

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date: February 28, 2012

Cmte	Board	
<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form (for hearings)
<input type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER:

Completed by: Annette Lonich

Date: February 21, 2012

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or
Meeting Date

I hereby submit the following item for introduction:

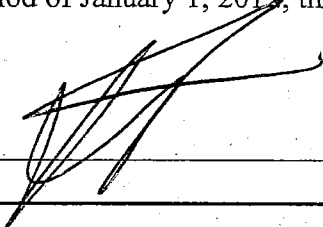
- 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment
- 2. Request for next printed agenda without reference to Committee
- 3. Request for Committee hearing on a subject matter
- 4. Request for letter beginning "Supervisor _____ inquires..."
- 5. City Attorney request
- 6. Call file from Committee
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File Nos.
- 9. Request for Closed Session
- 10. Board to Sit as A Committee of the Whole

Sponsor(s): Supervisor Wiener

SUBJECT: Accept and Expend Private Grant – San Francisco Hepatitis B Free Best Practices Evaluation Project- \$63,480

Resolution authorizing the San Francisco Department of Public Health to accept and expend retroactively a grant in the amount of \$63,480 from the Public Health Foundation Enterprises, Inc. to participate in a program entitled "San Francisco Hepatitis B Free Best Practices Evaluation Project" for the period of January 1, 2012, through June 30, 2013, waiving indirect costs.

Signature of Sponsoring Supervisor: _____



For Clerk's Use Only:

1 [Accept and Expend Grant – San Francisco Hepatitis B Free Best Practices Evaluation
2 Project- \$63,480]

3 **Resolution authorizing the Department of Public Health to retroactively accept and**
4 **expend a grant in the amount of \$63,480 from the Public Health Foundation**
5 **Enterprises, Inc. to participate in a program entitled “San Francisco Hepatitis B Free**
6 **Best Practices Evaluation Project” for the period of January 1, 2012, through June 30,**
7 **2013, waiving indirect costs.**

8
9 WHEREAS, Public Health Foundation Enterprises, Inc. (PHFE) is the recipient of a
10 grant award from Metta Fund supporting the San Francisco Hepatitis B Free Best Practices
11 Evaluation Project; and,

12 WHEREAS, With a portion of these funds, PHFE has subcontracted with San
13 Francisco Department of Public Health (DPH) in the amount of \$63,480 for the period of
14 January 1, 2012 through June 30, 2013; and,

15 WHEREAS, As a condition of receiving the grant funds, PHFE requires the City to
16 enter into an agreement (the “Agreement”), a copy of which is on file with the Clerk of the
17 Board of Supervisors in File No. 120156; which is hereby declared to be a part of this
18 resolution as if set forth fully herein; and,

19 WHEREAS, The purpose of this project is to complete an evaluation of the San
20 Francisco Hepatitis B Free campaign to determine which of its multiple outreach strategies
21 had the most impact on behavior change; and,

22 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
23 partially reimburses DPH for one existing position, one Manager I (Job Class No. 0922) at .20
24 FTE for the period of January 1, 2012, through December 31, 2012 and at .61 FTE for the
25 period of January 1, 2013, through June 30, 2013; and,

1 WHEREAS, San Francisco Hepatitis B Free Best Practices Evaluation Project does not
2 allow for indirect costs to maximize use of grant funds on direct services; and,

3 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
4 therefore, be it

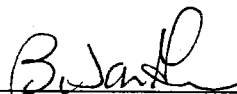
5 RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively
6 in the amount of \$63,480 from PHFE; and, be it

7 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
8 indirect costs in the grant budget; and, be it

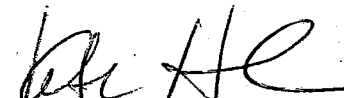
9 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
10 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
11 be it

12 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
13 agreement on behalf of the City.

14
15
16
17 RECOMMENDED:

18 
19 _____
20 Barbara A. Garcia, MPA
21 Director of Health

APPROVED:

22 
23 _____
24 Office of the Mayor

25 

Office of the Controller



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: January 13, 2012

SUBJECT: Grant Accept and Expend

GRANT TITLE: San Francisco Hepatitis B Free Best Practices Evaluation Project - \$63,480

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for Community Programs, 1380 Howard St.

