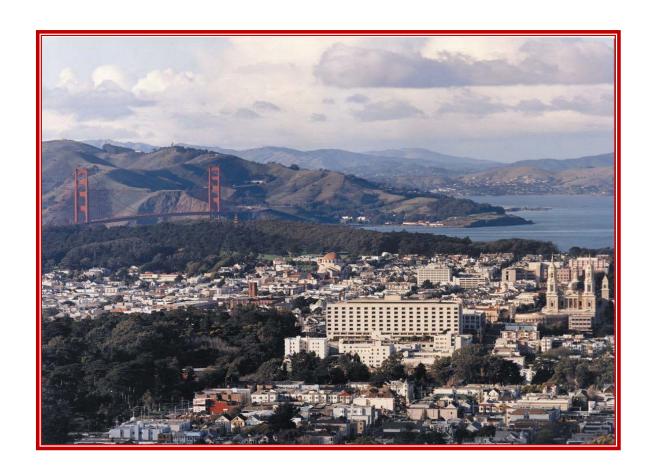
# St. Mary's Medical Center Community Benefit 2021 Report and 2022 Plan

**Adopted October 7, 2021** 





# A message from

Daryn Kumar, president and CEO of St. Mary's Medical Center, and Richard Podolin MD, Chair of the Dignity Health St. Mary's Medical Center Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments (CHNA) that we conduct with community input, including from the local public health department. The Assessment called out two foundation issues, poverty and racial health disparities, which help create and intensify the five identified health needs below.

- Access to coordinated, culturally and linguistically appropriate care and services
- Food security, healthy eating and active living
- Housing security and an end to homelessness
- Safety from violence and trauma
- Social, emotional, and behavioral health

Our initiatives to address these health needs and deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

St. Mary's Medical Center shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2021 Report and 2022 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2021 (FY21), St. Mary's Medical Center provided \$35,010,047 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$54,847,901 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2021 Report and 2022 Plan at its October 7<sup>th</sup>, 2021 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching to out to St. Mary's Medical Center Community Health Office, 450 Stanyan St., San Francisco CA 94117 or by e-mail to Alexander.Mitra@DignityHealth.org.

Richard Podolin MD Chairperson, Board of Directors

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# **At-a-Glance Summary**

# Community Served



Located in northern California, San Francisco is a seven by seven square mile coastal, metropolitan city and county that includes Treasure Island and Yerba Buena Island, just northeast of the mainland. The only consolidated city and county in the state, San Francisco is densely populated and boasts culturally diverse neighborhoods in which residents speak more than 12 different languages. The city is characterized by steep inequality with ten percent of its population living below the federal poverty level, while at the same time hosting the third most billionaires in the world.

### Economic Value of Community Benefit

\$35,010,047 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

\$54,847,901 in unreimbursed costs of caring for patients covered by Medicare

Significant Community Health Needs Being Addressed The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:



### Foundational Issues:

- Racial health inequities
- Poverty

#### Health Needs:

Access to coordinated, culturally and linguistically appropriate care and services

### Health Needs (Continued):

- Food security, healthy eating and active living
- Housing security and an end to homelessness
- Safety from violence and trauma
- Social, emotional, and behavioral health

FY21 Programs and Services



The hospital delivered several programs and services to help address identified significant community health needs. These included:

- Sister Mary Philippa Health Center (SMPHC): serves as a medical home to underinsured and uninsured patients offering primary care as well as specialty clinics. During COVID appointments being held in person and via telehealth.
- Counseling Enriched Education Program offers qualified students of SF Unified School District classroom instruction at St. Mary's by SFUSD teachers with mental health professionals on-site to provide intensive therapy and treatment.

- **Graduate Medical Education**: Provides graduate education to resident internal medicine physicians, orthopedic surgeons and podiatrists. Internal medicine residents also gain experience as primary care providers through the SMPHC.
- COVID Education and Vaccination: St. Mary's Medical Center supported numerous vaccination and education initiatives including the Moscone Vaccination effort, Tenderloin Vaccination effort, Ingleside Vaccination effort. We also recruited medical professionals of color for UCSF's COVID Education initiative to provide information on the COVID vaccines in January 2021 to communities.
- **Diabetes Services**: Provides education (individual and group), outreach and support to community members. Group education occurring remotely during COVID precautions.

FY22 Planned Programs and Services



The hospital plans to continue prior year programs and activities to address significant community health needs. As the coronavirus pandemic continues, the hospital will work with its partners to continue to address the evolving health needs.

This document is publicly available online at https://www.dignityhealth.org/bayarea/locations/stmarys/about-us/community-benefit

Written comments on this report can be sent by mail or emailed to Alexander.Mitra@DignityHealth.org.

Mailed comments should be addressed to: St. Mary's Medical Center Community Health Department 450 Stanyan St. San Francisco CA 94117

# **Our Hospital and the Community Served**

### About St. Mary's Medical Center

St. Mary's Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health. The hospital was founded by the Sisters of Mercy and has cared for the people of the San Francisco Bay Area since 1857. In 1986 it was one of the founding hospitals of Dignity Health. A fully accredited teaching hospital in the heart of San Francisco, it has 275 licensed beds. For 164 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Our key service lines include orthopedics, cardiovascular, oncology, adolescent psychiatry, and acute rehabilitation. We offer a full range of diagnostic services and a 24-hour Emergency Department.

