BLACK/AFRICAN AMERICAN HEALTH INITIATIVE

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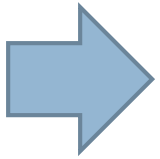
Director Of Interdivisional Initiatives

October 18, 2016 Update

BAAHI History

2014 BAAHI Charter:
PHD and SFHN agree to work together to improve the health of the African American residents of San Francisco, focusing on 4 health indicators. Two additional workforce factors were soon added.

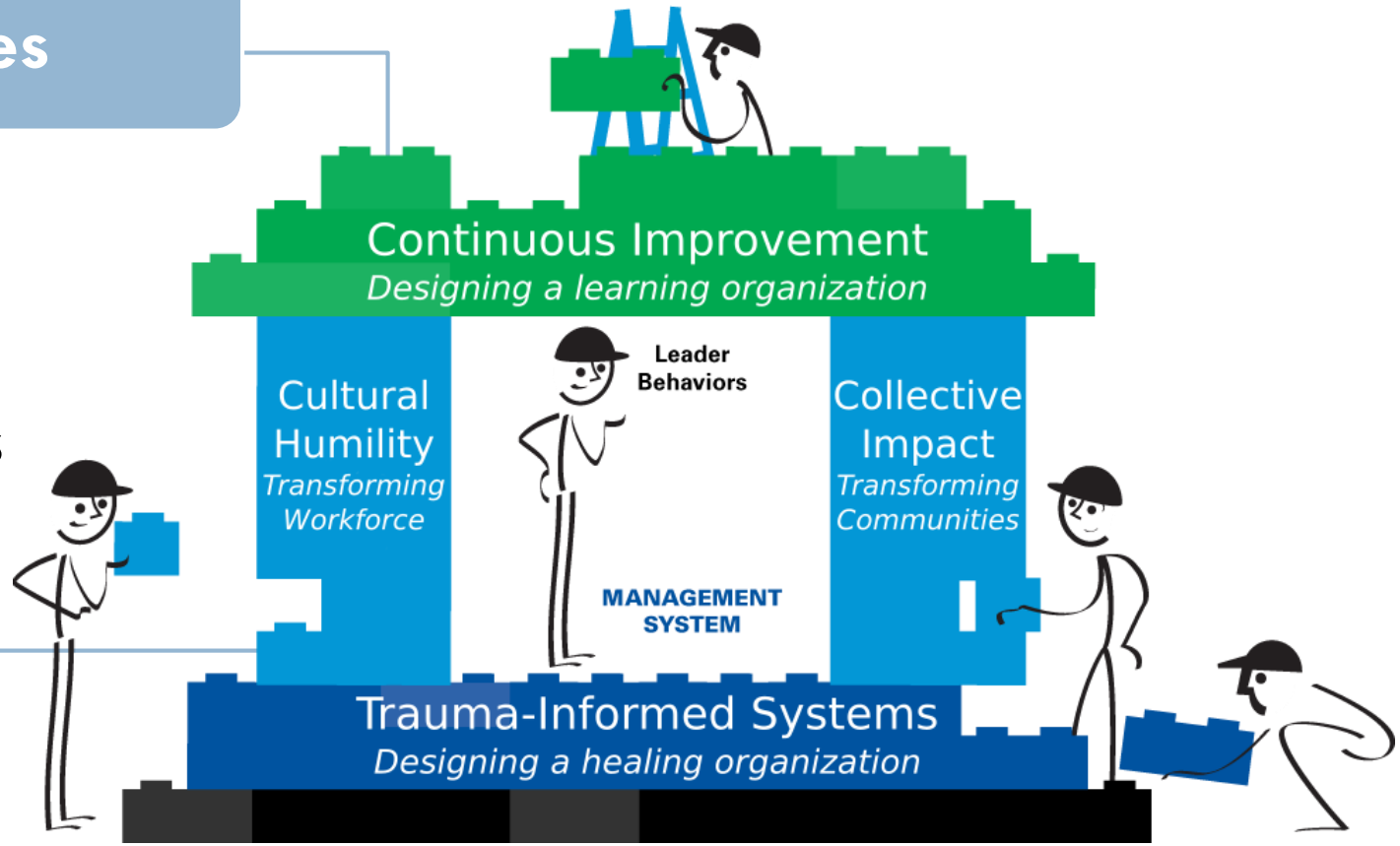


- Heart Health
- Behavioral Health
- Women's Health
- Sexual Health
- Cultural Humility
- Workforce Development

