

Sutter Health

California Pacific Medical Center

2014 Community Benefit Plan Update

Based on the 2013 – 2015 Community Benefit Plan

Responding to the 2013 Community Health Needs Assessment

Submitted to the Office of Statewide Health Planning and Development May 2015

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This document serves as an annual update to the 2013 – 2015 community benefit plan for California Pacific Medical Center. The update describes impact from community benefit programs/initiatives/activities conducted in the reporting year, along with the economic values of community benefits for fiscal year 2014.

Table of Contents

- Introduction 3**
- About Sutter Health 3**
- 2013 Community Health Needs Assessment Summary 4**
 - Definition of Community Served by the Hospital 4
 - Significant Health Needs Identified 5
- 2013 – 2015 Implementation Strategy 6**
 - Increase Access to High-Quality Health Care and Services 7
 - Increase Healthy Eating and Physical Activity 17
 - Ensure Safe and Healthy Living Environments 20
- Needs CPMC Plans Not to Address 22**
- Approval by Governing Board 23**
- Appendix: 2014 Community Benefit Financials 24**

The implementation strategy is written in accordance with proposed Internal Revenue Service regulations pursuant to the Patient Protection and Affordable Care Act of 2010. This document has also been approved by OSHPD to satisfy the community benefit plan requirements for not-for-profit hospitals under California SB 697.

Introduction

This implementation strategy describes how California Pacific Medical Center (CPMC), a Sutter Health affiliate, plans to address significant needs identified in the Community Health Needs Assessment (CHNA) published by the hospital on October 4, 2013. The document describes how the hospital plans to address identified needs in calendar (tax) years 2013 through 2015.

The 2013 CHNA and this implementation strategy were undertaken by the hospital to understand and address community health needs, and in accordance with proposed Internal Revenue Service (IRS) regulations pursuant to the Patient Protection and Affordable Care Act of 2010.

This implementation strategy addresses the significant community health needs described in the CHNA that the hospital plans to address in whole or in part. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs, and the hospital may amend its strategies and refocus on other identified significant health needs. Beyond the initiatives and programs described herein, the hospital is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.

About Sutter Health

CPMC is affiliated with Sutter Health, a not-for-profit network of hospitals, physicians, employees and volunteers who care for more than 100 Northern California towns and cities. Together, we're creating a more integrated, seamless and affordable approach to caring for patients.

The hospital's mission is to serve our community by providing high-quality, cost-effective health care services in a compassionate and respectful environment, supported and stimulated by education and research.

Over the past five years, Sutter Health has committed nearly \$4 billion to care for patients who couldn't afford to pay, and to support programs that improve community health. Our 2014 commitment of \$767 million includes unreimbursed costs of providing care to Medi-Cal patients, traditional charity care and investments in health education and public benefit programs. For example:

- To provide care to Medi-Cal patients in 2014, Sutter Health invested \$535 million more than the state paid. Sutter Health hospitals proudly serve more Medi-Cal patients in our Northern California service area than any other health care provider.
- In 2014, Sutter Health's commitment to delivering charity care to patients was \$91 million. Our charity care investment represented an average of nearly \$1.8 million per week.
- Throughout our health care system, we partner with and support community health centers to ensure that those in need have access to primary and specialty care. We also support children's health centers, food banks, youth education, job training programs and services that provide counseling to domestic violence victims.

Every three years, Sutter Health hospitals participate in a comprehensive and collaborative Community Health Needs Assessment, which identifies local health care priorities and guides our community benefit strategies. The assessments help ensure that we invest our community benefit dollars in a way that targets and addresses real community needs.

For more facts and information about CPMC, please visit www.cpmc.org.

2013 Community Health Needs Assessment Summary

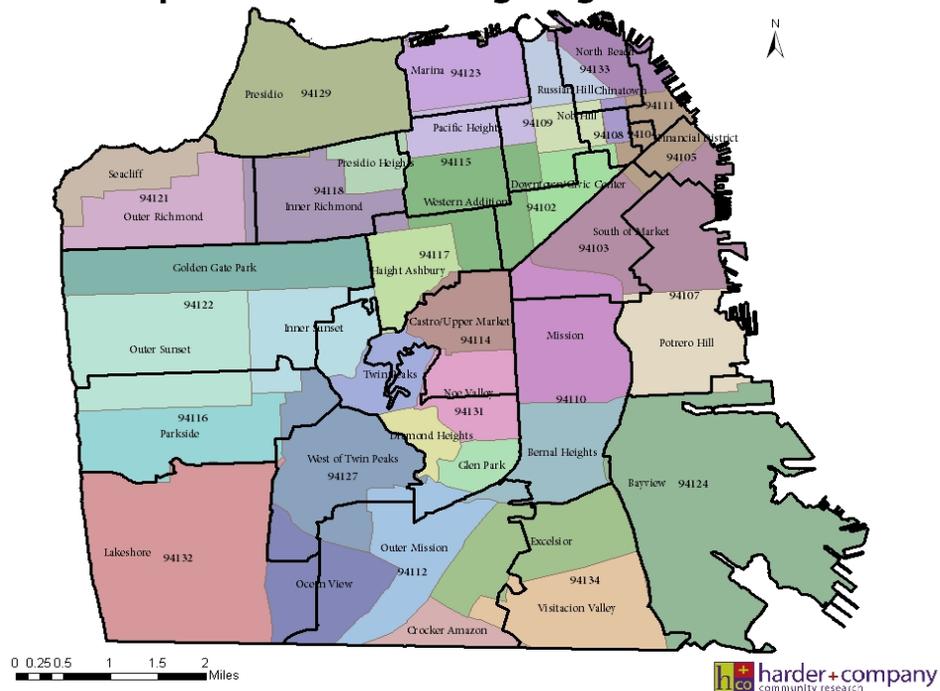
During 2012, a community health needs assessment for the City and County of San Francisco was conducted by a citywide collaborative consisting of CPMC and other local nonprofit hospitals, San Francisco Department of Public Health, academic partners, and more than 500 community residents. Members of CPMC's Community Benefit Department represented the hospital at the various meetings. A number of consulting firms and consultants were involved throughout this process, including: 1) HeartBeets, for community engagement; 2) Circlepoint, for ongoing communications with stakeholders; 3) Harder+Company, for data collection and analysis; and 4) Nancy Shemick, MPA, for meeting facilitation and report-writing.

