

Attachment C

Community Benefit Highlights and Summary Information

In addition to the work of the Charity Care Project described in the conclusion of the main report, hospitals have also provided other services individual and in collaboration. To describe highlights of this work, the following summaries have been prepared by the Hospital Council and individual hospitals to briefly explain additional community benefits provided in 2006, or in 2007 in response to recommendations approved by the San Francisco Health Commission in January 2006. They are attached directly as submitted first from the Hospital Council, and then from the hospitals, in alphabetical order by hospital system.

A. Hospital Council of Northern California – San Francisco

1. The African American Health Disparity Project

The goals of the African American Health Disparity Project include:

a) 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.

b) Training sessions to address institutional racism and cultural competency by the staffs from the primary points of entry of each hospital.

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 who discussed their good and bad experiences with our healthcare 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.

c) PLEDGE to all hospital patients:

Each hospital in San Francisco provides a copy of our “Pledge” to patients, committing to them that they 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.

d) One million dollars 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.

e) 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.

f) 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, information on available resources, and reports activities San Francisco hospitals are undertaking to reduce health disparities for African Americans.

2. Hepatitis B Initiative

The hospitals of San Francisco are active partners in the Hep B—*Be sure, Be Tested, Be Free* campaign.

UCSF has established a testing and vaccination site both on the main campus and at Mt. Zion and is open the first Saturday of each month. Translators for the following languages are available: Mandarin, Cantonese, Vietnamese, Japanese, Korean and Tagalog.

Chinese Hospital offers testing and vaccination at three sites; Chinese Hospital, Sunset Health Services and Excelsior Health Services every day of every week. They have been actively participating since May 2007. Large group screenings have been done for several years in collaboration with NICOS. Vaccinations have been given on a monthly basis since 2004.

CPMC/St.Luke's raised \$341,000 in 2007 to support a free screening and vaccination program with a goal to screen at least 10,000 high-risk San Franciscans over the next two years. The screenings will take place at community settings and health fairs. The program also includes Continuing Medical education (CME) and educational opportunities for both providers and clients.

Kaiser Permanente gave \$10,000 to the DPH for CME dinners in 2008 to discuss Hepatitis B. Kaiser Permanente is examining internal Hepatitis B screening and treatment protocols on a national level for their membership, as a result of local campaign standardizing treatment protocols with potential for adoption by other health care institutions.

SFDPH/SFGH Chinatown Public Health Center (CPHC) established a testing and vaccination site the 2nd Saturday of each month. They are supporting Community

Programs by awarding a \$50,000 grant to API Health Disparities Group, a portion of which will be used for community education funding.

Saint Francis Memorial Hospital provided physician education in May 2007. SFMH also provided for Hepatitis B screening at the Chinatown and Tenderloin's Health Fairs in October 2007. SFMH will be providing support services for screening and vaccinations at San Francisco City College.

St. Mary's Hospital is initiating a Hepatitis B project within the Sister Mary Philippa Health Center where 40% of its patients are Asians or Pacific Islanders.

3. McMillan Center

The hospitals of San Francisco partnered with the Department of Public Health in starting the McMillan Stabilization Center. The hospitals contributed \$400,000 to start the project. The most important result is that inebriated residents received care and an opportunity to turn their lives around. In the second year 20% of the clients who used the services in the first year did not appear in either the hospital's ERs or at the Center. We are hoping that means that they are no longer in need of hospitalization or McMillan services. A secondary benefit is that every hospital saw their diversion numbers drop dramatically.

B. Catholic Healthcare West

1. Saint Francis Memorial Hospital

- a) Programs Serving the Residents of the Tenderloin Community, FYE June, 2007

(1) Glide Health Services in Partnership with Saint Francis Memorial Hospital/CHW

Located in the heart of the Tenderloin, The Glide Foundation has served the city's most disenfranchised individuals for over 40 years. In partnership with Saint Francis Memorial Hospital and Catholic Healthcare West, Glide Health Services was able to complete a major expansion and renovation project. The \$2.3 million dollar renovation modernized and expanded the clinic to 4,100 square feet, giving it the capacity to serve 6,500 individuals. The newly renovated clinic opened on March 26, 2007.

Glide Health Services is a unique collaboration between The Glide Foundation, Saint Francis Memorial Hospital, UCSF School of Nursing, Department of Community Health Systems.

The newly renovated clinic includes seven exam rooms, four mental health therapy rooms, two complementary care rooms, two HIV counseling rooms and a nursing case management office.

Saint Francis provides outpatient diagnostic services and pharmaceuticals at no cost to Glide Health Clinic patients.