### **Our Mission**

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### **Our Vision**

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

### Financial Assistance for Medically Necessary Care

St. Mary's Medical Center is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. Advocating for the poor and vulnerable is both our mission and our passion. The hospital has financial assistance available to help pay for medically necessary services provided to those patients who meet certain income requirements. The financial assistance policy, a plain language summary of the policy, and a financial assistance application are on the hospital's web site.

### Description of the Community Served

St. Mary's Medical Center serves the City and County of San Francisco. A summary description of the community is below. Additional details can be found in the CHNA report online.

St. Mary's Medical Center is an acute care hospital and ambulatory health care provider serving a geographic service area that includes San Francisco, Northern San Mateo County and Southern Marin County.

For Community Benefit activities we focus on the City and County of San Francisco. San Francisco, at roughly 47 square miles, is the most densely populated large city in California. Between 2011 and 2018, San Francisco grew by almost eight percent to 888,817 persons outpacing population growth in California (6 percent). By 2030, San Francisco's population is expected to total more than 980,000.



The population is aging and the ethnic shifts continue with an increase in the Asian and Pacific Islander population, increase in multiethnic populations and a decrease in the Black/African American population. Although San Francisco has a relatively small proportion of households with children (19 percent) compared to the state overall (34 percent), the number of schoolaged children is projected to rise.

Despite areas of affluence, there remain significant pockets of poverty (as evidenced in the Community Needs Index which follows) particularly in the African American and Hispanic/Latino communities. Because of our proximity to Golden Gate Park, our emergency department sees a large number of people who are homeless and others lacking access to primary care.

San Francisco has historically been on the forefront in providing access to health services for its citizens. Since 2007, the Healthy San Francisco program has been in operation, funded by the city, employer contributions and participant fees as well as being subsidized by private hospitals including SMMC. In FY 2021 we provided \$907,999 to this means-tested program. Healthy San Francisco has offered medical services to San Franciscans regardless of their income, employment or immigration status or pre-existing medical conditions.

	San Francisco
Total Population	888,069
Race	
White - Non-Hispanic	39.3%
Black/African American - Non-Hispanic	4.7%
Hispanic or Latino	15.6%
Asian/Pacific Islander	36.0%
All Others	4.3%
% Below Poverty	5.1%

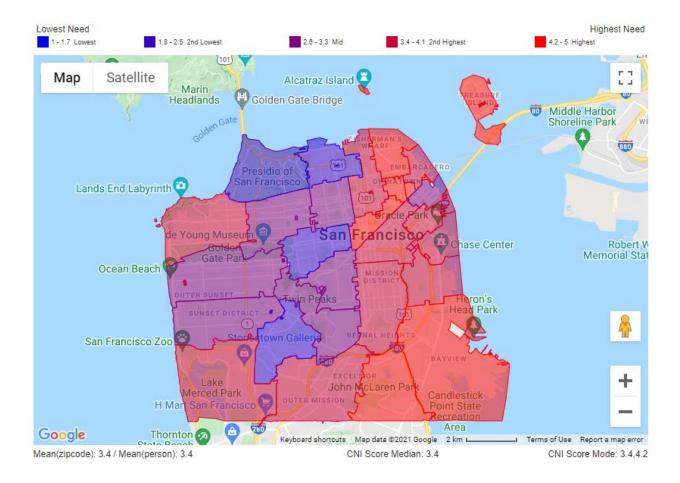
Unemployment	3.8%
No High School Diploma	10.9%
Medicaid (household)	7.4%
Uninsured (household)	2.7%

**Source:** Claritas Pop-Facts® 2021; *SG2 Market Demographic Module* 

### Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



# **Community Assessment and Significant Needs**

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

### Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in June of 2019.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <a href="https://www.dignityhealth.org/bayarea/locations/stmarys/about-us/community-benefit">https://www.dignityhealth.org/bayarea/locations/stmarys/about-us/community-benefit</a> or upon request at the hospital's Community Health office.

## Significant Health Needs

The most recent Community Health Needs Assessment identifies two overarching foundational issues that contribute significantly to local health needs:

- 1) Racial health inequities: Health inequities are avoidable differences in health outcomes between population groups. Health inequities result from both the actions of individuals (health behaviors, biased treatment by health professionals), and from the structural and institutional behaviors that confer health opportunities or burdens based on status.
- 2) **Poverty:** Enough income generally confers access to resources that promote health—like good schools, health care, healthy food, safe neighborhoods, and time for self-care—and the ability to avoid health hazards—like air pollution and poor quality housing conditions.

