

DATE: November 29, 2006

TO: Health Commission, Department of Public Health, City and County of San Francisco

FROM: Ron Smith, Regional Vice President Hospital Council

RE: Hospitals' Commitment to Vulnerable San Franciscans

This report from the Hospital Council is a result of three events in San Francisco: the 2001 Community Needs Assessment of 2001, which dramatically described the disparity of health of African Americans living in San Francisco. That Assessment caused a “call to action” by the hospital leaders of our City. The second event was the Community Needs Assessment of 2004 which highlighted the need for pre-hospital care in vulnerable neighborhoods. The third was the suggestion in 2004 by the Mayor and the Health Commission that hospitals determine what they could do to improve the pre-hospital management of diseases of residents in three vulnerable neighborhoods.

Every hospital in San Francisco has taken the three events very seriously and has since 2002, worked in tandem with the community to improve the health of vulnerable San Franciscans.

The hallmark of 2006 has been collaboration to meet these health needs.

One collaboration has been the “Charity Care Reporting Committee” composed of community benefit representatives of our hospitals, community health groups such as the San Francisco Clinic Consortium, our partners in providing pre-hospital care to vulnerable San Franciscans, Operation Access, and groups such as Community Access. It is led by the Director of Policy and Planning DPH, Anne Kronenberg and Alicia Newman. Much of the success of this Committee is due to the exceptional leadership of Ms. Kronenberg and strong support of Ms. Newman. The Committee has not only further narrowed the definition of community benefits as meeting the needs of vulnerable populations, but the Committee has also served as a vehicle for hospitals and others together to share information of how together we can meet needs. One example is that the need for better transportation to medical services for residents of the Bayview/Hunters’ Point came before the Committee. Karen Cohn, of DPH, found that MTA had a grant available for service to underserved transportation areas. With her leadership and creativity, the collaboration of the Bayview/Hunters’ Point Foundation, and the hospitals, the grant was awarded and a mix of transportation services will be provided starting in January, 2007.

One example of the collaboration of the “Charity Care Reporting Committee” resulted from the discussion of needs in the Bayview Hunters’ Point neighborhood. As a result of those discussions, the Hospital Council hosted a lunch at Dago Mary’s in Hunters’ Point on March 2, 2006 with 20 leaders of community based health organizations in that community and 16 hospital and DPH representatives. (A list of attendees is attached to the back of this report.) The purpose of the lunch was to hear from community organizations their needs and holes in service. We discovered from that meeting that the health needs of the community were being addressed; new programs were not needed, but that current programs needed more support. From that meeting each of the hospitals is working with various community groups of that neighborhood.

Another collaboration is the Hospital Council African American Health Disparity Project. Its programs are discussed later in this memo, but collaboration was the key to 2006.

The African American Community Advisory Committee, still chaired by Kaiser National Vice President Anthony Wagner, meets bi-monthly to guide the project. Our hospitals have found their advice, and criticism, to be invaluable in working to reduce health disparities in San Francisco.

The African American Health Disparity Steering Committee, with representatives of every San Francisco hospital, chaired by Dr. Sherry Sherman, meets monthly to report on progress and new ideas from each hospital and to share those programs with all the hospitals.

The Advisory Committee, the Steering Committee, and hospital CEOs met with Quint Studer to discuss how to better measure African American patient satisfaction with our health care system. Mr. Studer, when CEO of a Chicago hospital, whose patients were 95% African Americans, raised the patient satisfaction score from the bottom to 95%.

The African American Health Disparity Project also hosted a “retreat” of African American community activists, hospital CEOs, and staff to guide the Project forward to meet community needs.

We look at how far we have progressed from hostility to true collaboration.

This memo will provide more information on the African American Health Disparity Project and how hospitals are working to meet the needs of vulnerable San Franciscans in the three high risk neighborhoods.

## **I. African American Health Disparity Project**

## **II. Health Commission request: “Hospitals should pursue innovative approaches to increase the provision of outpatient charity care to**

**residents of these high-risk neighborhoods: Bayview/Hunters' Point, Potrero Hill; Tenderloin/Civic Center; and Bernal Heights/Mission."**

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## **I. AFRICAN AMERICAN HEALTH DISPARITY PROJECT**

**The hospitals of San Francisco are committed to reducing the health disparity of San Franciscan African Americans and restore their trust in our health care system.**

On February 7, 2002, Building a Healthier San Francisco Consortium (hospitals and health organizations) presented the "2001 Community Needs Assessment" which revealed the deplorable health disparity of San Francisco African Americans compared to all other groups in the City. At that moment, in almost an "epiphany", the hospital leaders determined that this disparity is intolerable, and they initiated the San Francisco African American Health Disparity Project.

The original assumption was that the disparity could be reduced by treating various health conditions. But after meeting with members of the community, conducting a public opinion survey and focus groups of San Francisco African Americans, hospital leaders found the problem much more complex. Although African Americans have high regard for health care providers, 43% of San Francisco African Americans believe they are subject to more medical experimentation than others, and most believe that all races are not treated the same by health care providers.

### **The Mission of the African American Health Disparity Project**

**The Hospital Council is committed to improving the health status of African Americans and to eliminating institutional racism wherever it exists in the health care system of San Francisco.**

Below are the programs initiated jointly by hospitals, in collaboration with the community, as part of the African American Health Disparity Project. (However, the most significant contributions are the programs initiated by individual hospitals inspired by the African American Health Disparity Project.)

Attached to this memo is a Progress Report from every hospital in San Francisco.

1. *Listening and taking the advice of the Community*

The Project established an Advisory Committee, composed of African Americans from the five neighborhoods with the largest African American populations. This Committee holds dinner meetings every two months that are hosted on a rotating basis at each of the hospitals.

2. *Staff from the primary points of entry at each hospital attended a day long training to address institutional racism and cultural competency*

The Project hosted a training session to educate hospital staff on disparity data, cultural issues, and concerns of African American patients including a panel of African American patients discussed their good and bad experiences with our health care system. All the hospitals formed individual committees, to determine the most appropriate plan for their institution that would result in reducing health disparities and insuring the comfort and trust of African Americans.

3. *Developed PLEDGE to all hospital patients*

Our Advisory Committee wrote and recommended a “Pledge” to patients from each hospital that patients would be treated with caring, compassion, and respect that they have a right to second opinions, and that the hospital would make sure they have the patient’s consent before medical treatment is provided. It also pledges that no research will be conducted without the patient’s permission. This pledge is provided to every patient upon admittance. (A copy of the Pledge is attached.)

4. *One million dollars pledged to treat prostate cancer*

The hospitals of San Francisco have pledged \$1 million to treat all African Americans who need prostate cancer care and who cannot afford to pay for treatment. We have also started an outreach program, with staff, to provide prostate health education and screening.

5. *Community Ambassadors/Hospital Navigator Program*

We have developed a Community Ambassadors/Hospital Navigator Program to increase the comfort level and information available to African Americans who are to be treated at a San Francisco hospital. The Ambassadors are clergy and other community members who come in contact with those who would like more information or may have a concern about an upcoming hospital stay. Each hospital has a Navigator who helps African Americans through that pathway and answers questions or concerns.

6. *Advertorials published in the Sun Reporter and Bay View News on Health Issues*

We are publishing advertorials in the Sun Reporter and San Francisco Bay View, National Black Newspaper, to help build trust in our hospitals, provide education on health care issues, and information on available resources, and activities San Francisco hospitals are undertaking to reduce health disparities for African Americans. (Copies of the advertorials are attached.)

**III. IMPROVE THE PRE-HOSPITAL MANAGEMENT OF DISEASES OF RESIDENTS IN THREE VULNERABLE NEIGHBORHOODS THROUGH SUPPORT OF EXISTING CLINICS AND HEALTH SERVICES.**

On December 7, 2004 the Health Commission recommended that “Hospitals should pursue innovative approaches to increase the provision of outpatient charity care to residents of the following high risk neighborhoods: Bayview-Hunters’ Point/Potrero Hill, Tenderloin, and Civic Center, and the Mission/Bernal Heights.”

Hospitals, collectively through the Hospital Council, and individually have worked to meet this request. It was determined that generally the most effective way to treat vulnerable populations in these three neighborhoods is through existing clinics by providing primary and specialized care and diagnostic services.

**Bayview-Hunters’ Point/Potrero Hill**

ANTI-VIOLENCE

- Community Alliance for Respect and Empowerment (CARE) Program, mental health services for victims of violence – CPMC supporting
- The trauma group and loss support group – held in Bayview Hunters’ Point designed for family members of homicides and suicides. This group was conducted in partnership between the Trauma Recovery Center and the Crisis Incident Response Team – San Francisco General Hospital
- Monthly support group with mothers of homicide victims. Members of this group are all from Bayview Hunters’ Point and have lost a child to gun violence – San Francisco General Hospital
- Debriefings in Bayview Hunters’ Point with family members and friends of victims of shootings – San Francisco General Hospital
- Violence Prevention Initiative Grants, totaling \$45,000, support Coleman Health Foundation, Omega Boys Club, Straight Forward Club and the Street-Intervention Violence Prevention Coalition serving the Bayview Hunter’s Point – Kaiser Permanente.