The full 2013 Community Health Needs Assessment report conducted by CPMC is available at http://www.cpmc.org/about/community/CHNA_CPMC_2013-2015.pdf.

Definition of Community Served by the Hospital

CPMC serves all populations residing in the City and County of San Francisco.

Zip Codes and Planning Neighborhoods



Demographic Profile (*county-level data)

Total population:	805,235	White:	48.5%
Median age:*	38.2	Latino:	15.1%
Average household income:*	\$ 73,127	African American:	6.1%
Percentage living in poverty:	11.86%	Asian and Pacific Islander:	33.7%
Children living in poverty:	15%	Native American:	0.5%
Percentage unemployed:*	9.5%	Other:	3.72%
Percentage uninsured:	11.53%	Living under 200% poverty:	27.59%
Linguistically isolated:	23.78%	No high school diploma:	14.29%

Significant Health Needs Identified

The following significant health needs were identified by the 2013 CHNA.

Significant Community Health Need	Intends to Address
<p>Increase Access to High-Quality Health Care and Services Access to comprehensive, high-quality health care and other services is essential in preventing illness, promoting wellness, and fostering vibrant communities. This priority strives to bridge existing gaps in health care access due to: low income; language/literacy barriers or lack of cultural competency of service providers; lack of insurance or providers not accepting coverage such as Medi-Cal because of low reimbursement rates.</p>	<p>Yes</p>
<p>Increase Healthy Eating and Physical Activity Science links health conditions such as heart disease, diabetes, and cancer to daily practices like eating a healthy, balanced diet and getting regular exercise. This priority strives to demonstrate the link between diet, inactivity, and chronic disease and to help San Francisco create environments that make healthy choices easier. Disparities exist due to socioeconomic and environmental factors such as affordability and accessibility of healthy food options, and neighborhood safety when engaging in exercise. Obesity risk also varies according to different racial/ethnic groups.</p>	<p>Yes</p>
<p>Ensure Safe and Healthy Living Environments This priority highlights the need for health and wellness-oriented land use planning, meaningful opportunities for outdoor recreation, and a positive built environment for the health of all individuals and communities. It seeks to address disparities in access to parks, public transit, grocery stores with healthier food choices, and other resources that benefit health and wellness. Certain neighborhoods and racial/ethnic groups – often poor communities of color – are more impacted by crime and violence, and are closer to fast food and alcohol outlets, freeways, industrial pollutants, and other factors that contribute to high rates of disease, death, injury, and violence.</p>	<p>Yes</p>

These needs were identified through a series of meetings from July 2011 until February 2013, where the partners engaged in a process to:

- a) agree on data elements and indicators to be collected
- b) determine the parties responsible to collect those data
- c) agree on methods to solicit and incorporate community input
- d) share findings
- e) identify prioritization criteria to be used
- f) conduct the prioritization process

See the Community Health Needs Assessment sections E and F for details of this process.

2013 – 2015 Implementation Strategy

This implementation strategy describes how CPMC plans to address significant health needs identified in its 2013 Community Health Needs Assessment consistent with its charitable mission. The strategy describes:

- Actions the hospital intends to take, including programs and resources it plans to commit;
- Anticipated impacts of these actions and a plan to evaluate impact; and
- Any planned collaboration between the hospital and other organizations.

Increase Access to High-Quality Health Care and Services

Name of Program, Initiative or Activity

St. Luke's Health Care Center (SLHCC)

Description

CPMC's SLHCC provides a full range of obstetric and gynecological care at its Women's Center; well-baby care, well-child care, and care for ill or injured children at its Pediatric Clinic; and primary, acute and chronic care at its Adult Internal Medicine Clinic for teenagers and adults. SLHCC's clinicians and staff are bilingual in English and Spanish, ensuring culturally competent and sensitive care.