The Kresge-inspired SFDPH LEAD Initiative

Our 4 Leadership Initiatives

- Continuous Improvement
- Cultural Humility
- Trauma Informed Systems
- Collective Impact

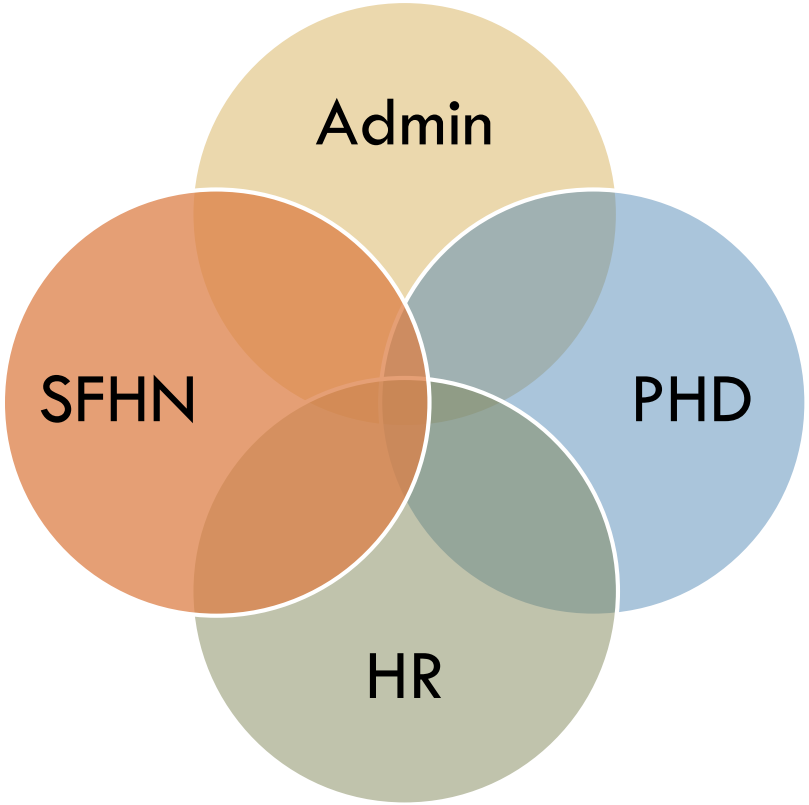


(http://www.lean.org/WhatsLean/TransformationFramework.cfm)