Certified copy required Yes

No

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: San Francisco Hepatitis B Free Best Practices Evaluation Project
2. Department: Department of Public Health, Communicable Disease Control & Prevention Section
3. Contact Person: Melissa Sanchez, PhD, MA Telephone: (415) 554-2743
4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$63,480.00

6a. Matching Funds Required: No

b. Source(s) of matching funds (if applicable): N/A

7a. Grant Source Agency: Metta Fund

b. Grant Pass-Through Agency (if applicable): Public Health Foundation Enterprises, Inc. (PHFE)

8. Proposed Grant Project Summary:

The San Francisco Department of Public Health, through a contract with PHFE, will complete an evaluation of the SF Hep B Free (SFHBF) campaign to determine which of its multiple outreach strategies had the most impact on behavior change:

- Among clinicians to provide hepatitis B (HBV) testing, vaccination, and appropriate follow-up testing for Asian Pacific Islanders (APIs)
- Among the API population to seek out and accept these services.

Through this evaluation, "best practices" will be identified and used by SFHBF to guide their outreach strategies in the next phase of the SFHBF campaign. Over the course of the first 3 years after the evaluation, 2013-2016, SFHBF will utilize these "best practices" approaches in San Francisco to target new API subpopulations, new immigrants, and additional clinicians who have yet to be impacted by the campaign. In the longer term, 2016 – 2021, lessons learned from the broader dissemination of these "best practices" will be incorporated into new projects addressing other significant health disparities in San Francisco.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: January 1, 2012

End-Date: June 30, 2013

10a. Amount budgeted for contractual services: None

b. Will contractual services be put out to bid? N/A

- c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A
- d. Is this likely to be a one-time or ongoing request for contracting out? N/A

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? N/A

b2. How was the amount calculated? N/A

c. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

12. Any other significant grant requirements or comments:

GRANT CODE (Please include Grant Code and Detail in FAMIS):

Grant Code-Detail: HCDC16-12

Index Code: HCHPDIMMSVGR

****Disability Access Checklist****

13. This Grant is intended for activities at (check all that apply):

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

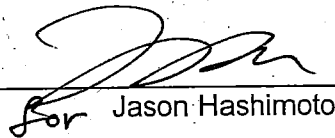
New Site(s)

New Structure(s)

14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:


Comments:

Departmental or Mayor's Office of Disability Reviewer: _____

for  Jason Hashimoto

Date Reviewed: 1/17/12

Department Approval: _____


Barbara A. Garcia, MPA
(Signature)

Director of Public Health

San Francisco Hep B Free Best Practices Evaluation

Budget and Justification

January 1, 2012 – June 30, 2013

Personnel	January 1, 2012 – December 31, 2012	January 1, 2013 – June 30, 2013	TOTAL
Melissa Sanchez, Manager I (Job Class #0922) – Annual Salary \$109,307 - Oversee all aspects of the project over the 18-month project period.			
Salary at 0.20 FTE	\$21,861		\$21,861
Fringe at 15% of salary (maximum allowed by grant source agency)	\$3,279		\$3,279
Salary at 0.61 FTE		\$33,339	\$33,339
Fringe at 15% of salary (maximum allowed by grant source agency)		\$5,001	\$5,001
TOTAL	\$25,140	\$38,340	\$63,480

Application Instructions

Welcome to Metta Fund's on-line grant application which contains four main sections: Application Instructions, Organization Information, Request Information, and Required Attachments.

For the "Request Information" section, the answers should be well thought out and compelling through the use of data and statistics. All data sources must be cited appropriately.

Required attachments include:

1. the Project Budget worksheet (on Metta Fund's Web site, use the corresponding "Project Budget and Budget Narrative Instructions");
2. a Project Budget Narrative (submit a narrative that details each line item request; include vendor quotes for each major equipment item, i.e., equipment with single item value equal to over \$5,000)
3. the Logic Model worksheet to illustrate the connection between your planned work and your intended results (on Metta Fund's Web site, using the corresponding worksheet instructions);
4. the organization's audited financial statements for the past two years plus year-to-date Balance Sheet and Income Statement (if the organization does not have audited financial statements, they must provide two years of year-end financial statements and a year-to-date Balance Sheet and Income Statement);
5. an annual operating budget for the organization organized by programs;
6. a list of current funders and granted amounts for the proposed project;
7. a list of the organization's current funders (government, foundation, corporate, major donors) and amount of support;
8. a copy of the most recent 501 (c) (3) letter of determination of tax exempt status issued to the organization by the Internal Revenue Service;
9. a one-page list of all officers and members of the organization's Board of Directors with the terms, occupations, and employers of each;
10. the most recent annual report or a list of recent accomplishments; and
11. an electronic signature from the organization's CEO and Board Chair acknowledging the submission of the grant application.

