCSF Administrative Policy 150-27). Take the time to read and spread the word.

If you need some time?daylight saving time ends at 2 a.m. this coming Sunday, November 3! What will you do with your extra hour? (Yes, we did vote to remain in daylight saving time mode, but it needs to be authorized by the federal government.)

Do you have something that you want to read about in *Expresso* in 2020? Let me know at ExecutiveViceChancellor@ucsf.edu ^[3].

Thanks,

Dan

Through the Fog: Parnassus campus plan takes shape

Our Parnassus Heights campus is a special place, and on October 15, Chancellor Sam Hawgood included in his State of the University Address ^[4] his commitment to the future of our flagship campus, beginning with a new hospital and a new Research and Academic Building. As he described, a whole bunch of us have been actively engaged in the ambitious effort to create a Parnassus that's as exciting and innovative as Mission Bay – a hub for collaboration, bringing together education, research, and patient care – as well as shared opportunities with our neighboring communities. Along with Senior Vice Chancellor Paul Jenny, I had the opportunity to co-lead the Parnassus Master Plan Steering Committee to oversee the development of a Comprehensive Parnassus Heights Plan that will define the long-term vision for the Parnassus campus and the physical framework that will enable that vision.

The thought process and subsequent decisions about the need for new buildings came about through tireless work by a diverse cross-section of committee members, many others from the UCSF community, and our neighbors and community stakeholders, including representatives from city agencies – all of whom helped evaluate important questions such as how well the Parnassus campus is serving our mission and priorities, and what we need to do to accomplish our goals, benefit the local community, and better contribute to the surrounding neighborhood. Before I talk about those plans, a word of caution: Nothing is set in stone (no pun intended). Parnassus planning is a long-range process and involves many partners and stakeholders. Whatever we're talking about today will still take years to unfold and develop, but we are committed to see the process through.

One aspect of the plan includes a new hospital, which you've probably heard about; it will replace the patient-care space in Moffitt Hospital in order to meet newer seismic standards by 2030. The new building will be constructed where the Langley Porter Psychiatric Institute is currently located. (Langley Porter's outpatient functions are moving to a building now under construction in San Francisco's Dogpatch neighborhood, just south of Mission Bay, and the home for other functions is still being determined. Long Hospital, adjacent to Moffitt, was built in 1982 and is structurally sound for the long-term.) The Helen Diller Foundation generously gave \$500 million last year ^[5] to support the planning, design, and construction of the new hospital that will bear her name.

That's only one of four new projects that are proposed as the initial sequence of Parnassus campus improvements. The others are a Research and Academic Building (RAB), more than 330 new housing units, and an improved Irving Street entrance to campus. The RAB is particularly important because it has become abundantly clear that we not only lack sufficient space for the expanded number of faculty doing research at Parnassus, we are also severely limited (and I really do mean *severely*) in our ability to renovate existing space due to the lack of an "empty chair," i.e., space into which we can move research teams so that their current deteriorating space can be renovated. The RAB is critical to reinforcing the linkage between the clinical and research mission areas; by providing new, state-of-the-art research space, we can continue to attract and retain PIs focused on cutting-edge human-centered science. The RAB also offers the opportunity to think about new space concepts that can enhance the learning experience of our trainees, and serve other academic needs. Assuming that the

formal, detailed analysis by the Real Estate team shows that the scope of the building project is realistic from both a construction and financing perspective (we'll know that answer in about four months), our hope is that the RAB will be complete by 2025.

Vice Chancellor Lindsey Criswell is leading a task force on research programs that will elaborate on the space needs identified last year by the Research Space Working Group. School of Medicine Vice Dean Catherine Lucey and University Librarian Chris Shaffer are co-leading another task force on further refining educational space programming, based on the work of the Educational Space Working Group.

Chancellor Hawgood recently announced the publication of the Comprehensive Parnassus Heights Plan ^[6] (CPHP), highlighting how it will strengthen the neighborhood's economic and cultural vitality through a newly envisioned community-oriented campus.