These foundation issues play a significant role in creating and intensifying the health needs identified in the community health needs assessment:

1) Access to coordinated, culturally and linguistically appropriate care and services: San Francisco continued to see gains in access to health care with 10,000 fewer residents uninsured in 2017 than in 2015. Of the estimated 31,500 uninsured residents, 15,373 have health care access through Healthy San Francisco or Healthy Kids. Approximately 2% of residents remain without access. Having insurance or an access program is only the first step; however, as true access to

- services is influenced by location, affordability, hours of operation, and cultural and linguistic appropriateness of health care services.
- 2) Food security, healthy eating and active living: Inadequate nutrition and a lack of physical activity contribute to 9 of the leading 15 causes of premature death in San Francisco—heart failure, stroke, hypertension, diabetes, prostate cancer, colon cancer, Alzheimer's, breast cancer, and lung cancer. Studies have shown that just 2.5 hours of moderate intensity physical activity each week is associated with a gain of approximately three years of life.
- 3) Housing security and an end to homelessness: Housing is a key social determinant of health. Housing stability, quality, safety, and affordability all have very direct and significant impacts on individual and community health. Much of California, and especially the Bay Area, is currently experiencing an acute shortage in housing, leading to unaffordable housing costs, overcrowding, homelessness and other associated negative health impacts.
- 4) Safety from violence and trauma: Violence not only leads to serious mental, physical and emotional injuries and, potentially, death for the victim, but also negatively impacts the family and friends of the victim and their community. Persons of color are more likely to be victims of violence, to live in neighborhoods not perceived to be safe and to receive inequitable treatment through the criminal justice system.
- 5) Social, emotional, and behavioral health: Mental health is an important part of community health. In San Francisco the number of hospitalizations among adults due to major depression exceed that of asthma or hypertension. Presence of mental illness can adversely impact the ability to perform across various facets of life—work, home, social settings. It also impacts the families, caregivers, and communities of those affected. Substance abuse including drugs, alcohol and tobacco, contributes to 14 of the top causes of premature death in the City—lung cancer, Chronic Obstructive Pulmonary Disease, HIV, drug overdose, assault, suicide, breast cancer, heart failure, stroke, hypertensive heart disease, colon cancer, liver cancer, prostate cancer, and Alzheimer's.

### Significant Needs the Hospital Does Not Intend to Address

The hospital intends to take actions to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.

# 2021 Report and 2022 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY21 and planned activities for FY22, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community

health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital works to evaluate



impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

### Creating the Community Benefit Plan

St. Mary's Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

Rooted in CommonSpirit Health's mission, vision and values, St. Mary's Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Benefit staff and Community Board. The board is composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

The hospital worked together with community health providers, San Francisco Department of Public Health and three equity coalitions to create the 2019 San Francisco Community Health Needs Assessment (CHNA). The Needs Assessment identified the top health issues facing San Franciscans. The City's Health Commission adopted the 2019 CHNA in May 2019 and St. Mary's Community Board adopted the document in June 2019. In reviewing the CHNA, St. Mary's Medical Center's Community Board decided that it would focus its efforts on the following needs identified by the CHNA for the fiscal years 2020 - 2022:

- Access to coordinated, culturally and linguistically appropriate care and services
- Food security, healthy eating and active living
- Housing security and an end to homelessness
- Safety from violence and trauma
- Social, emotional, and behavioral health

The community benefit plan reflects programs within SMMC that can reasonably respond to the identified areas of focus. At SMMC, some of our prominent Community Benefit programs serve to efficiently steward community health care costs. One example of this is the Sister Mary Philippa Health Center, which, by providing a Medical Home and improving appropriate access to health care, strives to prevent disease progression. SMMC chose to focus on the priorities that is has the institutional capacity to address.

### Impact of the Coronavirus Pandemic

In FY21, St. Mary's continued to support its work to serve the community and underserved populations amid multiple COVID surges that strained staff and resources. In addition to living its mission to provide high-quality, compassionate care, the hospital undertook an extensive vaccination effort, created meaningful connections with city departments and non-profit partners, and recruited medical professionals to provide vaccination education for communities of color in the Bay Area and across the country.

The major undertaking this fiscal year was the establishment and staffing of the COVID mass vaccination site at Moscone Center and community sites in the Tenderloin. St. Mary's and Dignity Health joined with Kaiser, SFDPH, and the COVID Command Center to staff the Mass Vaccination site at Moscone. Dignity Health staff recruited, staffed and managed the effort in partnership with Kaiser and COVID Command. The site vaccinated over 330,000 individuals and was a universally lauded clinic for its ease of use. At its peak the site ran seven days a week from 7:00 am – 8:00 pm.

Dignity Health also provided support for the Tenderloin community vaccination. As it became apparent that vaccines were in the pipeline, St. Mary's conducted a flu vaccine pilot with GLIDE in October and November of 2020. This served as a dry run for future community COVID vaccine clinics with DPH, GLIDE and Saint Francis/St. Mary's. After establishing the mass vaccination clinics, St. Mary's was reconnected by DPH to GLIDE, SF Community Health Clinic and UCSF to support the SFCHC/GLIDE Vaccine clinics. The clinics lead to over 1,800 shots in the arm from April – June, after the many individuals had already received their vaccine from the mass vaccination efforts. The Tenderloin neighborhood has a vaccination rate of 83%, in part because of the diligent work from at the SFCHC/GLIDE Vaccine clinics.