We look forward to receiving your application.

Organization Information

Legal Name

Pre-populated with the name of the organization linked to the Employer ID Number (EIN)
Public Health Foundation Enterprises Inc

Organization Name

If fiscal sponsor's name appears here, please change to the name of the organization carrying out grant project
Public Health Foundation Enterprises Inc

Address

12801 Crossroads Parkway S. #200

City

City of Industry

State

CA

Zip Code

91746

Main Phone Number

Please enter in the following format: (xxx) xxx-xxxx

(562) 222 -7886

Fax

Please enter in the following format: (xxx) xxx-xxxx

(562) 205 - 7686

Web site

www.phfe.org

Tax ID

Federal Tax ID Number (EIN)

952557063

Tax Status

501c(3)

Organization Annual Budget

Please enter without currency signs (for example, 300,000)

111,006,591

Organization Profile

Organization Type - Category (NTEE):

The National Taxonomy of Exempt Entities (NTEE) system is used by the IRS to classify nonprofit organizations. Your category is found on the organization's Form 990. Additional information about the taxonomy can be found at <http://nccs.urban.org/classification/NTEE.cfm>.

ADVANCED RULING EXPIRATION DATE: ; CLASSIFICATION CODES: 2; DEDUCTIBILITY CODES: 1;
SUBSECTION CODE: 501c(3); FOUNDATION CODE: 509(a)(2) under 170(b)(1)(A)(vii)

Year founded:

1968

Number of FTE staff (organization/project):

1600 FTE Staff

Number of volunteers (organization/project):

0

Organization CEO/Executive Director

Prefix

Mr.

First Name

Mark

Last Name

Bertler

Suffix

<None>

Title

Chief Executive Officer

Work Phone

Please enter in the following format: (xxx) xxx-xxxx

(562) 222-7895

Extension

E-mail address

mbertler@phfe.org

Application Contact - required only if different from organization CEO/Executive Director

Check here if grant application contact is same as primary contact above

Prefix

Dr.

First Name

Susan

Last Name

Fernyak

Suffix

M.D.

Title

Director, Communicable Disease Control and Prevention Section, SF Department of Public Health

Work Phone

Please enter in the following format: (xxx) xxx-xxxx

(415) 554-2845

Extension

E-mail address

Susan.Fernyak@sfdph.org

Request Information

Grant Program Area

Improving Quality of Care

Project Title

SF Hep B Free Best Practices

Project Budget

Please enter without currency signs (for example, 120,000)

390,003

Requested Amount

Please enter without currency signs (for example, 30,000)

225,032

Please limit each of your entries to 350 words. We suggest that you complete the required Metta Fund Logic Model prior to answering the following questions as it is a helpful tool for Describing your planned work and intended results.

What is being requested? State what the request is - the amount of money and how it will be used.

The San Francisco Department of Public Health (SFDPH), through a contract with Public Health Foundation Enterprises, Inc. (PHFE), is requesting \$225,000 (\$150,000/year for 18 months) from Metta Fund to complete an evaluation of the SF Hep B Free (SFHBF) campaign to determine which of its multiple outreach strategies had the most impact on behavior change:

- Among clinicians to provide hepatitis B (HBV) testing, vaccination, and appropriate follow-up testing for Asian Pacific Islanders (APIs)
- Among the API population to seek out and accept these services.

Through this evaluation, "best practices" will be identified and used by SFHBF to guide their outreach strategies in the next phase of the SFHBF campaign. Over the course of the first 3 years after the evaluation, 2013-2016, SFHBF will utilize these "best practices" approaches in San Francisco to target new API subpopulations, new immigrants, and additional clinicians who have yet to be impacted by the campaign. In the longer term, 2016 -- 2021, lessons learned from the broader dissemination of these "best practices" will be incorporated into new projects addressing other significant health disparities in San Francisco.

The "Hep B Free Best Practices Project" will be implemented over the course of 18 months for a proposed total project budget of \$390,000 (\$260,000/year). This total would include \$150,000/year from Metta Fund, \$45,000/year in in-kind support from SFDPH, \$25,000/year in in-kind support from SF Hep B Free/Asian Week Foundation, and a combined total of \$40,000/year from the San Francisco Foundation, the Chinese Community Health Care Association, and the Hospital Council of Northern & Central California. The majority of the budget will fund project staff who will design and implement the evaluation and analyze, write up, and disseminate the results. Incidental expenses will include focus group incentives for recruitment purposes, local travel for staff to complete chart reviews, and printing costs for chart abstraction forms and focus group surveys.

