



**San Francisco Health Improvement Partnership
Annual 2017 Report**

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Introduction

What is SFHIP?

The San Francisco Health Improvement Partnership (SFHIP) is a cross sector collaboration designed to improve the health and wellness of all San Franciscans. SFHIP uses the Collective Impact model as a framework to align priorities within the Steering Committee as well as with other collective impact initiatives in San Francisco that impact health.

SFHIP includes representatives from coalitions including the African-American Community Health Equity Council; Chicano/Latino/ Indigena Health Equity Coalition; the Asian Pacific Islander Health Parity Coalition; and the San Francisco Interfaith Council. Partners also include the San Francisco's nonprofit hospitals and their local Community Benefits Programs including St. Francis Hospital, St. Mary's Medical Center, California Pacific Medical Center, Kaiser Permanente San Francisco, Chinese Hospital; the Clinical and Translational Science Institute at the University of California San Francisco; the San Francisco Department of Public Health; the Mayor's Office; the San Francisco Unified School District; San Francisco Community Clinic Consortium; Metta Fund; and the Human Service Network represented by Bayview Hunters Point Foundation.

Background

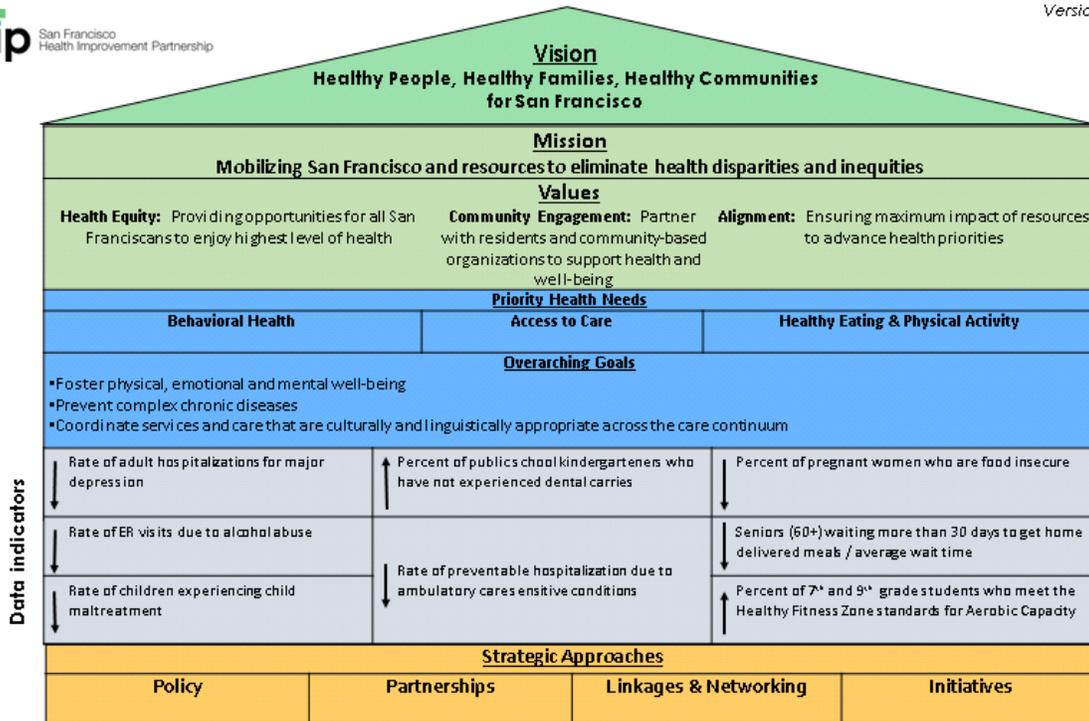
SFHIP was formed by combining into one aligned framework the efforts of three successful community health improvement collaborators: San Francisco's non-profit hospitals and their Community Benefits Partnership (CBP) and Building a Healthier San Francisco (BHSF) projects; the Clinical and Translational Science Institute at the University of California, San Francisco, which supported the first phase of SFHIP; and the San Francisco Department of Public Health and its community health improvement process.

SFHIP utilizes the Community Health Improvement Process to collectively understand, prioritize and take action on pressing health needs in San Francisco. In 2016, SFHIP released the new Community Health Needs Assessment (CHNA) and hosted a community breakfast to discuss the assessment and the priorities that came from it. The CHNA takes a broad view of health conditions and status in San Francisco and provides citywide data to identify health needs. The San Francisco CHNA, as well as the data appendices, can be found at www.sfhip.org.

Through this process, seven health needs surfaced, and SFHIP prioritized the following three: 1) Access to Care, 2) Healthy Eating & Physical Activity, and 3) Behavioral Health. Guided by the mission to "Mobilize San Francisco and resources to eliminate health disparities and inequities", SFHIP developed overarching goals and chose indicators to focus on. While the health needs are broad, available indicator data allows us to look at specific issues where disparities are apparent. The process to select indicators, data and targets for these indicators is documented in the SFHIP Strategic Priorities report at www.sfhip.org.

The purpose of this report is to provide information on the activities SFHIP Steering Committee members have taken to address the strategic priorities identified through the Community Health Improvement Process.

Table 1.



SFHIP Update

Implementation Activities

The Steering Committee met bi-monthly in 2017, on January 19, March 16, May 18, July 20, October 26, and November 16. Estela Garcia’s term as co-chair expired this year, and Amor Santiago was elected to take her place as the co-chair representing the health equity/community voice.

SFHIP’s first step in addressing the data indicators was to reach out to other collective impact projects and departments who were either leading efforts to improve the issue, or had responsibility for the indicator. Out of the eight indicators above, the four listed in Table 2 had existing groups working on them and had developed action plans to which SFHIP could contribute. Table 2 below identifies the indicators and the organizations we contacted to request a presentation, and their recommendations on how SFHIP could contribute to improving the issue. These organizations presented to SFHIP during our October, November, and December 2016 Steering Committee Meetings. The presenters provided a background on the issue, explained the indicator, and using SFHIP’s four pronged approach to action (Policy and Advocacy, Initiatives, Partnerships, and Linkages and Networking) presenters let SFHIP know how they could contribute. Following those presentations, either at the Steering Committee meeting or through follow-up conversations, the Steering Committee members identified the actions they could take to improve the issue. Please visit www.sfhip.org for meeting minutes and presentations.