St. Mary's also recruited black, Latino and Asian medical professionals for UCSF's Vaccine Education Program in January 2021. The effort brought vaccine education to community groups around the country to make space questions without a pressuring attitude in safe spaces hosted by community leaders.

As has been documented extensively, the COVID pandemic has exacerbated many social determinants of health including housing, food security, mental health, and overall access to care. As outlined throughout this report the hospital has worked to increase access to care via clearer connections to services, increased food delivery services during the depths of the pandemic in January, and deepening connections with the city partners to connect patients to available housing resources and better coordinate care for patients with severe mental health issues.

In a year with health care was stretch to the limit, St. Mary's and Dignity Health took major steps to combat COVID, and create a more inclusive and equitable health care system.

# Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.





# Health Need: Access to coordinated, culturally and linguistically appropriate care and services

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Sr. Mary Philippa Health Center	Serves as Medical Home to low income patients where participants in Graduate Medical Education program serve as primary care providers with supervision by preceptors.		
Financial assistance for uninsured/ underinsured and low income residents	The hospital provides discounted and free health care to qualified individuals, following Dignity Health's Financial Assistance Policy. Fundraising is also done to assist with providing care.		
Graduate Medical Education	Residents in medicine, orthopedics, and podiatry are prepared in a clinical setting while providing direct services to people in need.		
Internships for health professionals in training	Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Dietician, Marriage Family Therapy and Nursing Assistant students are supervised in clinical settings.		
Breast Cancer Second Opinion Panel	Multidisciplinary panel reviews cases and makes clinical recommendations at no cost to patients.	$\boxtimes$	
HIV Services	Education in various topics as well as assistance to patients in obtaining needed drugs.		
Transportation Assistance	Van service, taxi vouchers or bus tokens provided to patients who need assistance with access to our facilities		
San Francisco Health Improvement Partnership	We participate with other local providers to conduct the Community Health Needs Assessment as well as collaborate to help meet those needs.		

HICAP	We collaborate with Health Insurance Counseling and Advocacy Program to provide space and secretarial assistance for volunteer counselors. Held remotely by HICAP during COVID	
Homeless Health Initiative: ED Navigator	With support from the Dignity Health's Homeless Health Initiative, St. mary's piloted placing social workers in the Emergency Department to solely focus on homeless patients with a goal to screen for SDoH factors and build trust to enable successful referrals to appropriate care.	

**Impact:** People have better access to care and education that will keep them healthy. Health professions students and interns will have clinical experiences and mentoring that further their skills.

Collaboration: University of San Francisco, Samuel Merritt University, Dominican University, San Francisco State University, Unitek, City College of San Francisco, UCSF, UC Berkeley, University of St. Augustine, USC, San Diego State University, Shanti, The Justice and Diversity Center of the Bar Association and the AIDS Legal Referral Panel, San Francisco Health Improvement Partnership, **HICAP** 

### Health Need: Food security, healthy eating and active living

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Community Grant to Asian Health Collaborative	Providing meals, groceries and WeChat exercise videos and wellness checks to homebound seniors especially in response to shelter in place orders.	$\boxtimes$	
Low cost meals for seniors	All seniors receive a significant discount in the hospital cafeteria. Suspended during COVID. Plan to resume when it is safe to do so.		
Diabetes Education Program	Our diabetes educators provide a continuously repeating 6 week series of classes on aspects of diabetes self-care for any member of the community. Done remotely during COVID.		
Senior Yoga	Weekly gentle yoga class with yoga instructor. Suspended during COVID.		

**Impact:** Through these programs we assist people to make better food choices as well as assist with access to healthy foods.

**Collaboration:** Nutrition Services, Diabetes Education, St. Dominic's Church, Asian Health Collaborative and Volunteer Certified Yoga instructor



# Health Need: Housing security and an end to homelessness

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Donations of clothing, meals and transportation to homeless patients	Upon discharge the hospital offers homeless patients clothing, a meal and transportation to their home	$\boxtimes$	
Sr. Mary Philippa Health Center	Social worker at the health clinic connects patients to rent support and housing resources to continue to live in place. Connect patients with lawyers who can assist them.		
Rapid Re-Housing Program with LYRIC	This project seeks to ensure that students of SF State receive rehousing services both on and off campus. Rapid-Rehousing services emergency rental stipends, housing deposits, rental subsidies and case management from two organizations that serve as coordinated entry sites for homeless or marginally housed transitional age youth.		
Homeless Health Initiative: Flexible Housing Subsidy Pool	With support from the Dignity Health's Homeless Health Initiative, St. Mary's piloted a referral process to permanently house homeless patients with a change in medical condition that were not being prioritized by the current City algorithm.		

