



St. Mary's Medical Center

Community Health Implementation Strategy
2016-2018

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EXECUTIVE SUMMARY

St. Mary's is located in the center of San Francisco which is uniquely a City and County. Although some patients come from a wider area for some of our specialty services, we consider the City and County to be the primary recipient of our community benefit programs.

The significant community health needs that form the basis of this report and plan were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at <http://www.sfhip.org/>. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

- The significant community health needs identified are:

Foundational issues contributing to health needs

- Economic Barriers to Health
- Racial health inequities

Seven Health Needs that heavily impact disease and death in San Francisco

1. Psychosocial Health
2. Healthy Eating
3. Safety and violence prevention
4. Access to coordinated, culturally, and linguistically appropriate services across the continuum
5. Housing instability and homelessness
6. Substance abuse
7. Physical Activity

- Although driven directly by the CHNA developed collaboratively with other private not-for-profit hospitals and the Department of Public Health and community-based organizations in San Francisco, the specific implementation plan for St. Mary's Medical Center is driven directly by our institutional capacities. At St. Mary's Medical Center, the institutional capacities that can meaningfully respond to community benefit priorities are

1. Outpatient internal medicine, medical specialty, surgical specialty, and subspecialty clinic that serves the community
2. Internal medicine, orthopedic surgery, and podiatric medicine training programs within our hospital which are accredited by the American College of Graduate Medical Education

These two primary institutional capacities within our Hospital are supplemented by efforts that focus attention on

- Senior services, community health services (in particular community health screenings)
- Community grants process
- Voucher distribution program to poor and marginalized patients
- Space made available to neighborhood groups

These institutional capacities allow St. Mary's Medical Center to focus three of the above prioritized areas, namely healthy eating, physical activity and access to coordinated, culturally, and linguistically appropriate services across the continuum.

- This report and plan is publicly available at <http://www.dignityhealth.org/stmarys/about-us/community-benefit>

Our plan is create a link from San Francisco Health Improvement Partnership (SFHIP), our collaborative Community Health Needs Assessment and plan to each individual hospital's Community Benefit plan.

- Written comments on this report can be submitted to the Director of Community Health; St. Mary's Medical Center,; 450 Stanyan St.; San Francisco CA 94117 or by email to Barry.Lawlor@dignityhealth.org

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

St. Mary's Medical Center is sponsored 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 403 licensed beds, 1137 employees, 471 physicians and credentialed staff, and 115 volunteers. For 159 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Our Centers of Excellence include Total Joint Center, Spine Center, Oncology, Outpatient Therapies, Acute Physical Rehabilitation, and Cardiology. We offer a full range of diagnostic services and a 24 hour Emergency Department.

St. Mary's has been named a 2014 Top Performer in Key Quality Measures by The Joint Commission for excellence in patient outcomes. For three consecutive years, from 2014 to 2016, St. Mary's received the Distinguished Hospital Award for Clinical Excellence from Healthgrades. St. Mary's also was recognized as one of the Top 100 [Orthopedic](#) Programs nationally by Becker's Hospital Review and is a Certified [Stroke Center](#) by the Joint Commission. St. Mary's state-of-the-art [Cancer Center](#) offers the full-range of oncology, radiation, and imaging services. Offering the most comprehensive [breast imaging services](#) in San Francisco, St. Mary's has been designated as a Center of Excellence by the American College of Radiology, a recognition that represents the national gold standard. Beyond clinical care, St. Mary's is committed to furthering the healing ministry, and to providing high-quality, affordable healthcare to the community we serve.

Rooted in Dignity Health's mission, vision and values, St. Mary's is dedicated to delivering community benefit with the engagement of its management team, Community Board and the Community Benefit Committee. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

St. Mary's Community Board, especially through its Community Benefits Committee provides community representation as well as oversight and adoption of the Community Health Needs Assessment, the Community Benefit planning process and program monitoring. A list of Board members is included as Appendix A. Key staff who are dedicated to community benefit planning and implementation are: the Director of Community Health, the Vice President for Mission Integration (vacant position), the Liaison for Community Health and Community Benefits Coordinator.

St. Mary's community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, community health improvement services and health professions education. Our community benefit also includes monetary grants we provide to not-for-profit community organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – including by addressing the social determinants of health – through Dignity Health's Community Investment Program.