Anticipated Impact and Plan to Evaluate

SLHCC is anticipated to improve access to care for uninsured and underinsured patients residing in communities south of Market Street in San Francisco. CPMC will evaluate SLHCC's impact by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.

2014 Impact

About 12,000 unique patients were seen at St. Luke's Health Care Center, with over 44,000 patient visits. HealthFirst, SLHCC's affiliated center for health education and disease prevention, had over 1,900 patient visits, serving over 650 patients in chronic disease management. CPMC maintains SLHCC at its St. Luke's Campus in order to provide subsidized primary care and preventive services to underserved residents of the Mission, as well as Bayview, Downtown/Civic Center, Visitacion Valley and Excelsior – some of the San Francisco neighborhoods identified as having the highest disparities related to important socio-economic determinants of health. By providing services such as these, CPMC contributes to improved access to care as measured by a shift in the Needs Assessment indicator tracking the number of San Franciscans with a usual source of health care (from 86.8% in 2009 to 88.8% in 2011-2012) (www.sfhip.org). By ensuring that services are culturally and linguistically appropriate, CPMC helps to bridge gaps in accessibility due to language and cultural barriers for non-native-English speakers, as measured by a shift in the Needs Assessment indicator measuring San Francisco's percentage of adults who speak a language other than English at home who have difficulty understanding their doctors (from 2.1% in 2009 to 1.7% in 2011-2012) (www.sfhip.org). These services also counter limited access that may be caused by primary care providers being less likely to serve Medi-Cal beneficiaries due to low government reimbursement rates.

Mechanism(s) Used to Measure Impact

Electronic health records.

Community Benefit Contribution/Expense

Subsidized primary care services for a total Community Benefit expense of over \$6.7 million.

Program, Initiative, or Activity Refinement	No revision necessary.
Name of Program, Initiative or Activity	Kalmanovitz Child Development Center (KCDC)
Description	<p>CPMC's Kalmanovitz Child Development Center provides diagnosis, evaluation, treatment and counseling for children and adolescents with learning disabilities and developmental or behavioral problems caused by prematurity, autism spectrum disorder, epilepsy, Down syndrome, attention deficit disorder, or cerebral palsy. Its comprehensive assessments and ongoing therapy programs include the following disciplines: Developmental/Behavioral Pediatrics; Psychology and Psychiatry; Speech/Language and Auditory Processing; Occupational Therapy; Behavior Management Consultations; Early Intervention/Parent-Infant Program; Social Skills Groups; Feeding Assessment and Therapy; Assessment and Therapy for the Neonatal Intensive Care Unit and Assessment for the Follow-Up Clinic; Educational Assessment, Therapy and Treatment.</p> <p>Besides operating its own clinics, KCDC also extends its services to a large number of at-risk children by partnering with local schools and other community organizations, such as De Marillac Academy, Sacred Heart Cathedral Preparatory, and First 5 San Francisco.</p>
Anticipated Impact and Plan to Evaluate	<p>KCDC is anticipated to improve access to care for uninsured and underinsured patients residing in San Francisco. CPMC will evaluate KCDC's impact by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.</p>
2014 Impact	<p>KCDC locations together had nearly 20,000 patient visits, serving over 1,850 unique patients who otherwise may not have been able to receive child developmental services. These services provided at reduced or no cost to families are particularly important since children from low-income families have a 50% higher risk of developmental disabilities; early identification and treatment can change the course of these children's lives.</p> <p>KCDC provided additional services through CPMC's new "Joint Venture Health" with UC Berkeley's School of Public Health and North East Medical Services (NEMS); in this partnership, KCDC donated the labor time of a dedicated child development specialist stationed at NEMS so that kids with developmental disabilities could receive developmental services at an integrated medical home where they also receive primary care. Through this program, more than 400 kids under age 11 were screened, of whom 14 percent were at moderate or high risk for developmental and social/emotional delays.</p>

Mechanism(s) Used to Measure Impact	Electronic health records for clinical services; Time logs for staff outreach activities; Reporting for Joint Venture Health from UC Berkeley School of Public Health's Center for Innovation and Research.
Community Benefit Contribution/Expense	Total Community Benefit contribution included over \$159,000 in subsidized clinical services, and over \$105,000 in in-kind labor and cash contributions towards staff outreach/consultation services and program grants.
Program, Initiative, or Activity Refinement	In 2014, CPMC increased its impact through the Joint Venture Health partnership, which expands child development services to a new location – North East Medical Services, a primary medical home which serves 10,000 children (or 1 in 10 children in San Francisco).
Name of Program, Initiative or Activity	Bayview Child Health Center (BCHC)
Description	<p>BCHC offers routine preventative and urgent pediatric care in one of San Francisco's most medically underserved neighborhoods, and addresses prevalent community health issues such as weight control and asthma management. The center is particularly attuned to the impact of community violence and childhood trauma on children's mental and physical health. The clinic also offers psychological and case management services to families through a partnership with the Center for Youth Wellness. Dental services are provided on site through a partnership with the Native American Health Center.</p> <p>The clinic is a collaboration between CPMC, Sutter Pacific Medical Foundation, and CPMC Foundation.</p>
Anticipated Impact and Plan to Evaluate	BCHC is anticipated to improve access to care for uninsured and underinsured patients residing in the Bayview Hunters Point district of San Francisco. CPMC will evaluate BCHC's impact by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.
2014 Impact	<p>The clinic served an estimated 1,000 unique patients, with an estimated 2,500 total patient visits.</p> <p>CPMC and its partners opened BCHC in order to provide subsidized primary care to children in one of the most vulnerable, underserved neighborhoods in San Francisco. Through services such as these, CPMC has contributed to improved access to care as measured by a shift in the Needs Assessment indicator tracking the number of San Franciscans with a usual source of health care (from 86.8% in 2009</p>

