

File No. 111037

Committee Item No. \_\_\_\_\_

Board Item No. 39

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee \_\_\_\_\_

Date \_\_\_\_\_

Board of Supervisors Meeting

Date September 27, 2011

#### 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"/>            | Introduction Form (for hearings)             |
| <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Public Correspondence                        |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Joy Lamug

Date September 22, 2011

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 20 pages. The complete document is in the file.

1 [Accept and Expend Grant - Community Health Assessment and Community Health  
2 Improvement Plan Demonstration Site Project - \$33,833]

3  
4 **Resolution authorizing the San Francisco Department of Public Health to retroactively**  
5 **accept and expend a grant in the amount of \$33,833 from National Association of**  
6 **County and City Health Officials to participate in a program entitled "Community Health**  
7 **Assessment and Community Health Improvement Plan Demonstration Site Project;" for**  
8 **the period of July 5, 2011, through July 4, 2012.**

9  
10 WHEREAS, National Association of County and City Health Officials (NACCHO) is the  
11 recipient of a grant award from Robert Wood Johnson Foundation, supporting Community  
12 Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Demonstration  
13 Site Project; and,

14 WHEREAS, With a portion of these funds, NACCHO has subcontracted with DPH in  
15 the amount of \$33,833 for the period of July 5, 2011 through July 4, 2012; and,

16 WHEREAS, As a condition of receiving the grant funds, NAACHO requires the City to  
17 enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the  
18 Board of Supervisors in File No. 111037; which is hereby declared to be a part of this  
19 resolution as if set forth fully herein; and,

20 WHEREAS, The full project period of the grant starts on July 5, 2011 and ends on  
21 December 15, 2012, with year two subject to availability of funds and satisfactory progress of  
22 the project; and,

23 WHEREAS, The purpose of this project is to expand an existing contract with Harder +  
24 Company Community Research, a consultancy hired to help assess the community's health  
25 and assist in the development of a Health Care Services Master Plan; and,

1 WHEREAS, DPH will subcontract with Harder +Company Community Research in the  
2 total amount of \$31,500; for the period of July 5, 2011 through July 4, 2012; and,

3 WHEREAS, The grant budget includes a provision for indirect costs in the amount of  
4 \$2,333; and,


5 WHEREAS, DPH is seeking retroactive approval because NACCHO did not send the  
6 grant agreement until July 15, 2011; now, therefore, be it

7 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
8 in the amount of \$33,833 from NACCHO; and, be it

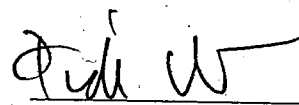
9 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
10 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,  
11 be it


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 for 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  
Director of Health

**DATE:** August 22, 2011

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Demonstration Site Project - \$33,833

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
- Agreement / Award Letter
- Grant application
- 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: Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) Demonstration Site Project
2. Department: San Francisco Department of Public Health, Office of Policy and Planning
3. Contact Person: Colleen Chawla, Deputy Director of Health and Director of Policy and Planning  
Telephone: 415.554.2769
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied For:
  - Year 1: \$33,833
  - Year 2: \$1,167

*DPH is seeking accept and expend approval for Year 1 only. The funder will approved subsequent funding upon successful completion of the prior year. DPH will include these years in the DPH budget.*

- 6a. Matching Funds Required: No
- b. Source(s) of matching funds (if applicable): N/A
- 7a. Grant Source Agency: Robert Wood Johnson Foundation
- b. Grant Pass-Through Agency (if applicable): National Association of County and City Health Officials (NACCHO)
8. Proposed Grant Project Summary: The Public Health Accreditation Board (PHAB) will launch a voluntary national accreditation program for public health departments in Fall 2011. The accreditation program will require local health departments to submit three prerequisites, developed within five years prior, as part of the application process: (1) a community health assessment (CHA); (2) a community health improvement plan (CHIP); and (3) an agency strategic plan. To better prepare the San Francisco Department of Public Health (SFDPH) for accreditation, SFDPH applied for and received a \$35,000 grant award from the National Association of County and City Health Officials (NACCHO), which is coupled with intensive training and technical assistance. Out of the more than 125 grant applications received, SFDPH is one of 12 local health departments to secure accreditation support through a contract with NACCHO. **NOTE:** While SFDPH will have a contractual relationship with NACCHO, grant funding is provided to the project by the Robert Wood Johnson Foundation.

SFDPH will use grant funds to expand an existing contract with Harder + Company Community Research, a consultancy retained by SFDPH to assist in the development of a Health Care Services Master Plan (HCSMP), which also requires a community health assessment process and resulting plan. Because of the

complementary nature of the HCSMP and accreditation-required community health assessment processes, SFDPH views the expansion of the Harder contract as the most efficient and effective means of completing the CHA/CHIP and improving the health of all San Franciscans.

SFDPH is eager to work toward public health department accreditation because:

- SFDPH believes that accreditation will improve and focus its capabilities, strengthen local and regional partnerships, and improve community health.
- SFDPH views accreditation as a means of sharing best practice information with other health departments that plan to complete CHAs and CHIPs.
- SFDPH is committed to developing an efficient and relevant assessment process that will incorporate social determinants of health.

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

Approved Year One Project:	Start-Date: 07/05/2011	End-Date: 07/04/2012
Full Project Period:	Start-Date: 07/05/2011	End-Date: 12/15/2012

10a. Amount budgeted for contractual services: \$31,500

b. Will contractual services be put out to bid? No. Grant funds will serve to expand an existing contract with Harder + Company Community Research; however, Harder + Company is listed as a preferred SFDPH consulting provider because of its response to SFDPH RFQ 10-2009.

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? One time.

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

b1. If yes, how much? \$3,500 (Year 1= \$2,333, Year 2= \$1,167)

b2. How was the amount calculated? SFDPH calculated indirects at 10% of the total grant award (\$35,000 x 10% = \$3,500)

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

12. Any other significant grant requirements or comments:

SFDPH respectfully request for approval to accept and expend these funds retroactive to July 5, 2011. The Department received the agreement on July 15, 2011.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCAD07/1200; Index Code HCHACADMINGR

**\*\*Disability Access Checklist\*\***

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Existing Site(s)      | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)           | <input type="checkbox"/> 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:

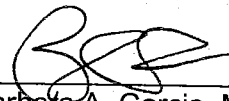
Departmental or Mayor's Office of Disability Reviewer:

  
Jason Hashimoto

Date Reviewed:

8/20/11

Department Approval:

  
Barbara A. Garcia, MPA  
(Signature)

Director of Public Health

**San Francisco Department of Public Health**  
**Community Health Assessment and Community Health Improvement Plan Demonstration Site Budget**  
**Funded by the Robert Wood Johnson Foundation via NACCHO**  
**July 5, 2011 – December 15, 2012**

<b>DIRECT COSTS</b>			
<b>Subcontractor, Harder + Company Community Research</b>	<b>Year 1 (7/5/11 – 7/4/12)</b>	<b>Year 2 (7/5/12 – 12/15/12)</b>	<b>Totals</b>
Data Lead from Harder + Company Community Research will oversee the research component of the Community Health Assessment (CHA) process.  <u>Brief Description of Duties:</u> Data Lead will provide research support to CHA process and serve as lead for development of research white papers. Data Lead will develop the needs assessment design and oversee implementation and analysis.  <u>Minimum Qualifications:</u> Requires five plus years of public sector community and strategic planning experience, project management, and facilitation experience. Master's Degree in public health, public policy, or associated field required. Extensive experience developing process designs and integrated planning frameworks, excellent critical thinking, problem solving, writing and oral community skills.  Annual Salary \$154,514 x 0.24 FTE x (8.1545 months/12 months)	\$25,200	\$0	\$25,200
<b>Total Subcontractor Salaries</b>	<b>\$25,200</b>	<b>\$0</b>	<b>\$25,200</b>
Fringe Benefits @ 25% (Social Security, Worker's Compensation, Health Benefits, Unemployment, State and Federal Taxes)	\$6,300	\$0	\$6,300
<b>Total Subcontractor Salaries and Benefits</b>	<b>\$31,500</b>	<b>\$0</b>	<b>\$6,300</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$31,500</b>	<b>\$0</b>	<b>\$31,500</b>
<b>INDIRECT COSTS</b>			
<b>SFDPH Indirect Costs</b>	<b>Year 1 (7/5/11 – 7/4/12)</b>	<b>Year 2 (7/5/12 – 12/15/12)</b>	<b>Totals</b>
SFDPH calculated total indirect costs @ 10% of the entire grant amount (\$35,000 x 10% = \$3,500). Indirects are allocated across Years 1 and 2 based on the number of months (12 and 6, respectively) in each period.	\$2,333	\$1,167	\$3,500
<b>TOTAL INDIRECT COSTS</b>	<b>\$2,333</b>	<b>\$1,167</b>	<b>\$3,500</b>
<b>GRANT AWARD GRAND TOTAL</b>	<b>\$33,833</b>	<b>\$1,167</b>	<b>\$35,000</b>



**CONTRACTOR AGREEMENT**

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), with its principal place of business at 1100 17<sup>th</sup> Street, N.W., 7<sup>th</sup> Floor, Washington, DC 20036, and **City and County of San Francisco, Department of Public Health** (hereinafter referred to as "Contractor"), with its principal place of business at 101 Grove Street, San Francisco, CA 94102.

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of Robert Wood Johnson Foundation, (Grant Title # 68474) as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.
2. TERM OF AGREEMENT: The term of the Agreement shall begin on July 5, 2011 and shall continue in effect until December 15, 2012, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. PAYMENT FOR SERVICES: In consideration for services to be performed, NACCHO agrees to pay the Contractor \$35,000. All payments will be made in arrears, within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. Three invoices may be submitted per timeline outlined in the scope of work. The NACCHO contract number must be included on all invoices. The final invoice must be received by NACCHO at the end date of the agreement.

ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be entitled.

2. **PAYMENT OF TAXES AND OTHER LEVIES:** Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
3. **LIABILITY:** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.  
All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.  
In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.
4. **REVISIONS AND AMENDMENTS:** Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. **ASSIGNMENT:** Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.
6. **INTERFERING CONDITIONS:** Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.
7. **OWNERSHIP OF MATERIALS:** Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials.

Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Robert Wood Johnson Foundation.

8. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the consultant, the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the consultant and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then-current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.
9. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.
10. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
11. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.
12. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of laws provisions).
13. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.

14. **REMEDIES FOR MISTAKES:** If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.
15. **NOTICE:** All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

**FOR NACCHO:**

Contract Specialist  
National Association of County and City Health Officials  
1100 17<sup>th</sup> Street, N.W., 7<sup>th</sup> Floor  
Washington, D.C. 20036  
Tel. (202) 507-4272  
Fax (202) 783-1583  
Email: [mtsanga@naccho.org](mailto:mtsanga@naccho.org)

**FOR CONTRACTOR:**

Dr. Tomas Aragon  
Health Officer  
San Francisco Department of Public Health  
101 Grove Street, Room 318  
San Francisco, CA 94102  
Tel: (415) 554-2600  
Fax: (415) 554-2710  
Email: [tomas.aragon@sfdph.org](mailto:tomas.aragon@sfdph.org)

16. **AUTHORITY TO BIND:** Each party hereby represents and warrants that the person signing below has the authority to bind such party to this Agreement.

**NACCHO:**

By: \_\_\_\_\_

Name: Pauline Roberts

Title: Director of Grants and Contracts

Date: \_\_\_\_\_

**CONTRACTOR:**

By: Barbara A. Garcia

Name: [Signature]

Title: Director of Health

Date: 7/28/11

## NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

### CONTRACTOR AGREEMENT – ATTACHMENT I

#### SCOPE OF WORK

During the term of this Agreement, Contractor agrees to complete the following work as part of the Accreditation Preparation: Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) Demonstration Project:

- 1) Project lead's participation in all demonstration site training and technical assistance (TA) sessions, including:
  - a. Two in-person meetings (with a potential 3<sup>rd</sup> in-person meeting as NACCHO funds permit),
  - b. Web and phone-based training- no more than two, two-hour sessions each month, and any additional TA requested by the contractor, and
  - c. Participate in a training and TA needs assessment.
- 2) Provide feedback in all project evaluation activity, including evaluating in-person trainings, webinars, overall project, individual TA provided, and more, as requested by NACCHO.
- 3) Lead the entire community health improvement process effort as outlined in the project letter of invitation unless Contractor has been selected to fulfill project-specific approach 1 whereby Contractor must co-lead the entire community health improvement process with non-profit hospital(s) named in their project application and/or approach 3 whereby Contractor must jointly conduct entire community health improvement process with the other local health departments as proposed in the Contractor's application.
- 4) Submit two interim reports and one final report to NACCHO that include documentation of the following per NACCHO-issued guidelines:
  - a. Description of the community health improvement process's progress;
  - b. Demonstration that the community health improvement process meets the required characteristics of processes to conduct the community health improvement process briefly outlined below and as outlined in detail in the project letter of invitation attachment A;
    - i. Uses an assessment or improvement planning model, such as Mobilizing for Action through Planning and Partnerships, Assessment Protocol for Excellence in Public Health, state-specific models, or an individually tailored approach that combines elements of models to best fit the context and history of the jurisdiction,
    - ii. Engages with community members,
    - iii. Includes broad representation from the local public health system,

- iv. Addresses the social determinants of health,
    - v. Uses QI or quality planning techniques, and
    - vi. Leverages local and state resources to conduct the CHA and develop the CHIP.
  - c. Lessons learned;
  - d. Cost tracking; and
  - e. Public Health Accreditation Board (PHAB) prerequisite requirements, standards and measures related to CHA/CHIP or otherwise.
- 5) Provide information and feedback for the development of a demonstration site case study to NACCHO.
- 6) Complete, submit, and receive approval of a Community Health Profile based on the CHA findings, a Community Health Improvement Plan, a Community Health Improvement Process Report, and demonstration that the Community Health Profile and Community Health Improvement plan have been disseminated throughout the community that meet required characteristics of each, as outlined in project letter of invitation attachment A and that cover Contractor's jurisdiction and any other jurisdictions required as outlined in project letter of invitation and below if Contractor was selected to fulfill project-specific approaches 1, 2, 3 and/or 4:
  - a. Approach 1: CHA and CHIP meet requirements for this project as outlined in project letter of invitation and substantially helps the hospital(s) fulfill their community health needs assessments requirement,
  - b. Approach 2: CHA and CHIP reflect needs of all governmental jurisdictions served by the Contractor,
  - c. Approach 3: CHA and CHIP reflect the needs of all participating local health department jurisdictions, and
  - d. Approach 4: CHA and CHIP reflect the needs of the tribe(s) in Contractor's jurisdiction and tribal jurisdiction.
- 7) Submit the following as demonstration of intent to apply for Public Health Accreditation Board (PHAB) accreditation:
  - a. Completed PHAB accreditation readiness checklist and
  - b. Demonstration of participation in PHAB's online training module for accreditation applicants.
- 8) Distribute project results through the following activities:
  - a. Submit an application to NACCHO's 2012 or 2013 Model Practices Program,
  - b. Present the highlights of the project at a final demonstration sites meeting in fall 2012,
  - c. Serve as ambassadors and, as schedules permit, provide peer TA to other LHDs and their partners on CHA and CHIP development for accreditation preparation, and
  - d. Present demonstration site lessons learned at a NACCHO webinar.