Current Dignity Health Community Investments that are benefitting our service area include:

- **Larkin Street Youth Services- \$1.6 million** – Broad array of programs for over 3,000 homeless youth. Loan used to purchase a six-bedroom facility to shelter homeless HIV-positive youth.
- **Mission Neighborhood Centers - \$400,000** –community-based services to low-income families to empower them to build strong, healthy, and vibrant neighborhoods. Loan to renovate a church convent to accommodate a full-service family support center in the Mission District, known as *Centro de Alegria*.
- **HealthRIGHT 360-\$3 million** –Treats clients with mental health and substance use disorder problems at various residential and outpatient centers throughout California. Loan is to renovate and construct the organization’s new headquarters
- **Local Initiative Support Corporation-RAD (LISC)-\$5 million** –helps community residents create good places to live, work, do business, and raise children. Bridge funding for San Francisco’s Rental Assistance Demonstration (RAD) project, which is the U.S. Department of Housing and Urban Development’s awarding of eight public housing projects in San Francisco to refurbish and manage.
- **Mercy Housing (Mercy Family Plaza) - \$1.5 million for housing development:** Financing for 36 units of affordable housing for low income families at 333 Baker Street, San Francisco, known as Mercy Family Plaza.
- **San Francisco Housing Development Corp (SFHDC)-\$500,000** –Funds are being used to acquire and refurbish properties for low-income families and individuals in the Bayview-Hunters Point area of San Francisco.
- **Housing Accelerator Fund (HAF)-\$5 million** –an innovative new public-private partnership that provides the City and County of San Francisco with powerful new tools for producing additional affordable housing. Dignity Health Funds are start-up capital for housing development projects.
- **Northern California Community Loan Fund (NCCLF)-\$700,000** – NCCLF is a Community Development Financial Institution (CDFI) that promotes economic justice and alleviation of poverty by increasing the financial resilience of community-based nonprofits and enterprises. Funds supply lending capital for NCCLF’s many projects in Dignity Health service areas.

DESCRIPTION OF THE COMMUNITY SERVED

St. Mary's serves the city and county of San Francisco. A summary description of the community is below, and additional community facts and 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, South San Francisco, Daly City, Pacifica and Southern Marin County. For Community Benefit activities we focus on the City and County of San Francisco: a cosmopolitan city that prides itself in its diversity yet suffers from a lack of affordability. Our location in the geographical center of the city and the unique fact that the city and county are one, surrounded by the Pacific Ocean and the Bay define both our demographics and political environment.

The lower income population continues to struggle, most notably in the area of affordable housing. Young professionals in the technology industry continue to move to San Francisco—living in the city and working in Santa Clara, San Mateo and San Francisco counties. Tensions continue as affordable housing has been replaced by high priced rentals and condominiums forcing some long-term residents to move out of the city and away from jobs that were previously accessible by public transportation. There is difficulty hiring for service sector jobs as well as beginning professionals such educators who cannot afford to live near San Francisco. Homelessness has visibly increased, spread to more parts of the city and has become a greater source of tension despite interventions by city agencies and not-for-profit groups.

Under the Affordable Care Act, people who are above 138% of the federal poverty level tend to choose the plans with lower priced premiums but then are faced with large co-payments when they seek medical care. Bronze Plans (lowest premium) are designed so that insurance companies will pay 60% of covered healthcare expenses with the remaining 40% to be paid by consumers. This level of expense can still be unaffordable to very low income people.

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 and the Haight-Ashbury neighborhood, our emergency department sees a large number of homeless people 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 2016 we provided \$442,000 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. With the implementation of the Affordable Care Act, Healthy San Francisco continues to provide primarily for people who are undocumented immigrants and plans are to extend the program through the end of 2017. St. Mary's Medical Center contractually increased its commitment to the total number of Healthy San Francisco patients for whom it would provide a medical home in FY17. This increase in commitment is commensurate with a 100% increased level of need.