- Nationally recognized KP Education Theater programs on violence prevention at SFUSD schools Citywide – Kaiser Permanente

#### ASTHMA

- Health and Environmental Resource Center (HERC) – Community Asthma Center – CPMC supporting
- Asthma Resource Center (ARC) – direct services to residents. Asthma
- Educators serve low-income residents Citywide – Kaiser Permanente
- Implement asthma management system through community clinics –Kaiser Permanente
- Asthma Camp through HERC – Kaiser Permanente
- The Asthma Task Force provides education on asthma management to teachers, parents, students and now includes DPH. This collaborative is now Citywide – Kaiser Permanente
- A large number of children from the Bayview are seen at Silver Avenue Health Center, Chinese Hospital, SFGH Clinics, St. Luke’s Clinic and Hospital, Kaiser Permanente, and UCSF - Parnassus Clinic
- St. Mary’s Medical conducted asthma screenings in Bayview Hunters Point Health Fair.
- St. Mary’s affirmatively enrolls patients from Bayview Hunters Point neighborhood.

#### BREAST CANCER

- Creation of the African American Breast Health Program, which provides free outreach education, screening, and treatment for low-income African American women throughout the City yet focusing on the Bayview Hunters’ Point Area – CPMC
- Hunters’ Point Family – health fairs and peer to peer training – UCSF Medical Center
- Free mammographies to women who are uninsured and follow-up treatment to those who are 200% or less of poverty charity standards
  - St. Mary’s Medical Center
- Ruth Jackson Family Project – recruit mothers in the Sunnydale Projects – CPMC
- Margie Cherry Complimentary Breast Program – outreach to Potrero Hill Projects – CPMC
- Sisters Network Advisory Board – community outreach – CPMC
- Yes We Can Project – A comprehensive, culturally competent, prevention-based model combining medicine with public health to address chronic disease care at Southeast Health Center – San Francisco General Hospital
- Mammovan – mobile van providing mammograms to patients at the various DPH health centers – Southeast Health Center and San Francisco General Hospital

## DENTAL

- Dental students participate in the Bayview/Hunters' Point Health Fair – UCSF Medical Center
- General Dentistry services offered at Potrero Hill Health Center – San Francisco General Hospital
- General Dentistry services offered at Southeast Health Center – San Francisco General Hospital

## DIABETES

- Line dancing class in Southeast Health Center to encourage exercise and healthy life style – San Francisco General Hospital
- \$10,000 grant to Bayview Hunters' Point Community Based Diabetes Support Group – St. Mary's Medical Center
- Direct clinical nutrition services will be provided by a UCSF dietician at the Southeast Health Center on a three-year pilot including: 1) nutritional information packets (general nutrition for children, infant and toddler feeding, childhood obesity, adult obesity, hypertension, hyperlipidemia and diabetes); 2) monthly classes for patients and family members regarding nutrition for kids, heart health and diabetes 3) weekly weight management classes and 4) individual counseling at 10/hours per week. UCSF Medical Center - \$120,000.
- Through the Safety-Net Quality Improvement Initiative, providing second year \$100,000 grant funding to DPH to build a stronger quality improvement program focused on management of diabetes – Kaiser Permanente
- Through the Safety-Net Quality Improvement Initiative, providing second year \$100,000 grant funding to San Francisco Community Clinic Consortium and to DPH for a collaboration to build a stronger quality improvement program focused on management of diabetes – Kaiser Permanente

## OBESITY

- Mayor's Shape Up San Francisco Coalition – Through the Healthy Eating Active Living Initiative, provided \$60,000 grant to pilot a place-based approach to promoting healthy eating and active living in a neighborhood with high rates of obesity and multiple barriers to nutrition and physical activity actions to improve neighborhood conditions, and implement at least one of those actions – Kaiser Permanente
- Transformation Through Education and Mutual Support (TEAMS) – Through the Chronic Disease Management & Prevention Initiative, provided \$10,000 grant to support Student Leaders 4 Health, a peer-led prevention program, to address obesity, diabetes and heart disease risk among Samoan and Asian Pacific Islander youth and young adults in the Bayview Hunter's Point – Kaiser Permanente

## EYE CARE

- Eye Clinic at St. Mary's Medical Center's Sister Mary Philippa Health Center provides full ophthalmology services for enrolled clinic patients.
- The EyeVan – mobile eye screening services for patients of health centers including Southeast Health Center and Potrero Hill Health Center – San Francisco General Hospital

#### IMAGING SERVICES FOR SOUTHEAST CLINIC PATIENTS

- Provided \$500,000 for ultrasound, MRI, CT, at Mission Bay for patients in the Southeast section on the City – UCSF Medical Center

#### PRIMARY CARE

- Partnership with North East Medical Services – medical specialists support – CPMC
- Preferential free access for African American males by Sister Mary Philippa Health Center (over 500 patients or 11% of all of St. Mary Philippi Health Center patients) – St. Mary's Medical Center
- Bayview Hunters' Point Health Arts Center-providing medical equipment and supplies as well as volunteer pediatricians – CPMC
- Health Fairs at St. Paul of the Shipwreck, and St. Teresa's on Potrero Hill, and financial support of Bayview Hunters' Point Food Pantry Project – St. Mary's Medical Center
- Community Grant support of St. Paul of the Shipwreck's Food Pantry Project – St. Mary's Medical Center
- Project LIFE (Let's Immunize for Education) to provide immunizations to children ages 4-6 before the start of school as part of the Mayor's Office of Community Development's Project Connect initiative. Nurses provided immunizations while child play therapists helped children understand why they needed shots and helped them to cope. Immunizations were given at Bret Harte, Dr. George Washington Carver, Malcolm X and Visitation Valley Elementary schools – UCSF Medical Center
- Project SchoolCARE providing Psychological Educational Testing and Support Services to the most vulnerable children in the neediest schools – St Mary's
- Multiple language clinic at Ocean Park, educating people on how to self-manage chronic conditions – Kaiser Permanente collaborating with Stanford
- Coleman Clinic/St. Paul's of the Shipwreck Health Fair – African American Health Initiative Committee participates in annual community health fair by encouraging members within the African American Community to “know their members” by promoting and distributing the African American Family Health video and guidebook, and health information – Kaiser Permanente

#### PROSTATE CANCER



- The Hospital Council AA Prostate Cancer Project has provided personal education for over 1,500 African American men and prostate screening for 201 African American men.
- Affirmative recruitment of African American men from Bayview Hunters Point to the Sister Mary Philippa Health Center for free Prostate cancer testing and treatment – St. Mary’s Medical Center
- Hospital screening at St. Paul of the Shipwreck Church and St. Dominic – St. Mary’s Medical Center

### **Tenderloin/ Civic Center**

#### AIDS SERVICES

- St. Mary’s co-supports with the DPH the largest free HIV program for 580 patients living with HIV disease without insurance – St. Mary’s Medical Center and SFDPH
- Continuum provides primary medical care, case management, peer advocacy, and other medical services including adult day care, food, transportation services, and housing for HIV patients discharged from prison – Saint Francis Memorial Hospital
- Support Tenderloin AIDS Resource Center (TARC) – CPMC, Saint Francis Memorial Hospital
- HIVCare Program providing ADAP enrollment, case management for Saint Francis Memorial Hospital HIV+ clients, and Clearinghouse for Citywide Clinical Research Trials, produces newsletter to over 2000 individuals – Saint Francis Memorial Center
- Supports AIDS Emergency Fund, Asian-Pacific islander Wellness Center, Positive Resource Center, Project Inform, Project Open Hand, Shanti, Tenderloin Health Services, UCSF AIDS Health Project – Kaiser Permanente

#### BREAST CANCER

- Support Breast Cancer Emergency Fund – Kaiser Permanente

#### DENTAL

- General Dentistry services offered at Tom Waddell Clinic – San Francisco General Hospital

#### DIABETES

- Chronic Care management Program at St. Anthony’s Foundation Clinic & Glide Foundation Clinic – Kaiser Permanente
- Through the Safety-Net Quality Improvement Initiative, providing second year of \$100,000 grant funding to each clinic: St. Anthony’s Foundation Clinic, Glide Foundation Clinic and South of Market Health Services and

first year of \$100,000 funding to Curry Senior Center to build a stronger quality improvement program focused on chronic disease management – Kaiser Permanente

#### HOMEcomings SERVICES

- Provides discharge services for seniors living in isolation who have no identified family member or friend. Services include temporary case management, homecare assistance, medical escorts, and groceries – Saint Francis Memorial Hospital and St. Mary’s Medical Center

#### HOUSING AND SUPPORTIVE CARE

- Canon Barcus Community House providing both housing and medical services – CPMC
- Financial support of “Next Door” shelters – CPMC
- Financial support to Tenderloin AIDS Resource Center, Students Rising Above Foundation, Larkin Street Youth Services, North and South of Market Resource Center, North and South of Market Adult Day Health and Continuum – Saint Francis Memorial Hospital