NACCHO will pay for travel costs associated with travel noted in the above scope of work, for the LHD project lead, per NACCHO's travel policy.

**Payment Schedule and Project Timeline**

<b>Payment#</b>	<b>Activity</b>	<b>Project Timeline</b> *Deliverables related to each payment have deadlines during the following time periods and will be specified in NACCHO-issued guidelines throughout project period.	<b>Payment Schedule</b> *Payment processing will commence on or about the dates below, pending submission and approval of all related deliverables.
1	<ul style="list-style-type: none"> <li>• Identify project lead who will be LHD's primary participant for all project trainings/meetings and TA activities</li> <li>• Participate in CHA/CHIP in-person training #1 (July 19-20, 2011) and webinar #1 (July 7, 2011)</li> <li>• Submit post-webinar and training evaluations</li> <li>• Complete the CHA/CHIP demonstration site training and TA needs assessment</li> <li>• Submit interim project report and tools and resources for posting in online resource center per NACCHO-issued guidelines</li> <li>• Complete PHAB accreditation readiness checklist</li> </ul>	July 5, 2011- August 2011	\$10,000 August 31, 2011
2	<ul style="list-style-type: none"> <li>• LHD project lead participate in CHA/CHIP in-person training #2 (date and location TBD)</li> <li>• Participate in all training webinars and teleconferences</li> </ul>	September 2011- March 2012	\$12,500 March 31, 2012

	<ul style="list-style-type: none"> <li>• Submit training, TA, and project evaluations as requested</li> <li>• Submit interim project report and tools and resources for posting in online resource center per NACCHO-issued guidelines</li> <li>• Complete interviews with project staff to contribute to development of demonstration site case study</li> </ul>		
3	<ul style="list-style-type: none"> <li>• Participate in all training webinars and teleconferences</li> <li>• Submit training, TA, and project evaluations as requested</li> <li>• Complete interviews with project staff and review final demonstration case study for posting</li> <li>• Submit final approved Community Health Profile</li> <li>• Submit final approved Community Health Improvement Plan</li> <li>• Demonstration of distribution of Community Health Profile and Community Health Improvement Plan to the community</li> <li>• Submit approved Community Health Improvement Process Report and final project report, cost tracking, and tools and resources for posting in online resource center</li> <li>• Demonstration of completion of PHAB's online training module for applicants</li> <li>• Submit Model Practices application for 2012 as requested by NACCHO staff</li> <li>• Present at final demonstration meeting (to be held virtually or</li> </ul>	April 2012- December 15, 2012	\$12,500 December 15, 2012



	<p>in-person)</p> <ul style="list-style-type: none"><li>• Present demonstration site experience and lessons learned for other LHDs at a NACCHO webinar</li></ul>		
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**From:** [Tomas Aragon](#)  
**Sent By:** [medepi@gmail.com](mailto:medepi@gmail.com)  
**To:** [Colleen Chawla](#); [Randy Reiter](#); [Lorraine Cook](#)  
**Cc:** [Barbara Garcia](#)  
**Subject:** Fwd: CHA/CHIP Demonstration Site Status Notification  
**Date:** 06/21/2011 03:20 PM  
**Attachments:** [Contractor Information Form.doc](#)  
[July In-Person Training Document for Sites 062111.doc](#)

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Congratulations! We got the NACCHO CHA-CHIP grant!

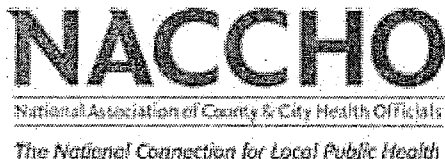
Tomàs

=====

Tomás J. Aragón, MD, DrPH  
Health Officer, City & County of San Francisco  
Deputy Director, SF Department of Public Health  
Director, Population Health & Prevention, SFDPH  
101 Grove St, Rm 308, SF CA 94102-4505  
G-Phone: 415-78-SALUD (415-787-2583)

----- Forwarded message -----

**From:** **CHA CHIP** <[CHACHIP@naccho.org](mailto:CHACHIP@naccho.org)>  
**Date:** Tue, Jun 21, 2011 at 2:11 PM  
**Subject:** CHA/CHIP Demonstration Site Status Notification  
**To:** "[tomas.aragon@sfdph.org](mailto:tomas.aragon@sfdph.org)" <[tomas.aragon@sfdph.org](mailto:tomas.aragon@sfdph.org)>  
**Cc:** Lauren Shirey <[lshirey@naccho.org](mailto:lshirey@naccho.org)>



June 21, 2011

Dear Dr. Aragón,

Congratulations! NACCHO and its funding partner the Robert Wood Johnson Foundation are pleased to inform you that San Francisco Department of Public Health has been selected for participation in the Accreditation Preparation: Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) Demonstration Site Project. We received over 125 applications from qualified local health departments (LHDs) and there was strong competition for the twelve demonstration grants. Our selection decisions were difficult given the high number of outstanding applications.

Your health department was selected to fulfill the following project-specific approaches to which you applied:

- Approach 1: LHDs that co-lead the community health improvement process with a non-profit hospital(s);
- Approach 5: LHDs that receive assistance in undertaking the community health improvement process from an academic institution(s).

Your health department will receive \$35,000 in three separate installments (with the first payment scheduled for August 2011) contingent upon a fully executed contract with NACCHO within 45 days of today and meeting specific requirements throughout the project period. More information about the payment schedule and requirements will be presented at the upcoming in-person training. This information will also be outlined in the contract NACCHO will issue to you in the next few weeks.

**As a selected demonstration site, you must complete the following action steps no later than 4:00 p.m. Friday, June 24, 2011:**

- **Complete and return the attached Contractor Information Form.** Please complete this form ASAP and e-mail it to Lauren Shirey at [lshirey@naccho.org](mailto:lshirey@naccho.org). Timely receipt of this will ensure timely issue of your LHD's contract and position all sites to execute their contract in the required 45 day timeframe.
- **Review the attached July In-Person Training Planning document, plan to participate in all upcoming CHA/CHIP demonstration site trainings in July 2011, and submit the information requested.** Please note that participation in all trainings throughout the project period is a required activity for selected sites. We will be in touch with more details on these trainings in the next week.

**Please do not publicly announce your selection as a CHA/CHIP demonstration site until you receive more information from NACCHO in this regard.** NACCHO and the Robert Wood Johnson Foundation plan to issue coordinated press releases publicly announcing the demonstration cohort in conjunction with the NACCHO Annual 2011 Conference in mid-July. NACCHO will provide each site with a press release template slightly ahead of this announcement so that sites can also issue a press release at this time if they wish.

This notification letter will also be sent via U.S.P.S to ensure its receipt. If you have any questions regarding the CHA/CHIP project, please contact us via e-mail at [CHACHIP@naccho.org](mailto:CHACHIP@naccho.org) or Reena Chudgar, Program Analyst, via phone at (202) 507-4220.

Congratulations again on your selection. We look forward to working with you!

Sincerely,

Lauren Shirey

Senior Program Manager, Assessment & Planning for Accreditation Preparation

**ATTACHMENT B: COMMUNITY HEALTH ASSESSMENTS AND COMMUNITY HEALTH  
IMPROVEMENT PLANS DEMONSTRATION SITE PROJECT APPLICATION**

**Applicants must do the following:**

- Complete the application in full.
- Ensure the application is as concise, precise, and non-repetitive as possible. Word and page limits are not provided so that applicants have the opportunity to answer each question thoroughly; however, applicants should try to be as succinct as possible.
- Submit application in MS Word format (do not submit applications in PDF format). Note that an exception will be made for letters of support only, which may be submitted in PDF format.
- Submit application via e-mail to [CHACHIP@naccho.org](mailto:CHACHIP@naccho.org) (no applications will be accepted by fax or postal mail). Please submit all required application materials in one e-mail message.
- Submit application by the deadline, 11:59 PM EDT Monday, May 23, 2011 (applications received after the deadline will not be considered).

**In addition, multiple local health departments (LHDs) submitting a single, joint application must do the following:**

- Choose one LHD as the primary applicant and fiduciary of grant funds.
- Complete the application contact information and health department characteristics sections for the primary LHD applicant only and answer all other questions from the perspective of all LHDs involved in the proposed collaborative project.
- Complete **Attachment D: Application Addendum for LHDs Submitting a Single, Joint Application on Behalf of Two or More Separate LHDs.**

The selected sites will be announced on or around June 17, 2011, and will need to attend the first in-person training held the week of July 18, 2011, during NACCHO Annual 2011 in Hartford, CT.

**CONTACT INFORMATION**

Health department name: San Francisco Department of Public Health

Street address: 101 Grove Street, Room 308

City/state/zip: San Francisco, CA 94102

Health department EIN/Tax ID number: 94-6000417

Official health department project contact (*agency-designated project contact for all matters pertaining to the project*)

Name: Tomás Aragón, MD, DrPH

Title: Health Officer

E-mail address: tomas.aragon@sfdph.org

Telephone number: (415) 554.2898

**Official health department project co-leads (primary participant in all project training and technical assistance (TA) activities; if different than above)**

**CO-LEAD**

Name: Patricia Erwin, MPH

Title: Director, Health Education Programs

E-mail address: patricia.erwin@sfdph.org

Telephone number: (415) 581.2418

**CO-LEAD**

Name: Lori Cook, MPP

Title: Senior Health Program Planner, Office of Policy and Planning

E-mail address: loraine.cook@sfdph.org

Telephone number: (415) 554.2894

**HEALTH DEPARTMENT INFORMATION**

The demonstration project seeks a cohort of LHDs that is diverse with respect to many factors including geography, type of LHD jurisdiction, population size, LHD size and capacity, community classification, governance, and other characteristics as outlined in the letter of invitation. **Any LHD meeting the eligibility requirements outlined in the letter of invitation is encouraged to apply.**

1. Are you an LHD submitting a joint application on behalf of two or more separate LHDs with a formal agreement to share services who wish to collaborate in the project?  
 No  
 Yes. If so, please see directions on page 1 of this application for LHDs submitting a single, joint application on behalf of two or more separate LHDs.
2. LHD type: (select one answer)  
 City  
 County  
 City-county  
 Regional or District (single-governance entities that serve two or more counties, townships, cities, etc.)  
 Other (please specify):
3. Approximate population size served by applicant LHD (number): 815,000
4. Approximate LHD annual budget: \$1.46 billion
5. Current number of LHD staff (expressed in full-time equivalents (FTEs)): 5,549

6. Primary type of population served (description): (check all that apply)

- Urban
- Rural
- Suburban
- Frontier
- Other (please describe): \_\_\_\_\_

7. Governance structure

- Centralized (LHD reports to state health department)
- Decentralized (locally-governed LHDs)
- Other (please specify): \_\_\_\_\_

## HEALTH DEPARTMENT CHARACTERISTICS and CAPACITY

The demonstration project seeks a cohort of LHDs that is diverse with respect to many factors including LHD capacity and characteristics. **Any LHD meeting the eligibility requirements outlined in the letter of invitation is encouraged to apply.**

1. *Briefly summarize your LHD's array of public health programs and services. This should cover the major programmatic areas (e.g., maternal and child health, individual or personal health services, epidemiology, etc.).*

With more than 38 million people, California is the most populous state in the nation and comprises 61 health jurisdictions (58 counties and 3 cities). San Francisco is the only jurisdiction in California that is both a city and a county, which can result in a more expeditious transition from evidence to public health and clinical practice. The mission of the San Francisco Department of Public Health (SFDPH) is "to protect and promote the health of all San Franciscans." SFDPH provides comprehensive safety net medical and population health services from "cradle to grave." To do this, SFDPH is organized in the following divisions, with programs and services integrated across divisions:

- **Population Health & Prevention:** Offers population-based public health services including disease surveillance and epidemiology, health promotion and protection, disease and injury prevention, communicable disease prevention and control, environmental and occupational health, a public health laboratory, and emergency preparedness and response.
- **Community Programs:** Brings services into communities, including 19 community-oriented primary care clinics, mental health and substance abuse services, maternal and child health services, permanent supportive housing, and various services delivered by community-based organization partners.
- **Community Health Network:** Provides safety net medical care through San Francisco General Hospital and Trauma Center (an acute care hospital and regional Level I trauma center), Laguna Honda Hospital and Rehabilitation Center (a therapeutic community providing skilled nursing and rehabilitation services), and jail health and home health care services.