Table2.

Data Indicator	Organization Already Working on Indicator
Seniors waiting 30+ day for a home delivered meal	San Francisco Department of Aging and Adult Services and the San Francisco Food Security Task Force
Percent of SFUSD kindergarteners who have not experienced dental caries	Cavity Free SF (formerly the Children’s Oral Health Collaborative)
Percentage of 7 th and 9 th grade school students who meet the healthy fitness zone for aerobic capacity	San Francisco Unified School District Physical Education Department and School Health Programs
Percentage of pregnant women who are food insecure	Women, Infants, and Children Supplemental Nutrition Program (WIC) SFDPH Maternal Child and Adolescent Health

To follow-up on progress, the backbone collected updates on these actionable steps and presented them during the July 2017 Steering Committee Meeting. Subsequent to this, another round of updates was collected from Steering Committee members. Additionally, a survey was distributed in October 2017 amongst the health equity coalitions to further help coordinate and track progress around the indicators. Appendix A on page 10 contains updates on actions SFHIP Steering Committee members have taken to address SFHIP’s priorities. This update is organized by data indicator.

The remaining indicators reflect complex issues, with many groups already working on parts of the problems. SFHIP first tried to understand what organizations are doing to address behavioral health needs in San Francisco. In May 2017, the Hospital Council briefed the Steering Committee on their Emergency Room Behavioral Health Taskforce which was convened to diagnose and address the challenges of San Francisco’s Emergency Departments including insufficient mental health resources. SFHIP’s co-chair is a member of this taskforce.

Trauma is an antecedent to many of the downstream indicators identified in SFHIP’s Strategic Priorities, and trauma has emerged as a high priority for SFHIP. To approach this complex issue, Dr. Tomás Aragón gave a presentation to the Steering Committee on how trauma and toxic stress impacts health in San Francisco and results in persistent health disparities. In October 2017, SFHIP Steering Committee members received a training on trauma informed system from Dr. Joyce Dorado from UCSF. She reviewed core principles of trauma informed systems, allowing Steering Committee members to get a better understanding of the dynamics contributing to trauma. In addition to the activities the Steering Committee has taken to begin to understand trauma, the health equity coalitions have also coalesced around this issue. SFHIP will continue to learn about this issue, and understand what is being done in San Francisco to prevent trauma as well as support resilience. This understanding of the landscape is an essential first step to SFHIP’s collective engagement on this issue.

Advocacy

Advocating for specific initiatives and positions is part of the SFHIP approach for taking action. Advocacy letters can be approved by a 2/3 vote by the Steering Committee. In 2017, the group discussed ways that advocacy letters might be produced by SFHIP, while acknowledging that not all members may be able to support such a letter due to concerns from their individual organizations. Strategies included

using asterisks next to the names of the SC members who abstained from the vote, having members take the letter to their leadership for approval before the vote, or making a note in such letters that not all members of the Steering Committee support this position. A letter in support of San Francisco's stance on sanctuary cities was drafted in January 2017, but the letter did not receive approval by the Steering Committee and was not sent out. The health equity coalitions drafted their own letter to send on behalf of their organizations.

SFHIP sent a letter of support to California Assemblymember David Chiu in March 2017 to express its strong support of Assembly Bill 342: the Safe Streets Act of 2017. The bill will allow the cities of San Francisco and San Jose to use automated speed enforcement in order to reduce speeds and reduce traffic fatalities.

Updates on Data and Alignment across San Francisco

SFHIP uses data indicators to monitor health issues, focus our work, and to monitor progress on improving the disparities illustrated by the indicator. The following section is an update issues related to data.

Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) is a part of our ongoing community health improvement process. The CHNA is completed every three years and is an important tool for informing decision makers about San Francisco's health status, identifying key health priorities for the City, and gaining better understanding of health disparities and inequities. Through this assessment, indicators of health are reviewed by the SFHIP Steering Committee and priority health issues affecting San Francisco are identified. The CHNA process compiles data through three methods—updating over 180 data indicators, a review of recent reports in San Francisco that may pertain to health issues, and input from the community. During 2017, the Community Health Assessment and Impact (CHAI) team of San Francisco Department of Public Health worked on updating the data indicators from the 2016 Community Health Needs Assessment. The CHNA lead epidemiologist organized 29 meetings with data and content experts around the different health themes. This information will inform the 2019 CHNA.

Improving measurement of SFHIP Strategic Priorities

SFHIP works closely with CavityFree SF on the children's oral health indicator, and Cavity Free SF is profiled on the SFHIP.org website. During 2017, the data experts from Cavity Free SF worked with the website team of SFHIP.org to expand the data available on SFHIP.org and to include new information on "*Kindergarteners with dental caries*" and "*Kindergarteners with untreated dental caries*" at the neighborhood and county level for 5 time periods starting with 2012- 2013. The data can be broken down by race/ ethnicity and by the proportion of students qualifying for National School Meal Program (NSLP).

During 2017, SFHIP backbone and staff from DPH Maternal, Child and Adolescent Health met with staff from the California Department of Public Health (CDPH) which oversees the Maternal Infant Health Assessment (MIHA), the survey from which the indicator "*pregnant women who are food insecure*" is taken. MIHA data is summarized by CDPH and released for each county. However, the most recent release of MIHA data for San Francisco did not include the food insecurity variable by race/ethnicity or by health payer status. Because this data is used by SFHIP and other stakeholders in San Francisco, CDPH

has agreed to provide MIHA data by race/ethnicity as well as other social determinants of health. New MIHA data for San Francisco is expected by June 2018.