#### MAP VANS

- Support of CATS and MAP – Saint Francis Memorial Hospital

#### MEDICAL SERVICES

- Medical Services provided by St. Anthony Foundation – Saint Francis Memorial Hospital
- Provides \$400,000 in support of St. Anthony Foundation Free Medical Clinic’s primary care and specialty services – CPMC
- Provides \$400,000 in support of South of Market Health Center’s primary care and specialty services – CPMC
- Glide Health Services – Through the Community Clinic Initiative provided \$20,000 in grant support to ensure continuity of primary care services during Glide Health Services Expansion Project – Kaiser Permanente
- Curry Senior Center – Through the Community Clinic Initiative provided \$20,000 in grant support to ensure access to care for non-English speaking Seniors – Kaiser Permanente
- Larkin Street Youth Services – Provided \$25,000 in financial support for medical and supportive services for homeless and runaway youth – Kaiser Permanente
- Operation Access – Founded by Kaiser Permanente’s Doug Grey, MD, to provide free surgeries to low-income, uninsured, working San Franciscans. Provided \$200,000 in funding support as well as provided 22 surgeries in one day, the largest number in a single day in Operation Access history – Kaiser Permanente

## MENTAL HEALTH

- Provided \$95,000/year grant to St. Anthony Foundation Free Medical Clinic to support mental health counseling for low-income, uninsured patients – CPMC
- Support Access Institute for Psychological Services, Mental Health Association and New Leaf  
– Kaiser Permanente
- Provide clinical supervision of St. Anthony's Mental Health Services  
– CPMC

## PHARMACY SUPPORT

- Outpatient pharmaceutical for Glide Health Clinic Clients – Saint Francis Memorial Hospital
- Tele-pharmacy supports the Tenderloin Community Clinics  
– UCSF Medical Center
- Free pharmacy services for one third of enrolled patients at Sister Mary Philippa Health Center – St. Mary's Medical Center

## PROSTATE SCREENINGS

- US TOO Support Group, monthly meetings providing education and support for individuals living with prostate cancer and their families  
– Saint Francis Memorial Hospital
- Prostate screenings – UCSF Medical Center

## PSYCHIATRIC SERVICES

- Provides direct psychiatric services through partnerships with several clinics – Saint Francis Memorial Hospital
- Rally Family Visitation Services – provides supervised and facilitated visitation services for families in conflict – Saint Francis Memorial Hospital

## RECOVERY PROGRAMS

- St. Boniface Church, SF Recovery Theater to support the recovery process  
– Saint Francis Memorial Hospital

## RESPITE BEDS

- St. Anthony Foundation Respite Bed program – provides hotel rooms and medical care for those homeless who have been discharged from a hospital, but need bandage replacements, etc. – Saint Francis Memorial Hospital and CPMC

## SAINT FRANCIS HEALTH CLINIC AT GLIDE FOUNDATION

- The Saint Francis Health Clinic at Glide was established to increase clinic capacity to provide direct services to 3,000 additional homeless persons, including prescription medications, diagnostic clinical services, supplies, and technical assistance – Saint Francis Memorial Hospital,
- Additional support for the Clinic – UCSF Medical Center and Kaiser Permanente

#### TENDERLOIN SCHOOLS

- Provide psychologists, learning specialists, physical education and nutrition counseling at DeMarillac Middle School – CPMC
- Kids R Giants Too, nutrition and smoking prevention education for students at Spring Valley Elementary School – Saint Francis Memorial Hospital

#### VIETNAMESE COMMUNITY HEALTH

- Vietnamese Community Health Promotion Project – UCSF Medical Center

### **Mission/ Bernal Heights**

#### ANTI-VIOLENCE

- Spanish speaking domestic violence group with monolingual Spanish speaking victims of domestic violence who reside in the Mission – San Francisco General Hospital
- Mission Neighborhood Centers – Through the Violence Prevention Initiative supporting the Street-Intervention Violence Prevention Coalition serving the Mission – Kaiser Permanente

#### ASTHMA

- Pediatric Asthma Pilot program at Mission Neighborhood Health Center, San Francisco General Hospital, Chinese Hospital and Kaiser Permanente

#### CHILD DEVELOPMENT

- Parent Education Workshop/ Creciendo Juntos: Talleras para Padres, a public/private project to enhance the skill level of parents with young children – CPMC, , Mission Neighborhood Health Center, Mission Learning Center, DPH, Instituto Familiar de la Raza, Mission Head Start, Good Samaritan Family Resource Center

#### DIABETES

- CPMC-St. Luke's Campus is offering free diabetes bilingual education programs that emphasize self-management skills. This includes the "Sweet Success" program for pregnant women who develop diabetes

- Spanish Promotaras Contrala Diabetes program for lay people in Latino community, teaching prevention and healthy life style changes to prevent onset of diabetes – San Francisco General Hospital
- Nine Diabetes Desk Top Analyzers to Mission Neighborhood Health Center and other clinics – Kaiser Permanente
- Management of Diabetes at the Mission Neighborhood Health Center through a Diabetes Care Management Program – Kaiser Permanente
- Financial support for the Diabetes Program at the Mission Neighborhood Health Center – St. Mary’s Medical Center
- Provided \$100,000 to Mission Neighborhood Health Center to build a stronger quality improvement program focused on management of diabetes – Kaiser permanent
- Provided \$480,000 to San Francisco Community Clinic Consortium to build an infrastructure of quality improvement for the care of patient populations with chronic conditions, in partnership with DPH – Kaiser Permanente

#### GENERAL CARE

- CPMC has provided \$4 million to the Mission Neighborhood Health Center and other San Francisco Clinic Consortium for care.
- Reduced waiting time by months for former SFGH patients by care at Sister Mary Philippa Health Clinic – St. Mary’s Medical Center

#### OBESITY

- Child Obesity Prevention Program in partnership with the SF Beacon Initiative to expand the Gateway to Fitness Program at eight schools throughout San Francisco to reduce and prevent obesity for vulnerable populations – Kaiser Permanente

#### PEDIATRIC CLINICS

- Pediatric Clinic averages nearly 700 visits each month – CPMC, St. Luke’s Campus
- Valencia Health Services averages over 500 visits each month – UCSF Medical Center

#### PRIMARY AND SPECIALIST CARE

- \$400,000+ in support of primary and specialist care to patients at Mission Neighborhood Health Clinic – CPMC

#### COMPLEMENTARY CARE

- Charlotte Maxwell Complementary Clinic, through the Community Clinic Initiative provided \$100,000 in grant support to support complementary care services to low-income women with cancer – Kaiser Permanente

#### PROSTATE CANCER

- Prostate Cancer Resource Center, grassroots organization education and support for low income men in the Mission – CPMC

#### THE WOMEN'S CENTER

- The Women's Center provides affordable and accessible obstetrical and gynecological services – CPMC
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## **Hospital Implementation Progress Report**

**March 13, 2006**

### **CHINESE HOSPITAL**

- 1. What was the “Action Plan” that your hospital team decided upon at the May 4’ 2004 training?**

Increase awareness of hospital staff that diversity may mean allowing patient’s to have “cold” food items, (soda, ice cream etc.)

- 2. What have you implemented and when?**

Ability of hospital dietary staff to purchase food items that may be requested by non-Chinese patients, if appropriate to their dietary requirements and ordered by the physicians.

- 3. What has changed in your plan?**

N/A

- 4. What are the key obstacles you are confronting?**

none

- 5. What are your “lessons learned?”**

Staff has been very flexible. During the year we had a Kosher patient who stayed for several days, so the Dietary manager was able to provide meals that met the patient’s needs.

- 6. What are your primary successes?**

See #5

- 7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)?**

General acknowledgement that our patient population is evolving

- 8. How has your institution utilized the “Pledge Statement”?**

The Pledge is posted in the lobby of the hospital.

Submitted by: Elena Tinloy, Pharm.D. Director of Clinical Services



## **Hospital Implementation Progress Report**

**March 13, 2006**

### **CALIFORNIA PACIFIC MEDICAL CENTER**

#### **1. What was the “Action Plan” that your hospital team decided upon at the May 4 2004 training?**

As part of the May 4<sup>th</sup> training, CPMC developed two key immediate action items:

1. Assess and improve data quality regarding patient ethnicity;
2. Implement the African American Breast Health Program.

#### **2. What have you implemented and when?**

CPMC first pulled together an interdisciplinary team consisting of executive, manager and front-line staff to analyze the integrity of our data systems in terms of accurately capturing patient ethnicity and satisfaction. We improved internal processes by (1) understanding the difficulty in capturing accurate patient data regarding ethnicity and (2) training frontline registration staff. We are currently monitoring progress of patient and employee satisfaction scores by ethnicity.

Second, we fully implemented the African American Breast Health Program as designed in early 2004. In the first year of the program (10/04-9/05), CPMC recruited more than 100 low-income African American women for free breast exams and early detection services.

With the success of the African American Breast Health Program, CPMC expanded its commitment to addressing other health disparities throughout the life cycle.