San Francisco has an ethnically diverse and aging population, with over 815,000 residents. SFDPH has a budget of nearly \$1.5 billion and a full-time equivalent staff count of over 5,500. SFDPH focuses on providing and expanding public health and safety net medical services to San Francisco's most vulnerable populations. In spite of these investments, many residents still lacked access to health care services. To close this gap, SFDPH implemented Healthy San Francisco, which makes health care services accessible and affordable for uninsured residents; Healthy San Francisco is available to all San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions.

Because of San Francisco's proximity to numerous universities – including the University of California-San Francisco, the University of California-Berkeley, San Francisco State University, and Stanford University – SFDPH has forged numerous research, training, and service collaborations, not only in health services delivery, but also in community and population health assessments and interventions. Most recently, the SFDPH Health Equity Leadership Team (HELT), which consists of leadership throughout SFDPH, addresses larger health issues that cross organizational and categorical boundaries. The HELT adopted the following approach to reducing population health disparities:

- (1) Assess the health of communities, including the role of proximal and distal (social) determinants;
- (2) Prioritize public health outcomes and determinants using evidence;
- (3) Take the lead in addressing health issues for which SFDPH has direct accountability and expertise (e.g., HIV prevention);
- (4) Build partnerships in addressing health problems with strong social determinants (e.g., violence, diet, physical activity); and
- (5) Implement a life course, primary prevention, and environmental approaches.

2. *Why are you interested in having your LHD serve as a community health assessment (CHA)/community health improvement plan (CHIP) demonstration site at this time?*

SFDPH is committed to achieving Public Health Accreditation because we believe it will improve and focus our capabilities, strengthen our local and regional partnerships, and improve the health of our communities. For example, we will be able to use the community health assessment (CHA) and community health improvement plan (CHIP) to guide and inform several current SFDPH projects. These projects include implementation of San Francisco's Health Care Services Master Plan ordinance, which requires SFDPH to create a health status profile for San Francisco, identify the current and projected needs for health care services, and develop recommendations to address identified service gaps. The Health Care Services Master Plan will be used to guide land use decisions for health care-related projects. SFDPH is also undertaking a strategic planning effort to better integrate the public health and medical services provided by SFDPH and its community-based organization partners. Among the goals of this project are to strengthen disease prevention, health promotion and prevention, and community wellness within primary care medical homes.

SFDPH also views accreditation as a means of assisting and sharing our experiences with other local health departments who seek to complete CHAs and CHIPs. In partnership with the University of California-Berkeley School of Public Health, SFDPH is a NACCHO Advanced Practice Center. We are, therefore, a regional training center and prepared to leverage our experience and partnerships to assist other local health departments.

Finally, SFDPH is committed to developing an efficient and relevant assessment process that incorporates social determinants of health. While we have had success in selected areas (e.g., particularly in our Environmental Health section, as described in the response to question 5 below), the CHA/CHIP provides us the opportunity to provide a more comprehensive, institutionalized approach.



3. Describe your LHD's staff capacity to take on the demonstration site project. Please include the amount of FTE staff that will be devoted to the effort, including their roles and responsibilities. Also describe any consultants you anticipate hiring and their responsibilities. Finally, discuss what additional funding or resources your LHD has available to undertake the community health improvement process. **Note: Please see the letter of invitation for information on how consultants may be engaged in this effort.**

The San Francisco Department of Public Health will commit approximately 2.5 FTEs to the NACCHO CHA/CHIP project as outlined below. Staff salaries will be provided to the project in-kind and an additional \$120,000 in local General Fund will be allocated to support the NACCHO CHA/CHIP project.

- Tomás Aragón, MD, DrPH, Health Officer, 20% FTE: Dr. Aragón will serve as the primary SFDPH contact for this project. Dr. Aragón will oversee the data collection and analysis activities and take a leadership role in the community engagement process.
- Randy Reiter, PhD, MPH, Social Epidemiologist, 40% FTE: Dr. Reiter will lead the development of CHA data based on social determinants of health and will incorporate those findings into the CHIP.
- Deirdra Forte, MPH, Epidemiologist, 40% FTE: Ms. Forte will be our general epidemiologist, collecting and analyzing data, and preparing reports.
- Patricia Erwin, MPH, Director, Health Education Programs, 40% FTE: Ms. Erwin will serve as Co-Project Lead to the NACCHO CHA/CHIP project and will attend all required NACCHO trainings and technical assistance activities. In tandem with her co-lead, Ms. Erwin will assure timely submission of all grant requirements.
- Lori Cook, MPP, Senior Health Program Planner, 80% FTE: Ms. Cook will serve as Co-Project Lead to the NACCHO CHA/CHIP project with Ms. Erwin. She will serve as primary liaison to the hired consultant and will be actively involved in the community engagement process. Ms. Cook will attend all required NACCHO trainings and technical assistance activities and will coordinate the drafting and completion of the CHA, CHIP and final project report. In tandem with her co-lead, Ms. Cook will assure timely submission of all grant requirements.
- Colleen Chawla, MPA, Director, Policy and Planning, 30% FTE: Ms. Chawla will provide supervisory and coordination oversight to the CHA/CHIP process. She will oversee the community engagement process and interface with the contracted consultant.

In addition to SFDPH staff, a contracted consultant, Harder + Company, will support discrete project activities necessary for the successful completion of the NACCHO CHA/CHIP project. Specifically, Harder + Company will provide community research and data analysis services pivotal to the CHA and CHIP. Such research services include, but are not limited to:

- Identifying and securing relevant community information (e.g., demographic, health status, burden of disease, distribution of services, utilization, etc.) from a variety of secondary data sources – both public and private – to gain an understanding of the health status of the community;
- Applying high-level data analysis techniques to collected data and interpreting data results to assess the health care needs of the community;
- Designing and field-testing an appropriate community health interview protocol;
- Identifying and interviewing 25-30 key community stakeholders. The consultant will, as necessary and appropriate, secure all necessary participant consents for the interview process; and
- As determined in conjunction with SFDPH, developing draft data reports that: 1) incorporate secondary data on population health, health status, access to health care, and 2) include community stakeholder perspectives.

If awarded, the NACCHO CHA/CHIP grant will largely support the Harder + Company's work; however, SDFPH will supplement the consultant contract with \$120,000 in additional General Fund support.

**NOTE:** While not required of this application, SDFPH has attached to this application a letter of support and commitment from Harder + Company.

4. *What do you anticipate to be your LHD's biggest challenges in undertaking a community health improvement process? How could the project help you overcome these challenges?*

One of SDFPH's biggest challenges has been fragmentation of units/sections within our Department, which is largely the result of categorical funding. Although we have developed a depth of knowledge and conducted assessments and developed plans in those specific areas, the result has been a lack of a cohesive and comprehensive focus on a broad-based CHA or CHIP. That is, although we have implemented CHAs and plans within SDFPH, they have been focused on a specific health area or community/neighborhood or designed to meet a specific purpose/requirement. They have not provided a comprehensive assessment of San Francisco as a whole, nor engaged a broad base of stakeholders beyond SDFPH's traditional health care partners. The assistance provided by NACCHO through this project will help us broaden our impact by helping us develop a structure and implement a systematic process.

Another challenge for us has been a lack of focused resources to plan, coordinate and facilitate a CHA/CHIP. Although we recognize the financial resources provided for this project are not extensive, the opportunity to participate in technical assistance and training opportunities, as well as the designation of specific and highly-qualified staff within SDFPH to focus on these and broader accreditation efforts, will provide us with resources and structure.

SDFPH has also had inadequate opportunity to compile data and information on health inequities and social determinants of health (SDoH) at the community-based level. As a result, we have not had the opportunity to develop a strategic plan to address those issues with a primary prevention approach. SDFPH expects that the link to technical assistance and training afforded by this project – in conjunction with the staff focus on this initiative – will help us overcome this challenge.

5. *Describe what work, if any, your LHD has been engaged in to discuss the social determinants of health, root causes of health, and/or health inequities. If none, state this in the space below. Also include a description of any partners, such as local public health system (LPHS<sup>1</sup>) partners that have been a part of the LHD's work in this area. (The demonstration project seeks to select a cohort of LHDs with a broad range of experience in addressing the social determinants of health through programs, services, or assessment and planning activities, including those with no experience in this work, as described in the letter of invitation. **Lack of previous experience addressing the social determinants of health will not disqualify an LHD from being a demonstration site.**)*

A number of SDFPH sections have addressed social determinants of health (SDoH) and equity issues, both independently and in the context of collaborations. For example:

- Under the leadership of Dr. Rajiv Bhatia, SDFPH's Environmental Health section oversees numerous initiatives – many considered national models – that promote the development of healthy, sustainable environments. The Program on Health Equity and Sustainability (PHES), for example, addresses SDoH such as neighborhood healthy food access and conditions facing ethnic day workers; SDFPH-PHES is also a national leader in the development of Health Impact

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<sup>1</sup>The LPHS comprises entities including public, private and voluntary organizations, agencies, groups and individuals that have interests in population health that may include, but is not limited to: academic institutions, business, civic groups, community-based organizations, community health centers, economic development, elected officials, employers, health care providers, health plans, hospitals, housing, LHDs, mental health, parks, philanthropists, planning, police, schools, transportation, and more.

- Assessments that incorporate social and health impacts into community development projects. In addition to PHES, Environmental Health developed the web-based "Healthy Development Measurement Tool" (HDMT), which influences urban planning efforts in San Francisco. The HDMT includes measurements of neighborhood-focused, evidence-based physical and social environmental factors that affect health, and data are updated via SFPDPH and its partners.
- Recognizing the need for stable housing among San Francisco's most vulnerable populations, SFPDPH created the Housing and Urban Health (HUH) section in 1998. Now boasting a portfolio of more than 1,000 permanent supportive housing units, HUH allows SFPDPH to create and operate programs that connect residents to permanent housing coupled with on-site medical and behavioral health services.
  - In 2007, SFPDPH convened a Health Equity Leadership Team (HELT) to identify and address larger health issues that cross organizational and/or categorical boundaries. The HELT has presented on SDoH and San Francisco health inequity data; the HELT has also hosted presentations by the Prevention Institute, the Marin Institute, other LHDs, and ethnicity-specific community-based organizations. Based on this work, the HELT has identified two focus areas to guide its efforts moving forward: African American health disparities and alcohol consumption harm reduction.
  - SFPDPH's Community Health Promotion and Prevention section has been involved in numerous efforts to identify and address SDoH. For example:
    - In the early 2000s, the section conducted a strategic planning process that incorporated a summary measure of population health (disability-adjusted life years) and SDoH. This effort resulted in the following prevention priorities: poverty, institutional racism, social support, and transportation.
    - The section also hosts the San Francisco Tobacco Free Project (SFTFP), which addresses health disparities among low income people, people of color, women, youth, and other vulnerable communities often targeted by the tobacco industry. SFTFP has funded community based organizations and the San Francisco Tobacco Free Coalition to address environmental and systems change; addressing the social determinants of health and health disparities remains a core requirement for this funding. As a result of the SFTFP's efforts, the San Francisco Health Commission passed a resolution incorporating community and geographic indicators into evaluation criteria for tobacco control funding. Such efforts will ensure that monies go to communities most vulnerable to tobacco-related harm. In addition, SFTFP has targeted the reduction of tobacco outlet density in low-income, ethnic neighborhoods.
  - From 2000 to 2003, SFPDPH developed an annual "Overview of Health in San Francisco," the organization of which reflected available data on the distribution of SDoH and the most important health outcomes in San Francisco.
  - SFPDPH Environmental Health and Community Health Epidemiology staff completed an attributable risk analysis projecting the possible health benefits of adopting a universal living minimum wage, which helped support the passage of San Francisco's living wage ordinance.
  - Since the mid-2000s, SFPDPH has participated in a regional collaboration of local health departments and the Public Health Institute's Bay Area Regional Health Inequities Initiative (BARHII). BARHII develops LHD capacity to assess and address health inequities based on SDoH. To date, BARHII has completed an analysis of mortality gradations by county and region and by ethnicity and area poverty level. BARHII has also created and modified a SDoH-based inequalities framework that is widely used and has developed a set of indicators based on this framework. BARHII has developed a capacity assessment tool for addressing health inequities as well, which SFPDPH will incorporate into its CHA/CHIP.
  - "Shape Up San Francisco" is an SFPDPH/community collaborative to increase physical activity among elementary public school students, specifically using physical education (PE) to improve health and support academic achievement. Despite state mandates, many public schools have dramatically reduced the time allocated for PE, and data indicate that students at schools with an achievement gap are most likely to be affected by that reduction. Shape Up San Francisco partners with the University of California – San Francisco to assess quantitative and qualitative data on PE from institutions part of the San Francisco Unified School District (SFUSD). Shape Up

San Francisco will use these data to develop recommendations for SFUSD policymakers on improving PE.