Alignment of data indicators across San Francisco

As a city wide collaboration of the health sector, SFHIP focuses not only on aligning work across the organizations represented by the Steering Committee, SFHIP also focuses on aligning with other partners, collective impact initiatives and leadership councils in San Francisco. To this end, SFHIP backbone has met with staff from initiatives focusing on children's health to let them know about SFHIP's Strategic Priorities and data indicators, and share information and data. Because of this, there is new alignment across San Francisco on the indicator measuring physical fitness by using *"aerobic capacity"* from the Fitness Gram. The Department of Children, Youth and their Families (DCYF) included *"Percent of Public School Students Who Are Physically Fit"* in their outcome framework for their Service Allocation Plan for 2018- 2023 funding cycle, and are using *"percent of 5th grade students meeting the healthy fitness zone for aerobic capacity"* as their indicator. Previously, they only included *"Percent of Public School Children Who Are at a Healthy Weight."* Additionally, Our Children Our Families Council (OCOF) is considering adding this indicator *"5th, 7th and 9th graders at the healthy fitness zone for aerobic capacity"* to their outcome framework. Previously they only included *"% of students in the Healthy Fitness Zone for Body Composition."*

In addition to the fitness indicator, SFHIP shares the indicators for child maltreatment with OCOF and DCYF, and the children's oral health with OCOF. In August of 2017, SFHIP joined Our Children, Our Families Council, UCSF Child Health Equity Institute, Department of Children, Youth and Their Families (DCYF), San Francisco Department of Public Health, and First 5 San Francisco to host a community meeting to set Our Children Our Families Council's 5-year targets for health outcomes across the life course. Participants reviewed data, and set city wide targets for improvement of each indicator. They also identified evidence-based interventions, programs, and policies that can help the City reach the targets. This meeting built upon a series of citywide meetings to establish a common agenda and collaboratively improve child health in San Francisco. SFHIP backbone will review the outcomes from this meeting to inform the SFHIP Steering Committee of any new data or new city wide targets on our shared indicators. The next steps for this process will be to develop city wide implementation plans for each indicator.

Community Engagement and Mobilization

Joint Health Equity Coalition convening

SFHIP understands that engaging with residents and community based organizations that work directly with communities most impacted by health disparities is essential to improving the health of San Francisco. During 2017, through funding from SF Foundation and the Metta Fund, supported a joint retreat of the ethnic based health equity coalitions represented on the SFHIP Steering Committee. The Joint Health Equity Coalition, composed of the African American Community Health Equity Council, Asian Pacific Islander Health Parity Coalition, and the Chicano/ Latino/ Indigena Health Equity Coalition have been working together to build individual relationships and a larger sense of community in the past year. SFHIP backbone has also provided support for subsequent Quarterly Meetings of the leadership of the health equity coalitions. The objectives of the meetings are to develop a shared understanding of the drivers of inequities, align shared goals and opportunities for mutual support, and to determine how to address SFHIP's strategic priorities.

Faith based organizing in Bayview/Hunters Point

The faith-based community in the Bayview/ Hunter's Point, under the leadership and guidance of a SFHIP Steering Committee member and a member of the backbone and through funding from the Metta Fund, have organized and convened to address the health and wellness of their congregants. During an initial meeting with the pastors in November 2016, the pastors agreed that food insecurity was the priority they wanted to jointly address, and they determined that in order for faith based organizations to support the health and wellness of their members, they would need to identify a liaison from their congregation that would be responsible for managing health and wellness information for their congregation. SFHIP Backbone next convened a meeting of organizations and agencies that provide health and wellness resources to determine the resources available, and better understand how providers could communicate with the faith based community. SFHIP backbone next convened the faith based liaisons over a series of meetings hosted at Double Rock Baptist Church on Saturday mornings. The liaisons have been trained on administering food security surveys, and have received information on other health and wellness resources available. The convening of the faith based community has increased the efficacy of the liaisons' ability to support the health of their congregants as well as has created a network of churches joining forces around health and wellness.

Recognition

Article published March 2017 - Grumbach K, Vargas RA, Fleisher P, Aragón TJ, Chung L, Chawla C, et al. *Achieving Health Equity Through Community Engagement in Translating Evidence to Policy: The San Francisco Health Improvement Partnership, 2010–2016*. *Prev Chronic Dis* 2017;14:160469. DOI: <https://doi.org/10.5888/pcd14.160469>.

Association of American Medical Colleges (AAMC) video on SFHIP and its focus on Community Health Needs Assessment. Link here:

<https://www.aamc.org/initiatives/research/healthequity/473156/snapshot-2017.html#>

National case study: With funding from the Robert Wood Johnson Foundation, Health Resources in Action has worked with a national Advisory Panel to identify criteria for successful Community Health Improvement (CHI) processes and to then review over 100 processes against this criteria. Through this systematic review process, SFHIP was identified as having promise of meeting these criteria for success. Researchers from Health Research in Action will be visiting SFHIP conducting interviews and focus groups, and reviewing documentation for their report.

San Francisco Health Improvement Partnership Steering Committee

(listed alphabetically by last name)

Tomás Aragón
San Francisco Department of Public Health

Aneeka Chaudhry
San Francisco Mayor's Office

Saeeda Hafiz
San Francisco Unified School District

Estela Garcia
Chicano/ Latino/ Indigena Health Equity Coalition

Kevin Grumbach
*Clinical and Translational Science Institute's Community
Engagement and Health Policy Program
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G.L. Hodge
San Francisco Interfaith Council

Jim Illig
Kaiser Permanente San Francisco

Shalini Iyer
Metta Fund

Deena Lahn
San Francisco Community Clinic Consortium

Monique LeSarre
African American Community Health Equity Coalition

Amor Santiago
Asian and Pacific Islander Health Parity Coalition

Kim Shine
Human Services Network/Bayview Hunters Point Foundation

Cecilia Thomas
California Pacific Medical Center

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Funding Organizations: Hospital Council of Northern and Central
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Circlepoint