**Impact:** Provide aid to and partner with organizations that support persons experiencing homelessness

**Collaboration:** LYRIC, San Francisco State University, San Francisco Department of Homelessness and Supportive Housing, Brilliant Corners, Citywide, Felton



### Health Need: Social, emotional and behavioral health

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Counseling Enriched Education Program	Offers qualified students of SF Unified School District classroom instruction by SFUSD teachers with mental health professions on-site to provide intensive therapy and treatment. Resumed during COVID following protocols.		
Breast Cancer Support Group	Ongoing group offered support free of cost. Meeting held remotely during COVID.	$\boxtimes$	

**Impact:** Students in need of behavioral health care receive it along with the opportunity to complete appropriate level of classroom education.

**Collaboration:** San Francisco Unified School District, Psychologist leader of support group



### Health Need: Safety From Violence and Trauma

Strategy or Program Name	Summary Description	Active FY21	Planned FY22
Human Trafficking Awareness	Work with internal and external stakeholders to train staff to identify and refer survivors of human trafficking.	$\boxtimes$	$\boxtimes$
Community Grant to Community Grows	Creates more community spaces in the Western Addition for young and transitional-aged youth	$\boxtimes$	

**Impact:** Identify and refer individuals suspected of being trafficked and create safe spaces in the community for young and transitional aged youth.

**Collaboration:** Community Grows, Booker T. Washington Community Services Center, African American Arts and Culture Complex, San Francisco Collaborative Against Human Trafficking

### **Community Grants Program**

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY21, the hospital awarded the grants below totaling \$124,099. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Tides Center/ Community Grows	Community Gardens and Cooking Classes	\$34,099
Lavender Youth Recreation & Information Center (LYRIC)	Rapid Rehousing Program for Homeless SFSU College Students	\$50,000
Self-Help for the Elderly (SHE)	Asian Health Collaborative	\$40,000

# **Program Digests**

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Sister Mary Philippa Health Center			
Significant Health Needs Addressed	<ul> <li>Access to coordinated, culturally and linguistically appropriate care and services</li> <li>Housing security and an end to homelessness</li> <li>Social, emotional, and behavioral health</li> </ul>		
Program Description	The Sister Mary Philippa Health Center (SMPHC) serves as a Medical Home to approximately 1500 underinsured and uninsured patients. The Clinic offers adult primary care and specialty care to citizens of San Francisco who meet financial eligibility criteria. Specialties include: HIV/AIDS services, Cardiology, Gastroenterology, General surgery, Oncology, Optometry, Orthopedics, Psychiatry, Podiatry, Pulmonary, Urgent Care, Urology. Additional ancillary services include case management, and pharmacy. The hospital provides staff, space, and supplies. Participants in the Graduate Medical Education Program serve as primary care physicians and are supervised by preceptors.		
Community Benefit Category	Financial Assistance, Medicaid, Means-Tested Programs		
	FY 2021 Report		
Program Goal / Anticipated Impact	Our goal is to continue to serve underinsured and uninsured patients through the Clinic. Our new fiscal year began with 281 Healthy San Francisco (HSF) patients, 317 Medi-Cal, and 600 Medicare patients who are on fixed or low income and qualify for a secondary charity allowance at our Clinic and Hospital. The last two groups represent a new opportunity for the Clinic to express its mission by serving those people some private practices will not see and for whom access to quality medical care is critical.		
	During COVID, the clinic moved to a telehealth model to continue to serve patients and ensure they had access to care and medication. Blood pressure monitors were provided to patients who needed them for home use. As the year progressed, patients are seen in person with appropriate precautions or by telehealth in needed.		
Measurable Objective(s) with Indicator(s)	Objective: Provide care for underinsured and uninsured patients of the community.  Indicator: Increase clinic population of Medi-Cal & Medicare patients by 5%.		
Intervention Actions for Achieving Goal	Proactively reached out to patients to schedule check-ups and preventative care.  Added specialty clinics in psychiatry, gynecology, and ophthalmology.  Institute a telehealth model to continue to serve patients during COVID.		
Collaboration	The clinic collaborates with referral partners to connect patients to the services they need. Partners include: Q Foundation, Shanti, and SFDPH.		

Performance / Impact	The Sister Mary Philippa Health Center provides Medical Home services to approximately 1500 patients for primary care, specialty and ancillary services. On-site pharmacy, interpreter services, social work services, diabetes education services, and HIV services, continue to be available to support our patient population.	
Hospital's Contribution / Program Expense	The hospital highly subsidizes care for patients of the clinic to increase access to primary care.	
	FY 2022 Plan	
Program Goal / Anticipated Impact	Our goal is to continue to serve underinsured and uninsured patients through the Clinic. Our new fiscal year began with 281 Healthy San Francisco (HSF) patients, 317 Medi-Cal, and 600 Medicare patients who are on fixed or low income and qualify for a secondary charity allowance at our Clinic and Hospital. The last two groups represent an opportunity for the Clinic to express its mission by serving those people some private practices will not see and for whom access to quality medical care is critical.	
Measurable Objective(s) with Indicator(s)	Objective: Provide care for underinsured and uninsured patients of the community.  Indicator: Increase clinic population of Medi-Cal & Medicare patients by 5%.	
Intervention Actions for Achieving Goal	Strengthen pipeline for patients presenting at St. Mary's Hospital witho primary care to be served at the Sr. Mary Philippa Clinic. Explore ways to grow the clinic as the medical home for the community	
Planned Collaboration	Continue collaborations with community based providers through the HIV/AIDS Provider Network, the San Francisco Department of Public Health and other care providers.	