- The SFDPH-convened Southeast Food Access Working Group strives to improve access to healthy food in the Bayview Hunters Point (BVHP) neighborhood – a low-income, predominantly African American community. SEFA is a collaborative of residents, community based organizations, city agencies, and others working on food access and food systems. SEFA has identified three pillars integral to a robust food system which guide their work: Food Access, Awareness/Education, and Urban Agriculture.
- SFDPH's HIV Prevention and Surveillance sections collaborate to study community viral load (CVL), a population-based indicator of the effectiveness of HIV prevention and treatment interventions. They have mapped the mean CVL by neighborhood and demonstrated that the neighborhoods with the highest mean CVLs are the neighborhoods with the lowest median household income in San Francisco. These neighborhoods also have other known health disparities and inequities which are addressed in the community-collaborative intervention planning process.

6. Describe your LHD's experience with quality improvement (QI) or quality planning techniques. If none, state this in the space below. (The demonstration project seeks to select a cohort of LHDs with a broad range of experience using QI and quality planning, including those with no experience in this work as described in the letter of invitation. **Lack of previous experience using QI or quality planning will not disqualify an LHD from being a demonstration site.**)

SFDPH has a long track record of quality improvement in the Community Programs and Community Health Network divisions of our Department. Stringent quality management and improvement requirements also accompany our licensed and accredited acute and long-term care hospitals. SFDPH has implemented multiple initiatives that have strengthened our health care network. These initiatives include: development of a system-wide chronic disease registry; development of standardized metrics and reports that encompass access, productivity, clinical and patient experience measures; development of an electronic referral system that enhances communication between primary care providers and specialists; and investment in health information technology to enhance off-campus access to a patient's electronic medical record.

Our primary care network has been a leader in implementing quality improvement measures using automated systems, including patient registries and reporting tools that support population management. We have developed data driven, evidence-based interventions for management of patients with diabetes and cardiovascular risk. Work has begun on developing similar models for patients managed for chronic pain with opiates, hepatitis, and HIV. Strong partnerships with San Francisco Community Clinic Consortium and San Francisco Health Plan focus on similar techniques and enable us to share best practices across the safety net.

Similar quality improvement activities occur within SFDPH's Community Behavioral Health Services (CBHS) programs. The CBHS Quality Improvement unit maintains a systematic process for identifying quality improvement needs and implementing solutions. CBHS monitors key client and system outcomes, utilization management, credentialing, monitoring and resolution of beneficiary grievances, appeals and fair hearings, provider appeals, assessment of beneficiary and provider satisfaction, and clinical records review. This information is reported regularly to administrators, managers, care providers, consumers, and other stakeholders to inform policy and programmatic changes. Quality improvement efforts focus on maximizing benefits from the service delivery system while mitigating risk.

Despite SFDPH's extensive experience with quality improvement activities in clinical care, SFDPH has limited experience implementing quality improvement or quality planning techniques in our Population Health & Prevention division. As with our CHA/CHIP experience, our experience with non-clinical quality improvement and quality planning tends to be fragmented, largely the result of categorical funding. As a result, SFDPH has a depth of quality improvement experience in select

areas – HIV prevention, for example – but we lack a cohesive and comprehensive procedure for implementing quality improvement procedures *across* our public health programs.

## COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT PLANNING EXPERIENCE

The demonstration project seeks a cohort of LHDs with a broad range of experience in undertaking community health improvement processes, including those with no previous experience as described in the letter of invitation. **Lack of previous experience in conducting a CHA or in developing a CHIP will not disqualify an LHD from being a demonstration site.**

### Community Health Assessment

1. Has your LHD *completed* (either as a leader or key participant) a **CHA** in the last five years?

- I don't know
- No
- Yes. If so, how long ago? 2010

2. Is your LHD in the process of *planning for or completing* a **CHA** right now?

- No
- Yes. If so, please confirm below through a brief description of the status of your planning or CHA conduct that your process has not gone beyond initial data collection such that you could not add additional indicators to your data collection plan and that you can otherwise embody the CHA/CHIP characteristics as outlined in Attachment A.

SFDPH is about to embark on a CHA in accordance with San Francisco's Health Care Services Master Plan (HCSMP) Ordinance. The HCSMP Ordinance, which became effective January 2, 2011, requires the creation of a master plan to identify the current and projected needs for health care services within San Francisco and to guide land use decisions for health care-related projects. To date, SFDPH has engaged in initial data collection and the identification of community partners to participate in a task force that will advise SFDPH on the HCSMP's development.

**If you answered YES to question 1 OR 2, answer question 3:**

3. Is/was the **CHA** that you previously completed or that you're currently engaged in part of a required performance obligation (i.e., mandate/requirement) to the state health department or another entity?

- I don't know
- No
- Yes. If so, what entity required it?

The CHA in which SFDPH participated in 2010 was conducted in accordance with California law requiring that private, non-profit hospitals in California conduct a community health needs assessment once every three years, similar to the new federal requirement in the Affordable Care Act. The Health Care Services Master Plan is required by San Francisco Ordinance No. 300-10.

### Community Health Improvement Plan

4. Has your LHD completed (either as a leader or key participant) a **CHIP** in the last five years?

- I don't know
- No
- Yes. If so, how long ago? \_\_\_\_\_

If you answered YES to question 4, answer 5:

5. Is/was the **CHIP** that you previously completed part of a required performance obligation (i.e., mandate/requirement) to the state health department or another entity?

N/A to SFDPH

## COMMUNITY AND PARTNER ENGAGEMENT

Engagement with community members<sup>2</sup> and a variety of local public health system (LPHS) partners is a key aspect of the community health improvement process and is critical for success. More detail on what is meant by engagement is provided in Attachment A and will be provided in the project training and TA. Engaging community members and LPHS partners ensures that the health improvement process reflects the perspectives, needs, and resources of those who stand to benefit from the health improvement plan. The appropriate composition of LPHS partners depends on the community involved and the number of LPHS partners is likely to vary widely and be somewhat dependent on the size of the LHD's jurisdiction. In this section, we would like to get an idea of the LPHS partners that will be involved in your community health improvement process. **Please provide the information requested below for the four partners you feel are critical to your effort, and up to six additional partners that you plan to engage.** You may include a listing of any additional partners if you would like. **All demonstration sites will be required to engage community members and a broad spectrum of LPHS partners in their community health improvement process**, including non-traditional partners. Please name at least these four critical LPHS partners and any other LPHS partners to the degree possible, understanding that the full spectrum of LPHS partners who are invited and/or are who participate might not be known at this time).

Documentation of this engagement at multiple points in the community health improvement process (i.e., in CHA conduct and CHIP development) will be required for the Public Health Accreditation Board accreditation application.

1. In the table below, list the LPHS partners you intend to engage in the community health improvement process for the purposes of the demonstration project. **You must indicate at least four critical partners whose collaboration in your community health improvement process is vital.** All other partners should be listed in subsequent rows. For each partner listed, provide the partner organization name and the sector of the community that this partner represents. **Be sure to include a letter of support from each of the critical partners (at least four)** indicating their commitment to participating in your community health improvement process as part of your application. Add additional rows in the table as needed.

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<sup>2</sup> The term community member refers to those individuals living or working in the jurisdiction(s) on which the project focuses.

Type of Partner	Partner Organization Name	Sector Partner Represents (e.g., healthcare, business, education, transportation, etc.)
Critical Partner #1	Community Benefits Partnership/Building a Healthier San Francisco Coalition	hospital; health care; SFDPH community coalition
Critical Partner #2	University of California-San Francisco Clinical and Translational Science Institute (UCSF CTSI)	academic health center's translational science arm; health research, assessment, intervention and evaluation expertise
Critical Partner #3	San Francisco State University Health Equity Institute (SFSU HEI) and MPH Program	community health; academic; health equity focus
Critical Partner #4	Bay Area Regional Health Inequities Initiative (BARHII)	public health institute, regional health dept. collaboration; health equity focus
Critical Partner #5	Prevention Institute	public health institute; prevention focus
Partner #6	Kaiser San Francisco	health care
Partner #7	African American Health Working Group	public health; community
Partner #8	Asian/Pacific Islander Health Parity Coalition	public health; community
Partner #9	Coalition of Lavender-Americans on Smoking and Health (CLASH)	public health; community
Partner #10	Chicano/Latino/Indigenous Health Equity Coalition	public health; community

**NOTE:** The Chicano/Latino/Indigenous Health Equity Coalition has committed to collaborating with SFDPH on this project; however, a signed letter of support was not available at the time of submission.

The following set of questions refers to the LPHS partners listed in the table above. **Please provide brief, bulleted responses to these questions.**

- For each LPHS partner listed in the table above, state whether or not your LHD has previously collaborated with the partner. If you have previously collaborated with the partner, describe the previous collaboration with each.

Type of Partner	Partner Organization Name	Previous Collaboration	Collaboration Description
Critical Partner #1	Community Benefits Partnership (CBP)/Building a Healthier San Francisco Coalition (BHSF)	Yes	SFDPH has partnered with BHSF since the latter's inception in 1998 and with CBP since 2008. BHSF was formed in response to State law (SB 697, passed in 1994) to help non-profit hospitals in conduct tri-annual community health needs assessments. Developed as an outgrowth of BHSF, CBP was created to more effectively use the information identified in the community health needs assessment to harness the collective energy of hospitals, community clinics, insurers, and philanthropic organizations to address those needs.

Type of Partner	Partner Organization Name	Previous Collaboration	Collaboration Description
Critical Partner #2	University of California-San Francisco Clinical and Translational Science Institute (UCSF CTSI)	Yes	CTSI is a UCSF project whose aim is to translate health research into practice. The San Francisco Bay Health Improvement Project (SF Bay HIP) supports the development of collaborations among UCSF-CTSI, SFDPH, and other organizations to improve health in San Francisco's high priority areas. There are currently projects on physical activity and nutrition, alcohol abuse, violence prevention, and hepatitis B. There are also projects to help develop evidence-based tools for identifying and improving treatment for homeless persons who are chronic inebriates and high users of multiple urgent-care services.
Critical Partner #3	San Francisco State University Health Equity Institute (SFSU HEI) and MPH Program	Yes	SFSU collaborates with SFDPH to: <ul style="list-style-type: none"> <li>• Promote and offer collaborative, practice-based learning opportunities for undergraduate and graduate students and SFDPH staff.</li> <li>• Partner SFSU graduate students with SFDPH to complete collaborative community assessments.</li> <li>• Understand and provide collaborative support related to health equity issues in San Francisco, including HEI staff serving on SFDPH strategic planning committees and the Health Equity Leadership Team, and HEI conducting evaluation for SFDPH community-based projects.</li> </ul>
Critical Partner #4	Bay Area Regional Health Inequities Initiative (BARHII)	Yes	SFDPH has been an active member of BARHII since its inception. Examples include: <ul style="list-style-type: none"> <li>• SFDPH informed the development of an internal assessment tool that LHDs use to assess their capacity and identify/address social determinants of health.</li> <li>• SFDPH is an active BARHII member, and active on its committees including the data committee and internal capacity committee.</li> <li>• BARHII has supported SFDPH by providing learning opportunities for staff and sharing tools to identify and address social determinants of health</li> </ul>
Critical Partner #5	Prevention Institute	Yes	The Prevention Institute, in collaboration with UCSF, provided important consultation to the City and County of San Francisco to develop the "The Violence Prevention Plan 2008-2013."