For instance, CPMC (through the Physician Foundation at CPMC) hired Dr. Nadine Burke, an African American pediatrician, to focus on reducing the disparities among African American children in San Francisco. She will approach this by (1) establishing an accessible and targeted medical clinic in Bayview Hunter’s Point; and (2) advocating at a City-wide level for greater investment of public and private resources to promote the health of African American families. For instance, Dr. Burke has contributed to key citywide initiatives, including the Citywide Chronic Disease Prevention Consortium, Mayor’s Office of Community Development Citizen’s Committee on Community Development, Fetal Infant Mortality Review Stakeholder Group and Black Infant Health Improvement Project Advisory Council. Dr. Burke recently served as a panelist in the national “Covenant with Black America” and was conferred a Certificate of Honor in Recognition of Outstanding Service to



the People of the City and County of San Francisco by the San Francisco Board of Supervisors.

In addition, CPMC funded the Hospital Council's African American Prostate Health Program through its 2005 Community Health Grants Program. The Prostate Health Program is managed by Rhody McCoy and has successfully linked African American men to prostate cancer screening and primary care.

### **3. What has changed in your plan?**

Our plan was originally very focused on immediate next steps, including analysis of data integrity and implementation of the African American Breast Health Program. However, our plan has evolved organically with the addition of each new program and initiative. We now need to reconvene as an internal task force and develop a new plan moving forward that not only incorporates new programs but also creates a blue print for future action.

### **4. What are the key obstacles you are confronting?**

Limited resources: primarily money and time. While we have made significant strides over the past two years (i.e. AA Breast Health Program, Diversity Training, Bayview Child Health Center, funding Prostate Health Initiative), the needs of the African American community in San Francisco outstrip available resources.

### **5. What are your "lessons learned?"**

African American distrust of the largely Caucasian-driven health care system took many decades to develop and will not be erased overnight. CPMC, like most health care institutions, must commit to addressing health disparities over many years to overcome the distrust in the community.

Ultimately to be successful, eliminating health disparities must be in line with the mission of the institution. Employees must see working with underserved communities to reduce health disparities as part of their job and not just more work.

Success (both within and outside the institution) requires executive management leadership and vision. Resources are required and high-level champions are often necessary to secure requisite institutional commitments. Similarly, it is important to have a physician champion to help recruit medical professionals for interventions and ongoing participation.

Communication is critical to successfully marketing a program and creating the necessary elements for institutional change. Success begets success and people need to know about new initiatives for them to become excited and commit time and energy to the cause.

### **6. What are your primary successes?**

The African American Health Disparity Project has been instrumental in increasing the awareness of health disparities and unmet needs of underserved communities.

Programmatically, CPMC has implemented the African American Breast Health Program, which has served hundreds of primarily low-income, uninsured women.

We have successfully recruited a highly talented African American pediatrician who will focus her time on directly serving the needs of low-income children and their families in Bayview Hunter's Point.

CPMC has added the elimination of health disparities to the top of its institutional community benefit priorities, and has funded the citywide African American Prostate Health Program through its Community Health Grants Program.

In addition, Medical Center has embarked upon diversity training for its staff and management. We have held two, daylong training sessions more than 300 managers on cultural competency, including workshops and plenary sessions on health disparities facing the African American community.

Moreover, CPMC has developed a comprehensive network of physicians who have voluntarily committed to addressing the screening and treatment needs of low-income African American women and men with breast and prostate cancer at no cost to the patient.

**7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)**

The African American Health Disparity Program has moved CPMC to embark upon diversity initiatives with greater visibility. For instance, we have held two Medical Center-wide leadership development retreats with ALL management staff focusing on issues of diversity in the community, among patients, and between staff. The AAHDP has been highlighted in all of these trainings. The elimination of health disparities has also been added to CPMC's community benefit priorities and will drive program development moving forward.

**8. How has your institution utilized the “Pledge Statement”?**

We are currently working with Registration Services to incorporate the Pledge Statement into all patient packets.

Submitted by: Terry Giovannini, MSW, MPH, PhD  
Director of Community Health Programs



## **Hospital Implementation Progress Report**

**March 13, 2006**

### **KAISER PERMANENTE SAN FRANCISCO MEDICAL CENTER**

- 1. What was the “Action Plan” that your hospital team decided upon at the May 4 2004 training?**
  - A. Establishment of the African American Health Initiative (AAHI) Committee – The AAHI will provide leadership for the Kaiser Permanente San Francisco Medical Center to understand and improve the care experience of our African American members.
  - B. Raise Awareness of Health Disparity Issues – Especially those within the African American Community.
  - C. Communication with KPSF Departments – Establish a system so that individuals within departments feel comfortable addressing issues of diversity, race, ethnicity, and culture.
  - D. Provide information and resources to KPSF Departments – Provide information, training material, and cultural competent care resources to medical center staff, providers, and clinicians regarding health issues within diverse communities.
  - E. Establish contacts with external African American Community Leaders - Collaborate on various projects to address health issues within the African American Community.
  
- 2. What have you implemented and when?**

#### **Internal Activities and Projects**

- A. Established the African American Health Initiative (AAHI) Committee – This committee is lead by Dr. Gina Gregory-Burns and members representing a variety of departments from our cross KPSF. A primary goal of the AAHI is to understand and improve the care experience of our African American members. (2004)
- B. Participation in KPSF Diversity Day Events - To raise awareness about the African American Health Initiative Committee established at KPSF. (November 2004 & 2005)
- C. Ambassador/Navigator Program - Work with our Member Services Department at KPSF to identify KPSF navigator. Our Member Services Department will house our Ambassador/Navigator Program for KPSF. (2005)

- D. African American History Celebrations - To introduce the African American Family Health Video and Guidebook and to high light African American Health Initiative (AAHI) Activities at KPSF. The African American Video and Guidebook is being used to address health disparities within the African American Community. (February 2005)
- E. Jay Crosson, M.D. Executive Director, KP – Conducted a CME presentation at KPSF to address health disparities as part of Kaiser Permanente’s Mission.
- F. Collaboration with KPSF Diversity Steering Committee, WE CARE, & CME – Collaborative efforts within KPSF raise awareness of diversity, culture, and multiculturalism. (2005)
- G. African American Health Initiative Presentation – Group workshop at KPSF for attendees at the 28<sup>th</sup> Annual National Diversity Conference. (November 2005)
- H. Diversity Steering Committee and AAHI Presentation – At Chiefs, Managers and Labor Leader’s Meeting to update KPSF on DSC activities, AAHI Committee and collaboration with Hospital Council. (November 2005)
- I. Transplant Donor/Recipient Education Program - Participation in KPSF efforts to support Transplant Donor Registration and raise awareness about minority donor transplant needs. The AAHI is working both at the local level and with our regional offices (national level) to raise awareness around this issue. (April 2005)

**External Activities and Projects**

- J. Black Ministers Conference - Presentation/distribution of the videos. An update was given concerning KPSF AAHI Committee efforts to address disparities in the AA Community. Establish link within the community to work with community groups to hear their needs and concerns.
- K. AAHI Community Event Dinner - Present the African American Family Health Video to key community/political contacts and develop a larger forum for networking to resolve African American health disparities. (May 2005)
- L. Fulton Street Community Fair – Participation in community fair event to raise awareness regarding African American health issues, establish contacts in the local community, and distribute African American Health Video and Guidebooks. (September 2005)
- M. Bay View Fit N’Fun Fair – Participation in community event to raise awareness regarding general health issues, African American health issues, and distribute African American Health Video and Guidebooks. (September 2005)
- N. San Francisco Business and Professional Women’ Inc. – Health disparities presentation to civic women’s group. (October 2005).
- O. Ingleside Church “Linkages to Life” Event - Dr. Gina Gregory-Burns and Dr. Allison Metz coordinated a “Linkages to Life” event promoting organ donation in the

community. This was a collaborative effort regarding transplant organ donation with KP Regional and Transplant Offices, San Francisco and Peninsula Chapters of The Links Incorporated and the California Transplant Donor Network. (November 2005)

- P. Career Day Activities – Thurgood Marshall High School (Bay View District). (November 2005)

### **Internal and External Events and Projects**

- Q. Promotion of the African American Family Health Video and Guidebook – The guidebook and video is being distributed both inside and outside of KPSF to raise awareness of health issues within the AA Community. (2004, 2005, etc)
- R. African American Health Survey - Survey to assess the health care needs of members and non-members in the San Francisco Bay Area African American Community.

### **3. What has changed in your plan?**

- A. While there was a cross-section of KPSF staff who attended the initial May 4, 2004 training the main focus of the work **has shifted** to the AAHI Committee.
- B. In early 2004 Kaiser Permanente developed the African American Family Health Video and guidebook. The AAHI Committee has **used the video and guidebook** as a means of raising awareness of health issues within the AA Community.
- C. The AAHI Committee has worked with the KPSF Diversity Steering Committee to integrate addressing AA health issues into department training and medical center awareness. KPSF has established language specific Spanish and Chinese Modules which serve those communities. Work within the AAHI Committee is seen as an **extension of KPSF efforts** to promote diversity efforts and meet the needs of its diverse membership.

### **4. What are the key obstacles you are confronting?**

The AAHI Committee has been very successful in its work to address and raise awareness of health issues within the AA Community. As with any new committee challenges faced by the AAHI Committee have included:

- A. Narrowing the focus of issues to be addressed by the AAHI Committee. There are a number of issues affecting the African American Community the AAHI Committee has had to focus its efforts and concentrate on 3 to 4 major initiatives.
- B. Integrating Hospital Council initiatives into the structure of the Kaiser system. For example, KPSF has housed the Ambassador/Navigator Program into Member Services at KPSF.
- C. Ongoing education and training of our staff, providers, and the community about health issues within the AA Community requires time, resources, and collaboration both internally and externally.