(2) New City Respite Services

Over the last year, the Department of Public Health Medical Respite Program renovated two facilities and brought on line a total of 46 respite beds. Saint Francis is preparing to be the first community hospital to gain access to these beds through the City's referral system in the fall of 2007.

(3) St. Anthony Free Clinic

Saint Francis is able to access respite care beds for patients through a partnership with the St. Anthony Foundation. Patients discharged into this program are given a safe place to stay while they recover from their illness. Staff from St. Anthony Free Clinic provides monitoring and follow up patient care. Saint Francis is working to expand this program to Glide Health Services and South of Market Health Center in FY08.

b) Homecoming Project

In partnership with the San Francisco Senior Services, Meals on Wheels, In Home Support Services and others, the Homecoming Program provides community based case management to assist frail seniors who live alone upon discharge from the hospital. This program helps us discharge these patients earlier and reduces readmission to the hospital.

c) Charity Care

Saint Francis Memorial Hospital continues to provide significant charity care services primarily to residents of the Tenderloin community. The Emergency Department case manager works with the Department of Public Health, community clinics and other community based organizations to serve these patients.

d) Psychiatric Emergency Services Workgroup

The Emergency Department is continuously being challenged to respond to the number of psychiatric patients accessing care. In an effort to find solutions to this ever-growing issue, the Psychiatric Emergency Services Workgroup was established to examine the urgent need for improvements to meet the needs of psychiatric emergencies.

e) Tenderloin Community Improvements

New community organizing efforts have created the North of Market/Tenderloin Community Benefit District. The goal of the community benefit district is enhance the overall safety and appearance of the neighborhood. The district was established to improve the living conditions of this neighborhood by providing consistent cleaning and beautification services while working to enact strategies to reduce drug trafficking and violent behaviors. This organization has spearheaded a safety initiative in the community *The New Tenderloin*, a grassroots organizing effort to involve community members in creating and advocating for a safer neighborhood. Saint Francis actively support the work of the District.

f) Healthy San Francisco

Saint Francis advocated for the formation of the San Francisco Health Access Plan, which is now called Healthy San Francisco. The goal of Healthy San Francisco is to make healthcare services accessible and affordable to uninsured San Francisco residents. The program is not designed as insurance but as an innovative reinvention of the City's healthcare safety net, enabling and encourage residents to access primary and preventive care. The San Francisco Health Plan in partnership with the San Francisco Department of Public Health is administering Healthy San Francisco. Saint Francis is working with the DPH to identify the ways to participate.

2. St. Mary's Medical Center

a) Access to Lifetime Clinical Record

SFMH Departments including the ED, Case Management, Hospitalists, Radiation Oncology have read only access to the clinical records of patients registered within the San Francisco Public Health System. This assists our practitioners to understand the significant medical history and recent treatments many of our "shared" patient population. This is aimed at improving the clinical care of these patients.

b) ED Action Plan Project

SFMH was selected as the first hospital pilot site for this new program developed at the Department of Public Health. This web based system is pre-populated with patient demographic and case management information on patients identified through the McMillan Center, City Managed Mental Health clients, and frequent users of the EMS system and Saint Francis Emergency Department. Our ED staff has access to this information that is designed to assist us in management and discharge of these patients.

c) High User Project

Department of Public Health has identified high users of EMS and hospital emergency services. City case management services work together is target individuals and develop plans to reduce their need for services.

d) Homeless Outreach Medical Evaluation Team (HOME)

The San Francisco Fire Department EMS Division has a dedicated paramedic who works with the Department of Public Health to engage some of our most recidivistic patients in case managed health care and social services including temporary and permanent housing.

Also, in response to last year's recommendations on Charity Care from the San Francisco Health Commission, St. Mary's Medical Center has done the following during FY 2007:

- St Mary's Medical Center has taken significant steps to ensure that the Sister Mary Philippa Health Center at SMMC is one of the core institutional responses to this Health Commission recommendation and also meet the goals of the African American Health Disparity initiative. Steps include changing the criteria for community grants organizations to apply so that eligibility extends beyond