What is the purpose of the project? Describe the specific health need or community problem to be addressed by the project, and how it will help alleviate the problem. Include city or county data regarding the health need. Please cite all sources.

The San Francisco Hep B Free (SFHBF) campaign began in 2006 with the goal of eliminating hepatitis B in SF by testing and vaccinating all APIs. Chronic hepatitis B virus (HBV) infection and its sequelae -- cirrhosis, liver failure, hepatocellular carcinoma (HCC), death -- disproportionately affect API populations in San Francisco, as well as throughout the United States (1). Although APIs comprise only 4.5% of the U.S. population (2), they account for more than 50% of Americans who are living with chronic HBV infection (1), with the highest occurrence of HCC occurring in APIs who immigrated to the U.S (3). In SF, APIs represent 32% of the city's population of 800,000 persons, many of whom are foreign-born (2). In 2009, SFDPH received reports of hepatitis B infection on over 3,500 individuals, and of the 66% of cases for whom race was known, 87% were API, of which an estimated 85% were foreign-born (4). Currently, San Francisco has the highest rate of liver cancer in the U.S.

The purpose of this project is to evaluate the effectiveness of the methods and strategies used by the SFHBF campaign to determine which had the most impact on (1) the behavior of SF clinicians to provide testing, vaccination, and appropriate HBV follow-up testing for API patients; and (2) on the behavior of SF APIs to seek out and accept those testing, vaccination, and HBV follow-up testing services. The results of the evaluation will enable SFHBF and its partners to conduct its outreach activities in a more focused, effective, and efficient manner and to achieve its goal of eliminating hepatitis B in SF.

1. CDC.2009.Notice to readers:National hepatitis B initiative for Asian Americans/Native Hawaiian and other Pacific Islanders.MMWR:Recommendations and Reports,58(18),503.

2. U.S. Census Bureau.2010.2005--2009 American Community Survey 5-year estimates. Washington,D.C.:US Department of Commerce,Economics and Statistics Administration.

3. Altekruse,S.F., McGlynn,K.A., & Reichman,M.E.(2009).Hepatocellular carcinoma incidence, mortality, and survival trends in the U.S. from 1975-2005.Journal of Clinical Oncology,27(9),1485-1491.

4. Chronic Viral Hepatitis Registry Project, CDCP Section,SFDPH.Chronic Hepatitis B and Hepatitis C Infection Surveillance Report 2009,San Francisco.

Who is expected to benefit from the project? Describe the population (age, gender, race/ethnicity, etc.), numbers served, and geographical area that will be targeted by the project. Please be as specific as possible.

The API population throughout San Francisco will significantly benefit from the results and subsequent outcomes of this evaluation project. This includes APIs of all ages; genders; and levels of education, literacy, English proficiency, and acculturation. There are over 250,000 APIs throughout San Francisco, including many who are foreign-born (1). All geographic areas throughout San Francisco will be targeted, with the expectation that some regions will be more heavily targeted based on results from the focus groups.

Results from the project's focus groups will include identification of (1) the most effective outreach methods and (2) SF API subpopulations and clinicians yet to be impacted by the SFHBF campaign. SFHBF will utilize these focus group results to more effectively target the identified subpopulations, with a particular emphasis on new immigrants. Successful implementation of the targeted outreach methods will result in an increase in the level of HBV knowledge throughout the API and clinical communities in San Francisco and, subsequently, an increase in testing, vaccination, and appropriate follow-up testing among SF APIs.

Additional beneficiaries of this project will include those clinicians, who had yet to be impacted by the SFHBF campaign, as well as SFHBF and its hundreds of provider and community partners, who will be able to utilize the evaluation results to more effectively create HBV awareness and promote routine HBV testing and vaccination throughout the SF API community. Beginning in 2016, lessons learned from the broader dissemination of these "best practices" will be incorporated into new projects addressing other significant health disparities in San Francisco, with the SF subpopulations targeted for these outreach activities benefiting over the longer term.

1) U.S. Census Bureau. 2010. 2005--2009 American Community Survey 5-year estimates. Washington, D.C.: US Department of Commerce, Economics and Statistics Administration.

How will the project work? Describe how the project will be structured and staffed, including the role of consultants. State specific tasks, deliverables, and related timetables that will be required to implement and manage the project. Discuss how these positions and activities relate to the project budget. Attach bios/resumes of key staff.