to 88.8% in 2011-2012) (www.sfhip.org). By ensuring that services are culturally and linguistically appropriate, CPMC helps to bridge gaps in accessibility due to language and cultural barriers for non-native-English speakers, as measured by a shift in the Needs Assessment indicator measuring San Francisco's percentage of adults who speak a language other than English at home who have difficulty understanding their doctors (from 2.1% in 2009 to 1.7% in 2011-2012) (www.sfhip.org). These services also counter limited access that may be caused by primary care providers being less likely to serve Medi-Cal beneficiaries due to low government reimbursement rates.

Mechanism(s) Used to Measure Impact

Electronic health records.

Community Benefit Contribution/Expense

CPMC subsidized clinic operations with cash contributions for a Community Benefit expense of nearly \$435,000. In September, CPMC and Sutter Pacific Medical Foundation jointly transferred ownership of the clinic to South of Market Health Center (SMHC), and CPMC made an additional Community Benefit cash contribution of \$825,000 to SMHC to fund continuing operational costs as well as construction costs connected to the clinic's modernization plan.

Program, Initiative, or Activity Refinement

Note that, in 2014, clinic ownership was transferred to South of Market Health Center, and we were jointly awarded a grant to transition BCHC to become a Federally Qualified Health Center. CPMC will continue to ensure a successful transition through operations assistance and financial support. CPMC and SMHC will work together to ensure kids in the Bayview have access to high-quality care while ensuring the clinic's long-term sustainability.

Name of Program, Initiative or Activity

African American Breast Health Program (AABH), Sister to Sister Breast Health Program, and St. Luke's Breast Health Partnerships

Description

CPMC's AABH and Sister to Sister programs offer women mammography screening and all the subsequent breast health diagnostic testing and treatment they may need at no cost. Partnership organizations, such as Bayview Hunters Point Senior Center, Calvary Hill Community Church, Glide Health Services, San Francisco Free Clinic, and Clinic by the Bay, refer uninsured, underinsured, disadvantaged and at-risk women for mammography services.

CPMC's Breast Center at the St. Luke's Campus promotes breast health in underserved communities by partnering with neighborhood clinics and community agencies, including Southeast Health Center, Mission Neighborhood Health Center, and Latina Breast Cancer Agency.

Anticipated Impact and Plan to Evaluate	CPMC's breast health programs are anticipated to improve access to care for uninsured and underinsured patients residing in the community. CPMC will evaluate their impact by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.
2014 Impact	CPMC's African American and Sister to Sister breast health programs provided 229 screenings, with 284 total patient visits, and 23 first-time mammograms provided. CPMC's grant to Latina Breast Cancer Agency provided assistance for low-income patients to receive 370 mammograms at CPMC's St. Luke's Campus. In late 2014, CPMC implemented a new grant to Shanti Project's Margot Murphy Breast Cancer Program to address the need for Care Navigation services for Shanti patients receiving free breast cancer treatment, prioritizing women who face particular challenges in completing treatment due to being low-income, uninsured/underinsured, limited English proficient, and/or from immigrant populations.
Mechanism(s) Used to Measure Impact	AABH and Sister to Sister services tracked via patient log maintained by CPMC staff; Latina Breast Cancer Agency report.
Community Benefit Contribution/Expense	Subsidized screening services provided to AABH and Sister to Sister patients for a Community Benefit expense of nearly \$96,000. Cash contributions to community organizations supporting breast health outreach for a Community Benefit contribution of \$57,000.
Program, Initiative, or Activity Refinement	No revision necessary.
Name of Program, Initiative or Activity	Coming Home Hospice
Description	CPMC's Coming Home Hospice provides 24-hour care for terminally ill clients and their families in a caring, homelike setting. CPMC ensures that high-quality residential hospice care is accessible to terminally ill patients regardless of their ability to pay, by covering the difference between the full cost of providing these services and patient revenue.
Anticipated Impact and Plan to Evaluate	Coming Home Hospice is anticipated to improve access to care for uninsured and underinsured patients residing in San Francisco. CPMC will evaluate Coming Home Hospice's impact by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.