Counseling Enriched Education Program		
Significant Health Needs Addressed	<ul> <li>✓ Access to coordinated, culturally and linguistically appropriate care and services</li> <li>✓ Food security, healthy eating and active living Housing security and an end to homelessness</li> <li>✓ Safety from violence and trauma</li> <li>✓ Social, emotional, and behavioral health</li> </ul>	
Program Description	St. Mary's Medical Center partners with the San Francisco Unified School District and San Francisco Department of Public Health to host a Counseling Enriched Education Program in St. Mary's McAuley building. The program offers qualified students of SFUSD specialized academic instruction and support by SFUSD teachers with mental health	

	professions on-site to provide intensive therapy and treatment. While at the program students receive a healthy breakfast and lunch and are		
Community Benefit	supervised during physical activities.  A2-c Community-Based Clinical Services - Behavioral health services		
Category			
	FY 2021 Report		
Program Goal / Anticipated Impact	Emotional and/or psychiatric problems that interfere with functioning in school will be addressed.		
Measurable Objective(s) with Indicator(s)	The Counseling Enriched Education Program uses the Child and Adolescent Needs and Strengths (CANS) assessment tool to evaluate the effectiveness of the program.  The measurable objective is to increase the ability of children to mitigate problems that interfere with functioning at school.  Indicator: Percentage of clients who either maintain or develop at least 2 useful or centerpiece strengths.  Goal: 100%  FY21 percentage: 80% This met contract goals but unable to reach higher due to COVID restrictions.		
Intervention Actions for Achieving Goal	Thorough evaluation; ongoing intensive therapy and treatment; Educational services for adolescents who are unable to successfully participate in comprehensive community-based academic programs and outpatient therapeutic services.  Teletherapy offered during COVID restrictions with in-person visits only by appointment. In times of crisis, students brought in for in person visits.  Worked with the Department of Public Health to accommodate adolescents from other programs which lost staff due to COVID.  In time of pandemic, program kept students engaged in groups, individual therapy, family therapy and medication management.  Three students graduated in June.		
Collaboration	St. Mary's Medical Center receives a grant from the San Francisco Department of Public Health and San Francisco Unified School District The School District provides the teachers and paraprofessionals for the classes and screens students for eligibility and refers them to CEEP.		
Performance / Impact	Students in need of behavioral health care receive it along with the opportunity to complete appropriate level of classroom education.		
Hospital's Contribution / Program Expense	\$560,157: Hospital provides professional psychiatric staff, space and support to the program.		

FY 2022 Plan		
Program Goal / Anticipated Impact	Counseling services for students will help the students integrate into the broader community, while keeping up with their studies.	
Measurable Objective(s) with Indicator(s)	The Counseling Enriched Education Program uses the Child and Adolescent Needs and Strengths (CANS) assessment tool to evaluate the effectiveness of the program.  The measurable objective is to increase the ability of children to mitigate problems that interfere with functioning at school.  Indicator: Percentage of clients who either maintain or develop at least 2 useful or centerpiece strengths.  Goal: 100%	
Intervention Actions for Achieving Goal	Comprehensive evaluation; Ongoing intensive therapy and treatment; Educational services for adolescents who are unable to successfully participate in comprehensive community-based academic programs and outpatient therapeutic services. Continuation of tele therapy services to serve students.	
Planned Collaboration	St. Mary's plans to continue this longstanding partnership with the San Francisco Unified School District and the San Francisco Department of Public Health.	

# **Diabetes Education Program**

<ul> <li>Access to coordinated, culturally and linguistically appropriate care and services</li> <li>Food security, healthy eating and active living Housing security and an end to homelessness Safety from violence and trauma Social, emotional, and behavioral health</li> </ul>		
St. Mary's provides support for individual and community education of people and families with diabetes in order to increase self-management abilities and reduce the risk of serious complications.  The outpatient education program is a nationally certified program of excellence, maintained by compliance with specific quality indicators and outcome measures. Some services are free. Community classes are free and all are welcome. Sponsored community events are attended and health screenings and education are provided. (Currently suspended due to social distancing requirements)		
A1-a Community Health Education - Lectures/Workshops		
FY 2021 Report		
Routine communication with area physicians regarding program services to increase participation in community classes		