One thing to acknowledge as we dream of these new buildings is that in 1976, the UC Board of Regents, who govern UCSF, imposed a limit on the amount of developed space on the Parnassus campus, the so-called "space ceiling." The Regents imposed that cap more than forty years ago, reflecting the needs of our neighbors at that time. Over the years, we have worked with the community when making changes that were necessary for us to serve the health care needs of the local community and San Francisco.

To create a Parnassus Heights campus that ensures our ability to continue providing world-class research, education, and care delivery, we are evaluating a potential increase to the cap to allow for the new hospital at Parnassus Heights and meet critical research and other space needs on campus. To get there, says Kevin Beauchamp, our director of physical planning, UCSF is preparing an environmental impact report (EIR) on the CPHP that is expected to be ready for public review in the spring of 2020. The EIR would then be brought to the Regents for consideration in the fall of 2020, along with an amendment to UCSF's 2014 Long Range Development Plan to reflect the CPHP's proposals, including a proposed modification to the space ceiling cap.

It's important to remember that these are ideas that require further discussion. We are actively working with planning experts and community leaders to make sure we finalize a plan that serves the care needs of the local community and San Francisco, the program needs of the UCSF community, and the needs of our neighbors. As we have since 2018, we are continuing to work with the Advisory Committee for the Future of UCSF Parnassus Heights, which is comprised of community leaders, neighbors, merchants, and representatives of city agencies and non-profits. Their input and guidance have been invaluable, and we will continue to seek their input on the shared opportunities that the CPHP creates for both the adjacent neighborhoods and UCSF. There's a lot more to this story, and you can read about it in this UCSF.edu article ^[7].

In the meantime, have you noticed the progress on the Clinical Sciences Building retrofit and renovation ^[8] project? Read about what's transpired over the past few months!

If you have any questions, please send a message to space@ucsf.edu ^[9]. And stay tuned for more updates.

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Think Before You Share: What's your data plan?

As a researcher, you may not necessarily be thinking about the long-term fate of your data when you embark on a new research project. Your sights are set on starting your study and analyzing your data. But what happens after that?

Many researchers feel that if they created a data set through their research, then the data is theirs to own and share freely. Not true. Sharing any UCSF data requires an authorized data sharing contract to be in place beforehand, whether you're sharing data from a basic science experiment, animal research, or the clinic. Well-publicized data breaches and incidents happen all the time, and we have legal and ethical responsibilities to properly protect and share the wealth of data that powers our mission. I don't think any of us wants to consider our sensitive de-identified data, which can be easily re-identified ^[10], in the wrong hands.

With that in mind, last year Chancellor Sam Hawgood appointed the Data Sharing Task Force ^[11] to develop guardrails and processes to protect our data while allowing us to proceed with our mission of advancing health worldwide. To be clear, it's not just patient data: We have financial data, research data, employee records, student information – a wide range of material ^[12] to protect.

The task force concluded its work and produced a set of recommendations ^[13] designed to minimize risk in the short term as well as implement a sustainable long-term approach to data sharing. One of the short-term outcomes is the weekly meeting of the IT Governance Committee on Enterprise Information and Analytics (EIA) ^[14], chaired by Jennifer Grandis, who was also a task force member. The EIA reviews contracts that have been escalated by UCSF's five authorized contracting units ^[15] because they meet specific data sharing criteria ^[16].

"In the event their contract is escalated, PIs should understand we are only trying to protect them and the institution, not interfere with their work," Jenny says. "They may be asked specific questions, for instance, about the types of data they want to share and how their proposed partners will ensure the data's security."

One of the EIA's primary missions is to educate principal investigators about what is required in any data-sharing situation. Top of the list is that UCSF does not sell patient data, and UCSF does not provide identifiable patient, learner, or contracting business data to its partners. "We take the requirement to protect patient information, student information, and business information very, very seriously," explains Michael Blum, who chaired the task force and is associate vice chancellor for Informatics, chief digital transformation officer, and executive director of the Center for Digital Health Innovation.

The EIA is working with the Institutional Review Board (IRB) to make sure it's tracking all the projects that might involve data sharing. "The IRB protects human subjects, and we coordinate with the IRB to also protect data," Jenny notes.