Demographics relating to the community that is served by our Community Benefits programs (City and County of San Francisco) are summarized below

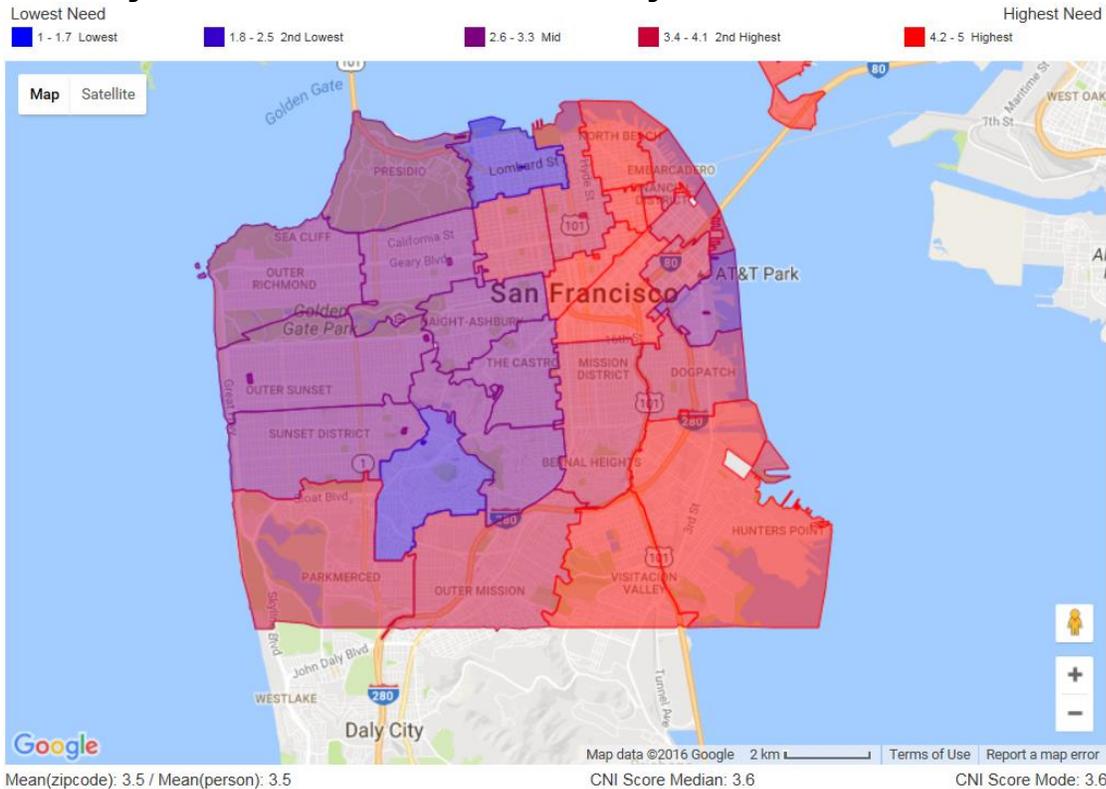
City and County of San Francisco 2016		
Population	865,948	
	White Non-Hispanic	40.9%
	Black/African American Non-Hispanic	5.0%
	Hispanic or Latino	13.9%
	American Indian & Alaska Native	0.5%
	Asian/Pacific Islander	34.4%
	2+ Races	5.0%
	All Others	0.3%
	Total Hispanic & Race	100.0%
Median Income	\$86,478	
Unemployment	5.1%	
No High School Diploma	13.3%	
Medicaid *	23.0%	
Uninsured	5.4%	

* Does not include individuals dually-eligible for Medicaid and Medicare.

Source: © 2016 The Nielsen Company, © 2016 Truven Health Analytics Inc.

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. 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.

St. Mary's Medical Center Community Needs Index 2016



Zip Code	CNI Score	Population	City	County	State
94102	4.6	34064	San Francisco	San Francisco	California
94103	4.4	31739	San Francisco	San Francisco	California
94104	4.4	285	San Francisco	San Francisco	California
94105	3.4	9016	San Francisco	San Francisco	California
94107	3.4	30756	San Francisco	San Francisco	California
94108	4.6	13839	San Francisco	San Francisco	California
94109	3.6	57910	San Francisco	San Francisco	California
94110	3.6	74528	San Francisco	San Francisco	California
94111	4	4579	San Francisco	San Francisco	California
94112	3.6	84252	San Francisco	San Francisco	California
94114	2.6	32496	San Francisco	San Francisco	California
94115	3.6	34739	San Francisco	San Francisco	California
94116	3.2	45255	San Francisco	San Francisco	California
94117	2.6	40987	San Francisco	San Francisco	California
94118	3	40399	San Francisco	San Francisco	California
94121	3.2	43363	San Francisco	San Francisco	California
94122	3.2	59438	San Francisco	San Francisco	California
94123	2.4	25710	San Francisco	San Francisco	California
94124	4.6	36936	San Francisco	San Francisco	California
94127	2	19707	San Francisco	San Francisco	California
94129	2.6	4243	San Francisco	San Francisco	California
94130	4.4	3289	San Francisco	San Francisco	California
94131	2.6	28644	San Francisco	San Francisco	California
94132	3.6	30336	San Francisco	San Francisco	California
94133	4.6	28111	San Francisco	San Francisco	California
94134	4.2	44500	San Francisco	San Francisco	California
94158	3.2	6827	San Francisco	San Francisco	California

