

St. Mary's Medical Center

Community Benefit 2022 Report and 2023 Plan

Adopted October 2022



Dignity Health™
St. Mary's Medical Center

A message from

Daryn Kumar, President, 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 that we conduct with community input, including from the local public health department. Our initiatives to 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 2022 Report and 2023 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. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. 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 2022 (FY22), St. Mary's Medical Center provided \$36,144,105 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$30,320,426 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2022 Report and 2023 Plan at its October 6th, 2022 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 out to St. Mary's Medical Center Community Health Office, 450 Sanyan St., San Francisco CA 94117 or by e-mail to Alexander.Mitra@DignityHealth.org



Daryn Kumar
President








Richard Podolin M.D.
Chairperson, Board of Directors

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At-a-Glance Summary

Community Served 	<p>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.</p>		
Economic Value of Community Benefit 	<p>\$36,144,105 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$30,320,426 in unreimbursed costs of caring for patients covered by Medicare</p>		
Significant Community Health Needs Being Addressed 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the 2019 Community Health Needs Assessment (CHNA). The needs the hospital plans to address in the coming year are guided by the hospital's 2022 Community Health Needs Assessment. Needs addressed by strategies and programs were:</p> <table border="1"> <tr> <td data-bbox="430 1050 857 1356"> <p>Foundational Issues:</p> <ul style="list-style-type: none"> • Racial health inequities • Poverty <p>Health Needs:</p> <p>Access to coordinated, culturally and linguistically appropriate care and services</p> </td><td data-bbox="857 1050 1427 1356"> <p>Health Needs (Continued):</p> <ul style="list-style-type: none"> • Food security, healthy eating and active living • Housing security and an end to homelessness • Safety from violence and trauma • Social, emotional, and behavioral health </td></tr> </table>	<p>Foundational Issues:</p> <ul style="list-style-type: none"> • Racial health inequities • Poverty <p>Health Needs:</p> <p>Access to coordinated, culturally and linguistically appropriate care and services</p>	<p>Health Needs (Continued):</p> <ul style="list-style-type: none"> • Food security, healthy eating and active living • Housing security and an end to homelessness • Safety from violence and trauma • Social, emotional, and behavioral health
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FY22 Programs and Services 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <ul style="list-style-type: none"> • 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 		

	<p>medicine residents also gain experience as primary care providers through the SMPHC.</p> <ul style="list-style-type: none"> • Diabetes Services: Provides education (individual and group), outreach and support to community members. Group education occurring remotely during COVID precautions.
<p>FY23 Planned Programs and Services</p> 	<p>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.</p>

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 submitted to the
 St. Mary's Medical Center
 Community Health Department
 450 Stanyan St.
 San Francisco CA 94117
 or by e-mail to Alexander.Mitra@DignityHealth.org.

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 165 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

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

St. Mary's Medical Center serves 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).

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. San Francisco has a relatively small proportion of households with children (19 percent) compared to the state overall (34 percent).

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.



Total Population	831,456
Race	
Asian/Pacific Islander	34.6%
Black/African American - Non-Hispanic	5.6%
Hispanic or Latino	16.1%
White Non-Hispanic	38.1%
All Others	5.6%
% Below Poverty	5.1%
Unemployment	3.7%
No High School Diploma	11.4%
Medicaid	18.5%
Uninsured	4.0%

Source: Claritas Pop-Facts® 2022; SG2 Market Demographic Module

SG2 Analytics Platform Reports:

Demographics Market Snapshot

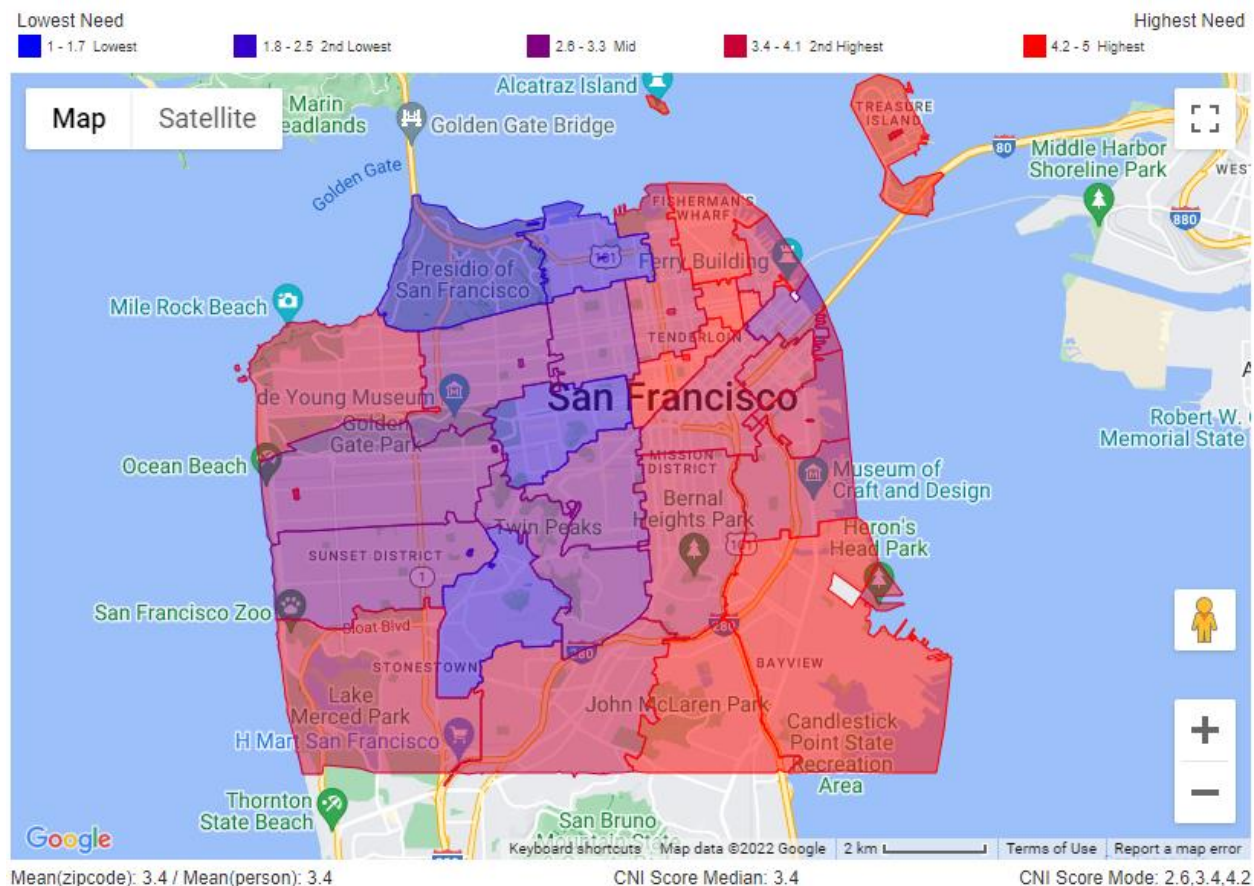
Population Age 16+ by Employment Status

Families by Poverty Status, Marital Status and Children Age

Insurance Coverage Estimates (map data export)

Community Needs Index

One tool used to assess health need is the Community Need Index (CNI). 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, educate, 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.



List of San Francisco zip codes and Community Health Needs score for each Zip Code

Zip Code	CNI Score	Population	City	County	State
94102	4.4	37485	San Francisco	San Francisco	California
94103	4	35895	San Francisco	San Francisco	California
94104	4.2	434	San Francisco	San Francisco	California
94105	2.6	11802	San Francisco	San Francisco	California
94107	3.4	34441	San Francisco	San Francisco	California
94108	4.6	13717	San Francisco	San Francisco	California
94109	3.6	58196	San Francisco	San Francisco	California
94110	3.4	74270	San Francisco	San Francisco	California
94111	3.8	5337	San Francisco	San Francisco	California
94112	3.6	85036	San Francisco	San Francisco	California
94114	2.6	32501	San Francisco	San Francisco	California
94115	3.2	34756	San Francisco	San Francisco	California
94116	2.8	45656	San Francisco	San Francisco	California
94117	2.4	40715	San Francisco	San Francisco	California
94118	3.2	40156	San Francisco	San Francisco	California
94121	3.6	43420	San Francisco	San Francisco	California
94122	3	58819	San Francisco	San Francisco	California
94123	2.4	26194	San Francisco	San Francisco	California
94124	4.6	40035	San Francisco	San Francisco	California
94127	2	19612	San Francisco	San Francisco	California
94128	4.4	69	San Francisco	San Mateo	California
94129	2.4	4279	San Francisco	San Francisco	California
94130	4.2	3400	San Francisco	San Francisco	California
94131	2.6	28622	San Francisco	San Francisco	California
94132	3.4	31045	San Francisco	San Francisco	California
94133	4.2	28086	San Francisco	San Francisco	California
94134	4.2	44657	San Francisco	San Francisco	California
94143	2.6	394	San Francisco	San Francisco	California
94158	3.4	9434	San Francisco	San Francisco	California