The project will be implemented over three stages. In the first stage, medical records will be reviewed for a random sample of 360 SF API patients. Provider practice patterns in 2006 (HBV testing, vaccination, and appropriate follow-up testing) before the start of the SFHBF campaign will be compared to current patterns and the 5-year change in clinician practice patterns will be measured. In the second stage, four focus groups with SF clinicians who care for API patients and four focus groups with API community members will be conducted. The clinician focus groups will determine which SFHBF clinician outreach strategies had the most impact on increasing their awareness and knowledge of HBV testing, vaccination, and follow-up testing recommendations. The community focus groups will assess the level of HBV knowledge, identify which outreach strategies were the most effective for increasing HBV awareness, and determine which outreach methods had the most impact on API behavior to seek out and accept testing, vaccination, and follow-up testing services. For all focus groups, members will be asked to identify SF API subpopulations yet to be reached by the campaign. Data collection activities will be completed in the first 12 months, and in the final 6 months, staff will analyze the results; write reports summarizing the "best practices" and API and clinician subpopulations to be targeted; and disseminate the reports to SF clinicians, the API community, and SFHBF and its partners.

The majority of the budget will fund project staff who will design and implement the evaluation and analyze, summarize, and disseminate the results. Incidental expenses will include focus group recruitment incentives, local travel to complete chart reviews, and printing costs for chart abstraction forms and focus group surveys. The Project Director will oversee the project, and lead the evaluation, analysis, writing, and dissemination of results. The Project Coordinator will design and monitor all project activities, collect and analyze data, and write reports. Two Research Assistants will collect the data. Two Clinical Advisors, a Health Promotion Specialist, a Community/Strategic Advisor, and an Advisory Board with clinician and community representatives will provide consultation to the project.

Why is your organization best suited to operate the project? Describe your organization, including past and recent accomplishments. If you are aware of other organizations providing similar services to the target population, provide justification for creating a new project or expanding your project and discuss your efforts to collaborate with the existing organizations.

SFHBF is a collaboration between the SFDPH, the Asian Week Foundation, the Asian Liver Center, SF hospitals, and multiple community based organizations serving APIs (<http://www.sfhepbfree.org>). Since the inception of SFHBF, the participating organizations have recognized that SFDPH is best qualified to conduct an evaluation of this public health campaign and have designated Dr. Susan Fernyak and her group, the Communicable Disease Control and Prevention (CDCP) Section, to lead the evaluation. CDCP's epidemiologists have many years of experience designing applied public health studies and evaluations, developing appropriate data collection methods, analyzing data and interpreting the results, and formulating recommendations. In 2009, SFHBF received a small amount of funding to conduct a pilot evaluation. SFDPH CDCP designed the methods, collected data from focus groups in the SF Chinese community, and analyzed the results. The evaluation revealed that the campaign's initial tag line, "B A Hero. B Sure. B Tested. Be Free" and its upbeat images of APIs in superhero outfits confused focus group participants, who felt that more serious messages and images conveying the grave consequences of HBV would better motivate APIs to get tested and vaccinated. In response, SFHBF changed its outreach strategy, launching the controversial "Which One Deserves to Die?" ad campaign, which has generated national attention (<http://www.nytimes.com/2010/05/03/us/03hepatitis.html>). Our proposed evaluation project will measure the effectiveness of the new outreach strategy.

In addition to co-leading SFHBF, CDCP's mission is to prevent the spread of disease by promoting vaccination, investigating cases and outbreaks of disease, educating clinicians, and educating clients with communicable diseases and their contacts about effective actions to prevent the spread of infections. CDCP has developed the SF Chronic Viral Hepatitis Registry with funding from the national Centers for Disease Control and Prevention, gathered data about the risk factors and household contacts of persons with chronic HBV, and provided education to patients about preventing HBV spread. CDCP updates healthcare providers about the epidemiology of chronic viral hepatitis in SF and recent national guidelines on chronic hepatitis screening, treatment, and prevention. CDCP publishes SF data about chronic HBV epidemiology in reports (www.sfcpc.org) and in peer-reviewed journals.

What is the expected outcome of the project? Describe the direct results of the project, either concrete changes or impact. These expected outcomes should be presented in clear and measurable terms, including target dates. Provide specific quantitative indicators and/or benchmarks that will be used to determine the changes affected by the project.