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HCI

Appendix A

INDICATOR: PERCENT OF PREGNANT WOMEN ON MEDI-CAL WHO ARE FOOD INSECURE

Steering Committee Member	Actions they said they could take	Progress
Asian Pacific Islander Health Parity Coalition	<ol style="list-style-type: none"> 1. Determine whether members are screening for food insecurity. 2. Understand the needs of clients they serve. 	<p>The APA Family Support Services operates a Family Resource Center. First 5 has funded the expansion of the Family Resource Centers service population to prenatal to 8 year olds. This presents an opportunity to develop food insecurity with screening at intake. Family Resource Centers will be piloting many new initiatives.</p>
Chicano Latino Indigena Health Equity Coalition	<ol style="list-style-type: none"> 1. Help pilot screening that is developed. 2. Distribute Priti Rane's presentation to communities to help families navigate system. 3. Interested in working on policy related to low income threshold for eligibility for food programs. 	<p>Coalition Responses:</p> <ol style="list-style-type: none"> 1. Instituto Familiar de la Raza operates a Family Resource Center and currently has an intake interview that assesses the clients' food availability. If clients show indication of food insecurity, they are referred to the La Raza food pantry. Food pantries have been the most important to support undocumented women. Instituto Familiar de la Raza also implemented an agency-wide training on food programs and eligibility requirements. 2. The San Francisco AIDS Foundation—Latino Programs has information and referral to free food, meals, and food banks for the general public and specific populations. 3. The Mission Neighborhood Health Center uses registered dietitians that assess the nutritional needs of pregnant female patients and ensure that they are referred to appropriate food services.
California Pacific Medical Center	<p>Will examine how nutrition is looked at women's and children's center and determine if and how food insecurity is addressed.</p>	<p>St. Luke's assesses and discusses nutrition of expectant mothers every visit using an assessment form and protocol discussion prompt. Physicians and midwives integrate nutrition into prenatal appointments. OBGYNs in private practices offer information and resources on nutrition. Sweet Success program offers support to women with diabetes who wish to become pregnant and those experiencing gestational diabetes. The Newborn Connections program is a support group and lecture series for new and expectant parents. The Comprehensive Perinatal Services Program also has a health educator at every session.</p>
Human Services Network/ Bayview	<p>Increase enrollment of clients at Jelani House to sign up for WIC and offer EatSF vouchers to</p>	<ol style="list-style-type: none"> 1. Enrolled Jelani House clients in WIC and EatSF vouchers. 2. Involved in City Spoon Food lunch program for the past 7-8 months to give community members access to meals. The meal is prepared and stored on-site.

Hunters Point Foundation	their pregnant women in recovery housing	<p>3. Also gets food from SF Food Bank and distributes to anyone in need.</p> <p>4. Students and their families are provided with meals sponsored by Department of Children, Youth and Their Families.</p> <p>5. Has a substance abuse program and food bank for homeless, which includes portable food options.</p> <p>6. In conversation with Project Homeless Connect on how to set up a truck that provides meals for homeless population a couple times a week.</p> <p>7. In the next 3 months, implementing healthy eating and physical activity programming with Bayview Heal Zone.</p>
Mayor's Office	Will follow-up with departments to see who to support this indicator	Mayor's Office is helping with DPH's WIC program and has connected to Data SF to determine how to improve retention rates. This is being done through a public-private Civic Bridge engagement.
Metta Fund	Can provide facilities, funding and facilitation, and explore ways to increase awareness of issue to a larger audience.	Will be meeting with stakeholders to better address food insecurity among pregnant women.
San Francisco Community Clinic Consortium	Will reach out to clinics to understand what is currently being done to support this indicator	Two clinics have confirmed that the majority of pregnant women use One-e-app which means the women are linked to food stamps when they apply for Medi-cal. As part of the comprehensive perinatal services program pregnant women see a dietician along with standard prenatal care. Further investigation is still needed on the linkages to WIC which does not appear to be connected with One-e-app.
San Francisco Interfaith Council	Will look for opportunities to connect with this issue	Faith-based organizations in Bayview Hunters Point were convened and food insecurity was prioritized among congregants as the first health issue they will work on together. USDA food security screenings were distributed amongst 16 churches. Liaisons from each church has been trained to connect congregants to food resources.
San Francisco Department of Public Health	<ol style="list-style-type: none"> 1. Pilot test food security screenings. 2. work on referral process. 3. Including framework into contracting language to incentive food security 	Funded food vouchers for pregnant women partnering with the WIC program and EatSF fruit and vegetable vouchers.

	<p>screenings and participating in the programs.</p> <p>4. Trying a voucher program with EatSF and partnered with Safeway.</p> <p>5. Convening retail stores who take WIB and EBT.</p>	
UCSF	Will look at different projects related to this indicator	UCSF researchers are engaged in numerous research interventions to provide nutrition education to children and families, access to fresh produce for food insecure, pre-diabetic patients (EatSF).

INDICATOR: PERCENT OF 7TH AND 9TH GRADE SCHOOL STUDENT WHO MEET THE HEALTHY FITNESS ZONE FOR AEROBIC CAPACITY

Steering Committee Member	Actions they said they could take	Progress
Chicano Latino Indigena Health Equity Coalition	Can help CBOs support this indicator	Coalition Responses: 1. Distributed survey to assess what is currently being done in this area. 2. Semillas de Paz from Instituto Familiar de la Raza works with high risk students and makes sure physical activity is part of students' service plan. 3. Road Map to Peace Initiative is constructing a service network around the healing wheel and holistic care. 4. The Mission Neighborhood Health Center has an Obesity Prevention Program for pediatric patients.
Kaiser Permanente	Will look into adding this health need into future RFP	Supporting students to meet Healthy Fitness Zone standards for aerobic activity was added to their most recent LOI for grants. The chosen grantee using this indicator is America SCORES and they are funded through June 2018.
Metta Fund	Currently funding summer camps and activity programs. Will look at opportunities to fund physical health programs focusing on aerobic capacity.	Will be allocating \$350,000 to support Health Eating and Physical Activity Health Need during late summer 2017.
San Francisco Unified School District	Support professional development of PE teachers	20 middle and high school PE teachers received training on functional fitness methods to improve aerobic capacity of students, and on nutrition, and food security. These teachers will receive additional technical assistance in SY 17-18 to incorporate training into their teaching.