	Increased class participation by offering twice-weekly electronic education/support meetings Support Healthy eating: Provided appropriate video content regarding healthy eating and eating decisions Acted as a resource for medical education in care for clinic patients with diabetes, and opportunities to spend time with educators. Support clinic nurses' decision making and knowledge base.	
Measurable Objective(s) with Indicator(s)	Quantify class participation Quantify through inquiry increased feelings of reduced stress and increased feeling of community Quantify resident physician participation in education events. Quantify community physician referrals	
Intervention Actions for Achieving Goal	Increased access to community education and support by adding additional weekly class in electronic format.  Implemented additional resources for education and support through video offerings from appropriately recognized sources.  Included resident physicians in education appointments and classes when scheduled by Medical Education.  Marketing to area physicians.  Continued individual education and support for those with diabetes and families	
Collaboration	Collaborated with Medical Education to include physicians in patient education events.  Collaborated with on-line educational resources such as the American Diabetes Association, NIH.  Collaborated with area physicians in accepting education referrals, and routine marketing	
Performance / Impact	Provided a consistent twice weekly on line presence for population with dm, pre dm or their families.  Provided opportunity for lifelong learning for people with diabetes and their families including health focused attention to stress management, healthy eating and increasing activity  Provided education in care of people with diabetes to providers.  Maintained nationally recognized quality education program thereby developing effectiveness of educators and education.	
Hospital's Contribution / Program Expense	\$40,000. Salaries, imputed rent for classrooms, unreimbursed clinical care and supplies, community health fair supplies and handouts.	
FY 2022 Plan		
Program Goal / Anticipated Impact	Ease the burden of care for providers through professional diabetes support and education.  Increase participation in exercise by beginning each class with 10 minutes of exercise.	

	Maintain low rates of hospital admissions and readmissions for reasons of diabetes Maintain area physician referrals Increase participation in self-care by patients with the use of new technology. Increase cultural sensitivity and awareness through discussion with resident physicians of various backgrounds.
Measurable Objective(s) with Indicator(s)	Increased on line participation in diabetes classes through word of mouth Increased self-reporting of participation in risk reduction activities by class participation Increase participation in program by resident physicians and medical students Query class participants in type of exercise desired for classes Continue to measure incidence of clinic patients with diabetes who are admitted or readmitted to hospital. Annual program marketing to area physicians Discuss culturally determined behaviors regarding meal intake and activity with staff of various ethnographies.
Intervention Actions for Achieving Goal	Allow any interested participant to attend on line classes Provide satisfaction survey to community physicians referring to program.  Maintain national recognition for meeting educational standards. Preview any non-program originating materials before use in class Accept resident and physician requests to observe/participate in education events.
Planned Collaboration	Collaborate with marketing, community outreach, national organizations, Professional education providers, nursing education and medical education departments, community cooking class providers.

### Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

#### Advocacy

SMMC staff advocate for local and state health policy. SMMC staff engages with elected and appointed officials at the local, state and federal level as well as a diversity of healthcare thought leaders from the public and private sector in support of SMMC's strategic objectives.

### **Charity Care**

SMMC continues to work hand in hand with the Department of Public Health on the issues of health reform and Charity Care. The Charity Care Workgroup, which includes representatives from the San Francisco Department of Public Health and all of the city's hospitals, meets periodically throughout the year to discuss the annual citywide Charity Care Report and examine issues related to charity care.

### **COVID Vaccination Efforts**

At a cost of \$1.5 million per month, Saint Francis and St. Mary's supported multiple vaccination efforts in San Francisco including Moscone Mass Vaccination Clinic, Tenderloin Vaccination Clinic and the Ingleside Vaccination site.

### 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 encouraging residents to access primary and preventive care. The San Francisco Health Plan, in partnership with the San Francisco Department of Public Health, administers Healthy San Francisco.

### **Human Trafficking**

In the fall of 2014, Dignity Health launched the Human Trafficking Response (HTR) Program to ensure that trafficked persons are identified in the health care setting and that they are appropriately assisted with victim-centered, trauma-informed care and services. SMMC staff leads a local, facility taskforce to implement the HTR Program which provides staff education and response procedures.

### San Francisco Health Improvement Partnership (SFHIP)

SMMC staff are active in the SFHIP leadership and steering committees. SFHIP is motivated by a common vision, values, and community-identified health priorities and as such SFHIP will drive community health improvement efforts in San Francisco. The SMMC community health plan and strategy is designed to align with SFHIP priorities.

#### San Francisco Hep B Free

SMMC continues to be an active partner in the Hepatitis B Coalition, participating in coalition activities including sponsoring the annual gala.

### **Community Investment Programs: Active Loans**

**Bay Area Video Coalition (BAVC)** BAVC has been a partner with Dignity Health for over 21 years. This nonprofit organization has inspired social change by empowering media makers to develop and share diverse stories through art, education, and technology. The organization directs its services to underrepresented and at risk youth, dislocated workers, and others looking to work in the tech industry, as well as nonprofit organizations that need digital media support. CommonSpirit Health approved the extension of a line of credit with BAVC for \$117,000 in June of 2020 for 2-years, enabling BAVC to manage cash flow while it waits for reimbursement from city contracts.

**La Cocina** In 2018, Dignity Health approved a 7-year, \$1,000,000 loan to La Cocina to help finance the construction and equipment costs for the Tenderloin Municpal Marketplace in San Francisco. La Cocina is a California 501(c)(3) nonprofit formed in 2007 to cultivate low-income food entrepreneurs as they formalize and grow their businesses by providing affordable kitchen space, industry-specific technical assistance, and access to market and capital opportunities.