IMPLEMENTATION STRATEGY DEVELOPMENT PROCESS

The hospital engages in multiple activities to conduct its community benefit and 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; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Benefits Committee of the Board and other stakeholders in the development and annual updating of the community benefit plan.

Community Health Needs Assessment Process

The most recent Community Health Needs Assessment (CHNA) was adopted in July, 2016 conducted in 2015-16 by St. Mary's Medical Center in conjunction with the other members of the San Francisco Health Improvement Partnership for the residents of San Francisco, California. The coalition consists of the following health care providers who are required to submit a CHNA:

San Francisco Department of Public Health
Chinese Hospital
Dignity Health St. Mary's Medical Center
Dignity Health Saint Francis Memorial Hospital
Hospital Council of Northern and Central California
Jewish Home of San Francisco
Kaiser Permanente
Sutter Health CPMC
UCSF Health

Numerous local agencies that represent and advocate for ethnic groups and other specific constituencies also played a very active role in the CHNA process. They include:

San Francisco Unified School District	FAITHS program, The San Francisco
San Francisco Community Clinic Consortium	Foundation
Chicano/Latino/Indígena Health Equity	Advancing Justice of the Asian Law Caucus
Coalition	African American Art and Cultural Center
Human Services Network	Asociación Mayab
Clinical and Translational Science Institute's	CARECEN
Community Engagement and Health Policy	Filipino American Development Foundation
Program, UCSF	Instituto Familiar de la Raza
San Francisco Mayor's Office	Larkin Street Youth
African American Community Health Equity	LGBT Center
Coalition	Native American Health Center
CAL Insurance and Associates	On Lok 30 th Street Senior Center
Metta Fund	Swords to Plowshares
Transitions Clinic	

The 2015-16 CHNA collected information on the health of San Franciscans via three methods:

- Community Health Status Assessment
- Assessment of Previous Assessments
- Community Engagement

Community Health Status Assessment

Overall, the CHNA finds that health has improved in San Francisco:

- More than 97,000 residents have gained health insurance under the Affordable Care Act. Insurance coverage is higher in San Francisco than coverage across the state or nation.
- Since 2006 there have been steady declines in HIV diagnosis
- Between 2007 and 2013, rates of death due to cardiovascular disease, cerebrovascular disease, lower respiratory infections, poisoning and drugs decreased
- Between 2008 and 2010 the incidence rate of invasive cancers decreased
- Rates of tooth decay among school children decreased between 2007-8 and 2013-14

Assessment of Previous Assessments

This assessment included twenty one existing health assessments that met the following criteria: Included primary data collection with data available for San Francisco; collected in 2010 or later; data collection methods were identified and assessment topics included social determinants of health or health outcomes.

Community Engagement

Work was done with community partners to co-host meeting with target populations: those with known health disparities, with little available information describing the health of the population, not included in a recent health assessment and reachable through an existing community group.

About 121 participants participated in eleven meetings that focused on actions that can be taken to improve health and on what assets and barriers exist in their communities regarding health.

The health needs identified during this process inform and guide the SMMC 2016-2018 Implementation Strategy.

Additionally, SMMC makes full use of the Community Needs Index (CNI), which assigns a numerical value to those areas of greatest to lowest needs. The CNI quantifies according to the level of assessed deficits (i.e., income, insurance, employment, language/culture, and housing percentages) within a given neighborhood or community to allow further focus of our community benefit intervention for maximum impact. (Reference Chart and Scoring on Page 10)

SMMC – along with all other hospitals in San Francisco – hosts the assessment online within a website entitled <http://www.sfhip.org/>, which is accessible to all members of the community and enables other community based non-profits to use our collected data and identified stratified communities/populations of need to leverage local, state, or federal grants to address these areas of need. In essence, the website

has become its own resource center and enables collaboratives and partnerships to form naturally by area of focus or need.