2014 Impact	Coming Home Hospice provided services to 209 terminally ill residents, helping to reduce disparities in access to quality hospice care.
Mechanism(s) Used to Measure Impact	Electronic health records.
Community Benefit Contribution/Expense	Operational costs of providing subsidized continuing care services for a total Community Benefit expense of over \$485,000.
Program, Initiative, or Activity Refinement	No revision necessary.
Name of Program, Initiative or Activity	Medi-Cal Managed Care Partnership
Description	<p>A key part of CPMC's Medi-Cal program is the Medi-Cal Managed Care partnership with North East Medical Services (NEMS) community clinic and San Francisco Health Plan (SFHP), a licensed community health plan that provides affordable health care coverage to over 80,000 low- and moderate-income families. Working together with NEMS, CPMC served as the hospital partner for 16,000 of these Medi-Cal beneficiaries in 2012, which was 22% of SFHP's total membership.</p> <p>In 2014, CPMC will expand its partnership with NEMS to accommodate patients newly insured through the Affordable Care Act, assuming responsibility for thousands of new Medi-Cal Managed Care beneficiaries.</p>
Anticipated Impact and Plan to Evaluate	CPMC's Medi-Cal Managed Care partnerships are anticipated to improve access to care for uninsured and underinsured patients residing in San Francisco. CPMC will evaluate the impact of these partnerships by annually tracking the number of people served and utilization, and by assessing the community's access to care needs in its next Community Health Needs Assessment.
2014 Impact	CPMC provided inpatient services, hospital-based specialty and ancillary services, and emergency care for the 30,000 Medi-Cal beneficiaries enrolled in this program in 2014, who otherwise may have faced difficulties in accessing a comprehensive, coordinated care network. (Enrollees increased from 17,500 in 2013.)
Mechanism(s) Used to Measure Impact	San Francisco Health Plan monthly enrollment reports.

Community Benefit Contribution/Expense	Costs were included in CPMC's total Unpaid Cost of Medi-Cal (Medi-Cal shortfall) amount of almost \$101 million.
Program, Initiative, or Activity Refinement	No revision necessary.
Name of Program, Initiative or Activity	Healthy San Francisco
Description	CPMC participates in Healthy San Francisco (Healthy SF), a citywide program that makes health care services accessible and affordable for uninsured San Francisco residents. Through partnerships with North East Medical Services (NEMS) community clinic and Brown & Toland Medical Group, CPMC provides free hospitalization and select specialty care to Healthy SF participants who are enrolled with NEMS or Brown & Toland as their medical home.
Anticipated Impact and Plan to Evaluate	Healthy San Francisco is anticipated to improve access to care for uninsured patients residing in San Francisco. CPMC will evaluate the impact of Healthy San Francisco by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.
2014 Impact	CPMC was the hospital partner for the 600 Healthy SF participants who were enrolled with BTMG as their medical home. As of 2015 Q1, enrollment in Healthy SF as a whole was at 16,000, contributing to San Francisco's overall high rate of health coverage (96.8 percent in 2013). In 2014, CPMC took NEMS hospital referrals as needed.
Mechanism(s) Used to Measure Impact	Healthy San Francisco Status Report on Program Enrollment Activities.
Community Benefit Contribution/Expense	Costs were included in CPMC's total Charity Care amount of over \$10.6 million.
Program, Initiative, or Activity Refinement	Over the past year, CPMC has participated in a city-wide effort to enroll the uninsured, including Healthy SF participants, in insurance programs, thus decreasing Healthy SF program enrollment. The number of people enrolled in Healthy SF is expected to further decline with ongoing implementation of the Affordable Care Act, as many uninsured San Franciscans now have new coverage options through the Medi-Cal expansion and Covered California.

Name of Program, Initiative or Activity	Lions Eye Foundation
Description	Lions Eye Foundation and CPMC partner together to provide highly specialized eye care procedures free of charge to people without insurance or financial resources.
Anticipated Impact and Plan to Evaluate	Lions Eye Foundation is anticipated to improve access to care for uninsured and underinsured patients residing in San Francisco. CPMC will evaluate Lions Eye Foundation's impact by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.
2014 Impact	The Lions Eye Clinic at CPMC served an estimated 1,000 patients with a total of about 2,700 patient visits, providing 215 general surgical procedures, 142 laser surgeries, 474 intravitreal injections for macular degeneration and eye complications due to diabetes, and 1,131 diagnostic tests.
Mechanism(s) Used to Measure Impact	Patient logs maintained by physicians and clinic staff.
Community Benefit Contribution/Expense	Costs were included in CPMC's total Charity Care amount of over \$10.6 million. CPMC also subsidized eye clinic operational cost by maintaining staff, donating facility space, and providing medical residents who performed the procedures as part of their medical education and training.
Program, Initiative, or Activity Refinement	No revision necessary.
Name of Program, Initiative or Activity	Operation Access
Description	CPMC partners with Operation Access and the San Francisco Endoscopy Center to provide access to diagnostic screenings, specialty procedures, and surgical care at no cost for uninsured Bay Area patients who have limited financial resources. CPMC physicians volunteer their time to provide these free surgical services, while the hospital donates the use of its operating rooms. CPMC also provides a grant to support Operation Access's operating costs.