- contiguous neighborhoods to the hospital; extending grant renewals to allow programs to develop internal capacity; affirmatively recruiting patients from Bayview Hunters Point for internal medicine services; affirmatively recruiting patients from the Tenderloin, Mission and Civic Center for HIV/AIDS Services; and targeting SMMC Community Grants Program to address health disparities in disproportionately effected neighborhoods.
- St Mary's Sister Mary Philippa Health Center is in active planning mode with the department of Public Health and San Francisco Health Plan to become a participating provider site for Healthy San Francisco in January of 2008
 - St Mary's, through the Sister Mary Philippa Health Center, has opened a Geriatric Consultation Clinic with faculty teachers and subspecialty residents to address the particular needs of our geriatric populations which now equals 22% of our patient population.
 - St Mary's, though the Sister Mary Philippa Health Center has opened a Pain Management Consultation Clinic with faculty and a nurse specialist to address the complex and myriad pain management issues that confront our clinic patients.
 - St Mary's has identified a NurseChampion who, working with St Mary's Infectious Disease Director and St Mary's Infection Control Nurse, is initiating a hepatitis B project within the Sister Mary Philippa Health Center where 40% of our patients are Asian or Pacific Islander.
 - St Mary's Clinic continues to serve as the transfer Clinic for Delancy Street residents needing more intensive internal medicine services.
 - Our St Mary's Podiatry Residents have provided Podiatry services for Project Homeless Connect.
 - St Mary's Medical Center's Project Schoolcare has provided psychological and educational testing services to needy parochial schools within the Archdiocesan School System. These children would have to be disenrolled from their existing schools to avail of public school services if this service were not available.
 - The Clinic at St Mary's has maintained strong relationships with community based agencies such as Shanti Project, New Leaf Services for our Community, and On-Lok to leverage additional services for our most vulnerable patients dealing with HIV disease, mental health problems, or home health problems.
 - St Mary's provided (through March of 2007) three slots to SFGH per day for access to our internal medicine clinic schedule for transferred patients from SFGH continuity clinics.
 - St Mary's 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).
 - St Mary's developed collaborative relationships with Kaiser Permanente to ensure shared responsibilities and contributions at health screenings in neighborhoods identified by the Health Commission as needing specific attention: namely Western Addition and Bayview
 - The Sister Mary Philippa Health Center at St Mary's continued to affirmatively recruit African American men and women to be patients of the Sister Mary Philippa Health Center.

- St Marys Community Health Liaison continued to develop stronger working relationships with African American churches and faith communities in the Western Addition and Bayview Hunters Point.
- SMMC Community Health Staff, and Members of the Community Benefit Subcommittee of the Board of Directors, ensured that the top priorities of the SMMC Community Benefit Plan (mandated by SB697) directly address Health Commission recommendations and also address health disparities among African Americans. This double focus has resulted in a strong focus on the recommended neighborhoods of the Tenderloin, Mission, Bayview and Western Addition.
- SMMC is actively recruiting African American men and women to be patients of the Sister Mary Philippa Health Center HIV Integrated Program through our targeted Community Fairs, the Prostate Cancer Project, and through presentations to community groups and agencies. This has resulted in one-in-five patients within the program being African American

C. Chinese Hospital

1. Chinese Hospital

Chinese Hospital is committed to increasing health access to culturally competent health services for all Chinese people, particularly the low-income monolingual speaking Chinese population. It has worked to increase health access through its own low-cost Chinese Community Health Plan (a Knox Keene licensed HMO) and the insurance programs offered by San Francisco Health Plan (SFHP). Through its involvement with SFHP it has increased health insurance coverage to uninsured children and families of San Francisco. Chinese Hospital has also provided additional health services access by opening a community clinic in the Excelsior District. A recent community needs assessment revealed a need for increased health education regarding prevention services. The Chinese community was found to be under-utilizing preventative health care services due to a lack of insurance coverage, cultural and linguistic barriers, as well as a general lack of knowledge regarding the need for preventative health care. Chinese Hospital provides culturally competent classes and individual patient counseling through the Chinese Community Health Resource Center (CCHRC) and its Sunset and Excelsior Health Services community clinics.

a) CONTINUE TO MEET WITH THE COMMUNITY LEADERS TO DEVELOP SOLUTIONS TO HEALTH AND HUMAN ISSUES IDENTIFIED THROUGH NEEDS ASSESSMENT ACTIVITIES.

Chinese Hospital's Board of Trustees includes most of Chinatown's community leaders. Annual review of community and patient needs are performed. Partnerships with the California Department of Health Services and City and County of San Francisco to provide free mammograms continue. Collaboration with the Department of Public Health to provide Hepatitis B/C vaccinations to high risk patients has brought awareness to the Chinese community; and continued collaboration with Chinatown Health Center #4 to provide annual abdominal ultrasound studies for identified Hepatitis B carriers.

b) WORK TO REDUCE DISEASE SPECIFIC MORBIDITY AND MORTALITY RATES FOR THE CHINESE POPULATION.