**5. What are your “lessons learned?”**

- A. Addressing African American health issues and health issues within our **diverse communities** must be seen as an **integral** part of the KP Mission and as a natural part of the work that we do at Kaiser Permanente.
- B. Education, training, and culturally competent care resources must be **easily accessible** to our managers, staff, and clinicians to facilitate the learning process.
- C. We must promote a safe environment both internal and external to address issues of diversity, culturally competent care, and multiculturalism.
- D. In order to address diversity (AA health issues and other health issues within our diverse communities) each health care organization must determine how and who is held accountable for addressing issues of diversity.
- E. Communication, communication, communication.

**6. What are your primary successes?**

- A. The establishment of **the African American Health Initiative (AAHI) Committee** at KPSF.
- B. The projects, activities, and initiatives that have been implemented as a result of the AAHI Committee’s efforts listed in question 2.
- C. Establishment of the **Ambassador/Navigator Program** in the Member Services Department at KPSF.
- D. **The AAHI Community Event Dinner** – Provided KPSF with an opportunity to highlight work that is being done with the Hospital Council and to collaborate with leaders in the AA Community to address health issues.
- E. The African American Health Video and guidebook have been distributed throughout KPSF as part of the **Diversity Resource Manual** available to all KPSF staff, clinicians, and providers.
- F. A member of the AAHI Committee and Community Affairs **partner** together to represent KPSF on the Hospital Council Diversity Steering Committee. This has allowed KPSF to address African American health care issues within the medical facility and the external community.
- G. The Ingleside Church “Linkages to Life” event to promote organ donation in the SF Community. This was a collaborative effort regarding transplant organ donation with KP Regional and Transplant Offices, San Francisco and Peninsula Chapters of The Links Incorporated and the California Transplant Donor Network.

**7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)**

- A. In 2006 a major project of the AAHI is to develop a train-the-trainer program to support the African American Health Video and Guidebook. This will be used as a training tool to address health issues within the AA Community.
- B. The AAHI Committee was able to showcase its collaboration with the African American Health Disparity Project at the 28<sup>th</sup> Annual National Diversity Conference in November 2005. Several KP facilities throughout KP were interested in learning about KPSF’s efforts to address health disparities in the Bay Area.
- C. Because of work with the Hospital Council the AAHI Committee has participated in several community projects to address health issues with in the AA Community such as the Fulton Street Community Fair and the Bayview Fit N’Fun Fair.

**8. How has your institution utilized the “Pledge Statement”?**

KPSF is currently institutionalizing the “Pledge Statement.” The AAHI Committee is developing a plan to communicate and share the pledge statement within our medical center and other medical facilities within Kaiser Permanente. We would also like to make the pledge statement available electronically throughout our medical center and accessible to our larger community.

Submitted by: Mark L. Gaines, Project Coordinator, Diversity

**ATTACHMENT**

**African American Health Initiative  
San Francisco Medical Center**

**Mission Statement**

The African American Health Initiative (AAHI) will provide leadership for the Kaiser Permanente San Francisco Medical Center to understand and improve the care experience of our African American members.

**Goals**

The AAHI shall:

1. Investigate how Member Patient Satisfaction scores reflect the African American care experience at Kaiser San Francisco and shall optimize member satisfaction;
2. Increase awareness of the historical and cultural context of the African American health care experience in the United States and work toward eliminating any existing health care disparities;
3. Increase sensitive and respectful behaviors by promoting discussion of racial, ethnic, and cultural differences in a safe environment;
4. Increase awareness of African American cultures and how cultural differences affect perception of health;
5. Set a standard for future culturally-based initiatives.



## **Hospital Implementation Progress Report**

**March 13, 2006**

### **SAN FRANCISCO GENERAL HOSPITAL**

- 1. What was the “Action Plan” that your hospital team decided upon at the May 4, 2004 training?**
  - a. Cultural Competency Training with point-of-entry staff (e.g. admitting clerks and eligibility workers)
  - b. An assessment of patients who present to the hospital with acute myocardial infarction and whether differential care is given based on race/ethnicity of the patient.
  
- 2. What have you implemented and when?**
  - a. We completed cultural competency training with point-of-entry staff during the summer of 2004 with eligibility staff.
  - b. We were not able to conduct the assessment on acute myocardial infarction due to the lack of staffing and availability of an electronic database to track treatment decisions.
  
- 3. What has changed in your plan?**

We added a third task to our Action Plan: In response to the overwhelming number of trauma patients we saw in 2004 that presented due to gun shot wounds we saw the need to provide support to these patients’ families and loved ones. We created a Trauma Family Waiting Room to provide a space for those who have a loved one in our trauma services.
  
- 4. What are the key obstacles you are confronting?**

Too few resources and staffing to accomplish all that we would like to complete.
  
- 5. What are your “lessons learned?”**

We have learned that it takes a lot of coordinated effort to make significant institutional change, but SFGH does a tremendous job with limited resources.



**6. What are your primary successes?**

Receiving the LEADing Organizational Change: Advancing Quality through Culturally Responsive Care (LEAD) grant from UCSF's Center for Health Professions (more below).

**7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)**

Through the LEAD grant from UCSF's Center for Health Professions, San Francisco General Hospital will increase self-management education, with an emphasis on self-foot care, for at least 50 African American patients with diabetes in order to improve patient satisfaction with care and to prevent non-traumatic lower limb amputations.

The grant funding began in January 2006 and runs through the end of December 2006.

The components of the project include the following:

- a) Conducting at least two focus groups with African American patients who have been diagnosed with diabetes and receive care at SFGH 1) to identify current knowledge, attitudes, beliefs about diabetes foot care, 2) identify personal barriers to foot care, 3) identify institutional barriers to effective care.
- b) Implementing protocol for General Medical Clinic on monofilament screening once a year for all diabetic patients to ensure that all high-risk patients are referred to Podiatry.
- c) Providing opportunities for African American diabetic patients to develop action plans for self care during clinic visits, in conjunction with their health care provider. (through group visits?)
- d) Conduct at least two diabetes education workshops with local African American faith-based organizations in conjunction with the health ministries of the organizations.
- e) Provide training to health care providers in the General Medicine Clinic on culturally competent diabetes care for African Americans.

**8. How has your institution utilized the “Pledge Statement”?**

We are still working on this.

Submitted by: Iman Nazeeri-Simmons, MPH  
Director, Administrative Operations



## **Hospital Implementation Progress Report**

**March 13, 2006**

### **SAINT FRANCIS MEMORIAL HOSPITAL**

- I.**
- II.**
- 1. What was the “Action Plan” that your hospital team decided upon at the May 4, 2004 training?**
    - a. Renew Cultural Competency efforts in SFMH.
    - b. Work at hearing complaints by African American patients in light of cultural concerns.
    - c. Evaluate entry points – ER and Admission for cultural needs – language, inequity needs.
    - d. Address Cultural disconnects within a multi-cultural environment.
  
  - 2. What have you implemented and when?**
    - a. Two *Navigators* serve as contact persons to guide and support referrals from the *Ambassadors* in the African American Community. Karen Vickers and Karen Guthrie have offered support, facilitation and guidance to patients asking for assistance. FEBRUARY 2005
    - b. Staff Training for Managers (Train the Trainer) focused on Cultural Competency education – American Americans was one of the target populations. MAY 05
    - c. HR implemented and standardized Cultural Competency Validation for use in employee performance reviews. An educational guide was created to assist managers in training employee competencies. MAY 05 continuing.
    - d. We partner with Glide Health Screening serving the Tenderloin population that includes prostate screening for uninsured African American males. (FEB 10, 2006)
    - e. During Black History Month, we published and distributed the AAHDP Pledge at the hospital celebration informing our staff of our commitment. FEB 2006
    - f. Published and distributed Advertorials to inform and educate staff to clinical issues affecting African Americans in healthcare. FEB 2006
    - g. Reviewed HR Education segment on Diversity, Culture and Values used in SFMH New Employee Orientation. JULY 2004
    - h. SFMH brought to the Cultural Competency Committee a four video education series on Cross-cultural Healthcare – that included African American disparities that impede healthcare. Committee members became knowledgeable of the ways that culture impinges on delivery of healthcare. The committee is now represented by a majority of minority representatives (Two African Americans, One Korean, Two Latino Females, One Jewish Male) and by a broad range of clinicians including.... two administrators – senior and assistant; two physical therapist, a

Psych nurse, a Senior Director, a Dietician, a Lead Interpreter, a Manager and a Chaplain. FALL 2004

- i. SFMH made changes in Community and Volunteer contact with minority patients for example: reading materials (Chinese newspapers) NOV. 2004
- j. Food Services are being assessed to meet ethnic diet request. (Many Chinese patients seek home diets rather than hospital diets.) CURRENT 2004-05
- k. A comprehensive *Cultural Competency Plan* is currently being adopted from the **Lewin Group**. The committee is currently assessing indicators within the various domains of competency in the Hospital. These Domains are Organizational Values, Governance, Planning and Monitoring/Evaluations, Staff Development, Organizational Infrastructure, Services/Interventions CURRENT 2004-06
- l. Using the Community Services personnel, the community put on an African American health community faire at the hospital to inform employees of resources and leadership available to the community and employees of the Hospital. FEB 2005

### **3. What has changed in your plan?**

- a. We adopted cultural competencies for use in HR performance reviews. This meets JCAHCO standard of cultural sensitive care.
- b. We designed an educational resource sheet for manager in coaching staff to attend to cultural competence care. We have four target populations that include African American cultural information.
- c. The Spiritual Care and Interpretive services prepared and presented an educational training workshop for managers using a new training film that presents culturally challenging impediments to clinical care.
- d. We are currently exploring focused education for clinical staff in the ER which is the major port of entry for American Americans.