CHNA Significant Health Needs

Foundational issues contributing to health needs

- Economic Barriers to Health
- Racial health inequities

Seven Health Needs that heavily impact disease and death in San Francisco

3. Psychosocial Health
4. Healthy Eating
5. Safety and violence prevention
6. Access to coordinated, culturally, and linguistically appropriate services across the continuum
7. Housing instability and homelessness
8. Substance abuse
9. Physical Activity

Creating the Implementation Strategy

As a matter of Dignity Health policy, the hospital's community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- **Disproportionate Unmet Health-Related Needs:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

After review by members of the Community Benefit Planning Committee of the SMMC Community Board of Directors, and staff and an assessment of SMMC's institutional capacity to respond, it was decided that SMMC would focus its efforts on the following needs:

1. Healthy Eating
2. Access to coordinated, culturally, and linguistically appropriate services across the continuum
3. Physical Activity

Many of the services or programs directly address the needs of vulnerable populations in our community with Disproportionate Unmet Health Needs (DUHN). Communities with DUHN are defined as having a high prevalence or severity of a particular health concern to be addressed by a program activity, or community residents who face multiple health problems and who have limited access to timely, high quality health care. Our community benefit services that address DUHNs include the Sister Mary

Philippa Health Center, the Diabetes Program, Senior Services Program, HIV/AIDS Program, Graduate Medical Education, and the Community Grants Program.

The Implementation Strategy reflects programs within SMMC that can reasonably be a response to the three 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 it has the institutional capacity to address.

Planning for the Uninsured/Underinsured Patient Population

St. Mary's Medical Center seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C.

St. Mary's notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages (Chinese, Spanish, Russian and English).

Processes to make sure the public is aware of our policy include the posting of available services within the FreePrintShop.org website, and the city's 311 information system (sf311.org).

2016-2018 IMPLEMENTATION STRATEGY

This section presents strategies, programs and initiatives the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed “program digests” on select initiatives.

STRATEGY AND PROGRAM PLAN SUMMARY

Below are community benefit and community health programs and initiatives operated or substantially supported by the hospital in FY16, and those planned to be delivered during FY17-19. Programs that the hospital plans to continue to deliver are denoted by *.

- **Increase Healthy Eating and Physical Activity**
 - Low cost meals for seniors in the hospital cafeteria *
 - Chronic Disease Self Management Program *
 - Diabetes Education Program*
 - Senior Mall Walkers*
 - Senior Yoga*
 - Sharing the Joy: Food vouchers provided to Clinic Patients*
 - HIV Services: Food voucher distribution*
 - Community Grant to Self-Help for the Elderly collaborating with Kimochi Inc, and Asian Women’s Resource Center to address obesity and diabetes among Asian seniors and children.

- **Increase Access to Quality Medical Care and Services**
 - Sr. Mary Philippa Health Center: serves as Medical Home to low income patients where participants in GME program serve as primary care providers with supervision of 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*
 - Graduate Medical Education: residents in medicine, orthopedics, podiatry*
 - Internships: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Dietician, Marriage Family Therapy, Nursing Assistants*. Clinical Pastoral Education (discontinued this year)
 - Community Grant to The Asian Health Collaborative (Self Help, Kimochi, and the Asian Women’s Resource Center/Gum Moon Women’s Residence) to further expand the circle of collaboration established to provide education and outreach to improve the health of the community, primarily the monolingual Asian Community
 - Community Grant to the San Francisco Care and Justice Alliance (Shanti, The Justice and Diversity Center of the Bar Association and the AIDS Legal Referral Panel) to provide intensive care navigation and legal services to persons living with HIV/AIDS and Hepatitis C Virus
 - Fundraising expenses for charity care*
 - Health Fair screenings and education*
 - Flu Vaccines provided to Seniors*
 - Various Health Screenings at Health Fairs*
 - Clinic Mammography project*
 - Breast Cancer Second Opinion Panel*

- Breast Cancer Support Group*
- HIV Services:
 - Education*
 - Drug Assistance Program*

Anticipated Impact

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Benefit Committee of the Board, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

Much of our collaborative efforts are centered in our relationships with San Francisco Health Improvement Partnership (SFHIP).

Founded on the concept of **Collective Impact**, SFHIP's formal structure is designed to ensure better coordination, accountability, community engagement, and improved community health and wellness.