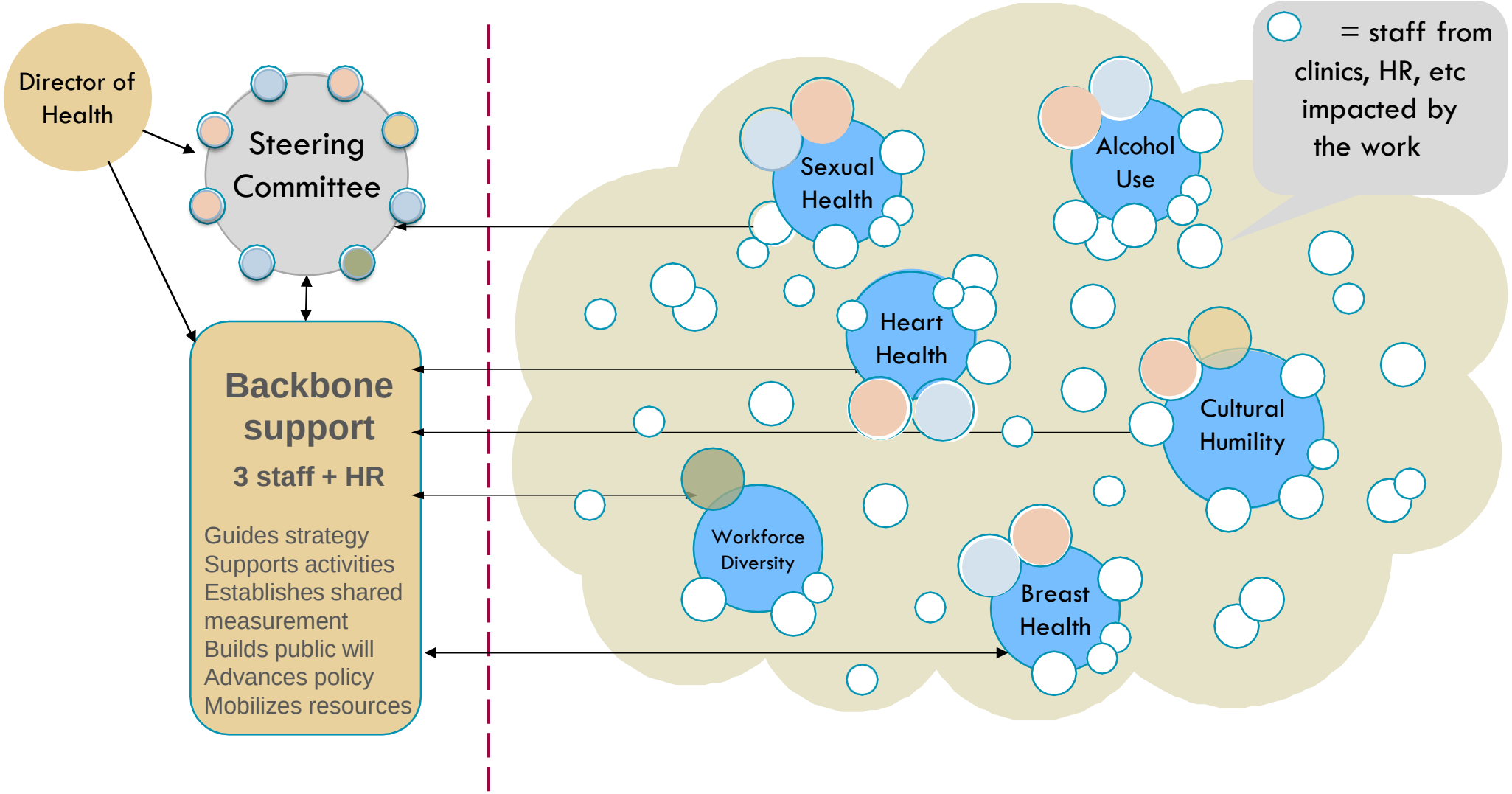
Collective Impact

Collective impact occurs when organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success.

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support



BAAHI Structure



Hypertension

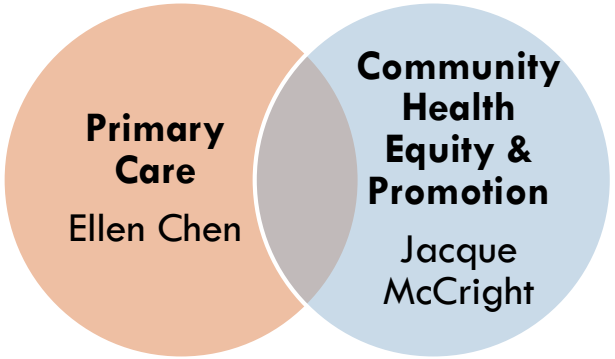
Current State: There are roughly 4,0000 B/AA patients with hypertension and their likelihood of being in control is much less (at 57% controlled) than patients in general (61%). This project fulfills goals set in PRIME, Million Hearts, Healthy Hearts, Shape Up SF.