### **4. What are the key obstacles you are confronting?**

- a. Currently there has been a high degree of support from Hospital Administration for education and management training.
- b. The Interpretation and Translation Services are also supported as we approach a complete first year of services to staff, patients, and families.
- c. We continue to look to the project design for training for the Navigator/Ambassador program.
- d. We do have some limitation in terms of personnel and time available in providing continuity of program development.

### **5. What are your “lessons learned?”**

- (1) Cultural education is on going.
- (2) Building a strategic plan to address disparities requires a multi-disciplinary effort.
- (3) There is a need for increased physician support. We anticipate Urologists volunteering time to care for prostate patients.

**6. What are your primary successes?**

- (1) Language Services.
- (2) Staff Education.
- (3) Performance review competencies.

**7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)**

SFMH hired two in house interpreters (speaking Mandarin and Cantonese; Spanish, Russian and French) in the summer 2003 to attend to disparate clinical care due to language and communication. The most significant ripple has been implementing the Interpreters Services, which has continued to expand. The program was funded by the Saint Francis Foundation and incorporated into the Fiscal operations after a successful first year.

We also recognize the cultural gulf that impinges customer satisfaction and need to better address those disconnects. Use of translators, cultural cuisine from dietary and newspapers in Chinese and English.

**8. How has your institution utilized the “Pledge Statement”?**

- (1) We have distributed a copy of the Pledge Statement during Black History Month and our COO has written an endorsing reflection used in our February celebration.
- (2) We have published the Pledge Statement and distributed it during a cultural faire and Black History Month of February.
- (3) A copy of the pledge is included in the admission packet of all new patients.

Submitted by: Doug Lubbers  
Spiritual Care



## **Hospital Implementation Progress Report**

**March 13, 2006**

### **ST. LUKE'S HOSPITAL**

#### **1. What was the "Action Plan" that your hospital team decided upon at the May 4 2004 training?**

Our original action plan was based on doing work in the emergency room and in patient registration where we would be more aware of how we were speaking with patients, doing better listening and communicating.

#### **2. What have you implemented and when?**

To some extent the above was implemented in the ER, but not in patient registration. In the ER, some scripting was done, but this was not done in a rigorous way nor, to my knowledge, was there significant follow-up.

#### **3. What has changed in your plan?**

After the May 4<sup>th</sup> training, which was at the very beginning of my tenure as representative of St. Luke's to the city-wide steering committee, I set about organizing a committee here at St. Luke's. I felt that in order to best do this work, I preferred to work with a committee and one that had significant representation of African Americans. I felt that if the work were meaningful, African Americans would want to do it. Thus, I started to invite people to join, and our committee now numbers 21, the majority of whom are African Americans. I also wanted to involve the community, and we have two people from the AA community on the committee, Pat Coleman and Ambrose Carrol.

We then entered into discussions about racism, both as we might have experienced it or how we observed it and were impacted by it. We had three discussions on this topic, one a long dinner outside the hospital generously paid for by the hospital.

Off of these discussions, several of us did an intervention in a hospital department where it was reported that racism existed. This intervention was successful in that the people involved were educated about racism and its subtleties and how racism can corrode morale.

We had in March 2005 our first Arthur H. Coleman Memorial Dinner, at which time we honored Steven Lockhart, MD for his inspiring work on the citywide project. We said we wanted to continue this tradition, which we in fact did by celebrating the Second Annual Arthur H. Coleman Memorial Dinner on February 28<sup>th</sup>, 2006, at which time we honored three organizations that exemplified the spirit of service embodied by Dr. Coleman. They were the Black Coalition on AIDS, the Black Infant Health Improvement Project, and Jelani House,

which works with women (and their families) who have substance abuse problems and may be pregnant or recently delivered.

In celebration of Black History Month, both in 2004 and 2005 we invited a number of community organizations to staff tables outside our cafeteria during lunch so that patients and hospital employees could know more about what they do. The tables were very active, and included the three organizations mentioned above, plus the Health and Environmental Resource Center, BVHP Foundation for Community Improvement, American Diabetes Association, American Heart Association, St. Luke's Breast Health Center, St. Luke's Women's and Mother's Clinics, and the St. Luke's Cardiovascular Risk Reduction Program.

We began our participation in the Ambassador-Navigator Program by identifying two people as hospital navigators.

Three of our members in 2005 attended an anti-racism workshop put on in Boston by the Sisters of Notre Dame. They learned much and shared it with the committee.

Two of our African American members, in 2005, began attending the citywide steering committee meetings as the St. Luke's representatives.

Finally, in 2005, we began discussions with Allies for Education, a non-profit organization that helps to coordinate volunteer services in the schools of San Francisco. We recently met with the principal of Martin Luther King Academic Middle School to find out what their needs are in terms of volunteers and how we might work together. We discussed having students come to St. Luke's and visit different health providers, learning more about the health field as possible careers. We also talked about students coming to St. Luke's and doing volunteer service as part of their school curriculum. We talked about our going to the schools and giving talks, working with students in mentoring roles, etc. We will be meeting with another school shortly and then decide with which school we want to establish a formal relationship.

For 2006, we want to continue to grow our committee, continue our anti-racism work, perhaps by working with the Sisters of Notre Dame to put on a program at St. Luke's, and invite comments from hospital staff re: racism in the hospital and see if there is anything we can do to help. We want to make ourselves more known to the hospital, through articles about us (the January, 2006 edition of Making the Rounds, which goes to all hospital employees, has an article about us and our picture. Under separate cover is a similar article, which appeared in the e-newsletter of St. Luke's. We want to further our work in the schools, with an emphasis on violence prevention.

Another issue of concern is access to health care. We are in the process of beginning to work with CPMC and St. Luke's on a grant for ambulatory health care at St. Luke's, where the goal is make the care accessible and culturally sensitive.

#### **4. What are the key obstacles you are confronting?**

One key obstacle is time. Since this is all volunteer work by the committee, there are constraints on people's time. Secondly, we may be too ambitious, and we need to hone down and focus on the most important issues and one's that we have a chance of accomplishing. Thirdly, the issues we are all facing are large ones, and we need to see the work in

perspective. The issues of disparities have been with us for a long time, and they will take time to solve.

**5. What are your “lessons learned?”**

As said above, disparities have been with us for many years, and they will take time to solve. Having patience, trying to achieve small “victories,” are both important. As we grow as a committee, those of us with certain skills need to be willing to teach/mentor those who have not had the opportunities to develop those skills. Perhaps, though, most importantly, we learn from each other, and sustaining that idea is key to the continued growth of the committee and of our work.

**6. What are your primary successes?**

See above. They are detailed under #3 above.

**7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)**

- A. Arthur H. Coleman Dinner, which is organized by our committee by sponsored by St. Luke’s
- B. Black History Month celebration, which has brought the community into the hospital and strengthened ties with our community.
- C. The intervention on racism could serve as a model on how the institution could deal with these very difficult issues. Taking a “conflict resolution” approach where both sides are heard and listened to is extremely important.
- D. The Ambassador-Navigator Program is bringing the hospital closer to the community.
- E. The anti-racism work we did with the Sisters of Notre Dame has the potential to be of use to the hospital as it works on issues of cultural sensitivity.
- F. The Adopt a School Program is another opportunity for the institution to work more closely with the community it serves.
- G. Helping with issues of access could mean that more patients will use the hospital, which would be a significant help to the institution.

**8. How has your institution utilized the “Pledge Statement”?**

The hospital is in the process of printing the pledge and putting it on all floors and outside elevators where it is visible to the patients and employees. At this time I am not sure what other plans for its use are being contemplated.

Submitted by: Kenneth Barnes, MD  
Chair, St. Luke’s African American Health Disparity Committee

## ATTACHMENT

### **St. Luke's Tackles African American Health Disparities**

For the past three years, St. Luke's Hospital has taken part in a citywide effort by all San Francisco hospitals to improve the health of African Americans in our community, the African American Health Disparity Project (AAHDP). "Mortality and morbidity rates for African Americans are significantly worse relative to every other major racial and ethnic group in our community," says Ken Barnes, MD, an internal medicine specialist at St. Luke's and chair of the hospital's African American Health Disparity Committee.

Among the committee's efforts is a Black History Month celebration at the hospital throughout the month of February, including the Arthur Coleman Memorial Dinner.