Type of Partner	Partner Organization Name	Previous Collaboration	Collaboration Description
Partner #6	Kaiser San Francisco	Yes	<ul style="list-style-type: none"> <li>• Kaiser partners with SFPDPH's Shape Up San Francisco initiative by providing financial and in-kind resources (e.g., physician and staff involvement, technical assistance) to support efforts to prevent disease</li> <li>• SFPDPH supported the community implementation of Kaiser's Prevent Heart Attacks and Strokes Everyday (PHASE) within SFPDPH primary care settings through funding, training and technical assistance.</li> <li>• Kaiser contributes financial resources and staff expertise toward quality improvement initiatives focused on chronic care management in SFPDPH primary care settings.</li> <li>• Kaiser provided funding to support the relocation and consolidation of SFPDPH's Medical Respite and Sobering Program.</li> <li>• Kaiser has contributed financial resources and staff expertise to the development of San Francisco Community Vital Signs, an effort that identifies health goals and related measurement indicators for San Francisco.</li> <li>• Kaiser has partnered with the San Francisco Public Health Foundation through provision of financial resources and in-kind expertise to help SFPDPH achieve its mission.</li> </ul>
Partner #7	African American Health Leaders Working Group (AAHLG)	Yes	<ul style="list-style-type: none"> <li>• The AAHLG – comprised of healthcare executives from organizations targeting and serving San Francisco's African American community – has worked with SFPDPH since its inception.</li> <li>• An SFPDPH pilot grant enabled AAHLG to hire a facilitator to cull information provided by AAHLG members and the community at-large, allowing AAHLG to recommend key strategies to address health disparities in the African American community.</li> <li>• Many AAHLG members have contractual relationships with SFPDPH to address health disparities. The most significant of these contractual collaborations is SF Live, a partnership between the Bayview Hunters Point Foundation, Black Coalition on AIDS, Bayview YMCA, and Bayview Health and Environmental Resource Center.</li> </ul>

Type of Partner	Partner Organization Name	Previous Collaboration	Collaboration Description
Partner #8	Asian/Pacific Islander Health Parity Coalition (APIHPC)	Yes	<p>Since the coalition's inception in 2006, SFDPH has supported and collaborated with the APIHPC. APIHPC is a coalition of 30 health and human service agencies that serve San Francisco's diverse API populations with a focus on access to equitable and culturally competent systems of care in San Francisco. APIHPC has collaborated with SFDPH in the following ways:</p> <ul style="list-style-type: none"> <li>• SFDPH participated in APIHPC's initial strategic visioning and planning meetings.</li> <li>• SFDPH has provided monetary support for two major APIHPC projects: a) Needs Assessment of the Samoan Community and b) Hepatitis B Education and Outreach</li> <li>• APIHPC has sent representatives to SFDPH's Mental Health Services Act Advisory Committee.</li> <li>• APIHPC has participated in SFDPH's budget and community programs planning discussions, including stakeholders and community focus groups.</li> </ul>
Partner #9	Coalition of Lavender-Americans on Smoking and Health (CLASH)	Yes	<ul style="list-style-type: none"> <li>• For the last 20 years, SFDPH has funded and collaborated with CLASH on the Last Drag project which provides free smoking cessation services for LGBTQQ and HIV+ San Franciscans.</li> <li>• CLASH and SFDPH have partnered with members of the San Francisco Community Clinic Consortium (SFCCC) to reduce smoking among their clients, improving health outcomes and reducing healthcare costs.</li> <li>• CLASH provides training and technical assistance to SFDPH on culturally competent approaches to serving the LGBTQQ community. Trainings also educate participants on how to be inclusive of the LGTBQ community in their work.</li> <li>• CLASH partnered with SFDPH to organize the first national LGBTQQ tobacco control conference and regional summit in San Francisco.</li> </ul>
Partner #10	Chicano/Latino/Indigenous Health Equity Coalition	Yes	<p>SFDPH has collaborated with the Chicano/Latino/Indigenous Health Equity Coalition since the coalition's inception in 2006. The coalition addresses health disparities among the "hidden" Latino indigenous communities.</p>

3. For each of the four *critical* LPHS partners you listed in the table above describe why you consider them to be a critical partner and what roles and responsibilities (i.e., the contributions) you anticipate them having in your community health improvement process.

Type of Partner	Partner Organization Name	Critical Partnership, Roles and Responsibilities
Critical Partner #1	Community Benefits Partnership (CBP)/Building a Healthier San Francisco Coalition (BHSF)	To maximize the contributions of SFDPH and its community partners, it is critical that local health assessments are coordinated and aligned. For example, the community health assessments required by non-profit hospitals in San Francisco must align with the Health Care Services Master Plan for which SFDPH has primary responsibility. Additionally, SFDPH's integrated delivery system strategic planning, which relies heavily on the services provided by our hospital and community clinic partners, must be responsive to these community health assessments. Individually and collectively, the members of CBP/BHSF will assist in the development to the CHA by providing data, sharing expertise, and engaging the broader community in the CHA process.
Critical Partner #2	University of California-San Francisco Clinical and Translational Science Institute (UCSF CTSI)	CTSI facilitates the rapid translation of research to improvements in patient and community health. CTSI is a cross-school, campus-wide institute with scientific leaders at its helm. To achieve its goals, CTSI provides infrastructure, services, and training to support clinical and translational research. CTSI also develops broad coalitions and partnerships at the local and national levels to enable a transformation of the research environment. In this project, CTSI will provide expertise in assessment, identification of determinants, intervention research findings, identification of health gaps in relation to improvement planning, and evaluation. CTSI participates in and financially supports several collaborations that will contribute to this project.
Critical Partner #3	San Francisco State University Health Equity Institute (SFSU HEI) and MPH Program	The SFSU HEI brings expertise in health disparities and health equity issues. Their focus on linking science to practice to promote health equity will ensure that CHA/CHIP planning activities reflect best practices in health equity science and translate that into effective programs. In addition, HEI's expertise in the use of information technology for health improvement and health communications, in particular social justice and health documentary filmmaking, will provide the community health improvement effort with innovative mechanisms for capturing individual and community health issues. Finally, HEI's evaluation and planning technical skills will support SFDPH's development of the health improvement planning process and the evaluation plan that will lay out how the success of the plan and planning process will be determined and measured. In addition, approximately 25 SFSU students will work with SFDPH to engage in community assessment activities.

Type of Partner	Partner Organization Name	Critical Partnership, Roles and Responsibilities
Critical Partner #4	Bay Area Regional Health Inequities Initiative (BARHII)	<p>BARHII is a unique undertaking by local health departments in the San Francisco Bay Area. Initiated in 2002, the regional collaboration includes public health directors, health officers, senior managers and staff from the region's local health departments that collectively address the factors that contribute to differences in health outcomes between different socio-economic groups in the region. BARHII's mission is to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.</p> <p>SFDPH has been an active member since BARHII's inception. BARHII has experience in developing tools for use by LHDs to address health inequities. Its Data Committee has identified core measures for health equity within the Bay Area region. Beginning with a large array of indicators recommended through literature and experts in the field, the committee has organized the health equity indicators list which has been disseminated to initiative members and to the broader community.</p> <p>BARHII will support SFDPH by providing planning advice, use of tools developed for use by LHDs, a venue to share what is learned and planned by SFDPH as a demonstration project with other local health departments, opportunities for key staff to participate in committees and general meetings to broaden knowledge on health inequities. BARHII has experience in developing planning tools and guides to support public health departments engage in the planning process and work with planners to develop policies that can create healthier environments and support health equity. They will provide technical assistance in the use of these tools and other methods throughout our CHA/CHIP process. SFDPH participates in in-person meetings and some teleconferences as needed for planning.</p>

Type of Partner	Partner Organization Name	Critical Partnership, Roles and Responsibilities
Critical Partner #5	Prevention Institute	<p>The Prevention Institute brings critical expertise in primary prevention practice – promoting policies, organizational practices, and collaborative efforts that improve health and quality of life. Founded in 1997, the Institute is committed to preventing illness and injury, fostering health and social equity, and building momentum for community prevention as an integral component of a quality health system. The Prevention Institute synthesizes research and practice; develops prevention tools and frameworks; helps design and guide interdisciplinary partnerships; and conducts training and strategic consultation with government, foundations, and community-based organizations nationwide and internationally.</p> <p>The Prevention Institute has agreed to advise SFDPH as it moves forward with the CHA and CHIP. The Prevention Institute will provide its expertise and experience in assisting agencies across the nation on how to plan, implement, and evaluate primary prevention interventions. It will also support our commitment to addressing social determinants of health. Prevention Institute staff will share their research findings across the spectrum of prevention, prevention policies, community-level prevention, and prevention planning. In addition, the Prevention Institute's breadth of experience makes it uniquely able to link to us to a series of other partners.</p>

4. For each of the other (non-critical) LPHS partners you listed in the table above, briefly describe why you think their participation in this effort is important.

Type of Partner	Partner Organization Name	Importance of Participation
Partner #6	Kaiser Permanente	Kaiser Permanente and SFDPH have partnered for many years, collaborating on a variety of initiatives to improve the health of San Franciscans by implementing collaborative projects that promote wellness through primary prevention as well as clinical care initiatives. Kaiser Permanente contributes unique clinical, operational, and informatics expertise as a health maintenance organization and provider of integrated health care.
Partner #7	African American Health Leaders Working Group (AAHLG)	In several key health indicators, African Americans experience the greatest health disparities and inequities in San Francisco. The AAHLG consists of a broad representation of leaders who are connected with the African American community and provide SFDPH with that critical community connection.
Partner #8	Asian/Pacific Islander Health Parity Coalition (APIHPC)	Asian/Pacific Islanders represent approximately one-third of San Francisco's population – far higher than the state average of 12 percent. The APIHPC has been collaborating with SFDPH to highlight the diversity of the Asian/Pacific Islander communities in San Francisco and will contribute their expertise and organizational partnerships to SFDPH's CHA/CHIP project.

Type of Partner	Partner Organization Name	Importance of Participation
Partner #9	Coalition of Lavender-Americans on Smoking and Health (CLASH)	CLASH is a voice for the lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ) community in San Francisco. Although this community is highly visible in San Francisco, there are a number of hidden health care issues. The LGBTQQ community experiences health disparities in many areas, including but not limited to: substance use (alcohol, tobacco, other drugs), mental health issues (including coming out issues and the related stress), anti-gay violence, and STIs including HIV. CLASH has extensive experience engaging the LGBTQQ community (individuals as well as organizations), implementing strategies to address industries that target the LGBTQQ community, and working multi-culturally with other coalitions and agencies that interact with San Francisco's ethnic LGBTQQ community.
Partner #10	Chicano/Latino/Indigenous Health Equity Coalition	The Chicano/Latino/Indigenous Health Equity Coalition is the community voice for about one-sixth of the San Francisco population. The coalition will help SFDPH liaise with Latino community and community groups.

5. For every LPHS partner listed in the table above, briefly describe key successes and challenges you anticipate experiencing in your collaboration with them.

Type of Partner	Partner Organization Name	Anticipated Successes and Challenges
Critical Partner #1	Community Benefits Partnership (CBP)/Building a Healthier San Francisco Coalition (BHSF)	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Further strengthening relationships between SFDPH and community organizations in the pursuit of an important common goal – a comprehensive health assessment and improvement plan for our city;</li> <li>• Alignment of hospitals' required community health needs assessments with SFDPH's CHA; and</li> <li>• Coordination of hospital community benefit and other valuable local health care programs and services with SFDPH's CHIP in order to respond specifically to the health care needs of San Franciscans.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• May need to challenge organizations to think differently about existing partnerships and community commitments in order to target and impact areas of greatest need.</li> </ul>

Type of Partner	Partner Organization Name	Anticipated Successes and Challenges
Critical Partner #2	University of California-San Francisco Clinical and Translational Science Institute (UCSF CTSI)	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Solidifying positive working relationships with key community leaders;</li> <li>• Access to the best research and intervention evidence from literature; <u>and</u></li> <li>• Leveraging of CTSI structure and planning funds to support continuing community engagement.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• SFDPH may need to shift priorities based on emerging, legal, or political pressures that may not align with UCSF priorities;</li> <li>• Academic personnel have pressures to conduct activities that contribute directly to academic promotions but that may not align with our public health priorities; and</li> <li>• It can be challenging to integrate specialized research and intervention expertise into a coordinated population health assessment scheme.</li> </ul>
Critical Partner #3	San Francisco State University Health Equity Institute (SFSU HEI) and MPH Program	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Significant opportunity for students, faculty and SFDPH staff to partner in the assessment of community health issues;</li> <li>• Effective bi-directional mechanisms for the transfer of scientific and practice based knowledge about what works in addressing health inequities between SFSU academic researchers and SFDPH practitioners; <u>and</u></li> <li>• Productive partnerships that ensure a community health improvement plan that is infused with a health equity perspective.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• The ongoing reality of a public education system that is experiencing an immense budget crisis resulting in limited financial resources.</li> </ul>
Critical Partner #4	Bay Area Regional Health Inequities Initiative (BARHII)	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Connection to a networks of LHDs leaders committed to working toward health equity;</li> <li>• Gain valuable expertise and insights of other Bay Area health officials;</li> <li>• Access to tools and information developed and compiled by BARHII; <u>and</u></li> <li>• Share lessons to build the capacity of all local health departments to carry out health equity work.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• Limited resources to dedicate fully to networking and cross-training/learning opportunities</li> </ul>

Type of Partner	Partner Organization Name	Anticipated Successes and Challenges
Critical Partner #5	Prevention Institute	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Incorporation of lessons learned from prevention efforts across the country; <u>and</u></li> <li>• Alignment of local goals with nation priorities and guidelines.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• Lessons learned from other areas may not apply, in practice, to San Francisco.</li> </ul>
Partner #6	Kaiser Permanente San Francisco	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Align SFDPH CHA/CHIP planning with Kaiser Permanente's Safety Net Partnership Initiative;</li> <li>• Various opportunities related to funding and in-kind resources that support the work of SFDPH; <u>and</u></li> <li>• Access to valuable health status data for San Francisco patients.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• Conflicting resource and time demands.</li> </ul>
Partner #7	African American Health Leaders Working Group	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Build on track record of collaborating successfully to identify social determinants of health impacting this community, <u>and</u></li> <li>• Develop interventions to address health disparities.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• Limited resources and time to dedicate to this effort</li> </ul>
Partner #8	Asian/Pacific Islander Health Parity Coalition (APIHPC)	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Opportunity to partner and work collaboratively to address API needs;</li> <li>• Bring APIHPC lessons learned to the broader SFDPH system; <u>and</u></li> <li>• Specific voice for the API community in health assessment and planning activities.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• Lack of data collection mechanism to support anecdotal observations;</li> <li>• Inadequate resources to provide culturally and linguistically competent services;</li> <li>• Lack of long term planning process that includes broader issues such as workforce development.</li> </ul>



Type of Partner	Partner Organization Name	Anticipated Successes and Challenges
Partner #9	Coalition of Lavender-Americans on Smoking and Health (CLASH)	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Networking between key LGBTQQ community partners and public health entities, <u>and</u></li> <li>• Opportunity to highlight LGBTQQ health issues and develop initiatives to addresses those across the spectrum of prevention linkages for the LGBTQQ community.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• Limited time and resources</li> </ul>
Partner #10	Chicano/Latino/Indigenous Health Equity Coalition	<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Establish strong community relationships; <u>and</u></li> <li>• Ability to mobilize community input into process.</li> </ul> <p><b>Potential Challenges</b></p> <ul style="list-style-type: none"> <li>• Ongoing core member participation in terms of time commitments and scheduling.</li> </ul>

## HEALTH DEPARTMENT ACCREDITATION PREPARATION

This project is intended for those LHDs that intend to apply for accreditation after Dec.2012, but before Dec. 31, 2014. **Not having engaged in previous accreditation preparation will not disqualify a department from being a demonstration site because NACCHO seeks a cohort of LHDs with a broad range of experience.**

1. Describe any efforts your LHD has engaged in thus far to prepare for accreditation. If your agency has not engaged in any efforts, please answer with "none."