Continue to address issue related to cardiovascular disease, cancer, diabetes, tuberculosis and asthma in the Chinese population through educational sessions with Community Health Resource Center, Sunset and Excelsior Clinics. Also participate on various community health fairs to provide free clinical breast exam, screening on high blood pressure, cholesterol, diabetes, colon screening and free cervical cancer exam at our community clinics.

D. Sutter

1. California Pacific Medical Center (CPMC)

California Pacific has implemented its own community benefit programs and developed many successful collaborative efforts with both the public and private sectors to address community health priorities. The Medical Center offers a myriad of programs and services to both vulnerable populations and the broader community. What follows are some highlights of community benefit programs that California Pacific sponsors or collaborates with partner agencies to address the needs of underserved communities in 2006:

a) Community Health Grants Program:

California Pacific recognizes that there are many not-for-profit community-based organizations and public programs with a long history and established expertise in serving the needs of vulnerable populations, including the uninsured and underinsured. Financially supporting these organizations and programs that work within California Pacific's community health priority areas gives California Pacific the opportunity to fundamentally improve community health. The 2006 Community Health Grants Program invested \$500,000 in nineteen organizations to reduce health disparities in San Francisco; improve access to primary care for low-income and uninsured populations; prevent onset and deterioration of chronic disease conditions; and expand behavioral health services for vulnerable populations. Our grantees include: Galileo Health Academy/Community Educational Services, NICOS Chinese Health Coalition, St. Anthony Free Medical Clinic, Walden House, Asian Perinatal Advocates, Latina Breast Cancer Agency, Operation Access, Asian & Pacific Islander Wellness Center, Asian Women Resource Center, Asthma Resource Center of San Francisco/Asthma Task Force, Byveiw Health & Environment Resources Center, Chinatown Public Health Center, Curry Senior Center, Florence Crittenton Services, Mission Neighborhood Health Center/Mission Neighborhood Resource Center, Reading Tree, Richmond District YMCA and Vision Youthz.

b) African American Breast Health Program:

African American women with breast cancer are more than twice as likely to die from the disease as are white women. Early breast cancer detection is a key determinant of breast cancer survival and can be linked to disparities in health outcomes. In 2006, the African

American Breast Health Program provided over one hundred African American women mammogram screenings, partnered with over 40 community and faith based organization, and provided outreach to over 15,000 individuals. Of those women screened, two women were found positive for breast cancer. As part of the program, the Medical Center ensured comprehensive, high-quality clinical treatment for those two women. One woman received full reconstructive surgery.

c) Partnership for Community Health:

The Partnership for Community Health (formerly known as Charity Care Partnership Fund) is an innovative collaborative program that aims to address the needs of the uninsured and under-insured San Franciscans who need access to primary and specialty care. In 2006, the Partnership for Community Health (PCH) program provided primary medical care and supportive services to 8,695 low-income, uninsured San Franciscans, including 6,601 new clinic patients. These services were provided at four SFCCC partner clinics, Mission Neighborhood Health Center , North East Medical Services Leland Avenue satellite clinic, Saint Anthony Free Medical Clinic , and South of Market Health Center. These clinics are strategically located in medically needy neighborhoods identified as having the City's highest rates of health disparities and adverse health outcomes.

d) Bayview Child Health Center :

The Medical Center, CPMC Physician Foundation and CPMC Foundation collaborated to establish the Bayview Child Health Center, a site for comprehensive, community-based child and adolescent health. The center provides high quality pediatric primary care and serves as a hub for access to community and civic resources. A distinguishing feature of the Bayview Child Health Center is the extensive collaboration and partnership with community organizations. The Child Health Center offers referrals to community services and provides a medical home as the basis upon which to build educational efforts. These community programs will in turn serve as a referral source for the pediatric practice.

e) Health Champions:

During the 2005-2006 school year, Health Champions partnered with two schools. McKinley Elementary, part of San Francisco Unified School District, is located across from the Medical Center's Davies campus in the Castro. With 250 students, McKinley is a small, but growing, school with a diverse population. De Marillac Academy is a tuition-free Catholic school in San Francisco's Tenderloin neighborhood. With student body of 80 fourth, sixth, seventh and eighth graders, the school was established in 2001 to provide individualized support to students from low-income, urban neighborhoods. The school benefits from a diverse ethnic representation with a high percentage of Latino students. Health Champions introduced a wide-variety of ways to be healthy in the school year and built on students' natural interest in eating, being active, and learning about how our bodies work.

f) MOVE Program:

In the fall of 2006, with a grant from CPMC's Foundation, Health Champions program expanded to include secondary and tertiary prevention. A culturally competent pediatric weight management program for children and adolescents who are at or above the 85% on the BMI growth charts is developed to modify health behaviors and to manage weight. Classes will provide behavior-based, group education for overweight children, 8-12 years old, and their families, in a community-based setting. The clinic is housed in CPMC's Pediatric Sub-Specialty Clinic and is designed to combine best practices in clinical evaluation and behavioral modification. The clinic uses a multidisciplinary approach in a supportive family-centered environment to diagnose medical causes of obesity and to treat complications that might be related to the child's overweight.

g) Free Medical Care:

California Pacific Medical Center provided \$2,885,245 in medical care provided free of charge to low-income and uninsured patients for a range of services that includes primary care, eye care and ancillary services such as laboratory and radiology. Our partners are the African American Breast Health Program, Operation Access, San Francisco Free Clinic, Lyon Martin Clinic, Mission Neighborhood Health Center, South of Market Health Center, St. Anthony Free Medical Clinic and Women's Community Clinic,

h) Health Commission Recommendations:

1) Increase outpatient charity care for residents of high-risk neighborhoods: CPMC continued to create program partnerships in neighborhoods such as the Bayview Hunters Point, Potrero Hill, Tenderloin, Civic Center, Mission, Bernal Heights and Visitacion Valley in 2007 by investing in the abovementioned programs; 2) Healthy San Francisco: Dr. Martin Brotman, CPMC CEO and President, sat on Mayor Newsom's Universal Healthcare Council in 2005 to draft a universal healthcare plan for uninsured San Franciscans, now known as Healthy San Francisco. Since then CPMC has been actively engaged in the design and implementation of the program. 3) Public Health Institute (PHI) Standards: CPMC has incorporated in 2005 the core principles of the PHI best practices from the nation-wide demonstration project *Advancing the State of Art in Community Benefit*; 3)

2. St. Luke's Hospital

St. Luke's stands at the crossroads of diverse communities. The facilities are situated in the Mission and serve as a federally designated medically underserved area. St. Luke's has been recognized as a Medi-Cal disproportionate share hospital. St. Luke's primary service area includes the neighborhoods of the Mission, Excelsior, Bayview Hunter's Point, Visitacion Valley, South of Market, Tenderloin, and Potrero Hill areas of San Francisco. Some of program highlights in 2006 are:

a) Pulmonary Health:

St. Luke's Hospital implemented a community Asthma Education Program to reach low-income asthma patients who might otherwise be hospitalized for severe asthma attacks. Though asthma was the original focus, care for persons with chronic obstructive

pulmonary disease (COPD, including emphysema and chronic bronchitis) has now been incorporated into the program because COPD is fast becoming a major public health problem. The expanded program is designed to empower patients to better understand and manage their disease to avoid hospitalization and long-term problems.

b) Diabetes Education and Outreach:

The St. Luke's Diabetes Center offers educational programs recognized by the American Diabetes Association that emphasize self-management skills and the importance of controlling blood glucose levels. Patients receive instruction in glucose monitoring, meal planning, exercise, use of medications, and preventing complications. Diabetes Center staff members, all of whom are bilingual, also provide support for patients dealing with psycho-social and family issues, conduct community diabetes screenings, make educational presentations throughout the community, and participate in diabetes advocacy organizations.

c) Maternal-Child health:

St. Luke's strives to ensure that women have access to the best pre-natal care and pregnancy support services through its full continuum of care for mothers, regardless of their economic status. Maternal and child-care programs reach hundreds of adolescent mothers, minority and low-income families who take advantage of these services every year.

d) Women's Health:

St. Luke's reaches beyond traditional maternal care for women and provides comprehensive women's health programs. Its community benefit activities specifically focus on breast cancer for low-income women. St. Luke's established a successful collaboration with the Latina Breast Cancer Agency to promote "Mujeres Cuidando Mujeres." This agency's mission is to facilitate access to simple, practical information and education as well as provide healthcare and emotional support for Latinas who have been diagnosed with breast cancer. St. Luke's Hospital also provides low-income, medically underserved Latinas 40 years and older with the opportunity to acquire a free clinical exam and mammogram through California's Cancer Detection Program.

e) Healthfirst:

Ambulatory Health Resource Center: In November 2006, St. Luke's launched an innovative new program, HealthFirst, an Ambulatory Health Resource Center that offers medical services for people with chronic illnesses who may not have insurance or who are underinsured. With a focus on prevention and patient education, HealthFirst encourages patients to seek medical health for chronic conditions before they require expensive treatment in the Emergency Department and to learn information that will help them with self-management of chronic diseases. HealthFirst employs an interdisciplinary team of professionals lead by a primary care physician. The multi-lingual and multi-cultural staff includes certified community health workers, a health educator, a registered dietician, a social worker, a program manager and nurse practitioners. In addition,