Goal: A 20% improvement for B/AA patients (from 53% to 65%) by July 2017. To Date: BP control improved to 62% for B/AA hypertensive patients.

Highlights:

- Home BP monitoring toolkit created with MEA training
- B/AA patient specific educational materials created
- Team model developed with RN and Pharmacist training to do HTN visits
- Therapeutic food pantry piloted, planned spread
- Pilot outreach event for B/AA hypertensive patients (SEHC)

Next Steps: Training for home BP monitoring coaching for staff
Develop outreach program
Find needed resources for Free BP cuffs, outreach



EQUITY

METRIC:

Hypertension control equity

Why we measure this:
Of the 11,000 Black/African American patients in SFHN PC (15% of total), our equity interventions have focused on the health needs of the 4,000 BAA patients with hypertension. While BP control rates for these BAA patients improved from 53 to 57% over 2015, the disparity gap between BAA and the total population increased from 7% to 10%.

Target:

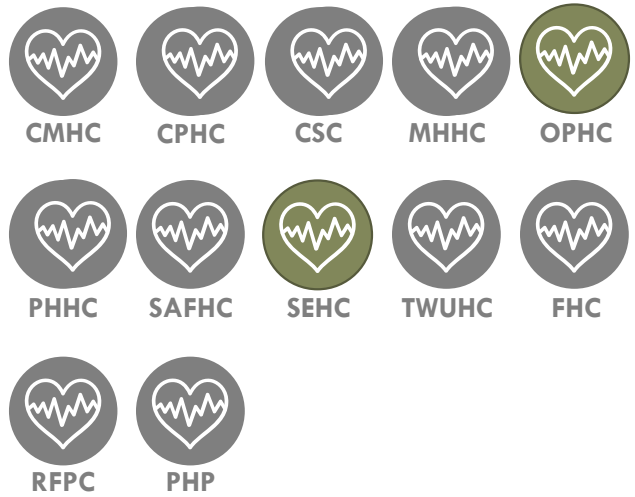
Our target is 20% relative improvement for all of SFHN PC and each individual clinic for the Black patient population. Given our baseline of 57% in December 2015, we aim to have 65% of our Black hypertensive patient population in SFHN PC at state of controlled blood pressure.

2 Additional African American patients with controlled blood pressure this month

7 ↑ **62%** From 57% baseline

142 Patients needed to control to reach goal

2/12 Met relative improvement goal of 20% this month



Ms. Lee takes care of her father through the IHSS program. She and her father came back in to see RN Jessica, with his home BP log, medicine bottles and his new mediset. Ms. Lee smiles and thanks Jessica. "I showed him how high his blood pressure gets when he skips his medicines, and he finally started taking them on most days!"

SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

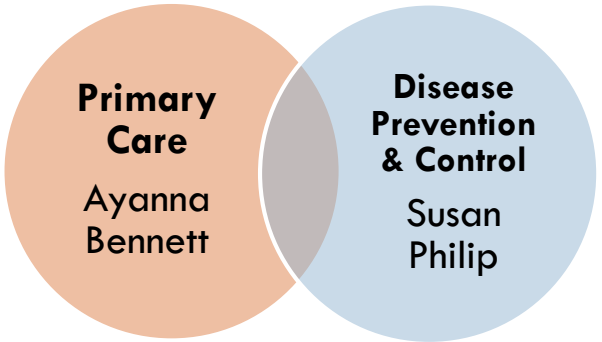
Chlamydia Infection

Current State: Chlamydia rates for B/AA women in SF are 5.5 times higher than for white women (1,554/100K vs. 282/100K overall in 2015). Aligned with SFHN HEDIS goal for 2017, PHD strategic plan and accreditation performance measure.