As of January, 2011, the San Francisco Department of Public Health is under new leadership. Barbara Garcia, MPA, is the new Director of Health, and Dr. Tomás Aragón is the new Health Officer. Under this new leadership, SFDPH has a renewed commitment to using population health and social determinant approaches for primary prevention, health promotion, and health protection. Consequently, SFDPH has decided to pursue Public Health Accreditation. Applying for this grant is our initial step toward accreditation.

## PROJECT-SPECIFIC APPROACHES

As described in the letter of invitation, within the cohort of demonstration sites this project seeks to support at least one each of the following approaches. Special consideration will be given to applicants who choose to engage in one of these approaches for their project. **If your LHD proposes to fulfill one or more of these approaches, please indicate this by providing the information requested for the corresponding approach(es).** Not choosing one of these approaches does not disqualify any site from being considered for selection.

1. LHDs that co-lead the process with a non-profit hospital(s) to complete a CHA and CHIP that **meet the requirements for this project and substantially helps the hospital(s) fulfill its community health needs assessment requirement.** Non-profit hospitals have various requirements to conduct a community health needs assessment and address community needs. For example, one provision of the Patient Protection and Affordable Care Act of 2010 (ACA) is that non-profit hospitals will "conduct a community health needs assessment" and "adopt an implementation strategy" once

every three years. The ACA also specifies that hospitals' assessments must "take into account input" from those who "represent the broad interests of the community (including) those with special knowledge of or expertise in public health." These hospitals have the potential to be a significant resource and partner in a community health improvement process. The goal of this approach is to demonstrate how LHDs and non-profit hospitals can work on community health assessment in mutually beneficial ways that also increase the efficiency and quality of assessment efforts through the sharing of resources and data sources. Using the space below, describe which hospital(s) will be involved, the role of the hospital(s), and any previous collaboration efforts between the LHD and the hospital(s). In addition, please describe the community health needs assessment or community health improvement requirement(s) of the hospital(s) to which the project seeks to substantially contribute. Please include a **letter of support from the hospital(s)** indicating their commitment to serve as co-leader for this effort.

Building a Healthier San Francisco (BHSF) is a partnership between SFDPH and each of the city's hospitals. The hospital partners within BHSF include:

- Five non-profit hospitals: California Pacific Medical Center, St. Luke's Hospital, Saint Francis Memorial Hospital, St. Mary's Medical Center, Chinese Hospital
- One university hospital: University of California-San Francisco Medical Center
- One health maintenance organization-affiliated hospital: Kaiser Foundation Hospital
- One local public hospital: San Francisco General Hospital & Trauma Center

California non-profit hospitals have, since 1998, been subject to a community health assessment requirement similar to that included in the Patient Protection and Affordable Care Act of 2010. Under California law (SB 697), private, non-profit hospitals are required to conduct a community needs assessment once every three years and develop a community benefit plan that is responsive to community need.

BHSF was formed in response to this requirement. An outgrowth of the BHSF needs assessment process, the Community Benefit Partnership (CBP) is the umbrella entity that seeks to harness the collective energy and resources of San Francisco's broader health care community. CBP includes not only each of the hospitals that participate in BHSF, but also community clinics, the City's Human Services Agency, private foundations, health plans, advocacy groups, and other community organizations to improve the health status of San Francisco residents. CBP and BHSF are committed to linking evidence-based health promotion and disease prevention in the clinical setting to health promotion, health protection, and disease prevention in San Francisco's most vulnerable communities.

SFDPH's partnership with CBP/BHSF will help the hospitals meet their SB 697 and ACA requirements.

NOTE: Attached, please find a letter of support from BHSF, which reflects the commitment of all aforementioned hospitals to this project.

2. **Regional or district LHDs (i.e., single-governance entities that serve two or more counties, townships, cities, etc.) in which the CHA and CHIP reflect the needs of all governmental jurisdictions.** NACCHO seeks to further understand how the community health improvement process and the CHAs and CHIPs developed by regional and district LHDs can effectively engage with and address the needs of multiple communities served by these entities. This approach is intended to illustrate how to undertake the health improvement process and generate a CHA(s) and CHIP(s) that are equitable and valuable with respect to each community in the health department's jurisdiction.

Using the space below, describe the jurisdictions/entities that your regional/district LHD serves.

N/A for SFDPH

3. **Two or more LHDs with a formal agreement to share services, and that have previously worked together under this agreement, that jointly complete a CHA and a CHIP that reflect the needs of all participating jurisdictions.** A number of LHDs across the country engage in cross-jurisdictional sharing of services, and this strategy is likely to become more widespread as LHDs prepare to meet accreditation standards and learn they need to enhance their capacity in order to do so. NACCHO would like to generate an approach for how LHDs can jointly undertake a community health improvement process that yields a CHA(s) and CHIP(s) that serves each jurisdiction in an equitable and valuable manner. **Please note that applicants for this approach must have previously worked together under the formal agreement that is in place.**

**Complete Attachment D, and include letters of support from the governing body of each participating LHD and a copy of the formal service sharing agreement in the application.**

N/A for SFDPH

4. **LHDs that collaborate with a tribe(s) in their jurisdiction, in which the CHA and CHIP reflect the needs of the tribe and the broader community.** As sovereign entities, tribal governments bear the responsibility of protecting and promoting population health for their members. There is much to learn about LHD collaboration with tribes, and collaboration around the community health improvement process is no exception. The purpose of this approach is to exemplify how LHDs and tribal public health entities can work in partnership to undertake this process and develop a CHA and a CHIP that address needs of both jurisdictions.

Using the space below, describe the role of the tribal community in this effort and any previous collaboration between your LHD and the tribe. Additionally, please include **a letter of support from the tribe** indicating their commitment to participate in the community health improvement process.

N/A for SFDPH

5. **LHDs that receive assistance in undertaking the community health improvement process from academic institutions** (e.g. schools or programs of public health, nursing or medicine; CDC-funded Prevention Research Centers; HRSA-funded Public Health Training Centers, Centers for Public Health Practice, etc.). Examples of assistance includes provision of TA in developing data collection tools, analyzing data, etc.; providing students to directly assist in data collection and analysis efforts (e.g. conducting interviews, entering data, etc.); and assisting with meetings (e.g., facilitating small group sessions, producing reports, etc.). This approach is intended to exemplify a mutually beneficial relationship between academia and LHDs, in that the LHD has expanded capacity as a result of the collaboration and the institution is able to provide practical, community-based experience to students. As appropriate, assistance can be provided in-person or virtually, so that geographic location is not necessarily a limitation.

Using the space below, identify the academic institution/entity your LHD proposes to work with and describe the following: the institution's/entity's experience in community health improvement processes (and specifically in CHA conduct and CHIP development), if any; ways in which they might assist in CHA and CHIP completion, including how students will be used (please include specifics to the degree possible, understanding that the details of the assistance might not be known until the project is further underway); what you anticipate will be done virtually and/or on-site (to the degree that this is known at this time); and experience your LHD has working with the institution/entity, if any. **Please include a letter of support from the academic institution/entity** indicating their commitment to participate in the project.

## University of California – San Francisco

SFDPH will partner with the University of California – San Francisco (UCSF) on this project, building on years of collaboration. For example, UCSF physicians staff San Francisco General Hospital and Trauma Center, the city's public hospital. In addition, many SFDPH clinicians have UCSF faculty appointments.

SFDPH and UCSF have partnered most recently to translate scientific research into improved health outcomes for San Francisco. This research focuses on key areas such as physical activity and nutrition, violence prevention, and alcohol consumption harm reduction. The umbrella for these projects, SF Bay HIP, will likely take on the overall CHA/CHIP process as its own, infusing the CHA and CHIP with UCSF's expertise in population health disparities, the nexus of social factors with behavior and biology as they affect health, assessment and evaluation methods, intervention research, and health policy. Individual faculty and research staff from UCSF are expected to contribute in these areas as will post-doctoral fellows from research centers and programs such as the Center for Health and Community, the Center on Social Disparities in Health, the Robert Wood Johnson Health and Society Scholars Program, and the Institute for Health Policy Studies. These experienced researchers will help formulate the CHA, define evidence-based interventions for the CHIP, and estimate the impact of those interventions on population health and health disparities.

## San Francisco State University

SFDPH will work with San Francisco State University (SFSU), which has been a close partner of ours for more than 20 years by offering collaborative practice-based learning opportunity for bachelors students interested in public health. SFDPH deepened its relationship with SFSU when it launched its Master of Public Health (MPH) program in the late 1990's. SFSU offers significant opportunities to support the effort to conduct a community health improvement process. Through collaboration with the Practice Office of the Health Education Department at SFSU and its MPH Student Community Assessment Team Practice, SFDPH can greatly expand its capacity to conduct in-depth community assessment activities. During the course of the community health improvement process, approximately 25 MPH students will work with the Department to engage in community assessment activities.

The Health Equity Institute (HEI) at SFSU, brings expertise in health disparities and health equity issues. Their focus on linking science to practice to promote health equity will ensure that planning activities include reflect best practices in health equity science and translate that into effective programs. In addition, HEI's expertise in the use of information technology for health improvement and health communications, in particular social justice and health documentary filmmaking, will provide the community health improvement effort with innovative mechanisms for capturing individual and community health issues. Finally, the HEI's evaluation and planning technical skills will support SFDPH's development of the health improvement planning process and the evaluation plan that will lay out how the success of the plan and planning process will be determined and measured. We anticipate that we will primarily collaborate in person on these efforts.

NOTE: Attached, please find letters of support from both the University of California – San Francisco and San Francisco State University.

- LHDs that partners with a public health institute to assist the LHD and its partners in completing their CHA and CHIP. Many public health institutes have assisted LHDs in preparing for accreditation and in quality improvement. Public health institutes also often have experience in community health improvement processes and can lend a variety of expertise and experience to the LHD. Partnerships with public health institutes may involve in-kind services or require payment for services rendered. Examples of ways institutes can assist LHDs include helping the LHD build collaborative relationships with hospitals, tribes, academic institutions and other LPHS partners; serving as a convener or facilitator of community meetings; and collecting and analyzing data. NACCHO is interested in learning how LHDs can effectively partner with public health institutes to***

produce high-quality CHAs and CHIPs. As appropriate, services can be provided either in-person or virtually, so that geographic location is not necessarily a limitation.

Using the space below, identify the public health institute your LHD proposes to work with and describe the institute's experience in community health improvement processes (and specifically in CHA conduct and CHIP development), public health accreditation preparation, and quality improvement efforts, if any; how they will assist you in CHA and CHIP completion (including what will be done virtually and/or on-site); and experience your LHD has working with the institute, if any. Please **include a letter of support from the public health institute** indicating their commitment to partner with the LHD for the purposes of the project.

A project of the Public Health Institute, the Bay Area Regional Health Inequities Initiative (BARHII) is a unique undertaking by local health departments in the San Francisco Bay Area. The regional collaboration includes public health directors, health officers, senior managers and staff from the region's local health departments that came together in 2002 to collectively address the factors that contribute to differences in health outcomes between different socio-economic groups in the region. Its mission is to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities. SFDPH has been an active member since BARHII's inception.

BARHII has experience in developing tools for use by LHDs to address health inequities. Its Data Committee has identified core measures for health equity within the Bay Area region. Beginning with a large array of indicators recommended through literature and experts in the field, the committee has organized the health equity indicators list, which has been disseminated to members and more widely. BARHII will support SFDPH by providing planning advice, use of tools designed for LHDs, a venue to share what is learned and planned by SFDPH as a demonstration project with other local health departments, opportunities for key staff to participate in committees, and general meetings to broaden knowledge on health inequities. BARHII has experience in developing planning tools and guides to support public health departments engage in the planning process and work with planners to develop policies that can create healthier environments and support health equity. BARHII will provide technical assistance in the use of these tools and other methods throughout our CHA/CHIP process. SFDPH will participate in in-person meetings and some teleconferences as needed for planning.

NOTE: Attached, please find a letter of support from BARHII, a project of the Public Health Institute.

## PROJECT COLLABORATION and SUPPORT

State health departments (SHDs) are often a resource to LHDs for data, TA on use of particular community health improvement process models, and more. NACCHO seeks to understand how each applicant anticipates that their SHD will be involved in the LHD's community health improvement process, if at all.

1. Describe what type, if any, of collaboration and/or support anticipated from the SHD (or central office for centralized states).

SFDPH has an outstanding working relationship with the California Department of Public Health (CDPH). We recently hosted Dr. Linda Rudolph, Director of CDPH's Center for Chronic Disease Prevention and Health Promotion, to present on their "Health in All Policies" initiative (see <http://sgc.ca.gov/hiap/>). SFDPH is a strong supporter of the HiAP approach and will adapt their report findings to San Francisco. Additionally, for our comparative health assessments we use CDPH county level data summaries, and we use death certificates for San Francisco to analyze and develop our ongoing "Mortality Burden of Disease and Injury" reports which ranks the leading causes of premature deaths.