HealthFirst works in partnership with other St. Luke's programs and services such as the Diabetes Center, Respiratory Therapy and Cardiovascular Center.

f) Community Health Outreach & Promotion:

St. Luke's brings basic health education and screenings to community residents who may not otherwise have access to regular medical care or information. These events are widely publicized and are often the first step to alert local residents about possible health problems that may require follow-up. An emphasis is placed on blood pressure, diabetes, breast health, cancer, pulmonary health, and body fat analysis. Outreach and screenings are advertised to the community-at-large and take place at schools, community events, health fairs and at St. Luke's. St. Luke's employees are active in a variety of community-based organizations and collaboratives during working hours on behalf of St. Luke's. Support includes fundraising, information exchange, leadership, and technical advice for health advocacy and community improvement activities.

g) Health Commission Recommendations:

1) Increase outpatient charity care for residents of high-risk neighborhoods: St. Luke's stands at the crossroads of diverse communities, serves as a federally designated medically underserved area and have been recognized as a Medi-Cal disproportionate share hospital. St. Luke's primary service area includes the neighborhoods of the Mission, Excelsior, Bayview Hunter's Point, Visitation Valley, South of Market, Tenderloin, and Potrero Hill areas of San Francisco – neighborhoods identified by the Charity Care Workgroup as high risk areas. The programs highlights in 2006 continued in 2007. 2) Public Health Institute (PHI) Standards: Like CPMC, St. Luke's has incorporated in 2005 the core principles of the PHI best practices from the nation-wide demonstration project *Advancing the State of Art in Community Benefit*.

E. Kaiser Permanente

1. Kaiser Permanente San Francisco

Last year's recommendation from the San Francisco Health Commission indicated that hospitals should continue to pursue creative approaches to increase outpatient charity care, including participation in HAP, especially for residents of the following high-risk neighborhoods:

- Bayview/Hunter's Point, Potrero Hill
- Tenderloin, Civic Center
- Bernal Heights, Mission

To this end, Kaiser Permanente San Francisco has participated in the following areas of community benefit.

a) Healthy San Francisco

Kaiser Permanente San Francisco contributed professional and in-kind assistance from its own actuaries to help the San Francisco Foundation develop the Mayor Gavin Newsom San Francisco Health Access Program's bundle of services, as well as estimating the cost for the city. Christine Robisch, Senior Vice President and Area Manager, represents

Kaiser Permanente San Francisco on the Healthy San Francisco Steering Committee. Kaiser Permanente San Francisco is exploring ways with the city to participate in Healthy San Francisco.

b) Operation Access

Through its participation in Operation Access (OA), Kaiser Permanente San Francisco provided 106 outpatient surgeries and procedures for uninsured community members in 2007. These efforts include hosting the Annual Super Surgery Day where 33 surgeries were provided in a single day. This Super Surgery Day continues to be the largest charity ambulatory surgery session in the Nation. More than 100 Kaiser Permanente volunteers donated their time and expertise for the surgeries and procedures. In 2007, Kaiser Permanente donated \$600,000 to Operation Access. Co-founded by Doug Grey, MD, Kaiser Permanente San Francisco, and William Schecter, MD, San Francisco General Hospital, OA provides free surgeries to low-income people who are employed yet under- or uninsured. OA enables hundreds of individuals to address potentially serious health concerns. OA receives most of its client referrals from community clinics including Glide Health Services, Saint Anthony Free Medical Clinic and South of Market Health Center serving the Tenderloin/Civic Center neighborhoods; Mission Neighborhood Health Center and Clinica Martin Baro serving the Mission district; North East Medical Services serving Chinatown; and San Francisco Free Clinic serving the Richmond District.

c) Safety Net Partnership

Kaiser Permanente believes in expanding access of health care and coverage to all with programs that provide assistance to the underinsured and uninsured. Kaiser Permanente Northern California created the Safety Net Quality Improvement Partnership with Safety Net providers to help cultivate communitywide approaches to addressing health disparities, including developing and sharing best practices for disease prevention with community clinics and public hospitals.

We are continuing to expand and deepen these Safety Net partnerships by reaching out to the San Francisco Community Clinic Consortium, San Francisco Department of Public Health, and San Francisco General Hospital. Through these partnerships, Kaiser Permanente seeks to improve the quality of health care for the insured and uninsured alike, and to reduce health disparities based on race, ethnicity, and economic status throughout San Francisco.