- The Steering Committee serves as the SFHIP governing body and oversees SFHIP strategy. The group consists of leaders and decision makers from organizations and groups central to community public health, health care services, educational institutions, community-based organizations, financial institutions, and other stakeholders;
- Work Groups are open, participatory, action-oriented bodies that focus on specific health issues or programs related to San Francisco's identified health priorities;
- The Backbone is made up of the in-kind resources from University of California San Francisco, SFDPH and Hospital Council of Northern and Central California. These in-kind resources come in the form of dedicated staff time, contractor resources, and/or other assets; and

Partners are those who actively align with and participate in the collaboration:

San Francisco Unified School District
 San Francisco Community Clinic Consortium
 Chicano/Latino/Indígena Health Equity Coalition
 Human Services Network
 Clinical and Translational Science Institute's
 Community Engagement and Health Policy Program, UCSF
 San Francisco Mayor's Office
 African American Community Health Equity Coalition

CAL Insurance and Associates
 Metta Fund
 FAITHS program, The San Francisco Foundation
 Advancing Justice of the Asian Law Caucus
 African American Art and Cultural Center
 Asociación Mayab
 CARECEN
 Filipino American Development Foundation
 Instituto Familiar de la Raza
 Larkin Street Youth

LGBT Center
Native American Health Center
Transitions Clinic

On Lok 30th Street Senior Center
Swords to Plowshares

This Implementation Strategy specifies significant community health needs that the hospital plans to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. 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	<input checked="" type="checkbox"/> Access to coordinated, culturally and linguistically appropriate services across the continuum <input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Program Description	The Sister Mary Philippa Clinic (SMPHC) serves as a Medical Home to more than 2,247 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, surgery, cardiology, ophthalmology, optometry, gynecology, podiatry, dermatology, rheumatology, and psychiatry. Additional ancillary services include on-site interpreters, case management, a pharmacy, and hospital laboratory and radiology services. The hospital provides staff, space, and supplies. Participants in the Graduate Medical Education Program serve as primary care physicians and are supervised by preceptors.
Planned Collaboration	SMMC will collaborate with both San Francisco Health Plan and Blue Cross Managed Medi-Cal enrollment site staff. We will also work with our Dignity Health Managed Care Negotiating Team to affect this new SFHP Contract. We will also send four Admitting Staff to the new OneE-App training so that they can presumptively enroll patients who are eligible at our site as well.
Community Benefit Category	Financial Assistance, Medicaid, Means-Tested Programs
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Our goal is to continue to serve underinsured and uninsured patients through the Clinic. Fiscal year 2017 begins with 346 HSF patients, 667 Medi-Cal, and 724 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 whom some private practices will not see and for whom access to quality medical care is critical.
Measurable Objective(s) with Indicator(s)	The Clinic will seek to expand its populations of low income Med-Cal and Medicare by 40% in each of these programs in the next three years.
Baseline / Needs Summary	The current situation in the community is that many patients newly enrolled in Medi-Cal cannot get timely or meaningful access to care. In response to this situation we will actively enroll such patients during open enrollment and will seek a Managed Medi-Cal contract with San Francisco Health Plan for FY 2016 and FY 2017.
Intervention Actions for Achieving Goal	Negotiate new contract with local initiative: San Francisco Health Plan (SFHP), and request referrals for medical home members from SFHP and Blue Cross Managed Medi-Cal.

Diabetes Education Program	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to coordinated, culturally and linguistically appropriate services across the continuum <input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	Diabetes Services at St. Mary's provides Diabetes Education and Support to community members by certified diabetes education professionals through a nationally certified diabetes education program. Diabetes self-management skills are taught in group outpatient settings, individual counseling appointments and at the bedside of hospitalized patients. Ongoing education in care of the person with diabetes is provided to caregivers including nurses and physicians. Translation in all languages is available for individual appointments. Community classes are free and individual counseling is reimbursed by insurance. Community events are supported with diabetes risk screenings, lectures, guest speakers and films.