**Larkin Street Youth Services (Larkin Street)** Larkin Street is San Francisco's largest nonprofit provider dedicated to the unique needs of homeless youth. The agency serves more than 3,000 youth per year, ages 12-24, through a broad array of programs that move homeless youth from crisis to stability. Dignity Health's 7-year \$1,600,000 loan approved in 2015 was used to purchase a six-bedroom facility to shelter homeless HIV-positive youth.

Mercy Housing (Mercy Family Plaza) Dignity Health's original loan of \$1,219,955 is enabling Mercy Housing to finance 36 units of affordable housing for low income families at 333 Baker Street, San Francisco, known as Mercy Family Plaza. This loan matures in 2022.

**Mission Neighborhood Centers (MNC)** In January, 2020 CommonSpirit Health approved a 7-year \$4,000,000 loan to MNC, enabling this nonprofit community development organization to acquire a 30,000-square-foot facility at 2929 19th Street in San Francisco. The facility will be part of a consortium and provide necessary vocational medical assistant training classes, culinary and hospital programs, and program services for youth and child development. It will also preserve a "land-banking" opportunity for a future affordable senior housing development.

**San Francisco Housing Accelerator Fund** In June 2021 CommonSpirit approved a 15-year \$7,000,000 loan to SFHAF for accelerating the production and preservation of affordable housing in SF's most economically disadvantaged communities. In 2021, SFHAF supported the production and preservation of approximately 1,300 affordable homes in SF. This loan replaces SFHAF's original \$5,000,000 loan with Dignity Health.

**San Francisco Housing Development Corp** Dignity Health's original loan of \$447,500 is being used to acquire and refurbish properties for low-income families and individuals in the Bayview-Hunters Point area of San Francisco. This loan matures in 2021.

**RSF Social Finance (RSF)** In 2017 Dignity Health approved a 5-year \$500,000 loan to RSF for purposes of financing loans to progressive or innovative enterprises engaged in high-impact projects involving the repurposing of waste into valuable products, creating sustainable materials, and employing traditionally underserved populations.



# **Economic Value of Community Benefit**

226 St. Mary's Medical Center (San Francisco)					
Complete Summary - Classified Including Non Community Benefit (Medicare)					
For period from 7/1/2020 through 6/30/2021					
	Persons	Expense	Revenue	Net Benefit	% of Expense
Benefits for Poor					
Financial Assistance*	3,747	3,861,742	0	3,861,742	1.5%
Medicaid	7,079	41,424,890	22,416,407	19,008,483	7.1%
Means-Tested Programs	1,951	908,359	360	907,999	0.3%
Community Services					
A - Community Health Improvement Services	24,123	311,827	0	311,827	0.1%
E - Cash and In-Kind Contributions	10	129,297	0	129,297	0.0%
G - Community Benefit Operations	5	650,117	0	650,117	0.2%
Totals for Community Services	24,138	1,091,241	0	1,091,241	0.4%
Totals for Poor	36,915	47,286,232	22,416,407	24,869,465	9.3%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	1,506	1,547,945	580,385	967,560	0.4%
B - Health Professions Education	505	11,338,273	2,344,337	8,993,936	3.4%
E - Cash and In-Kind Contributions	2	25,052	500	24,552	0.0%
G - Community Benefit Operations	0	154,534	0	154,534	0.1%
<b>Totals for Community Services</b>	2,013	13,065,804	2,925,222	10,140,582	3.8%
Totals for Broader Community	2,013	13,065,804	2,925,222	10,140,582	3.8%
Totals - Community Benefit	38,928	60,352,036	25,341,629	35,010,047	13.2%
Medicare	27,654	132,985,862	78,137,961	54,847,901	50.0%
Totals with Medicare	66,582	193,337,898	103,479,590	167,995,909	63.5%

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

# **Hospital Board and Committee Rosters**

Richard Podolin, M.D.	Board Chair/	
	Medical Staff	St. Mary's Medical Center
Mark Savant M.D.	Medical Staff	St. Mary's Medical Center
Heather Fong	Retired Chief	San Francisco Police Department
Eric Gold	Healthcare Attorney (Retired)	Community Leader
Sr. Phyllis Hughes, RSM	Vice Chair/Sponsor	Sisters of Mercy
Kelvin Quan	Chief Executive Officer	May View Community Health Center
Hans Yu, D.O.	Medical Staff	St. Mary's Medical Center
John Christian	Attorney	Archdiocese of San Francisco
Pamela Lewis M.D.	Medical Staff	St. Mary's Medical Center
Sr. Amy Bayley, RSM	Sponsor	Sisters of Mercy

Ex-Officio Board Members				
Daryn Kumar	President and CEO	St. Mary's Medical Center & Saint Francis Memorial Hospital		
Remo Morelli, M.D.	Chief of Medical Staff	St. Mary's Medical Center		
Sr. Amy Bayley, RSM	Sponsor	Sisters of Mercy		
Sr. Phyllis Hughes, RSM	Vice Chair/Sponsor	Sisters of Mercy		