Kaiser Permanente understands the complex health issues that challenge many communities. We are lending our clinical expertise, research capacity, technology, educational and charitable resources, as well as the commitment of our staff to help meet those challenges, including the development of patient-centered, community-focused, and evidence-based chronic care management strategies.

In 2006-2007, Kaiser Permanente provided a combined total of \$1,814,680 to San Francisco Department of Public Health, San Francisco General Hospital, San Francisco Community Clinic Consortium, Curry Senior Center, Lyon-Martin Women's Health

Services, Mission Neighborhood Health Center, North East Medical Services, St. Anthony Free Medical Clinic, and South of Market Health Center for:

- Quality improvement in chronic disease management and enhancements in health information technology.
- Chronic disease management equipment and supplies for the partner clinics and their satellite sites.
- Development of a shared health information technology system through a collaborative effort between SFCCC and the San Francisco Department of Public Health to support patients who are seen in both systems.
- Prevent Heart Attacks and Strokes Everyday (PHASE) community implementation at Mission Neighborhood Health Center and South of Market Health Center.
- Core operations

For five years, Kaiser Permanente, has been providing training and on-site technical assistance support for the chronic disease management programs and data management systems for the San Francisco Community Clinic Consortium and the San Francisco Department of Public Health, at Glide Health Services, Mission Neighborhood Health Center, North East Medical Services, St. Anthony Free Medical Clinic, South of Market Health Center, Ocean Park Health Center, and San Francisco General Hospital's Family Health Center.

3rd Street Youth Center and Clinic received \$15,000 to expand and improve coordination of medical and mental health services to Bayview Hunters Point for fifty youth who are re-entering the community after incarceration.

Curry Senior Center received \$15,000 from Kaiser Permanente San Francisco to support its ability to provide clinical and program services in multiple languages, including Chinese, Lao, Vietnamese, Tagalog, and Russian, matching the linguistic needs of 325 clients annually. Curry Senior Center services large numbers of low-income, homebound, and underserved seniors residing in San Francisco's Tenderloin and South of Market neighborhoods.

Haight Ashbury Free Clinics received \$75,000 to provide primary care services at its new Integrated Care Center located in the Mission District. This multi-service center consolidates the Haight Ashbury Free Clinics' substance abuse services and integrates these services with an onsite primary care clinic.

Mission Neighborhood Health Center received \$25,000 to develop "Prescription Check Up" clinics as part of their Adult Medicine department for medication counseling, monitoring and follow-up for clients with diabetes, many of whom have multiple chronic diseases.

St. Anthony Free Medical Clinic received \$25,000 to support the continuation of their Diabetes Care Management Program that was initiated in 2004. Through the program, the Clinic has established a comprehensive system of care that encourages self-management, provides diabetes education and information, and tracks patient progress through a chronic disease registry.

San Francisco Community Clinic Consortium received a \$25,000 grant to support phase two of their Healthy Aging Quality Improvement Initiative. The project develops and implements a program to enhance competency in the care of senior patients among the Clinic Consortium's partner clinics, to provide optimal care for uninsured, low-income and underserved seniors in San Francisco.

d) African American Health Initiative

Kaiser Permanente's African American Health Initiative, in collaboration with St. Mary's Medical Center, provided prostate health screenings at the Juneteenth street festival in the Western Addition on June 16, 2007 and the Bayview Health Fair held at St. Paul of the Shipwreck Church on September 15, 2007. Additionally, Kaiser Permanente provided an educational booth at these events distributing its *African American Family Health Video and Guidebook* and healthy eating demonstrations.

In 2007, Kaiser Permanente expanded its Safety Net Partnership training and technical assistance to the Arthur H. Coleman Medical Center in the Bayview Hunter's Point. The Coleman Medical Center is also collaborating with Kaiser Permanente to pilot its train-the-trainer curriculum for the *African American Family Health Video and Guidebook*. These trainers are provided guidance in conducting peer-led workshops to address health care disparities in their community.