Anticipated Impact and Plan to Evaluate	Operation Access is anticipated to improve access to care for uninsured and underinsured patients residing in San Francisco and the Bay Area. CPMC will evaluate the impact of its collaboration with Operation Access by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.
2014 Impact	CPMC staff provided over 70 procedures to 50 Operation Access patients, addressing a significant community need for access to specialty care and helping to reduce health disparities. Operation Access's culturally competent case management and medical interpreters facilitated this donated care for underserved patients.
Mechanism(s) Used to Measure Impact	Electronic health records.
Community Benefit Contribution/Expense	Costs were included in CPMC's total Charity Care amount of over \$10.6 million. CPMC also provided a \$25,000 cash grant to support Operation Access's operating costs.
Program, Initiative, or Activity Refinement	No revision necessary.
Name of Program, Initiative or Activity	Project Homeless Connect
Description	CPMC annually sponsors a Project Homeless Connect event where CPMC staff and other volunteers help to provide medical and social services to San Francisco's homeless, including primary medical care, eye exams, wheelchair repair, dental treatment, substance abuse connections, and even acupuncture and massage.
Anticipated Impact and Plan to Evaluate	Project Homeless Connect is anticipated to improve access to care for uninsured and underinsured patients in San Francisco. CPMC will evaluate the impact of its collaboration with Project Homeless Connect by annually tracking the number of people served, and by assessing the community's access to care needs in its next Community Health Needs Assessment.
2014 Impact	At the 2014 CPMC-sponsored event, 1,749 homeless individuals were connected to needed services, including 60 acupuncture treatments, 186 California State IDs, 42 dental procedures, 44 disability services, 140 employment visits, 154 eye exams, 60 foot washings, 19,955 lbs of

groceries, 123 haircuts, 18 HIV and STI tests, 50 Homeward Bound services, 1,222 lunches, 57 massage therapy services, 117 medical appointments, 129 prescription glasses, 640 reading glasses, 274 shelter and housing information, 250 government assistance benefits (CAAP, SSI/Medi-Cal, CalFresh), 123 safer sex information and supplies, 350 Sprint phone calls, 15 TB tests, and 33 wheelchair and walker repairs.

Mechanism(s) Used to Measure Impact

Numbers of accessed services were provided by Project Homeless Connect.

Community Benefit Contribution/Expense

CPMC donated over 400 hours of staff time to the event, for an in-kind Community Benefit contribution valued at over \$34,000. CPMC also contributed a \$10,000 cash sponsorship to help cover event costs.

Program, Initiative, or Activity Refinement

No revision necessary.

Increase Healthy Eating and Physical Activity

Name of Program, Initiative or Activity **HealthFirst**

Description HealthFirst is a center for health education and disease prevention affiliated with CPMC's St. Luke's Health Care Center. It concentrates on best practices in chronic disease management and particularly on integrating community health workers (CHWs) into the multidisciplinary health care team. CHWs provide health education, assist patients to improve their self-management skills, and encourage them to receive timely and comprehensive care. CHWs teach community workshops in healthy eating to parents of children at risk for obesity in the South of Market, Mission, and Bayview Hunters Point districts. They also teach classes on nutrition designed to manage chronic adult diabetes.

Anticipated Impact and Plan to Evaluate HealthFirst is anticipated to increase healthy eating towards the management of chronic disease among uninsured and underinsured patients residing in communities south of Market Street in San Francisco. CPMC will evaluate the impact of HealthFirst by annually tracking the number of people served, and by assessing the community's healthy eating and physical activity needs in its next Community Health Needs Assessment.

2014 Impact HealthFirst had over 1,900 patient visits, serving over 650 patients mostly with diabetes and asthma. Clinical dashboard recorded the following results: 64 percent of diabetic patients were under good control for hemoglobin HbA1c; 71 percent were under control for blood pressure; 70 percent were under control for LDL cholesterol; 100 percent of asthma patients had an action plan; 83 percent of asthma patients were considered well controlled. CPMC maintains the HealthFirst program in order to provide services to underserved residents of the Mission, as well as Bayview, Downtown/Civic Center, Visitacion Valley and Excelsior – some of the neighborhoods identified as having the highest disparities related to important socio-economic determinants of health. By providing services such as these, CPMC contributes to increased healthy eating and physical activity, as measured by a shift in the Needs Assessment indicator tracking the Percent of adults that report a BMI greater or equal to 30 (from 17.2 percent in 2009 to 11.3 percent in 2011-2012; note that the rate is higher for specific populations served by HealthFirst, e.g., 20 percent for Latinos) (www.sfhip.org).

Mechanism(s) Used to Measure Impact Electronic health records.

Community Benefit Contribution/Expense Subsidized operational costs for a total community benefit expense of over \$389,000.