SFDPH has worked closely with the CDPH State & Local Injury Control Section. The Chief of this section, Barb Alberson, and her staff have provided consultation and technical assistance to SFDPH's Community Health Promotion and Prevention section in identifying effective primary prevention strategies to address health disparities related to injury and chronic disease that impacting communities in San Francisco.

2. *Discuss what, if any, planned interaction between your local community health improvement process and CHA and CHIP completion and state health improvement or state health assessment and state health improvement processes.*

In the development of our CHA and CHIP, SFDPH plans to rely on national and state "Healthy People 2020" objectives, the California County Health Status Profiles, and the California Health in All Policies recommendations.

**PROJECT BUDGET REQUEST and JUSTIFICATION**

Complete the line-item budget request outline, below, to support project activities. **The total budget cannot exceed \$35,000.** Please note that grant funds may be used to support personnel, supplies, and services (including travel of additional representatives to project in-person meetings or trainings or local travel directly related to project activities) directly related to program activities and consistent with the scope of the project. Grant funds may be used to hire consultants to support discrete project activities (e.g., assist in developing data collection tools, analyze data collected by LHD and partners, facilitate a meeting, etc.). **Grant funds cannot be used to provide direct support to individuals (e.g., delivery of patient care); purchase large equipment; hire a consultant to lead the community health improvement process; support ongoing general operating expenses or existing deficits, endowment or capital costs; or support lobbying of any kind.**

**Budget Request (use each line-item as applicable to your project)**

Personnel:	Provided by SFDPH in-kind
Fringe benefits:	Provided by SFDPH in-kind
Travel:	\$0
Equipment:	\$0
Supplies:	Provided by SFDPH in-kind
Contractual costs:	\$31,500
Other:	\$0
Indirect Costs (provide percent): 10%	\$3,500
<b>Budget request grand total:</b>	<b>\$35,000</b>

## DEMONSTRATION SITE PROJECT APPLICATION CHECKLIST

### Complete and submit this checklist with your application:

- I have read and understand the letter of invitation from NACCHO.
- I have read and verify that my LHD can accept the terms of NACCHO's standard contract. NACCHO is unable to accept changes to the standard contract template.
- I understand that if I am selected to serve as a demonstration site, I will receive funds in the amount of \$35,000 to be used to directly support completion of the project deliverables.
- I understand what these grant funds can and cannot be used for.
- I understand that if selected to serve as a demonstration site, my organization must execute a contract within 45 days of notification of award or forego participation and funds.
- I understand the expectations if I am selected as a demonstration site.
- I verify that the project lead or co-lead will attend the two-day, in-person training **the week of July 18, 2011**, and the training to be held in Oct. or Nov. 2011.
- I have included, or will submit by June 6, 2011, a letter of support signed by the LHD's governing body(ies).
- I have included letters of support from at least four critical LPHS partners documenting their commitment to engage in the community health improvement process supported by this project.

### Additionally, for multiple LHDs submitting a single, joint application:

- N/A I have completed the Application Addendum (Attachment D).
- N/A I have provided a copy of the agreement to share services across the LHDs that are submitting the single, joint application.
- N/A I have included, or will submit by June 6, 2011, a joint letter or multiple letters of support signed by the governing body of each participating LHD.

### For LHDs proposing to work on a specific approach:

- I have included a letter(s) of support as required in the application for the specific approach(es) I indicated in the application.

**NOTE:** Once an LHD is selected as a demonstration site it must execute a contract with NACCHO in a timely manner (**within 45 days of notification of award**) in order to receive the funding. Sites that cannot accept NACCHO contract terms will forego participation in the demonstration site project.

OFFICE OF THE MAYOR  
SAN FRANCISCO



EDWIN M. LEE  
MAYOR

May 19, 2011

Tomás J. Aragón, MD, DrPH, Health Officer  
Director, Population Health & Prevention  
San Francisco Department of Public Health  
101 Grove Street, Room 308  
San Francisco, CA 94102-4505

Re: San Francisco Department of Public Health's Application for NACCHO Accreditation  
Preparation Support

Dear Dr. Aragón,

On behalf of the City and County of San Francisco, I am pleased to provide this letter of support for the San Francisco Department of Public Health (SFDPH) as it seeks to become a "NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans Demonstration Site Project."

SFDPH works diligently to improve the health of all its residents and has a long-standing commitment to linking evidence-based practices to health promotion, health protection, and disease prevention in the most vulnerable communities. With NACCHO assistance, SFDPH will take its commitment one step further by using population health approaches to conduct a comprehensive community health assessment and community health improvement plan based on the highest health priorities as guided by both data and community engagement. These efforts will further solidify SFDPH's collaboration with communities to better public health, resulting in needed improvements to the built and social environment, furthering legislation to protect health and enable healthy choices, and expanding prevention efforts within dynamic social networks.

The City and County of San Francisco supports SFDPH's move toward public health accreditation, as accreditation will improve, align, and amplify our collective efforts to better the health of our diverse communities. Please know that I have every confidence in SFDPH's ability to fulfill all contractual obligations while engaging fully as NACCHO project partner.

Sincerely,

A handwritten signature in cursive script, appearing to read "Edwin M. Lee".

Edwin M. Lee  
Mayor



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# BUILDING A HEALTHIER SAN FRANCISCO

## *A Citywide Collaborative*

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Tomás J. Aragón, MD, DrPH, Health Officer  
Director, Population Health & Prevention  
San Francisco Department of Public Health  
101 Grove Street, Room 308  
San Francisco, CA 94102-4505

Re: Letter of Support  
National Association of County & City Health Officials Accreditation Preparation:  
Community Health Assessments and Community Health Improvement Plans  
Demonstration Site Project

Dear Dr. Aragón,

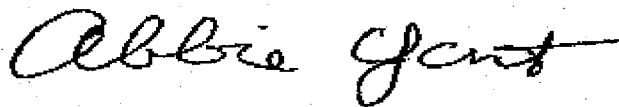
On behalf of the Community Benefits Partnership and Building a Healthier San Francisco, I am pleased to provide this letter of support for your grant application to the National Association of County & City Health Officials for accreditation preparation. Over the last 13 years we have worked closely with the San Francisco Department of Public Health on community health needs assessment activities.

Building a Healthier San Francisco (BHSF) is a partnership between the San Francisco Department of Public Health and city hospitals clinics, other city departments, philanthropic foundations, and other community organizations. BHSF was formed in 1998 in response to State law (SB 697), which requires non-profit hospitals to complete community health assessments every three years. An outgrowth of the BHSF needs assessment process, the Community Benefit Partnership (CBP) is the umbrella entity that seeks to harness the collective energy and resources of San Francisco's private non-profit hospitals, City departments (Public Health and Human Services), community clinics, health plans, and non-profit providers and advocacy groups to improve the health status of San Francisco residents. CBP is committed to linking evidence-based health promotion and disease prevention in the clinical setting to health promotion, health protection, and disease prevention in San Francisco's most vulnerable communities.

CBP and BHSF looks forward to continuing as your partner in community health assessment and improvement. We support your commitment to build upon our collaborations to improve health status, reduce health disparities, and assess our communities assets/strengths and identify a plan to address needs/gaps.

The Community Benefits Partnership and Building a Healthier San Francisco fully supports the Department of Public Health's goal of public health accreditation. It will improve and align our collective efforts to prioritize, plan, monitor, and improve the health of our diverse communities.

Sincerely,



Abbie Yant, RN, MA  
Co-Chair  
Community Benefits Partnership  
Chair  
Building a Healthier San Francisco

University of California  
San Francisco



Department of Family & Community Medicine

Kevin Grumbach, MD

Professor & Chair  
UCSF Department of  
Family & Community Medicine

Chief  
San Francisco General Hospital  
Family & Community Medicine  
Community Health Network  
Building 80, Ward 83  
1001 Potrero Avenue  
San Francisco, CA 94110-3518  
Tel: 415.206.6892  
Fax: 415.206.8387  
Email: kgrumbach@fcm.ucsf.edu

May 17, 2011

Tomás J. Aragón, MD, DrPH  
Health Officer Director, Population Health & Prevention  
San Francisco Department of Public Health  
101 Grove St, Rm 308, SF CA 94102-4505

Dear Dr. Aragón,

This letter is to provide my enthusiastic support for your grant application to become a "NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans Demonstration Site Project." Over the years we have worked closely on numerous community health assessment and improvement projects involving strong collaboration between the SF Department of Public Health, UCSF, and community partners. More recently, our work on the San Francisco Bay Health Improvement Program, as part of the UCSF Clinical & Translational Sciences Institute (CTSI), has laid the groundwork for us to support your efforts to prepare for Public Health Accreditation. We are committed to linking evidence-based health promotion and disease prevention in the clinical setting with more population-focused health promotion, health protection, and disease prevention efforts in San Francisco's most vulnerable communities.

I am delighted to offer the many assets of the UCSF CTSI, including researchers with expertise in population and public health, health policy and structural public health approaches, and program evaluation, towards the goal of conducting comprehensive community health assessments and developing a community health improvement plan that is based on the highest health priorities and guided by evidence and community engagement. We support your commitment to build upon your innovative collaboration with communities to change the built and social environment, to change legislation to protect health and to enable healthy choices, and to expand prevention efforts within dynamic social networks.

The strong track record of collaboration between the SF Department of Public Health and UCSF, from efforts to address infectious diseases such as HIV and TB to recent collaborations focusing on the "new" public health epidemics of chronic disease associated with risk factors such as tobacco use, sedentary lifestyles, and unhealthful eating, provide an outstanding platform for your proposal for formal Public Health Accreditation. I look forward to working closely with you on these ongoing efforts to improve, align, and amplify our collective efforts to prioritize, plan, monitor, and improve the health of our diverse communities in San Francisco.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Grumbach', with a horizontal line extending to the right.

Kevin Grumbach, MD  
Director, Community Engagement and Health Policy Program  
UCSF Clinical and Translational Science Institute



Health Equity Institute  
www.healthequity.sfsu.edu

Department of Health Education  
College of Health and Human Services  
www.healthed.sfsu.edu

May 18, 2011

Dear Dr. Aragón,

I am extremely pleased to submit this letter of support for San Francisco Department of Public Health's grant application to become a "NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans Demonstration Site Project."

For many years San Francisco State University (SF State) and San Francisco Department of Public Health (SFDPH) have been partners in the effort to promote the health of San Francisco communities, and have worked closely on numerous community health assessment and improvement projects. SFDPH has collaborated with the SFSU Health Education Department to promote practice-based learning opportunities for undergraduate, graduate students and SFDPH staff for well over a decade, including providing opportunities for public health students to collaborate with DPH staff in conducting community health assessments, and other learning opportunities. More recently, since its inception five years ago, the Health Equity Institute (HEI) at SF State has worked with SFDPH to understand and address health equity issues in San Francisco. HEI staff have served on SFDPH strategic planning committees and the Health Equity Leadership Team.

SF State is committed to working with SFDPH throughout the community health assessment and community health improvement planning processes. Specifically, we envision supporting this effort by participating in a productive partnership that ensures a community health improvement plan – including its evaluation strategies and planning process – that is infused with a health equity perspective, and by fostering effective mechanisms connecting SF State academic researchers and SFDPH practitioners that will identify health inequities and effective ways to address them.

In closing, SF State strongly supports your intention to apply for Public Health Accreditation because through this effort we will be part of a collaborative effort led by SFDPH to improve the health of San Francisco's communities through prioritization, planning, and monitoring.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jessica Wolin".

Jessica Wolin, MPH, MCRP  
Associate Director for Community Practice, Health Equity Institute  
Director of Practice & Clinical Faculty, Health Education Department  
San Francisco State University



## Bay Area Regional Health Inequities Initiative

Alameda County | City of Berkeley | Contra Costa County | Marin County | Napa County | City and County of San Francisco | San Mateo County | Santa Clara County | Santa Cruz County | Solano County | Sonoma County

May 20, 2011

Dr. Tomas Aragón  
Health Officer  
San Francisco Department of Public Health  
101 Grove Street, Room 308  
San Francisco, CA 94102

Dear Dr. Aragón,

This letter is to provide our strong support for San Francisco Department of Public Health's grant proposal to NAACHO to become a recipient of the "NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans Demonstration Site Project." Since the inception of the Bay Area Regional Health Inequities Initiative (BARHII), San Francisco Department has been an active member, contributing extensively to the planning of the internal assessment tool, as well as participating on various committees of BARHII.

BARHII is committed to supporting local health departments in addressing health inequities by providing them with tools and learning opportunities to identify social determinants of health and implement primary prevention approaches to address them. As such, BARHII is fully committed to support SFDPH in these ways, as well as to collaborate with the Department in its community health assessment and community health improvement processes as it works towards becoming an accredited local health department. BARHII enthusiastically supports SFDPH in its commitment to build on community engagement and comprehensive assessment and planning, as well as to develop innovative collaborations that help create environments that promote wellness, and support the development of built and social environments that protect health and build on primary prevention approaches to support health equity.

We enthusiastically agree with and support your commitment to apply for Public Health Accreditation as we recognize that the process and outcome will provide opportunities to address health inequities in San Francisco.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sandi Gálvez', is written over a light blue horizontal line.