INDICATOR: SENIORS WAITING 30+ DAYS FOR HOME DELIVERED MEALS

Steering Committee Member	Actions they said they could take	Progress
Chicano Latino Indigena Health Equity Coalition	Will integrate food security screening into their current assessments.	Coalition Responses: 1. The San Francisco AIDS Foundation—Latino Programs has information and referral to free food, meals, and food banks for the general public and specific populations. 2. The Mission Neighborhood Health Center assesses the nutritional needs of patients, and when appropriate, issue them food vouchers or referrals to appropriate services through their Chronic Care/ Nutritional Counseling Program (for adults with chronic conditions) and Case Management Program.
California Pacific Medical Center	Developing a senior center in the Mission District. They are also sponsoring a food bank.	No Updates
Kaiser Permanente	1. Future RFPs will focus on increasing access to food 2. Looking into adding food security screening to primary care visits	Added food and home delivered meals for seniors to their RFP as a priority funding area. Kaiser funded On Lok 30th St. Senior Center for home-delivered meals and their “Always Active” program, also through June 2018. Awarded 1.3 million in grants to community groups to increase access to public food programs - the SF funds went to the SF-Marín Food Bank.
Mayor’s Office	Department of Aging and Adult Services is convening an Aging and Disability Task Force starting next year.	1. In city budget - Mayor Lee added \$500K to home delivered meals and Board of Supervisors added additional \$477K. An additional \$1.125 Million will be allocated for food programs. 2. Aging and Disability Friendly Task Force, with a nutrition working group, will make recommendations for an aging and disability friendly plan
Metta Fund	Will look into possibilities to fund work around healthy eating in seniors	Will be supporting healthy eating among seniors through their Aging Portfolio later this year.
San Francisco Interfaith Council	Will look for opportunities to connect with this issue	Faith-based organizations in Bayview Hunters Point were convened and food insecurity was prioritized among congregants as the first health issue they will work on together. USDA food security screenings were distributed

		amongst 16 churches. Liaisons from each church has been trained to connect congregants to food resources.
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INDICATOR: PERCENTAGE OF SFUSD KINDERGARTENERS WITHOUT DENTAL CARIES EXPERIENCE

Steering Committee Member	Actions they said they could take	Progress
UCSF/ DPH	N/A	<p>UCSF and DPH co-lead CavityFree SF—a citywide collective impact initiative using a multi-prong approach. Their strategic plan includes:</p> <ol style="list-style-type: none"> 1. Concreate plans for increasing access to oral health care among underserved San Francisco communities. 2. Ensuring oral health is integrated into San Francisco’s robust medical care systems. 3. Promoting the importance of children’s oral health to decision-makers, parents, teachers, medical professionals and other caregivers. 4. Creating citywide evaluation and reporting systems so that progress and challenges are visible to all stakeholders. <p>CavityFree SF’s Oral Health Expansion—Dental Transformation Initiative includes 5 pilot projects in the San Francisco Health Network.</p> <p>Pilot 1: Collaborative Learning Pilot: that trains 35 local dental practices to respond to newly Denti-Cal reimbursable preventative services for children at medium and high risk of dental caries</p> <p>Pilot 2: Care coordination project that funds 2 health workers working at SFDPH and 1 health worker at SFUSD to manage referrals and arrange dental appointments for children up to age 5</p> <p>Pilot 3: Culturally Appropriate Messaging to Caregivers of Children Ages 0-5 that augments 3 local task forces focused on neighborhood and language-specific (as appropriate)</p>

		<p>messaging to inform parents of the importance of early dental care and healthy oral health choices</p> <p>Pilot 4: Primary Care Champions to Train Primary Care practices Utilizing an Integration Technical Advisor (ITA) and primary care champions to increase inter-professional collaborative practice and increase primary care providers knowledge of dental referral resources in their practice area.</p> <p>Pilot 5: Incentives to increase FQHC Dual-users (increasing the proportion of a health center’s age 0-5 patients accessing both dental and primary care at the same FQHC location)</p> <p>Partners: There are many partners in the approved SF DTI LDPP proposal, including UCSF who will be doing the data analysis, SFCCC and the SF Dental Society, who will help with informing and recruiting both dental and medical providers, SF USD who will be working with our SF DPH CHDP Care Coordinators (CCs will manage referrals from both the SFUSD and medical providers) and others.</p> <p>Target Population: SF Children (Ages 0-5) 62% of the 13,586 SF Denti-Cal beneficiaries ages 0-5 in Medi-Cal Managed Care plans (8,423 children) did not have a yearly dental visit.</p>
Asian Pacific Islander Health Parity Coalition	Support Oral Health Task Force	NICOS Chinese Health Coalition has been selected to facilitate the Oral Health task force in Chinatown. APA Family Support Services D10 has been selected to facilitate D10 taskforce.
Chicano Latino Indigena Health Equity Coalition	Will go review with coalition ways to support this indicator	The Mission Neighborhood Health Center offers preventative dental services through a contracted dental provider.
Metta Fund	Could help fund CavityFree SF	Approved \$300,000 in funding Access to Care and granted \$50,000 to Cavity Free SF.
San Francisco Community Clinic Consortium	Will follow-up on how SFCCC is supporting this indicator	Joining the Oral Health Expansion—Dental Transformation Initiative
San Francisco Unified School District	Will follow-up with legal issue presented by CavityFree SF at Steering Committee Meeting	The legal department at SFUSD resolved the parental consent barrier and allowed CavityFree SF to continue 15 year process of passive consent for dental screening.

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The following is information gathered from the survey sent to the health equity coalitions in fall 2017.

INDICATOR: PREVENTABLE HOSPITALIZATIONS DUE TO AMBULATORY CARE SENSITIVE CONDITIONS

Steering Committee Member	Updates
Asian Pacific Islander Health Parity Coalition	Asian Health Institute has bilingual (Cantonese/ English) community lectures that are free and open to the public on diabetes and heart disease.
Chicano Latino Indigena Health Equity Coalition	1. San Francisco AIDS Foundation—Latino Programs offer psychoeducational group learning around the principles of diabetes, cardiovascular diseases, and HIV. 2. The Mission Neighborhood Health Center has a Chronic Care Program for adult patients with diabetes and hypertension.
Human Service Network	1. Has a mental health outpatient program that keeps client population from being hospitalized. 2. Has a substance abuse program and food bank for homeless-- provide food that they can eat "on the run."