Planned Collaboration	A popular, community building series of cooking classes in collaboration with “18 Reasons” will be provided again in the fall of 2016. Collaborating with “Eat SF” fruit and vegetable voucher program for patients in certain zip codes. Collaborate with Community Liaison and provide diabetes risk assessment at health fairs. Work with hospital caregivers including physicians and nurses to provide exceptional up to date care of the hospitalized patient with diabetes.
Community Benefit Category	Community Health Education
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	Reduce the risk of diabetes and diabetes complications in the community by providing education and support for self-management. Increase community awareness of diabetes and resources for people with diabetes and pre diabetes. Increase participation in educational events. Increase the intake of fruits and vegetables. Increase the competency and compassion of caregivers caring for people with diabetes.
Measurable Objective(s) with Indicator(s)	Increased participation in diabetes classes, community events. Improved Quality of Life. Improved indicators such as lab values, exercise, and foot and eye exams, quality of life. Eliminate hospital readmissions for diabetes and repeat ER visits for diabetes out of control. Expand services to include gestational diabetes counseling and advanced diabetes monitoring and treatment through high tech equipment. Meet National Standards for Diabetes Education and assist in meeting National Standards for the Medical Care of the person with diabetes in relation to SMPC clinic patients and SMMC hospitalized patients. Prepare hospital for application to the Joint Commission for Excellence in Diabetes Care for Inpatients.
Baseline / Needs Summary	The population of people with diabetes is at epidemic proportions and increasing at record rates especially in Asian and Hispanic communities, and in younger persons. Diabetes self-care is expensive in terms of finance and personal time commitment. Underserved residents require more attention to preventing personal problems or treatment failures due to financial concerns or inability to get supplies and medications. Dedicated Certified Diabetes Educators have resources available to assist in problem solving such issues, and spend considerable time assisting patients with these issues. Diabetes Self-Management education reduces complications of diabetes and provides needed support for people with diabetes and their families. Pre diabetes is also increasing and educational intervention can reverse it. Women of childbearing age at risk for diabetes can improve safety and outcomes of pregnancy with information and professional counselling.
Intervention Actions for Achieving Goal	Continue comprehensive, accredited, free diabetes self-management education groups. Continue program continuous quality improvement efforts. Provide free cooking classes in collaboration with “18 Reasons” a community supported educational series twice in this fiscal year. Participate in SF voucher program for free fruits and vegetables for certain residents Screen nutritional and health related films for the community. Participated in health promotion events as desired by community liaison, provide community educational events during national diabetes month. Provide nursing and medical education in the care of the person with diabetes. Maintain educator competency through attendance at professional conferences and continuing education events.

Dignity Health/SMMC Community Grants	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to coordinated, culturally and linguistically appropriate services across the continuum <input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Physical Activity
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Program Description	St. Mary’s Medical Center conducts a community health assessment every three years, and updates it annually. St. Mary’s Medical Center then identifies strategic priorities based on this assessment. Dignity Health’s Community Grants Program encourages nonprofit organizations to form “communities of care” to respond collaboratively to local needs as well as respond to the priorities identified by St. Mary’s.

Planned Collaboration	This method of awarding grants by design promotes collaboration among awardees as well as with St. Mary's.
Community Benefit Category	Financial contributions and in-kind donations
Planned Actions for 2016 - 2018	
Program Goal / Anticipated Impact	To provide Community Grants to Non-Profit Services who enhance, support or otherwise extend the impact and effectiveness of our Hospital Community Benefit Plan with programs that promote interagency collaboration and are in alignment with the CHNA.
Measurable Objective(s) with Indicator(s)	Success shall be measured by the completion of the competitive awards process and awarding of grants to agencies that work together to support and enhance our institutional community benefit plan.
Baseline / Needs Summary	The San Francisco not-for-profit community has seen no increase in funding allocations in the last year, leaving many community based agencies desperate for other sources of support to provide vital services in the community. Our Community Grants Program's emphasis on "communities of care" has proved to promote greater efficiencies among agencies doing similar work.
Intervention Actions for Achieving Goal	Continue to award these grants with the intention of supporting other not-for-profit agencies in the community who work together to address unmet health priorities.

**St. Mary's Medical Center
San Francisco, California
Community Board 2015-2016**

Sr. Patricia Boss O.P.*	Sponsor	Dominican Sisters
Michael Carter*	President and CEO	St. Mary's Medical Center
Pat Coleman *	Executive Director	Arthur H. Coleman Community Health Foundation
Sandra Dratler DrPH*	Chair Retired Professor	University of California School of Public Health
Heather Fong*	Retired Chief	San Francisco Police Department
Valerie O. Fong	Director	City of Palo Alto Utilities Department
Eric Gold	Healthcare Attorney	Community Leader
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Junona A. Jonas*	Retired Executive	Community Leader
Judith F. Karshmer Ph.D	Dean and Professor; SF Health Commissioner	University of San Francisco School of Nursing
E. Ann Myers M.D.	Medical Staff	St. Mary's Medical Center
Richard Podolin M.D.	Medical Staff	St. Mary's Medical Center
Kelvin Quan	Chief Administrative Officer	On Lok Lifeways
Todd Strumwasser M.D.	Regional Vice-President	Dignity Health
Robert Weber M.D.	Chief of Medical Staff	St. Mary's Medical Center
Richard Welch M.D.	Medical Staff	St. Mary's Medical Center
Hans Yu D.O.	Medical Staff	St. Mary's Medical Center