Michael encourages faculty members to review the data sharing website ^[11] and reach out to one of the five contracting groups before embarking on a project, and I agree. Understanding in advance what you need to do so your data sharing plan will pass muster will save you time

down the road and, potentially, some major headaches, but most importantly will mitigate the risk of doing real harm to the people we serve.

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Health and Human Rights: A new, collaborative UCSF initiative

Summer of 2018 brought alarming news and images of immigrant children being separated from their families. The family separations also increased attention to the magnitude of the worldwide migration crisis, a situation that is not going away any time soon and is likely to become more pronounced as climate change and regional violence force more to flee.

The events drew an immediate and strong reaction, and at UCSF many were spurred to speak out, feeling duty-bound to engage in advocacy or provide services to affected children and families seeking refuge from their ravaged homelands. Faculty, students, and staff took the lead to demand action. An interprofessional, cross-disciplinary, multi-site group sprang up encompassing over 30 faculty, staff, and students from over 15 departments and clinics spanning UCSF and ZSFG.

UCSF Benioff Children's Hospital, the Department of Family and Community Medicine, and the Department of Psychiatry partnered to form the Health and Human Rights Initiative (HHRI). The three partners formed a working group to assess how UCSF could help, partnering with local law firms and sister institutions (most notably UCLA), as well as with community groups, state and local government agencies, and others. And when calls went out to support asylum applicants with evaluations, hundreds of faculty and clinicians responded!

Some ways the new HHRI effort is manifest:

- **Collaboration:** We are hoping the Initiative can realize a community of collaboration within UCSF and more broadly to help bring together and maximize the effort of all our people doing incredible work for immigrants and asylum-seekers or in related areas.
- **Education:** Our medical students, who exemplify the conscience and future of our community, stepped up to demand action and catalyzed our faculty. They quickly organized a new elective on asylum and refugee health, which has been very successful. Nearly one third of the M1 class this past spring, and about a third of the new M1s, are actively engaged in this work.
- **Service:** The medical students wanted to complement the elective with direct service to asylum applicants. Asylum seekers, referred from community attorneys throughout the Bay Area, are now evaluated for forensic evidence of ill-treatment at our Laurel Village Clinic with a medical student assigned to each case. This effort is known as the Human Rights Cooperative (HRC), and UCSF joins elite medical centers across the country in this work. Currently, evaluations are also being done at Trauma Recovery Center, Benioff Children's Hospitals in San Francisco and Oakland, and Zuckerberg San Francisco General Hospital and Trauma Center, as well as some community clinics, and the HHRI is working to expand access to evaluations even further. Coleen Kivlahan [17],

UCSF's executive medical director of Primary Care Services and professor in the Department of Family Community Medicine, says any health professional with appropriate training, from any specialty — orthopedics, neurology, you name it — can provide a medical history and physical examination that could ultimately make the difference in an asylum application.

- **Evaluation and Research:** Through scholarship we aim to better understand the needs of asylum seekers when they present for medical forensic evaluations, identify best practices in training students, and create a database to track case details and outcomes. The HHRI will also partner with mature research centers such as the UCSF Latinx Center of Excellence [18] and the Center for Vulnerable Populations [19] to enhance our effectiveness.
- **Advocacy:** UCSF and University of California leadership are on record about their support of immigrant and refugee health, well-being, and health equity. As health care professionals, we have a duty to stand up for those we are working to help. The HHRI is hoping to become a clearinghouse to help better organize our advocacy efforts for maximize impact.

The stories are heartbreaking. One woman's baby was in intensive care at Benioff Children's Hospital Oakland. One day she did not visit — out of fear that the police cars outside the hospital were immigration agents. Another family at the Mission Bay hospital received a deportation letter while their loved one was an inpatient. Our care teams are dealing not just with the challenges of critically ill people, but also with managing heightened anxiety, anger, and isolation.

Another woman without access to child care brought her children to the HRC at Laurel Village and told horrific accounts of violence and abuse in her home country as well as when crossing the border to the U.S. — all while her children sat on her lap. With these stories, our clinician volunteers can testify at people's asylum hearings. So far, the HRC asylum grant rate has been 100 percent; all seven of the people who have had court hearings have been granted asylum. One of our medical students arrived early for their client's court hearing and saw another person, who did not have a doctor to testify, deported on the spot.