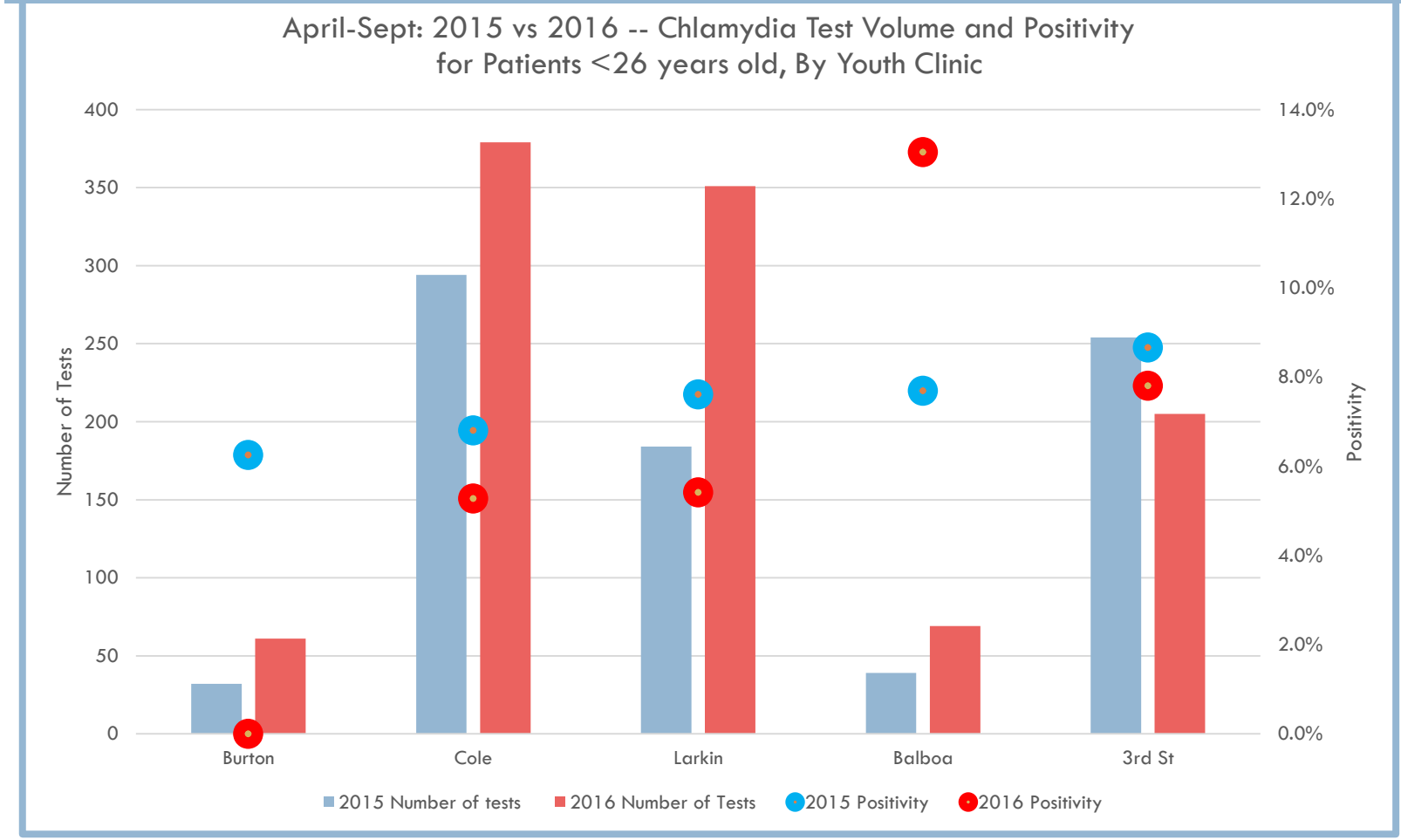
Goal: Increase to 80% screening for youth clinics (achieved, all at > 80% consistently) and 60% for primary care clinics (now between 25-55%) based on HEDIS FPACT and MediCal HMO average rates. Second goal, improve rescreening rates at all sites.

Highlights:
Youth Clinic workflows adjusted to create universal screening based on state standard
Data dashboard created and validated
Express testing visits developed with DPC branch
Outreach lists for rescreening developed with DPC lab

Next Steps:
Training and QI project development at Children's Health Center, Southeast Health Center and Family Health Center



Chlamydia Infection



Comparison of the testing over the QI project first 6 months in 2016 and the same period in 2015.