Upon completion of the project, the "best practices" summary reports will be disseminated to SF clinicians, the SF API community, and SFHBF and its provider and community partners. Over the course of the next three years (2013 -- 2016), SFHBF and its partners will use the evaluation results to more effectively conduct HBV outreach activities. SFHBF will implement the identified "best practices" strategies, targeting API subpopulations, new immigrants, and additional clinicians in SF who have yet to be impacted by the campaign. In the medium term (2016 -- 2019), lessons learned from the broader dissemination of these "best practices" will be incorporated into new projects addressing health disparities in SF (e.g., immunization rates in African-American children). The long term goal, ten years after completion of the evaluation (2023), will be the incorporation of the "best practices" into the routine operations of health care systems and community programs in SF.

How will you measure the project's impact? How will you define a successful project? Describe the specific data to be used, and how and when it will be collected. State how the data will demonstrate project performance.

Three years after completion of the project (2016), SFDPH staff will produce a summary of the "best practices" activities being conducted by SFHBF and its provider and community partners. This summary will include a listing of the SF API subpopulations, new immigrants, and clinicians that have been targeted for outreach from 2013-2015. SFDPH staff will also document the dissemination and publication of the evaluation summary reports to SF clinicians, the SF API community, and SFHBF and its partners. Six years after the project is completed (2019), SFDPH staff will summarize the outreach activities developed and implemented for other significant SF health disparities, which have been modeled after the "best practices" identified from the SFHBF evaluation project. Establishment of these new outreach campaigns will demonstrate the translational nature of these "best practices" outreach methods. Ten years after the evaluation project (2023), SFDPH staff will implement a survey of SF hospitals, other health care entities (e.g. IPAs, community clinics) and API community programs to determine how each organization has incorporated SFHBF's "best practices" into their routine operations. Comprehensive adoption of these "best practices" across multiple systems and programs will serve as the definitive indicator of the project's impact and success.

Will the project be sustained after the Metta Fund grant ends? If so, please explain how it will be sustained. Describe your plan to identify and secure funding to continue the project.

The project's evaluation results will be used by SFHBF to guide outreach strategies subsequent to the project, in this next phase of the campaign. SFHBF is the largest, most intensive healthcare campaign for APIs in the U.S. The strength of SFHBF's leadership, as well as its over one hundred provider and community partners, will enable SFHBF to successfully implement the identified "best practices" approaches among the targeted API subpopulations, new immigrants, and additional clinicians who have yet to be impacted by the campaign in San Francisco.

The SFDPH is a large, stable organization with a budget of over 1.57 billion dollars for fiscal year 2011-12. This represents an eight percent increase over Fiscal Year 2010-11. This increase is largely due to additional revenues and federally mandated capacity enhancements that will allow the Department to prepare for full implementation of Health Care Reform. The SFDPH's strong relationships with hospitals, health care systems and community partners throughout San Francisco will allow them to create new initiatives and build on current initiatives to address health disparities throughout San Francisco. The stability of SFDPH's infrastructure, which uses a combination of general fund and grant opportunities to maintain its highly trained staff, will ensure the availability of skilled staff to collaborate with its partners to develop and implement outreach activities for other significant health disparities in San Francisco. SFDPH will also be able to provide highly skilled epidemiologists for measuring the project's impact and success over the course of the ten years following the evaluation.

Clients Served Summary

Zip codes where project will be implemented (check all):

San Francisco

San Francisco

San Francisco

Ethnicity(ies):

Asian

Asian

All

Age Group:

All

All

All

Gender:

Both



PUBLIC HEALTH
FOUNDATION ENTERPRISES

A 501 (c)(3) Nonprofit Corporation

12801 Crossroads Parkway South, Suite 200 ■ City of Industry, CA 91746 ■ 800.201.7320 Fax 562.699.8856 ■ www.phfe.org

December 15, 2011

Melissa A. Sanchez, PhD, MA
Supervising Epidemiologist
Communicable Disease Control Unit
San Francisco Department of Public Health
101 Grove Street, Suite 408
San Francisco, CA 94102

RE: Metta Fund Award

Dear Dr. Sanchez,

This letter is to acknowledge that the Trustees of the Metta Fund have approved a grant to Public Health Foundation Enterprises, Inc. ("PHFE"). Said monies will be used by PHFE to support the San Francisco Hep B Free Best Practices Evaluation project through a subcontract agreement with the San Francisco Department of Public Health. The subcontract amount will total \$63,480.00 for the period from January 1, 2012 to June 30, 2013.

Sincerely,

Mark J. Bertler, CAE
Chief Executive Officer