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 report and programs were identified in the most recent CHNA report, which was adopted in June, 2019. The health issues identified in the 2022 CHNA form the basis of the community benefit plan.

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 <https://www.dignityhealth.org/bayarea/locations/stmarys/about-us/community-benefit> or upon request at the hospital's Community Health office.

Significant Health Needs

The 2019 CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

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

Significant Health Need	Description	Intend to Address?
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.	●
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.	●
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.	●
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.	●
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.	●

The 2022 CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

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

Significant Health Need	Description	Intend to Address?
Access to Welcoming Healthcare	Access to Welcoming Healthcare refers to the right to accessible and affordable, culturally grounded, relevant, and competent acute and preventative healthcare. Welcoming care is delivered in local neighborhoods, by healthcare professionals who are from the communities they are serving, are grounded in anti-racism and interpersonal bias, have knowledge of the community's historic relationship with (and harm done by) the healthcare system, and are equitably compensated for their work.	•
Behavioral Health & Substance Use	Behavioral Health and Substance Use refers to access, stigma, availability, and affordability of behavioral and mental health professionals and services. Substance use refers to substance access, use, and availability of support for substance misuse. Behavioral Health also refers to the freedom from external and environmental trauma. Community violence decreases the real and perceived safety of a neighborhood disrupting social networks by inhibiting social interactions, causing chronic stress among residents who are worried about their safety, and acting as a disincentive to engage in social interactions.	•
Economic Opportunity	Economic opportunity refers to the financial and socioeconomic conditions which allow for an individual and community to effectively afford the tangible and intangible materials and resources necessary to thrive. Additionally, economic opportunity includes (but is not limited to) exposure to environmental/climate-related factors and/or hazards, freedom from violence and trauma, and the ability to obtain nutrient-dense, culturally relevant food items, and affordable housing.	•

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.

2022 Report and 2023 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 FY22 and planned activities for FY23, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital 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.

Hospital and health system participants included Care Coordination, Emergency Department, Nursing, Graduate Medical Education, Surgery, Business Development, Mission, and Palliative Care. Department leaders were asked about their staff and patient needs, connection to community resources, and department goals. Staff shared that valuable insights such as need to break down silos in the organization, support patients with services pre- and post- hospitalization, access city services and increase safety for staff in the Emergency Department.

Community input or contributions to this implementation strategy included the Asian Health Collaborative and the San Francisco Health Improvement Partnership. Through these groups St. Mary's was able to understand the need for coordination of services and access issues due to the complex nature of San Francisco care delivery system.

The programs and initiatives described here were selected on the basis of existing programs with evidence of success and impact, research into effective interventions, access to appropriate resources and addressing immediate goals of the hospital.

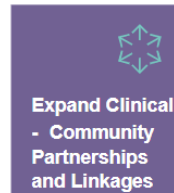
Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



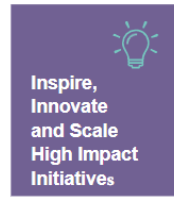
Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

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 FY22	Planned FY23
Sr. Mary Philippa Health Center	Serves as Medical Home to low income patients where participants in the Graduate Medical Education program serve as primary care providers with supervision by preceptors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Graduate Medical Education	Residents in medicine, orthopedics, and podiatry are prepared in a clinical setting while providing direct services to people in need.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breast Cancer Second Opinion Panel	Multidisciplinary panel reviews cases and makes clinical recommendations at no cost to patients.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV Services	Education in various topics as well as assistance to patients in obtaining needed drugs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation Assistance	Van service, taxi vouchers or bus tokens provided to patients who need assistance with access to our facilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Health Insurance Counseling & Advocacy Program (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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Social Determinants of Health factors and build trust to enable successful referrals to appropriate care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Serious Illness Project for Chinese Seniors	With Self-Help for the Elderly and All-American Medical Group, Saint Francis and St. Mary's are collaborating to create a holistic wrap around model to support the health of Chinese seniors with support from a Stupski grant. Along with post discharge support, the program includes palliative care/Advanced Care Plans, and AI directed primary care outreach using AAMG's insurer database.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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, Self-Help for the Elderly, All-American Medical Group, San Francisco Health Improvement Partnership, HICAP