Other Invited Guests

Daniel Ostrow	Vice President Chief Operating Officer	St. Mary's Medical Center
Alan Fox	Vice President Chief Financial Officer	St. Mary's Medical Center
Kathy Kuntz	Vice President, Chief Operating Officer, Chief Nurse Executive	St. Mary's Medical Center
Russ Braun, M.D.	Vice President, Medical Staff Affairs	St. Mary's Medical Center
Barry Lawlor*	Senior Director, Community Health Services and Clinics	St. Mary's Medical Center

* Member, Community Benefit Committee of the Board

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs 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.

Non-Quantifiable Benefits

The commitment by St. Mary's does not stop with a small group of individuals, but has been embraced throughout the organization. There are many examples of our hospital staff working collaboratively with community partners, providing leadership and advocacy, stewarding scarce resources, assisting with local capacity building, and participating in community-wide health planning. We, along with staff from other local providers and the Department of Public Health, are members of *Building a Healthier San Francisco* which performed the Community Health Needs Assessment and of SFHIP which includes not only providers but many other community agencies and is charged with carrying forward the health improvement plan.

Much of the aforementioned work is designed to reduce duplication, plan at a community level, and collaborate with other hospitals and smaller non-profit providers to ensure the best impact for all programs.

Examples of other initiatives include:

The "Women in Medicine" program carried out in partnership with Mercy High School, San Francisco, has a select group of students of multiple ethnicities learning about the health care professions through scheduled visits to St. Mary's Medical Center as well as performing some volunteer service. This year the group is also becoming involved in the local "Soda Tax" initiative with the goal to help curb obesity. One of our diabetes educators has regularly made presentations on diabetes prevention to the high school students.

Environmental improvement - ecology initiatives include:

- Battery Collection Containers: Implementation still in place
- Food waste segregation and composting initiated May, 2011: continued implementation
- Stericycle (Corporate) contract provides us with:
 - Environmental scorecard – to provide a snapshot of our volumes, pounds of waste per adjusted patient day, goals, etc. This scorecard complements our annual Dignity Health environmental report.
 - Training resources – to re-educate staff, as needed
 - Compliance & waste reduction surveys
 - implementation of new waste disposal guidelines in August, 2013
 - segregation – construction debris, bulk trash, landscape 'green' waste, etc
 - recycling – increase recycling volume to minimize land-filled waste, etc

Ecology initiatives this year also include the donation to Medshare of supplies that are usable in other settings, and the recycling of surgical blue wrap to be made into building materials. All of these items would otherwise have gone to a landfill.

Winter donations – In conjunction with the SF Fire Department’s Annual Children’s Toy Drive, our Emergency Department again spearheaded employee collections of toys for children in need. St. Marys’ employees also participated in the “One Warm Coat” drive to collect outerwear for people in need.

Individual volunteering - employees are involved with a variety of projects on their own time. People serve on boards, on medical missions, professional, civic, religious and political organizations and other local service projects.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Summary of Financial Assistance Programs

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services. If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services. Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number. Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Dominican Hospital 1555 Soquel Dr, Santa Cruz, CA 95065 | Financial Counseling 831-462-7831
Patient Financial Services 831-457-7001 | www.dignityhealth.org/dominican/paymenthelp

Sequoia Hospital 170 Alameda de las Pulgas, Redwood City, CA 94062 | Financial Counseling 650-367-5551

Patient Financial Services 888-488-7667 | www.dignityhealth.org/sequoia/paymenthelp

Saint Francis Memorial Hospital 900 Hyde St, San Francisco, CA 94109 | Financial Counseling 415-353-6136

Patient Financial Services 888-488-7667 | www.dignityhealth.org/saintfrancis/paymenthelp

St. Mary's Medical Center 450 Stanyan St, San Francisco, CA 94117 | Financial Counseling 415-750-5817

Patient Financial Services 888-488-7667 | www.dignityhealth.org/stmarys/paymenthelp