INDICATOR: ADULT HOSPITALIZATION RATE FOR MAJOR DEPRESSION

Steering Committee Member	Updates
Asian Pacific Islander Health Parity Coalition	Asian Health Institute has included programs that address depression or other mental health concerns as part of the course content in the annual symposium to educate healthcare professionals.
Chicano Latino Indigena Health Equity Coalition	1. Instituto Familiar de la Raza is a community mental health agency. They have an outpatient mental health clinic that serves children, youth, adults, and families; a youth program that provides behavioral and mental health services, restorative and intensive case management, trauma recovery and healing services, and interventions to reduce violence and increase resilience; a family services program that provides support for families with toddlers, and parent education, training, and leadership opportunities; training for Indígena promotores, and workshops for Indígena members of our community; HIV testing, support groups, education and prevention for Latinos, and various programs serving the LGBTQ

	<p>Latino community; and early intervention services, including mental health consultations, in pre-schools, elementary, and middle schools.</p> <p>2. Horizons Unlimited of San Francisco, Inc is funded by Mental Health Services Act to provide mental health case management and therapy.</p> <p>3. San Francisco AIDS Foundation - Latino programs have psycho-educational groups to understand mental health issues, and to address issues related to stigma. They also do referrals to individual psycho-therapy.</p> <p>4. The Mission Neighborhood Health Center has integrated behavioral health services that are brief therapy interventions by behavioral health clinicians within primary care settings.</p>
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INDICATOR 7: EMERGENCY ROOM RATES DUE TO ALCOHOL ABUSE

Steering Committee Member	Updates
Asian Pacific Islander Health Parity Coalition	RAMS offers a full range of mental health services from prevention and early intervention, school-based, outpatient clinic, residential facility, vocational/ employment services, training and education, and peer counseling and employment.
Chicano Latino Indigena Health Equity Coalition	<p>1. Horizons Unlimited of San Francisco, Inc provides substance use treatment (individual, group and family counseling, case management, treatment planning, collateral, psycho-educational groups, relapse prevention) and substance use prevention (Strengthening Families Program, Communities Organizing for Change on Alcohol, Joven Noble, the DJ Project, prevention education workshops).</p> <p>2. The San Francisco AIDS Foundation- Latino Program services include Stonewall Project which provide a full range of counseling services that integrate substance use, mental health, and HIV prevention and education from a participant-centered perspective. The aim of the program is to reduce the harm caused to the individual, loved ones, and communities by the drug or alcohol use.</p> <p>3. The Mission Neighborhood Health Center uses SBIRT (Screening, Brief Intervention and Referral to Treatment by Behavioral Health Clinicians), an evidence- based practice used within a primary care setting to identify and prevent problematic use, abuse and dependence on alcohol and drugs.</p>

INDICATOR 8: RATES OF CHILDREN EXPERIENCING CHILD MALTREATMENT

Steering Committee Member	Updates
Asian Pacific Islander Health Parity Coalition	RAMS provides supportive services to children that suffered from abuse and or neglect through prevention and early intervention, mental health services mental health consultation to childcare, and family resources. They also do

	<p>mandatory reporting of child abuse and neglect. RAMS provides services for parents or caregivers of children by offering services for violence prevention, antisocial personality disorder, substance use disorder, and depression or stress reduction. This is offered through school based and outpatient mental health services.</p>
<p>Chicano Latino Indigena Health Equity Coalition</p>	<ol style="list-style-type: none"> 1. Horizons Unlimited of San Francisco, Inc provide academic support for youth enrolled in the Lifeworks Employment program that includes tutoring, GED support, liaison with school counselors, and post-secondary planning. They also provide mental health therapy for youth who have suffered from abuse and neglect. All staff and Mandated Reporters. Horizons Unlimited also provides therapy for depression, stress, antisocial personality disorder, family counselling for substance abuse, and peer leadership and empowerment program, Females Against Violence for violence prevention. 2. The San Francisco Foundation offers day care for women with dependent children which they attend services at the facilities. They also have HIV support groups that are psychoeducational for parents or caregivers of children. These are formatted as skill building groups to address health literacy and stigma. 3. The Mission Neighborhood Health Center provides medical and support services (nutritional counseling, health education and behavioral health services) to pediatric patients. They also offer medical and support services to parents of pediatric patients.

Appendix B

PREVENTING CHRONIC DISEASE

PUBLIC HEALTH RESEARCH, PRACTICE, AND
POLICY

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COMMUNITY CASE STUDY

Achieving Health Equity Through Community Engagement in Translating Evidence to Policy: The San Francisco Health Improvement Partnership, 2010–2016

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Abstract

Background

The San Francisco Health Improvement Partnership (SFHIP) promotes health equity by using a novel collective impact model that blends community engagement with evidence-to-policy translational science. The model involves diverse stakeholders, including ethnic-based community health equity coalitions, the local public health department, hospitals and health systems, a health sciences university, a school district, the faith community, and others sectors.

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Community Context

We report on 3 SFHIP prevention initiatives: reducing consumption of sugar sweetened beverages (SSBs), regulating retail alcohol sales, and eliminating disparities in children's oral health.

Methods

SFHIP is governed by a steering committee. Partnership working groups for each initiative collaborate to 1) develop and implement action plans emphasizing feasible, scalable, translational science–informed interventions and 2) consider sustainability early in the planning process by including policy and structural interventions.

Outcome

Through SFHIP's efforts, San Francisco enacted ordinances regulating sale and advertising of SSBs and a ballot measure establishing a soda tax. Most San Francisco hospitals implemented or committed to implementing healthy-beverage policies that prohibited serving or selling SSBs. SFHIP helped prevent Starbucks and Taco Bell from receiving alcohol licenses in San Francisco and helped prevent state authorization of sale of powdered alcohol. SFHIP increased the number of primary care clinics providing fluoride varnish at routine well-child visits from 3 to 14 and acquired a state waiver to allow dental clinics to be paid for dental services delivered in schools.