Health Need: Food security, healthy eating and active living

Strategy or Program Name	Summary Description	Active FY22	Planned FY23
Community Grant to Asian Health Collaborative	Provide post-discharge support for Asian patients and families. Includes linkages to short term family housing, and case management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Senior Yoga	Weekly gentle yoga class with yoga instructor. Suspended during COVID.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Community Grant to Richmond Neighborhood Center	Grant to expand Food Access in the Richmond District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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 FY22	Planned FY23
Cal-AIM	Cal-AIM is a re-imagining of the Medi-Cal system to create investments into upstream determinants of health. Saint Francis and St. Mary's are looking to ensure staff know how to refer patients to program perks like case management, medically tailored meals and housing navigation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Donations of clothing, meals and transportation to homeless patients	Upon discharge the hospital offers homeless patients clothing, a meal and transportation to their destination.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 FY22	Planned FY23
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Convening Group on the Care for Patients under 5150 holds	With the support of Saint Francis Emergency Department leadership, the hospital began convening meetings with SFPD: CIT, SFDPH: Comprehensive Crisis Services around coordinating care for patients under 5150 holds. The meetings have grown to encompass SFFD: SCRT and SFDPH: AOT, and have been helpful in creating clearer connections between the various partners worked	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breast Cancer Support Group	Ongoing group offered support free of cost. Meeting held remotely during COVID.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Collaboration: San Francisco Police Department, San Francisco Fire Department, San Francisco Department of Public Health, San Francisco Unified School District, Psychologist leader of support group



Health Need: Safety From Violence and Trauma

Strategy or Program Name	Summary Description	Active FY22	Planned FY23
Human Trafficking Awareness	Work with internal and external stakeholders to train staff to identify and refer survivors of human trafficking.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Collaboration: San Francisco Collaborative Against Human Trafficking

Community Health Improvement 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 related to CHNA priorities.

In FY22, the hospital awarded the grants below totaling \$120,723. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Richmond Neighborhood Center	Expanding Food Access in the Richmond District	\$40,723
Self Help for the Elderly	Asian Health Collaborative Transitional Care Coordination for Chinese-speaking Patients	\$80,000

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

 Sister Mary Philippa Health Center	
Significant Health Needs Addressed	<ul style="list-style-type: none"> • Access to coordinated, culturally and linguistically appropriate care and services • Housing security and an end to homelessness • Social, emotional, and behavioral health
Program Description	<p>The Sister Mary Philippa Health Center (SMPHC) serves as a Medical Home to approximately 1300 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.</p>
Population Served	Underinsured and uninsured patients
Program Goal / Anticipated Impact	<p>Our goal is to continue to serve underinsured and uninsured patients through the Clinic. The fiscal year began with 117 Healthy San Francisco (HSF) patients, 277 Medi-Cal, and 544 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.</p> <p>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 pandemic progressed, patients are seen in person with appropriate precautions or by telehealth when needed.</p>
FY 2022 Report	
Activities Summary	Enrolled patients provided with ongoing care either in person or via telehealth.
Performance / Impact	The Sister Mary Philippa Health Center provides Medical Home services 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 2023 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.
Planned Activities	No planned change from previous year.