Program, Initiative, or Activity Refinement	No revision necessary.
Name of Program, Initiative or Activity	Community-Based Services for Youth, including: <ul style="list-style-type: none"> • Bayview Child Health Center's nutrition services • William McKinley Elementary School Noon Hour Wellness Program • De Marillac Academy
Description	<ul style="list-style-type: none"> • At Bayview Child Health Center, a nutritionist is available to help children learn to eat healthier through health education and weight management programs. • CPMC funds fitness consultants at William McKinley Elementary School to develop and implement a lunchtime recess wellness program that includes moderate to vigorous activities for students, emphasizing team building, sportsmanship skills, and conflict resolution as well as introducing healthy nutrition and fitness concepts. The fitness consultants provide training to interns, McKinley teachers, and lunchtime monitors to implement the program for sustainability. • CPMC's Health Champions project has partnered with De Marillac Academy since 2004, creating a healthier school community for these children from underserved, low-income families in the Tenderloin and other at-risk communities in San Francisco. By combining nutrition education, food shopping and preparation with hands-on physical activities like mountain biking and rope climbing, the program establishes a culture of health consciousness among students, families, teachers, and staff.
Anticipated Impact and Plan to Evaluate	<p>These community-based services for youth are anticipated to increase healthy eating and physical activity among uninsured and underinsured patients residing in San Francisco. CPMC will evaluate the impact of these services by annually tracking the number of people served, and by assessing the community's healthy eating and physical activity needs in its next Community Health Needs Assessment.</p>
2014 Impact	<ul style="list-style-type: none"> • Bayview Child Health Center: The 1,000 children who had BCHC as their medical home had access to the center's nutrition services. • William McKinley Elementary School Noon Hour Wellness Program: 360 school children participated in moderate to vigorous physical activity during their lunch period five days a week throughout the school year. Funded staff members helped to maintain the playground as a safe, inclusive, and fun environment where children were able to take full advantage of the available games and activities. Children's fitness levels were measured with various exercises as a way of challenging them to increase their physical activity. The school's principal and student advisor both reported a marked decrease in behavioral issues and office referrals during lunch recess as a direct result of the program.

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- De Marillac Academy's Health Champions Program: In the 2013-2014 school year, 120 students were served by the program, with fifth and sixth graders receiving health and nutrition education classes, and seventh graders receiving physical education classes.

By making services such as these possible, CPMC contributes to increased healthy eating and physical activity as measured by shifts in the following Needs Assessment indicators: Physically fit children in 5th Grade within the SFUSD who score 6 of 6 on the CA Fitness-gram test (from 20.3 in 2010-2011 to 21.2 in 2012-2013); Physically fit children in 7th Grade within the SFUSD who score 6 of 6 on the CA Fitness-gram test (from 30.4 percent in 2010-2011 to 33.2 percent in 2012-2013) (www.sfhip.org).

Mechanism(s) Used to Measure Impact

Data from William McKinley Elementary School and De Marillac Academy.

Community Benefit Contribution/Expense

- Bayview Child Health Center: See CPMC's contribution to BCHC as a whole under Need #1 "Increase Access to High-Quality Care and Services" (page 10).
- William McKinley Elementary School Noon Hour Wellness Program: CPMC provided a \$5,000 cash grant to fund the program.
- De Marillac Academy's Health Champions Program: No expense was incurred in 2014 since CPMC was unable to fund the 2014-2015 school year due to lack of an AmeriCorps volunteer to staff the project. CPMC expects to fund the program for the 2015-2016 school year.

Program, Initiative, or Activity Refinement

No revision necessary.

Ensure Safe and Healthy Living Environments

Name of Program, Initiative or Activity

Community Health Grants and Sponsorships Program

Description

CPMC's Community Health Grants and Sponsorships Program supports organizations that promote safe and healthy living environments. Some examples include:

- APA Family Support Services provides in-home support services to Asian/Pacific Islander children and families to prevent child abuse and domestic violence.
 - The Center for Youth Wellness offers pediatric care that addresses the root causes of poor outcomes for children and youth in high-risk communities, based on emerging data on how exposure to poverty, domestic and community violence and other early life stressors affects the developing brains and bodies of children.
 - Chinatown Community Development Center strives to build community and enhance quality of life by acting as neighborhood advocates, community organizers, planners, developers, and managers of affordable housing, serving Chinatown, North Beach, Tenderloin, the Northern Waterfront, the Western Addition, Japantown, Polk Gulch, the Richmond, Civic Center and the South of Market area.
 - San Francisco Child Abuse Prevention Center and the Child Advocacy Center endeavor to prevent child abuse and reduce its devastating impact by providing supportive services to children and families; education for children, caregivers and service providers; and through advocacy for systems improvement and coordination.
 - Kimochi provides culturally sensitive, Japanese language-based programs and services to 3,000 Bay Area seniors and their families each year, including transportation, referral and outreach, health and consumer education seminars, healthy aging and senior center activities, social services, congregate and home-delivered meals, in-home support services, adult social day care, and 24-hour residential and respite care.
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Anticipated Impact and Plan to Evaluate

CPMC's various grants and sponsorships are anticipated to help ensure safe and healthy living environments for San Francisco residents. CPMC will evaluate the impact of these grants and sponsorships by annually tracking the number of people served by these organizations and/or any specific activities funded by the grant/sponsorship, and by assessing the community's safe and healthy living environments needs in its next Community Health Needs Assessment.