Interpretation

The SFHIP model of collective impact emphasizing community engagement and policy change accomplished many of its intermediate goals to create an environment promoting health and health equity.

Background

The San Francisco Health Improvement Partnership (SFHIP) was established in 2010 to promote health equity by using a novel collective impact model (1) that blends community

engagement with policy change. Frieden's framework pyramid for public health im-

pact considers high impact interventions to include policy and structural interventions (2). The SFHIP model uses community engagement and evidence-to-policy population health translational science (3,4) as catalysts for high-impact community prevention initiatives (Table 1). Community engagement not only promotes participatory research and common agendas in planning and implementing health initiatives; it also unites and empowers local constituencies to seek policy changes that reduce structural inequities (5). Evidence-based policy measures, in turn, create changes in regulations and new funding streams that can sustain initiatives. SFHIP used this approach to engage diverse local health stakeholders, including ethnic-based community health equity coalitions, the public health department, hospitals and health systems, a health sciences university, a school district, the faith community, philanthropic groups, and other sectors. This article reports the process and accomplishments of 3 SFHIP initiatives: reducing sugar sweetened beverage (SSB) consumption, regulating retail alcohol sales to reduce alcohol-related violence, and eliminating disparities in children's oral health.

Community Context

San Francisco is a county and city under unitary governance, with an ethnically diverse population of about 850,000 residents. It has many health sector assets, including a well-regarded local public health department, a world-renowned health sciences university (the University of California, San Francisco [UCSF]), highly rated hospitals and health systems, and robust community organizations. Nonetheless, San Francisco has prominent health disparities. For example, hospitalization rates for diabetes are 7 times higher for African Americans and twice as high for Latinos than for whites.



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www.cdc.gov/pcd/issues/2017/16_0469.htm • Centers for Disease Control and Prevention 1

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We report on policy and community engagement objectives and how they were addressed. Although each of the 3 initiatives specified its goals for population health outcomes, initiatives set their initial sights on intermediate policy objectives that had strong evidence-based links with desired health outcomes. For example, research shows that soda taxes result in reduced consumption of SSBs (6); lower consumption of SSBs is associated with lower prevalence of diabetes, dental decay, and other diseases (7). Influencing enactment of policies and ordinances, such as a soda tax, were measures of short-term success, with a logic model “connecting the dots” to longer-term good health-related outcomes.

Methods

SFHIP evolved in 2 stages: the 2010 to 2013 phase (SFHIP 1.0) and the 2013-to-present phase (SFHIP 2.0). SFHIP 1.0 grew out of discussions among leaders of the UCSF Clinical and Translational Science Institute’s (CTSI’s) Community Engagement and Health Policy Program, the San Francisco Department of Public Health (SFDPH), and ethnic-based community health equity coalitions seeking to better align community-engaged translational science and public health practice to improve health equity. A steering committee was formed to govern SFHIP 1.0. A local scoping exercise assessed community health needs and existing improvement efforts to identify community health topics for initial projects by using the following criteria to prioritize topics: level of population health importance (based on data and community-identified needs), level of health inequity across population groups, amenability of the identified need to evidence-based preventive interventions, alignment of the need with research expertise at UCSF, and level of opportunity to build a new collective public health initiative or enhance an existing one. This exercise led SFHIP to prioritize 3 initiatives: obesity-related disease, alcohol-related violence, and children’s oral health. Other important health issues, such as HIV infection and tobacco use, were not included on the priority list because they already had high-performing, collaborative programs in place.

Partnership working groups (PWGs) were formed for each initiative; they consisted of diverse members committed to collaborating on developing and implementing action plans to “move the dial” on their respective health issue. PWGs emphasized engaging community organizations and members. At least one faculty member from UCSF with relevant expertise participated in each PWG. PWGs were encouraged to focus on feasible, scalable, and sustainable evidence-based interventions, especially policy and structural interventions. Community members participated in developing logic models for each PWG and in delineating inputs, activities, outputs, policy outcomes, and the health impact of each. Logic models were vetted at an SFHIP summit meeting in 2013, which was attended by more than 150 community members and representatives of stakeholder organization. The UCSF CTSI served as the initial backbone institution, organizing steering committee meetings, providing staff navigators, and providing small seed grants to support each PWG.

In 2013, SFHIP 1.0 joined with 2 other health improvement groups to create SFHIP 2.0. One group, Building a Healthier San Francisco, is a coalition formed by the San Francisco Hospital Council in 1994 to assess community health needs as required of nonprofit hospitals by state and now federal law. This coalition administered a comprehensive, online data repository of local population health indicators. The second group arose from an ordinance requiring a health care services master plan and SFDPH’s decision to seek accreditation by the Public Health Accreditation Board, which required an assessment of community health needs and an improvement plan (CHIP). In 2013, SFHIP 1.0, Building a Healthier San Francisco, and the CHIP group merged to form SFHIP 2.0. SFHIP.org became the data-tracking platform, and CHIP became the population health strategic plan; existing SFHIP 1.0 projects continued and new projects were launched. The SFHIP steering committee expanded its membership, and the San Francisco Hospital Council and SFDPH joined the UCSF CTSI as backbone organizations.

Outcome

Sugar-sweetened beverages

Community context

SSBs account for 36% of the added dietary sugar consumed in the United States. SSB consumption is associated with obesity, heart and liver disease, diabetes, and dental decay (7). In San Francisco, 34% of African American and 24% of Latino children and adolescents consume 2 or more sugary beverages per day, compared with 4% of whites (8). Research documents the effectiveness of regulatory and tax policies in reducing consumption of SSBs (6).

Methods

In 2006, then-Mayor Gavin Newsom launched the Shape UP San Francisco coalition to promote environments supporting healthy eating and active living. The SFHIP PWG on obesity began by augmenting the efforts of Shape UP San Francisco on several projects. With time, the PWG decided to concentrate its effort on policy and educational interventions to reduce SSB consumption (Table 2). UCSF researchers collaborated with navigators, SFDPH staff members, and health advocates to brief San Francisco policymakers on the science demonstrating adverse health outcomes of SSB consumption and the evidence of effectiveness of regulatory and pricing policies in reducing consumption. SFHIP institutional members also considered how they might implement their own internal SSB policies.