"This shows what UCSF can do," Coleen says. "We can make a big difference in the lives of those choosing to seek safety in our country."

The HHRI is in its nascent stage, still working closely with the larger interprofessional, cross-disciplinary, multi-site group, and welcomes support from additional departments and entities within UCSF, ZSFG, and the community. UCSF Health, the departments of Psychiatry, Pediatrics, and Family and Community Medicine, and my office provided some startup funds. We've also begun seeking philanthropic support, which the Hellman Family Foundation has kicked off with a \$50,000 grant, and we continue to partner with University Development and Alumni Relations.

Many people have been instrumental in this humanitarian effort, and it makes my heart glow with gratitude for their generosity and compassion. While the list of names is long, I take this opportunity to give shout-outs to a few, including medical students Francesco Sergi, Katrin Jaradeh, and Aaron Gallagher; internist Triveni Defries; family physician Coleen Kivlahan; pediatricians J. Raul Gutierrez and Zarin Noor; psychologist Will Martinez; psychologist Sarah

Metz and social worker Cristina Biassetto from the Trauma Recovery Center; and Adri Jayaratne and Galen Laserson, staff at the Department of Psychiatry. Thank you to these caring, committed folks and to everyone else supporting this vital initiative.

P.S. To be clear ? this is one of many efforts taking place here. I encourage you to watch the morning and afternoon session recordings of the second annual Colloquium on Population Health & Health Equity: Immigrant Health ^[20], which just happened on October 23, to learn about the range of work that?s being done by UCSF and our partners.

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Dan?s Tip of the Month



My dear friend, Peter Yuichi Clark ^[21], who has

served as director of Spiritual Care Services here at UCSF since 2010, has been contending with cholangiocarcinoma, a rare and aggressive form of cancer, for the past two years. We?ve been getting together on a fairly regular basis, and it should come as no surprise that his wisdom and courage in dealing with this Sword of Damocles are an inspiration to me. Please take a look at this poignant, moving essay ^[22] that Peter recently published in the *Journal of Clinical Oncology* ? his message about engaged hope is something we all need to take in.

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[1] <https://mrc.ucsf.edu/events/we-are-still-here-native-activism-and-resilience-bay-area>

[2] <https://policies.ucsf.edu/policy/150-27>

[3] <mailto:ExecutiveViceChancellor@ucsf.edu>

[4] https://www.ucsf.edu/state-university-address?utm_source=UCSF_Events&utm_medium=calendar&utm_campaign=2019_SOTU

[5] <https://www.ucsf.edu/news/2018/02/409741/ucsf-receives-500m-commitment-helen-diller-foundation-begin-planning-new>

[6] https://www.ucsf.edu/cphp?utm_source=chancellor&utm_medium=email&utm_campaign=2019_cphp_laur

[7] <https://www.ucsf.edu/cphp>

[8] <https://capitalprograms.ucsf.edu/clinical-sciences-building-retrofit-and-renovation>

[9] <mailto:space@ucsf.edu>

[10] <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2719130>

[11] <https://data.ucsf.edu/data-sharing>

[12] <https://it.ucsf.edu/knowyourdata>

[13] <https://data.ucsf.edu/data-sharing#Recommendations>

[14] <https://itgov.ucsf.edu/committee-enterprise-information-and-analytics-eia>

[15] <https://data.ucsf.edu/data-sharing-faq#Who-at-UCSF-is-authorized-to-sign-a-data-sharing-agreement-contract>

[16] <https://data.ucsf.edu/data-sharing#Escalation-criteria>

[17] <https://profiles.ucsf.edu/coleen.kivlahan>

[18] <https://cvp.ucsf.edu/programs/capacity-building-training/ucsf-lcoe>

[19] <https://cvp.ucsf.edu/>

[20] <https://pophealth.ucsf.edu/events/2nd-annual-colloquium-population-health-health-equity-immigrant-health>

[21] <http://ucsfspiritcare.org/about/team/>

[22] <https://ascopubs.org/doi/full/10.1200/JCO.19.00472>