"In recognition of Black History Month this year, we have an educational display outside the cafeteria to explain health disparities in the African American community and recognize African American leaders in health care," says Barnes. "We also are inviting health-related community organizations in the African American community to staff tables during lunch, educating the hospital staff and the public about their programs and services."

St. Luke's also will host the 2<sup>nd</sup> annual Arthur Coleman Memorial Dinner on Tuesday, February 28 at 6 PM in the hospital cafeteria. "Dr. Coleman was an African American physician who practiced in the Bayview-Hunter's Point area for over 50 years," Barnes notes. "He was not only a highly regarded physician who admitted his patients to St. Luke's, but also a respected leader in the African American community. We will be having this dinner in his honor, inviting members of the hospital and medical staff, as well as people in the community."

The dinner will feature guest speakers, including Martin Brotman, MD, President and CEO of St. Luke's and California Pacific Medical Center (CPMC). Brotman is one of the founders of the AAHDP and a steadfast advocate of improving health care services for the African American community in San Francisco. In addition, the hospital will present Arthur Coleman Memorial Awards to three community organizations, recognizing their embodiment of Dr. Coleman's spirit of service:

- **Black Infant Health Improvement Project** – A program intended to increase the survival rate and well-being of African-American infants by offering free, confidential services such as health and infant care classes, individual counseling, transportation assistance for medical appointments, referrals to health and social services and home visits by a community worker.
- **Black Coalition on AIDS (BCA)** – An organization dedicated to the mission of stopping the spread of HIV/AIDS and eliminating health disparities in the Black community. BCA provides health and wellness services such as housing, education, patient advocacy, health case management, community activities and free complimentary alternative medicine services such as chiropractic, massage and acupuncture.



- **Jelani Inc.** – A non-profit organization dedicated to mitigating the effect of substance abuse on families. The Jelani House offers a six- to nine-month residential program for pregnant women and parenting women. The babies are delivered at St. Luke's Hospital and San Francisco General Hospital. Newhall Manor provides a four- to six-month family program for single- and dual-parent families with children, including single fathers. Mission Recovery House provides residential substance treatment service to women with children up to 12 years old. Jelani Outpatient Services are available those who need substance abuse treatment and family support, but do not need residential services.

In addition to sponsoring the Black History Month celebration and hosting the Arthur Coleman Memorial Dinner, Barnes notes that the committee at St. Luke's accomplished several additional goals in 2005, some of which included:

- Expanding the hospital's committee to 20 members, including the addition of community representative Pat Coleman, the daughter of Arthur Coleman, MD.
- Participating in citywide Ambassador-Navigator Program that enlists ambassadors from the community to help people get to a hospital or medical office and navigators at the hospital to guide patients through their hospital visit.
- Sending three representatives to attend an anti-racism workshop in Boston sponsored by the Sisters of Notre Dame, who train institutional transformation teams in skills for dismantling racism and building multicultural diversity within institutions and communities. The committee hopes to work more closely with the Sisters of Notre Dame to develop a program for employees at St. Luke's in conjunction with Service Excellence Training,
- Joining the city's Adopt-a-School program, with plans to adopt a local middle school to provide mentoring services and school presentations regarding health and careers in health care as a means of dealing with violence in the community.
- The selection of Lab Technician Joannette Calvin and Clinical Pharmacist Wayzel Fuller to be the St. Luke's representatives to citywide steering committee.

For 2006, Barnes says the hospital committee has an expanded set of objectives, including providing a bulletin board outside the hospital cafeteria with information about what the committee is doing, how others might participate and contact information for committee members. Employees will be encouraged to submit comments and recommendations in a suggestion box or to speak directly to a committee member.

The committee also intends to address issues of cultural competency and diversity awareness, working with St. Luke's as it becomes integrated into Sutter Health's Cultural Competence Program. In addition, the committee hopes to work with the hospital's Human Resources department to assess the capability of potential employees to work in a culturally diverse organization and to recruit staff and management personnel that reflect St. Luke's patient population.

For more information about the AAHDP or the St. Luke's committee, please call Ken Barnes at (415) 550-4710, extension 502.



## **Hospital Implementation Progress Report**

**March 13, 2006**

**UCSF MEDICAL CENTER**

### **1. What was the "Action Plan" that your hospital team decided upon at the May 4, 2004 training?**

UCSF decided to focus on the patient experience. We decided on five initiatives centered around their experience at our institution:

1. Provide an educational seminar to some of our "front-end" providers, clerical and medical staff on the topic of health disparity and in particular their role in patient interactions when someone is new to the UCSF system. Introduce the topic and allow for some time for discussion and possibly role-playing.
2. Create a pamphlet for patients to empower them to speak to their physicians. The pamphlet would be short with "tips for talking to your doctor" and with some financial counseling information or the AA Health disparity pledge on the reverse side of the document. We would try to create this pamphlet in the Medical Center' standard four languages if possible.
3. Patient fliers and posters publicizing our commitment to their care and their rights regarding "experimentation" hung around the hospital and clinics. We expect that clear, concise verbiage that can be read by all will go a small way to alleviating some patient's fears. Use it as a special month - long or quarter long campaign.
4. Add a cultural diversity competency to our employee evaluation tool.
5. Create a letter from the CEO and CMO to our physicians outlining the issues of AA Health Disparity and the Medical Center' commitment to addressing this problem at every level.

### **2. What have you implemented and when?**

1. Yes, we've held 4 educational seminars to employee, physicians, residents and other care providers. The first seminar was held 2/10/05.
2. Yes, the pamphlet was created 3/7/06 after much consideration by marketing, and is currently in draft form with editing to be done by Mark Laret, CEO and myself.
3. This initiative was superceded by the Hospital Council drafting the "pledge" which now is supposed to be hung throughout the hospital. I believe the pledge is to be hung in our

Admissions office, and go into our new patient admission packets. I am checking with our Admitting Director to determine when this will be implemented.

4. We have a new Manager of Development and Training, Quita Keller, who is working to implement the every day PRIDE program. PRIDE embodies the values of UCSF and this campaign is housewide to address all aspects of our customer service and customer focus. We believe that this program may begin drive at the issues that some AA and non-AA patients face when they are seen at UCSF. With more 52 – 60 thousand visits a month in our outpatient clinics at UCSF, it is important to begin great customer service at the very first interaction. We believe this should carry over and have a positive impact on our AA patients as well. Over time, we expect that Quita will be addressing the employee evaluation tool, and that it will incorporate questions of cultural diversity.

5. This letter is still being drafted in our marketing department. We expect that it should be complete for Mark's review before the end of March, to go out to the physicians and to all Medical Center managers soon thereafter.

**3. What has changed in your plan?**

Not much has changed in our plans. Two of our initiatives, our patient posters, and the employee evaluation tool have been incorporated into bigger Hospital Council (the pledge) or UCSF HR programs, i.e. our new Service Excellence campaign. Other than that, we have moved forward as planned.

**4. What are the key obstacles you are confronting?**

Time and availability. Each member of our committee has multiple committee obligations on top of their normal work, so it is hard to get consistent participation in meetings, and from there to move things along. I think everyone has a very strong commitment, it is simply finding the time in his or her schedules to make all of this work.

**5. What are your “lessons learned?”**

That these initiatives are very delicate in nature. They require extremely thoughtful and careful planning and consideration to address the issue, while also being cognizant of our other patient populations. Also, that when addressing a problem of this magnitude, be clear about what is in your scope to affect and what is beyond that scope. By managing the scope creep that inevitably comes up, we've managed to actually accomplish a number of things.

**6. What are your primary successes?**

I believe that for the most part, it has all been a success. Our educational sessions went extremely well, we have a few more areas identified that can be educated, and the presentations have been wonderfully received with phenomenal staff and provider involvement at the ones that have been done. I believe the pamphlet will be just as big a success if only to educate our patients and give them the sense that we care about their interaction with the providers. Lastly, I think a joint letter from our CEO and CMO carries a strong message to our community that this project is important to UCSF.

**7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)**

1) Direct clinical nutrition services have been successfully launched by a UCSF dietician at the Southeast Health Center on a three-year pilot including: 1) nutritional information packets (general nutrition for children, infant and toddler feeding, childhood obesity, adult obesity, hypertension, hyperlipidemia and diabetes); 2) monthly classes for patients and family members regarding nutrition for kids, heart health and diabetes 3) weekly weight management classes and 4) individual counseling at 10/hours per week. (Approximate value \$120,000.)

2) Provided \$500,000 for ultrasound, MRI, CT, at Mission Bay for patients in the Southeast section on the City

**8. How has your institution utilized the “Pledge Statement”?**

The Pledge is to be hung in our Admissions office, and go into our new patient admission packets.

Submitted by: Danielle Blanc  
Division Administrator, General Surgery  
Director of Professional Fee Billing, Department of Surgery





## **Hospital Implementation Progress Report**

**March 13, 2006**

### **VETERAN'S ADMINISTRATION MEDICAL CENTER**

#### **1. What was the "Action Plan" that your hospital team decided upon at the May 4 2004 training?**

- Increase local awareness of African American veterans related issues and develop strategies for increasing their participation in existing VA benefit programs for eligible veterans.
- Promoting the use of VA benefits, programs, and services by minority veterans.
- Supporting and initiating activities that educate and sensitize internal staff to the unique needs of African American.
- Targeting outreach efforts to African American veterans through community networks.
- Advocating on behalf of African American veterans by identifying gaps in services and make recommendations to improve service.