Sandi Gálvez  
Executive Director

May 20, 2011

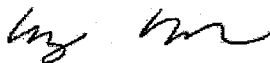
Prevention Institute  
221 Oak Street  
Oakland CA 94607  
Tel: 510-444-7738

Dear Dr. Aragón,

This letter is to provide our strongest and enthusiastic support for your grant application to become a "NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans Demonstration Site Project." We are committed to collaborate with you to achieve your vision of using population health approaches to conduct comprehensive community health assessments and a community health improvement plan that is based on the highest health priorities that are guided by evidence and community engagement. We support your commitment to build upon your innovative collaboration with communities to change the built and social environment, to change legislation to protect health and to enable healthy choices, to expand prevention efforts within dynamic social networks, and to develop partnerships for addressing social determinants of health.

Prevention Institute (PI) is well suited for this collaboration. PI is a national nonprofit organization devoted to promoting community health and equity through building momentum for effective primary prevention of illness and injury. PI is committed to addressing underlying determinants of health. We will provide expertise on comprehensive strategies to improve population health and support community health, safety and equity. We are excited to serve as an advisor for this project. Finally, we agree with and support your enthusiasm to apply for Public Health Accreditation because it will improve, align, and amplify our collective efforts to prioritize, plan, monitor, and improve the health of our diverse communities.

Sincerely,



Larry Cohen  
Executive Director  
Prevention Institute

Dr. Tomas Aragon  
Health Officer  
San Francisco Department of Public Health  
101 Grove, Room 308  
San Francisco, CA 94102

May 19, 2011

Dear Dr. Aragon,

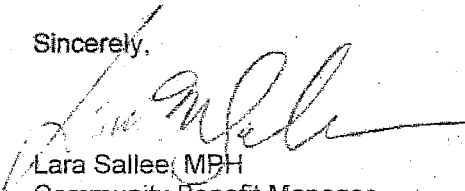
Kaiser Permanente strongly supports San Francisco Department of Public Health's (SFDPH) grant proposal to NAACHO to become a recipient of the "NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans Demonstration Site Project." For many years, Kaiser Permanente and SFDPH have closely collaborated on a number of initiatives to improve the health of San Franciscans by implementing collaborative projects that promote wellness through primary prevention approaches as well as clinical care initiatives. Our collaborative work includes:

- Partnering with Shape Up San Francisco through financial and in-kind resources, including physician and staff involvement and technical assistance, to support efforts to provide primary prevention of chronic disease;
- Supporting the community implementation of Kaiser Permanente's Prevent Heart Attacks and Strokes Everyday (PHASE) within SFDPH primary care settings through funding, training and technical assistance;
- Contributing financial resources and staff expertise towards quality improvement initiatives focused on chronic care management within SFDPH primary care settings;
- Providing funding to support the relocation and consolidation of the Medical Respite Program;
- Contributing financial resources and staff expertise in the development of the San Francisco Community Vital Signs that identify the health goals for San Francisco and related measurement indicators;
- Partnering with San Francisco Public Health Foundation through financial resources and in-kind expertise to further their efforts to support SFDPH successfully achieve their mission.

We recognize the need and value for a comprehensive community health improvement plan that includes assessment, planning and priority setting and monitoring, and look forward to collaborating throughout this process. Kaiser Permanente anticipates being closely involved in this process as an active participant throughout by sharing information and expertise as well as by providing input on priority setting to address health disparities and ways to address them.

We enthusiastically agree with and support your commitment to apply for Public Health Accreditation as we recognize that the process and outcome will provide opportunities to implement population-based primary prevention and address health inequities in San Francisco.

Sincerely,



Lara Sallee, MPH  
Community Benefit Manager  
San Francisco Medical Center

601 Van Ness Ave., Suite 2002  
San Francisco, CA 94102  
415-674-7144  
Fax: 415-674-7154  
lara.sallee@kp.org



**Building a Healthy  
Black Community**



2800 Third Street  
San Francisco, CA 94107

Phone:  
415.615.9945

Fax:  
415.615.9943

Website:  
[www.bcoa.org](http://www.bcoa.org)  
[bcoa@bcoa.org](mailto:bcoa@bcoa.org)



*Transitional & Permanent  
Housing*

*Community Outreach*

*Health Education*

*Advocacy*

*Client Services*

*Community Building*



**25**  
Years of building a  
healthy Black community

May 23, 2011

Dr. Tomás Aragón  
Health Officer  
San Francisco Department of Public Health  
101 Grove St., Room 308  
San Francisco, CA 94102

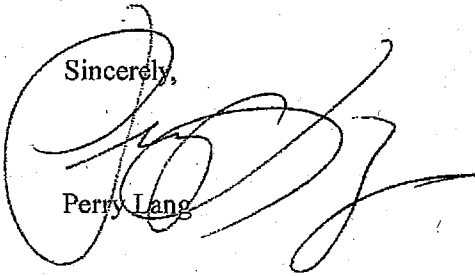
Dear Dr. Aragón:

On behalf of the San Francisco African American Health Leaders Group (AAHLG), I share our enthusiastic support for the San Francisco Department of Public Health's (SFDPH) grant proposal to NAACHO to become a demonstration site for the NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans initiative. We especially look forward to partnering actively with you as SFDPH implements a comprehensive community health improvement process and subsequent community health improvement plan, part of SFDPH's application for public health accreditation.

As you know, the AAHLG has collaborated with SFDPH since its inception to highlight and eliminate health disparities in the African American community. We consist of healthcare executives from organizations targeting African Americans, and we have a long-standing track record of engaging individuals and other organizations to implement strategies that address the health needs of those we serve. In short, no other collaborative is better in tune with the pulse of San Francisco's African American community. We view this initiative as yet another opportunity to partner with SFDPH while sharing our expertise, ensuring that the comprehensive community health assessment and health improvement plan reflect and have impact on the needs of San Francisco's African American residents.

In closing, we support SFDPH's commitment to apply for public health accreditation, as we recognize that accreditation – and the process leading to that outcome – will afford us the chance to further address health inequities within the African American community and in San Francisco more broadly.

Sincerely,

  
Perry Lang

## **API Health Parity Coalition**

### **BACKGROUND**

*The Asian & Pacific Islander Health Parity Coalition (APIHPC) was established in spring 2006. APIHPC evolved from a Mental Health Services Act position paper submitted to and ultimately endorsed by the San Francisco Department of Public Health.*

*APIHPC represents the diverse cross-sections of the Asian & Pacific Islander communities in San Francisco.*

### **OUR VISION**

*We envision healthy Asian & Pacific Islander communities empowered to access equitable and culturally competent systems of care in San Francisco.*

### **OUR MISSION**

*Our mission is to identify and address health and healthcare disparities in San Francisco's Asian & Pacific Islander communities.*

### **OUR MEMBERS**

*American Cancer Society  
American Heart Association  
Asian American Recovery Services  
APA Family Support Services  
API Health Forum  
API Legal Outreach  
API Youth Advocacy Network  
Blue Cross of California State Sponsor Business  
Cameron House  
Chinatown Child Development Center  
Chinatown Public Health Center  
Chinese Community Health Resource Center  
CYC  
Japanese Community Youth Council  
Korean Center, Inc.  
Leo Seri Association  
NICOS Chinese Health Coalition  
Ocean Park Public Health Center  
On Lok Lifeway  
Richmond Area Multi-Services  
Samoa Community Development Center  
San Francisco Department of Public Health  
Sunset Beacon Center  
UC San Francisco  
Vietnamese Youth Development Center*

May 20, 2011

Dr. Tomás Aragón, Health Officer  
San Francisco Department of Public Health  
101 Grove St., Room 308  
San Francisco, CA 94102

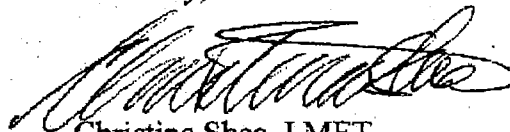
Dear Dr. Aragón:

On behalf of the San Francisco Asian and Pacific Islander Health Parity Coalition (APIHPC), I share our enthusiastic support for the San Francisco Department of Public Health's (SFDPH) grant proposal to NAACHO to become a demonstration site for the NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans initiative. We especially look forward to partnering actively with you as SFDPH implements a comprehensive community health improvement process and subsequent community health improvement plan, part of SFDPH's application for public health accreditation.

As you know, the APIHPC has long collaborated with SFDPH to eliminate health disparities and serves as a representative voice for San Francisco's API communities. We also have a long-standing track record of engaging the community (individuals as well as organizations), implementing strategies to address the health issues of those we serve, and working collaboratively with other coalitions and agencies representing vulnerable ethnic groups in San Francisco. We view this initiative as yet another opportunity to partner with SFDPH and the community while contributing our expertise, ensuring that the comprehensive community health assessment and health improvement plan reflect the needs of San Francisco's API residents.

In closing, we support SFDPH's commitment to apply for public health accreditation, as we recognize that accreditation – and the process leading to that outcome – will afford us the chance to further address health inequities within the API community and in San Francisco more broadly.

Sincerely,



Christina Shea, LMFT  
APIHPC Co-Chair

Judy Young  
APIHPC Co-Chair





May 23, 2011

Dr. Tomas Aragón  
Health Officer  
San Francisco Department of Public Health  
101 Grove, Room 308 ~ San Francisco, CA 94102

Dear Dr. Aragón:

The Coalition of Lavender-Americans on Smoking and Health (CLASH) is pleased to provide this letter of support for the San Francisco Department of Public Health's (SF DPH) grant proposal to NAACHD to become a demonstration site for the NACCHO Accreditation Preparation: Community Health Assessments and Community Health Improvement Plans initiative. We enthusiastically look forward to being an active partner with SFDPH as you implement a comprehensive community health assessment process and subsequent community health improvement plan, which will be used by SFDPH in applying for accreditation.

CLASH has been an active partner with SFDPH and a representative voice for the LGBTQ community in San Francisco, and has a track record of working with SFDPH, engaging the community, (individuals as well as organizations), implementing strategies to address industries that target the LGBTQ community, and working collaboratively with other coalitions and agencies representing vulnerable ethnic groups in San Francisco. We look forward to continuing our partnership through this initiative, contributing our expertise, engaging the community and ensuring that issues of the LGBTQ community are included as part of the comprehensive community health assessment and health improvement plan.

In closing, we enthusiastically agree with and support your commitment to apply for Public Health Accreditation as we recognize that the process and outcome will provide opportunities to address health inequities in San Francisco.

Sincerely,

Bob Gordon, MPH

May 19, 2011

Dr. Tomas Aragón  
Health Officer  
San Francisco Department of Public Health  
101 Grove, Room 308 ~ San Francisco, CA 94102

Dear Dr. Aragón:

I am pleased to provide this letter of commitment to support the San Francisco Department of Public Health (SF DPH) with the implementation of a community health improvement process that yields a high quality community health assessment and improvement plan. This letter provides some background information about our firm as well as our experience working with SF DPH to improve the health of vulnerable individuals and the communities in which they live. As we discussed, our professional consultative and technical work with the SF DPH often involves organizing and facilitating DPH sponsored community engagement processes designed to improve the delivery of community-responsive services to the City's most vulnerable residents.

Founded in 1986, Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Davis, San Diego, and Los Angeles. Our mission is to provide health, social service, and advocacy organizations with the information and tools they need to do their work effectively. We have expertise in guiding and facilitating large-scale community engagement efforts and strategic planning processes, supporting public sector change management initiatives, providing technical assistance to collaborative planning bodies, and conducting evaluations and needs assessments. Over the past 25 years our firm has worked with hundreds of public sector health and human service agencies throughout the nation to plan, evaluate, and improve services for vulnerable populations, including children and youth, immigrants, persons living with chronic and infectious disease, individuals struggling with behavioral health issues, and survivors of violence.

Our firm has provided analytic, research, and planning support to SF DPH for more than 20 years, and is strongly positioned to support the Department with this effort. We are currently collaborating with the Department on several key projects relevant to this request for funding support. First, we are working with SF DPH executive leadership and key staff to develop a strategic plan designed to support the Department's efforts to become an integrated delivery system and meet its new programmatic responsibilities under the 1115 Waiver and Health Reform. Second, we are collaborating with the Department to develop a Health Care Services Master Plan for San Francisco. This plan will identify the current and projected needs for health care services within San Francisco and guide land use decisions for health care-related projects. Third, we are currently collaborating with the Public Health Emergency Preparedness & Response Section to improve emergency communications and to promote 72 hour preparedness



among SF DPH health and behavioral health services contractors and clinic partners throughout the City and County of San Francisco.

Based on our significant experience working with Department leadership and staff, we can attest to the Department's strong commitment to becoming accredited by the Public Health Accreditation Board. We would be pleased to support the SF DPH with this work given its fit with the Department's strategic goals.

Sincerely,

A handwritten signature in cursive script that reads 'Michelle Magee'.

Michelle Magee  
Senior Vice President



**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors
<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: Harder and Company Community Research	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
See Attached	
Contractor address: 299 Kansas St. ; San Francisco, CA 94103	
Date that contract was approved: <i>(By the SF Board of Supervisors)</i>	Amount of contract: \$31,500
Describe the nature of the contract that was approved:	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves: San Francisco Board of Supervisors  
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: ( 415 ) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

\_\_\_\_\_  
Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
Date Signed

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- OUR EXPERTISE
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- Employment

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MA, MBA  
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**Michelle Magee**  
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Senior Vice President



**Clare Nolan**  
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MPA  
Vice President - Los Angeles

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