Increased testing at all sites (except 3rd St which was already at >90%). Positivity went down from 7.9% to 6.0%. Probable indicator of successful widening of screening to test lower risk patients.

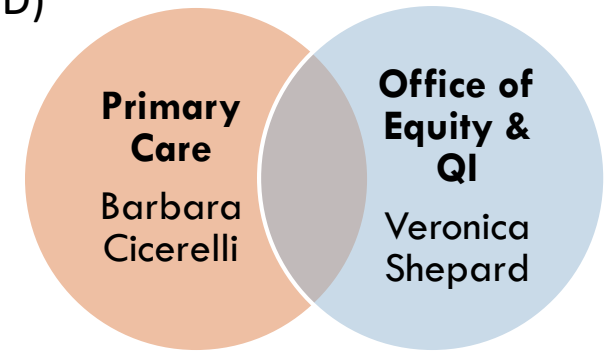
Breast Cancer

Current state: The mortality rates of B/AA women diagnosed with breast cancer is twice that for women in San Francisco. The screening rate for B/AA women was less than that for women in the SFHN generally (60.5 vs 71% in 2014). The total number of women is small – 5 of 65 women with breast cancer diagnosis this year are B/AA.

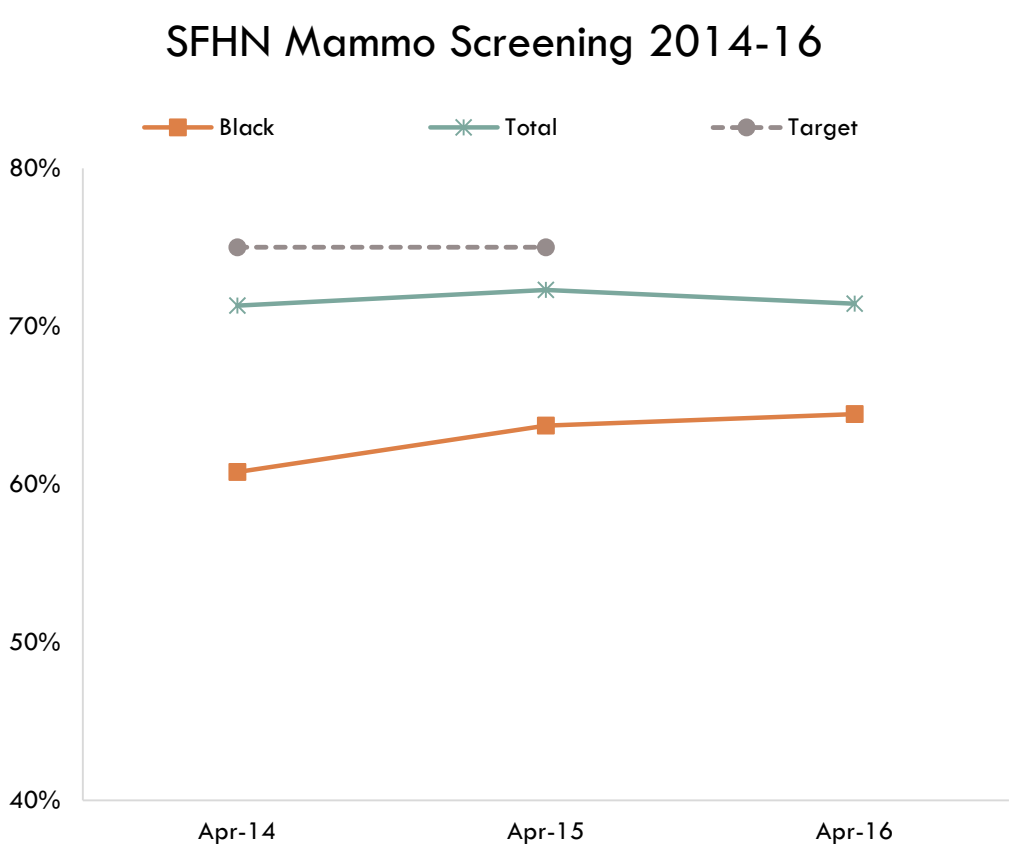
Goal: Ensure that B/AA women are screened at the same rate. Screening for B/AA women has increased to 64% though it still trails below the 71% for other women.
To facilitate movement of B/AA women after diagnosis into treatment and recovery.