Additionally, in response to the recommendation that the Charity Care Project continue to meet and expand its conversation and efforts to increase and improve the provision of charity care and other community benefits to populations with disproportionate unmet health care needs, Kaiser Permanente San Francisco maintained these 2006 Community Benefit Priority Areas:

- I. Support of Community Clinics and Networks of Care, including Mental Health Services.
- II. Increase Health Care Access and Coverage for the Uninsured to Reduce Health Disparities and provide Support for Seniors and HIV/AIDS Patients.
- III. Chronic Disease Management: Asthma, Diabetes, Obesity Prevention
- IV. Violence Prevention

F. Department of Veterans Affairs

1. San Francisco Veteran's Affairs Medical Center

With a very specific focus on veterans' health care needs, SFVAMC is limited in its ability to directly work with the Charity Care Project; however, in reality SFVAMC is a

direct provider to those who have limited resources and options for health care. In the most recent Federal fiscal years, 2006 and 2007, almost 80% of the veterans using SFVAMC had no (or minimal) out-of-pocket expenditures for the health care services they received. Over 36,000 unique veterans (over 6,000 residents of San Francisco) use SFVAMC for some or all of their health care needs and do so at little or no cost. While some of these veterans have adjudicated military service-related disabilities, many are entitled to low cost (or free) care because their family household income qualifies them. In San Francisco, a single veteran with no other dependents can qualify if their income is below \$63,350 per year. For every dependent, that threshold goes up about \$8,000, thereby encompassing many low and middle income veterans in San Francisco.

SFVAMC has also been working with San Francisco's homeless veterans since 1987 and has one of eight Comprehensive Homeless Centers in the VA system – located at our Downtown (3rd and Harrison) Clinic. The Center focuses on the healthcare needs of homeless veterans, has a compensated work therapy program, has a special program for the Chronic Mentally Ill Homeless, and works closely with community groups and task forces who target San Francisco's homeless population.

SFVAMC also helps low income veterans defray private emergency health care costs through the Emergency Care Provisions of the Millennium Bill. In fiscal years 2005, 2006 and 2007 nearly \$2.4 million was expended by SFVAMC to pay emergency care bills for veterans without other health insurance – and about 30% of those bills were paid for San Francisco residents. While limited by regulation, this program has provided a safety net for those who would otherwise be unable to pay for emergency services – or who might elect not to seek necessary emergency care because of their inability to defray the costs.

During the last Fiscal Year, SFVAMC has actively undertaken efforts to outreach to a significantly underserved veteran population – those who are incarcerated and soon to be released. Most of these have limited incomes and a significant number return to residences with San Francisco. The SFVAMC outreach is targeted towards setting up health care services before the veteran is released, assuring that they can access medical and mental health services that they might need. SFVAMC is currently engaged in conversations with program officials from the Healthy San Francisco program, hoping to find another expedited access route for veterans who are identified through that program.

As a member of the San Francisco community, SFVAMC will continue to focus on ways to better serve the veterans who reside within San Francisco – with particular focus on the underserved communities.

G. The Regents of the University of California

1. UCSF MC

a) The Nutritional Health Program

Based on feedback from the community and physicians that limited resources are available to provide much-needed nutrition education and services, UCSF Medical Center is continuing the nutritional health program that provides direct clinical nutrition services. The program is managed by a UCSF dietitian at the Southeast Health Center and is tailored to address unmet needs in order not to duplicate services currently provided by the Department of Public Health. Specifically, the program includes: 1) nutrition information packets on topics such as 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. A new part of the program was the establishment of a food pantry. Led by the UCSF dietitian in collaboration with Southeast Health Center staff, this food pantry provides food to an average of 60 families each week. Employees from the Department of Nutrition and Food Services contributed more than \$200 to help establish the pantry. These programs are in addition to the UCSF Medical Center Department of Nutrition and Food Services' ongoing collaboration with the San Francisco Unified School District for Medical Center dietitians and dietetic interns to provide nutrition education classes to students.

b) The UCSF Access Program.

The UCSF Medical Center recognizes the Health Commission's goal of increasing outpatient charity care services—including diagnostic and specialty care services that complement primary care services—to residents of neighborhoods that are at high-risk for disease. The Medical Center has instituted the *UCSF Access Program* to provide a pre-determined, significant amount of imaging services, including MRI, CT scans, and ultrasound, provided by physician faculty of the UCSF Department of Radiology and coordinated to build on existing community clinic care. After communicating with community clinic physicians that indicated a significant, unmet need for timely imaging services, the UCSF Medical Center tailored a program of specialty care that builds on the existing, high-quality primary care services that patients receive at community clinics. The *UCSF Access Program* allows eligible patients that access the Southeast Health Center—and other Health Centers that serve vulnerable populations—to obtain referral appointments for imaging services at the convenient and accessible UCSF China Basin Imaging Center. The *UCSF Access Program* provides these services at no cost to the patient or the Health Center, and utilizes state-of-the-art imaging equipment. The program has already proved to be highly utilized and very successful.