Counseling Enriched Education Program

Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Safety from violence and trauma ✓ Social, emotional, and behavioral health
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 supervised during physical activities.
Population Served	Qualifying students as determined by the SFUSD
Program Goal / Anticipated Impact	Students in need of behavioral health care will receive it along with the opportunity to complete appropriate level of classroom education.
FY 2022 Report	
Activities Summary	Intensive therapy and treatment provided as well as nutritious meals and physical activity.
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	\$355,981: Hospital provides professional psychiatric staff, space and support to the program.
FY 2023 Plan	

Program Goal / Anticipated Impact	Counseling services for students will help the students integrate into the broader community, while keeping up with their studies.
Planned Activities	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

Significant Health Needs Addressed	<ul style="list-style-type: none"> ❑ Access to coordinated, culturally and linguistically appropriate care and services ❑ Food security, healthy eating and active living ❑ Social, emotional, and behavioral health
Program Description	<p>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.</p> <p>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)</p>
Population Served	Program is open to all members of the community.
Program Goal / Anticipated Impact	<p>Routine communication with area physicians regarding program services to increase participation in community classes</p> <p>Increased class participation by offering twice-weekly electronic education/support meetings</p> <p>Support Healthy eating: Provided appropriate video content regarding healthy eating and eating decisions</p> <p>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.</p>

FY 2022 Report

Activities Summary	<p>Maintained access to community education and support by adding additional weekly class in electronic format.</p> <p>Implemented additional resources for education and support through video offerings from appropriately recognized sources.</p> <p>Resident physicians were included in education appointments and classes when scheduled by Medical Education.</p> <p>Marketing to area physicians which increased the network of physicians referring to our program.</p>
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	Continued individual education and support for those with diabetes and families. Cooking Class twice yearly via collaboration with Cooking Matters to help our participants learn to cook healthfully while mindful about cost.
Performance / Impact	Maintained 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	\$31,899 in staffing costs and materials.
FY 2023 Plan	
Program Goal / Anticipated Impact	-Increase participation and access to community classes and referrals through increase marketing and communication to physicians and class participants. -Continue semiannual Cooking Matters class and increase participation rate. - Add community resources through the SF Food Bank to our clinic such as the "Pop Up Food Bank". -Increase access to technology for our patients care for their diabetes by increasing access to CGM technology to ease the care burden of DM.
Planned Activities	-Routine communication with area physicians regarding program services to increase participation in community classes -Collaborate with Marketing Department to increase referrals to new community physicians -Increase class participation by offering electronic education/support meetings -Support Healthy eating: Provided appropriate video content regarding healthy eating and eating decisions. Provide available resources to those in need of home support through referrals to community programs like Project Open Hand, etc. -Be a resource for medical education and clinic staff in care for clinic patients with diabetes, and provide opportunities to spend time with educator and provide ongoing support and education. -Collaborate with Cooking Matters offering a free cooking and nutrition education classes on a semiannual basis.

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

SFMH staff advocate for local and state health policy. SFMH 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 SFMH and TLHIP strategic objectives.

Charity Care

SFMH 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.

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. SFMH staff leads a local, facility taskforce to implement the HTR Program which provides staff education and response procedures.

San Francisco Health Improvement Partnership (SFHIP)

SFMH 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 SFMH community health plan and strategy is designed to align with SFHIP priorities.

San Francisco Hep B Free

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

Economic Value of Community Benefit

St. Mary's Medical Center Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2021 through 6/30/2022

	Persons Served	Net Benefit	% of Org. Expenses
<u>Benefits for Living in Poverty</u>			
Financial Assistance	2,722	3,445,069	1.3
Medicaid	7,310	20,263,119	16.2
Means-Tested Programs	1,814	735,468	0.3
Community Services			
A - Community Health Improvement Services	25,453	387,463	0.1
E - Cash and In-Kind Contributions	3	122,448	0.0
G - Community Benefit Operations	5	392,121	0.1
Totals for Community Services	25,461	902,032	0.3
Totals for Living in Poverty	37,307	25,345,688	9.4
<u>Benefits for Broader Community</u>			
Community Services			
A - Community Health Improvement Services	1,259	762,951	0.3
B - Health Professions Education	463	9,931,112	3.7
E - Cash and In-Kind Contributions	3	45,736	0.0
G - Community Benefit Operations	0	48,618	0.0
Totals for Community Services	1,725	10,798,417	4.0
Totals for Broader Community	1,725	10,798,417	4.0
Totals - Community Benefit	39,032	36,144,105	13.5
Medicare	20,017	30,230,426	11.3
Totals with Medicare	59,049	66,464,531	24.8

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 Financial Officer	San Francisco Health Plan
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
Anni Chung	Self Help for the Elderly	Community Leader
Nolan Highbaugh	KIPP Foundation	Community Leader
Sandra Mori	Retired Development Director, Kimochi, Inc.	Community Leader

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