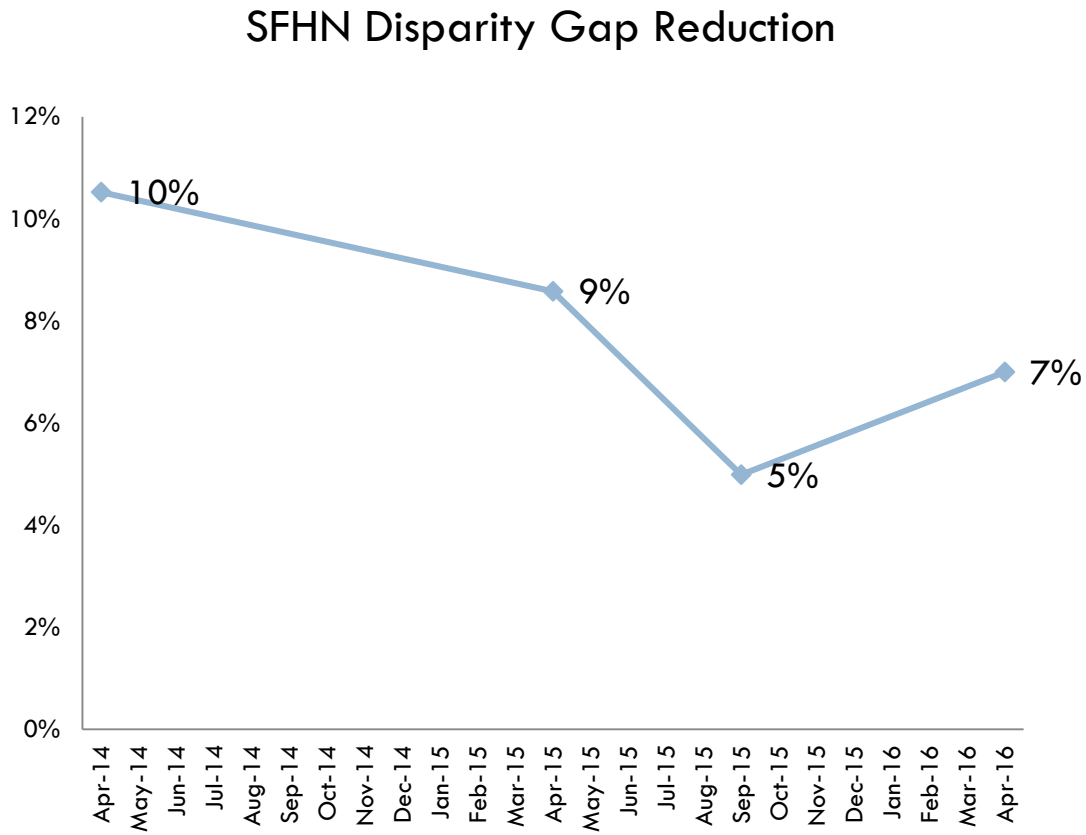
Highlights:
Monthly convening of all breast cancer partners across SFDPH (Network & PHD)
Current Navigator's prioritized to receive Cultural Humility Trainings
Developing dashboard and performance metric by race/ethnicity
Identified mental health and homelessness as barriers

Next Steps:
African American Navigator for clinic Screening, Education and Outreach
Strengthen the workflow for Primary Care treatment, referral or follow-up