2014 Impact

- With CPMC's grant, Center for Youth Wellness provided case management, psychiatry and psychology services to nearly 100 Bayview Child Health Center patients.
 - With CPMC's grant, Chinatown Community Development Center provided services to 177 seniors including home safety evaluations to help them live safely and independently for as long as possible.
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- With CPMC’s grant, San Francisco Child Abuse Prevention Center continued to develop the city’s first and only Children’s Advocacy Center (CAC) as a best practice for treating and caring for victims of child abuse, co-located with Bayview Child Health Center for a “one-stop shop” with a full spectrum of wellness and intervention services. In 2014, CAC reached its 100-interview mark, and 70 percent of all the city’s forensic interviews and medical exams for victims of child abuse now occur there. The Center continued to develop protocols and systems to improve information sharing and learning with partners, to expand client outreach, and build sustainability.
- CPMC made grant and sponsorship cash contributions to other community organizations with a focus on ensuring safe and healthy living environments; these organizations together improved the lives of thousands of San Franciscans through their services.

Organizations included:

- APA Family Support Services
- Compass Family Services
- Conard House
- Curry Senior Center
- Episcopal Charities
- Episcopal Community Services
- Glide
- Gum Moon Women’s Residence / Asian Women’s Resource Center
- Homeless Prenatal Program
- Institute on Aging
- Jewish Family and Children’s Services
- Kimochi
- Mission Neighborhood Centers
- NAACP San Francisco
- On Lok Senior Services
- Portola & Excelsior Family Connections
- Richmond Area Multi-Services
- San Francisco LGBT Community Center
- San Francisco Parks Alliance
- Self-Help for the Elderly
- Tenderloin Housing Clinic

Through its donations to organizations like these, CPMC contributes to ensuring safe and healthy living environments, for example, as measured by a shift in the Needs Assessment indicator tracking San Francisco playgrounds scoring an "A" or "B" for infrastructure quality, condition, and cleanliness (from 61.0 percent in 2012 to 65.0 percent in 2014) (www.sfhip.org).

Mechanism(s) Used to Measure Impact

Community organization reports.

Community Benefit Contribution/Expense

CPMC’s total Community Benefit cash contribution to community organizations with a focus on this need totaled over \$488,000.

Program, Initiative, or Activity Refinement

No revision necessary.

Needs CPMC Plans Not to Address

Although no hospital can address all aspects of the health needs present in its community, CPMC plans to address all three of the priorities identified in the 2013 Community Health Needs Assessment. As a member of SFHIP (San Francisco Health Improvement Partnership), CPMC will continue to work in collaboration with other local hospitals and health plans to identify gaps in service and to determine where efforts should be collectively redirected in order to most effectively improve the health of San Francisco residents. For more information about SFHIP, please visit www.sfhip.org.

CPMC is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits.

Approval by Governing Board

This implementation strategy was approved by the Governing Board of Sutter West Bay Hospitals on November 21, 2013.

Appendix: 2014 Community Benefit Financials

Sutter Health hospitals and many other health care systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

The community benefit values for Sutter West Bay Hospitals are calculated in two categories: **Services for the Poor and Underserved** and **Benefits for the Broader Community**.

Services for the poor and underserved include traditional charity care which covers health care services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Services for the poor and underserved also include the cost of other services provided to persons who cannot afford health care because of inadequate resources and are uninsured or underinsured, and cash donations on behalf of the poor and needy.

Benefits for the broader community includes costs of providing the following services: health screenings and other non-related services, training health professionals, educating the community with various seminars and classes, the cost of performing medical research and the costs associated with providing free clinics and community services. Benefits for the broader community also include contributions Sutter Health makes to community agencies to fund charitable activities.

2014 Community Benefit Value	Sutter West Bay Hospitals
Services for the Poor and Underserved	\$138,940,838
Benefits for the Broader Community	\$52,119,770
Total Quantifiable Community Benefit	\$191,060,608

This reflects the community benefit values for Sutter West Bay Hospitals (SWBH), the legal entity that includes CPMC, St. Luke's Hospital, Novato Community Hospital, Sutter Lakeside Hospital and Sutter Santa Rosa Regional Hospital. For details regarding the community benefit values specifically for CPMC, please contact Emily Webb at (415) 600-7526 or WebbE@sutterhealth.org.

2014 Community Benefit Financials
Sutter West Bay Hospitals

Services for the Poor and Underserved	
Traditional charity care	\$14,293,651
Unpaid costs of public programs:	
Medi-Cal	\$105,805,388
Other public programs	\$178,197
Other benefits	\$18,663,602
Total services for the poor and underserved	\$138,940,838
Benefits for the Broader Community	
Nonbilled services	\$3,567,768
Education and research	\$47,975,042
Cash and in-kind donations	\$459,623
Other community benefits	\$117,337
Total benefits for the broader community	\$52,119,770

This reflects the community benefit values for Sutter West Bay Hospitals (SWBH), the legal entity that includes CPMC, St. Luke's Hospital, Novato Community Hospital, Sutter Lakeside Hospital and Sutter Santa Rosa Regional Hospital. For details regarding the community benefit values specifically for CPMC, please contact Emily Webb at (415) 600-7526 or WebbE@sutterhealth.org.