#### **2. What have you implemented and when?**

- Meeting with VA officials, veteran service organizations, making site visits and holding town hall meetings with veterans to address their concerns.
- Evaluate current programs and make recommendations on how VA can better serve African American veterans.
- Publicize medical research and information that is of particular significance to African American veterans.
- Disseminate information and serve as a resource center for the exchange of information regarding innovative and successful programs that improve the services available to veterans.

#### **3. What has changed in your plan?**

- Nothing

#### **4. What are the key obstacles you are confronting?**

- Mistrust African American patients express in the health system; lack of communication and understanding regarding medical needs.

**5. What are your “lessons learned?”**

- Most staff is naïve about African American culture; there is a need to educate patients and staff; assumptions can cause disparity.

**6. What are your primary successes?**

- Working with special emphasis groups through community networks, minority veteran’s service organizations, town hall meetings, stand down, educating through communication and video regarding existing programs and what treatments are available. Health fair with information on diabetes, prostate cancer, breast cancer, HIV, sickle cell, hypertension and etc.

**7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)**

- Building awareness through education and training videos brown bags lunches to decrease disparities and what tools to use in the health care delivery.

**8. How has your institution utilized the “Pledge Statement”?**

- In the process developing handout pamphlet regarding our commitment, identifying barriers to service and healthcare access, as well as increasing local awareness of African American veteran related issues by developing strategies for improving minority participation in existing VA benefit programs.
- Once the pamphlet is completed I will send.

Submitted by: Francine Puckett  
Deputy Equal Employment Opportunity (EEO) Officer



## **Hospital Implementation Progress Report**

**March 13, 2006**

### **ST. MARY'S MEDICAL CENTER**

#### **1. What was the "Action Plan" that your hospital team decided upon at the May 4 2004 training?**

- To ensure that the Sister Mary Philippa Health Center at SMMC is one of the core institutional responses to this initiative.
- To develop a "Culture and Clinical Care" cultural competency training and staff competency curriculum, and promulgate to every hospital department throughout the hospital.
- To target SMMC Community Grants Program to address health disparities in disproportionately affected neighborhoods.
- To ensure that the top priorities of the SMMC Community Benefit Plan (mandated by SB697) directly address Health Disparities among African Americans.
- To allocate staff resources through the SMMC Community Liaison staff-person to develop Community Health Fairs in neighborhoods disproportionately effected by health disparities (namely Western Addition and Bayview Hunters Point).
- To affirmatively recruit African American men and women to be patients of the Sister Mary Philippa Health Center.
- To develop stronger working relationships with African American churches in the Western Addition and Bayview Hunters Point.
- To revise and train all SMMC staff on improved Patient Customer Service Standards.
- To train 120 front line staffers at SMMC using a new eight hour Customer Service Module that includes best practices from the Ambassador/Navigator Program job descriptions.

#### **2. What have you implemented and when?**

- Sister Mary Philippa Health Center has been identified as one of the core institutional responses to this initiative and has affirmatively recruited patients accordingly (2005).
- SMMC Human Resources Department has provided a "Culture and Clinical Care" cultural competency training and staff competency curriculum, to every hospital department throughout the hospital (2005).
- SMMC has targeted the Community Grants program to address health disparities in disproportionately effected neighborhoods (2004 & 2005).
- SMMC Community Health Staff, and Members of the Community Benefit Sub-Committee of the Board of Directors, has ensured that the top priorities of the SMMC Community Benefit Plan (mandated by SB697) directly address Health Disparities among African Americans (2004, 2005, & 2006).

- SMMC has allocated staff resources through the SMMC Community Liaison staff-person to develop Community Health Fairs in neighborhoods disproportionately affected by health disparities (namely Western Addition and Bayview Hunters Point) (2004, 2005 & 2006).
- SMMC is actively and affirmatively recruiting African American men and women to be patients of the Sister Mary Philippa Health Center through our targeted Community Fairs, the Prostate Cancer Project run by Rhody McCoy, and through presentations to community groups and agencies (2005 & 2006).
- SMMC developed and is developing, through our Community Liaison, stronger working relationships with African American churches in the Western Addition and Bayview Hunters Point (2005 & 2006).
- SMMC revised and trained all SMMC staff on improved Patient Customer Service Standards (2004 & 2005).
- SMMC will train 120 front line staffers at SMMC using a new eight hour Customer Service Module that includes best practices from the Ambassador/Navigator Program job descriptions (April & May 2006).

### **3. What has changed in your plan?**

- The plan to mentor young African American students through placement with African American staff at SMMC has not been implemented at this time.
- The Ambassador/Navigator program has been presented through the SMMC Management Team to ensure broader participation beyond the initially identified staff person.

### **4. What are the key obstacles you are confronting?**

- Blurring of the Navigator's role with the role of Patient Relations staff – further role refinement and clarification has been necessary.
- The realization of the immensity and complexity of the factors that shape these health disparities and the understanding that many of the factors that impact health negatively lie beyond the scope of a hospital (such as housing, lack of adequate education, lack of employment opportunities, lack of adequate health physical building infrastructure within Bayview Hunters Point).

### **5. What are your “lessons learned?”**

- That the development of community trust - through relationship building is key to any community program success.
- That coordination among participating hospitals has prevented duplication and ensured more targeted and effective work within the community, and that this work can be complimentary to work done by other providers within the community.
- That hospital coordination can leverage greater resources and sustained community participation and interagency collaboration

### **6. What are your primary successes?**

- SMMC has been able to marry it's Community Benefit Activities and Mission to pragmatically impact African American health disparities in very concrete ways - such as



health center access, health fairs, and beneficial partnerships within the communities affected.

**7. What has been the “ripple effect” for your institution as a result of being involved in the African American Health Disparity Project? (e.g. other programs/initiatives that you have funded or developed as a result of this Project)**

- Though not originally part of the initiative, it became clear that there would be great value and impact if the SMMC Human Resources Department provided a “Culture and Clinical Care” cultural competency training and staff competency curriculum, to every hospital department throughout the hospital.
- The decision for SMMC to target the Community Grants program to address health disparities in disproportionately effected neighborhoods evolved as a result of the Community Grants Committee awareness of health disparities among African Americans.
- The decision that the top priorities of the SMMC Community Benefit Plan (mandated by SB697) directly address Health Disparities among African Americans evolved with greater awareness by the SMMC Community Health Staff, and Members of the Community Benefit Sub-Committee of the Board of Directors of Health Disparities among African Americans.
- The decision at SMMC, to allocate staff resources through the SMMC Community Liaison staff-person to develop Community Health Fairs in neighborhoods disproportionately effected by health disparities, has strengthened our relationships with those communities on other issues (such as school health and educational testing needs).
- SMMC has developed, through our Community Liaison, stronger working relationships with African American churches in the Western Addition and Bayview Hunters Point.

**8. How has your institution utilized the “Pledge Statement”?**

- We have placed it at every registration point within our facility and it has been a tool to open an important dialogue with our patients.

Submitted by: Barry D. Lawlor  
Director of Community Health

## **Bayview Health Inventory Luncheon**

March 2, 2006

Noon – 2:00 P.M.

### ***Dago Mary's Restaurant***

Maceo Barber – Crisis Resolution Team  
Shelley Bradford-Bell – Bayview Opera House  
Dr. Ruby Buffin  
Dr. Nadine Burke – CPMC  
Brother George Cherrie – St. Mary's Medical Center  
Pat Coleman – Arthur H. Coleman Medical Center  
Cathy Davis – Bayview Hunters' Point Senior Services  
Dr. Michael Drennan - San Francisco Department of Public Health  
Carolyn Dyson – African American Breast Health – CPMC  
Orlando Elizondo – UCSF  
Kieran Flaherty – UCSF  
Father Paul Gawlowski – St. Paul of the Shipwreck Church in Bayview  
Terry Giovannini - CPMC  
Margaret Gold – Jelani House  
Mitzi Goya, Crisis Resolution Team  
Lisa Gray – UCSF  
Dr. Mary Higgins - HERC  
Dick Hodgson – SF Community Clinic Consortium  
Dr. Clemens Hong - UCSF  
Sister Mary Kilgariff – St. Mary's Community Liaison  
Anne Kronenberg - San Francisco Department of Public Health  
Perry Lang – Black Coalition on Aids  
Mary Beth Love - SF State University  
Barry Lawlor – Sister Mary Philippa Health Center  
Jimmy Loyce, Jr. - San Francisco Department of Public Health  
Lisa Luna – Saint Francis Memorial Hospital  
Sharon Martinez – UCSF  
Rody McCoy – Prostate Health Project  
Jacob Moody – Bayview Hunters' Point  
Sharon B. Moore – UCSF  
Alicia Neumann - San Francisco Department of Public Health  
Marcellina Ogbu - San Francisco Department of Public Health  
Dr. Lynda Reed – Project School Care  
Lara Sallee – Kaiser Permanente  
Dr. Sherry Sherman – African American Health Disparity Program Director  
Ron Smith – Hospital Council