Breast Cancer





TOTAL (13,778) | CURRENT: 71% BASELINE:71%
BLACK (1972) | CURRENT: 64% BASELINE: 60.5%

Alcohol Use Disorder

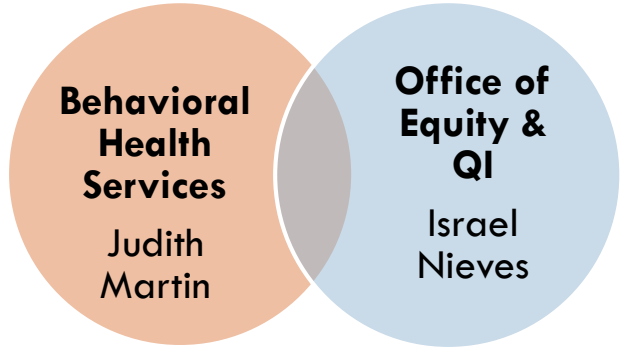
Current State: Despite having lower rates of alcohol use disorder, B/AA men have nearly double the rate of death from cirrhosis of white men (18.5/10). B/AA in eCW have a rate of AUD diagnosis of 6.9% in eCW, lower than population estimates. Aligns with PRIME measure and PHD accreditation.

Goal: Ensure that B/AA patients with Alcohol Use Disorder are diagnosed
Ensure B/AA men with AUD are receiving behavioral health services.
Ensure that all B/AA men with AUD in BHS have access to treatment (disparity noted in data review)

Highlights:

Humble inquiries: B/AA consumers and B/AA providers of mental health services revealing discriminatory and unwelcoming practices and stigma.
Data analysis of population in BHS and PC
Early discussions of data management for AVATAR and eCW

Next Steps:
Data validation and dashboard development
Staff training around medication use
Alignment with PRIME - SBIRT substance use screening tool to Primary Care



Workforce Development

Current state: Demographics of staff don't reflect the community we serve. Some pockets of low diversity in various divisions.

Goal: Increase diversity through **recruitment** , **engagement** and **advancement**
Improved B/AA staff engagement/satisfaction (metric under development),
Improve B/AA patient satisfaction (metric under consideration).

Highlights:
Demographics Report created – by area and classification.
Launched BAAHI Mentoring Program Pilot
Implicit Bias Video made a mandatory part of the hiring process
Recruiter hired
Advancement counselor hired

Next Steps:
Clarification of staff and patient engagement data available
Develop targets, monitoring and dissemination plan for demographics data

Ron Weigelt
Human Resources

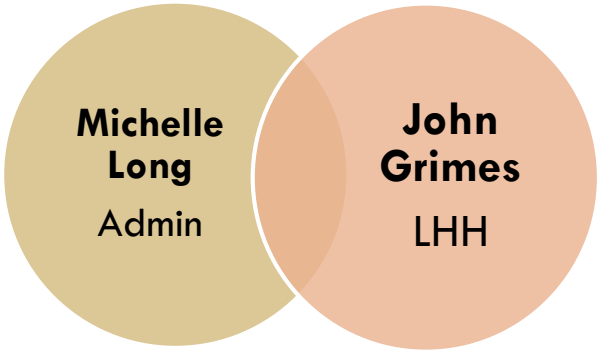
Cultural Humility

Purpose: Training of all staff in cultural humility to ensure equitable treatment of patient and full engagement of B/AA staff.

Goal: All management staff trained in intensive cohorts.
All general staff trained by HR staff.
Measure of staff cohesion/satisfaction (under development),
Patient satisfaction (under consideration).

Highlights:
Over 400 management staff completing 4 day cohort training
Cultural Humility trainer position created and filled, started Sept

Next Steps:
Training curriculum for all staff under development now
Alignment with Trauma Informed Systems trainings
Training tracker development through eMerge



Cultural Humility

Build new relationships with shared concepts and understanding

Review existing policies and procedures through lens of Racial Humility

More respect for clients/ patients and coworkers

Spread the Racial Humility model.

Possess skills to engage in candid conversations about race within workplace settings

Continuous Improvement

Respect for people

Humble leadership