Community engagement was essential for incorporating a community voice in policy deliberations and mobilizing residents to advocate for policy changes. PWG partners conducted a community participatory research project that used focus groups to explore attitudes toward SSB regulatory and tax policies among residents of low-income neighborhoods — communities most affected by SSB intake and heavily targeted by SSB companies' marketing. Community members collaborated with UCSF and SFDPH personnel on all aspects of the study, and the ethnic health equity coalitions served as conveners for the focus groups. The study found that misgivings about a soda tax were partly mitigated when residents had confidence that

government would spend the funds on public health programs benefiting their community and that there would be greater availability of free, clean drinking water (eg, neighborhood bottle-filling stations) as an alternative to SSBs.

Outcomes

Public policy outcomes include the Board of Supervisors enacting ordinances prohibiting purchase of SSBs with San Francisco government funds and requiring beverage companies to place labels on SSB advertisements in San Francisco warning consumers of their health risk. The Board of Supervisors also placed ballot measures to enact a soda tax before the electorate in 2014 (did not pass) and in November 2016 (did pass). Informed by the community-based participatory research study highlighting the desire of community members for better access to clean tap water in low-income communities, SFHIP worked with the San Francisco Public Utilities Commission to deploy new filtered tap-water filling stations at libraries, parks, and other public venues in low-income neighborhoods.

Institutional members also implemented SSB policies. UCSF adopted a campus-wide policy eliminating SSBs from patient menus, cafeterias, retail food outlets, and vending machines. Kaiser Permanente adopted a comparable policy, and the 2 other large hospital systems in San Francisco are moving to implement healthy beverage policies. The county hospital falls under the SSB purchase prohibition of the local ordinance. San Francisco is poised to be the first city in the United States to have virtually all its hospitals prohibit distribution or sale of SSBs. The San Francisco Unified School District, which already had banned sale of SSBs on school premises, adopted a wellness policy with stringent restrictions on serving of SSBs at school events.

Alcohol

Community context

Alcohol-related premature mortality accounts for about 10% of all years of life lost among men in San Francisco, with prominent disparities among African Americans and Latinos (9). Areas highly saturated with alcohol retail outlets

experience high rates of alcohol-related health and safety problems (10,11). San Francisco has the greatest density of alcohol retail outlets of any city in California: 75 outlets per square mile compared with an average of 10 per square mile for all cities in the state.

Methods

The SFHIP Alcohol Policy Partnership Working Group (APPWG) was organized to reduce disparities in alcohol-related harm, particularly violence and public nuisance activities (Table 2). APPWG developed a diverse multisector partnership spearheaded by community members living and working in neighborhoods burdened by a large retail alcohol footprint and high rates of alcohol-related health and safety problems; the partnership was developed in collaboration with SFPDPH, the San Francisco Police Department, and other stakeholders. APPWG emphasizes environmental solutions, focusing on local policies that regulate availability of alcohol and set community norms regarding alcohol's appeal and economic benefit.

The group developed data tools and conducted applied research to inform community organizing and policymaking. With donated support from 2 technology industry nonprofit organizations, the APPWG developed a tool for mapping alcohol outlets. This interactive tool incorporates geographic data on alcohol outlets, crime rates, population demographics, and incidence of alcohol-related harms in order to illustrate graphically how the city's alcohol environment is associated with health disparities. The tool was valuable for the group's community capacity building and for engagement efforts with policy makers, residents of the most affected neighborhoods, and other partners. Collaboration between APPWG and the San Francisco Injury Center resulted in the Zuckerberg San Francisco General Hospital and Trauma Center's starting a program to test patients' blood alcohol routinely. The hospital followed with a study using data on blood alcohol levels and APPWG's mapping tool that found that alcohol outlet density is a strong predictor of injuries involving patients with high blood alcohol levels (12).

APPWG policy efforts focused on strengthening San Francisco's Deemed Approved Uses Ordinance (DAO) regulating retail alcohol outlets, including requiring public health assessments with active community participation when new alcohol licenses are under consideration for approval. DAO reforms were hampered by the complexity of the ordinance, difficulty coordinating multiple regulatory offices, and interest-group resistance to change. Community focus groups conducted under the auspices of SFHIP in the most alcohol outlet-dense areas of San Francisco confirmed that residents find it difficult to understand and participate in DAO implementation and enforcement. APPWG launched a community education campaign, starting with leaders of local community organizations and expanding into a policy promotoras (Hispanic outreach worker) program to train community members to educate and empower one another about the ordinance.

Outcomes

Armed with its research studies and mapping tools, APPWG provided a quick-response team to address urgent concerns about local alcohol retail issues, such as the emergence of powdered alcohol as a retail product and alcohol licensing of chain stores. APPWG's statement opposing the sale of powdered alcohol was quickly ratified by SFHIP and influenced enactment of a state law banning sale of powdered alcohol. When Starbucks and Taco Bell sought liquor licenses for their San Francisco franchises, community partners brought this to the attention of APPWG, which worked with the Board of Supervisors to pass a unanimous resolution urging the state not to issue licenses in San Francisco to this class of retailer. Starbucks and Taco Bell subsequently withdrew their license applications. Another outcome was that SFPDPH convened the DAO regulatory partners to analyze the ordinance and recommend changes. Children's oral health

Community context

Dental caries is the most common childhood chronic disease (13). Despite fluoridation of San Francisco's water

system, 35% of children enrolled in San Francisco public schools have dental decay by the time they enter kindergarten. Latino, African American, and Chinese American kindergartners in San Francisco are 2 to 3 times more likely than their white counterparts to have untreated dental caries (14). In addition to fluoridated water, good oral hygiene practices (including avoiding SSB consumption) and regular dental care can prevent caries. Access to dental care is particularly challenging for children from low-income families; most private dentists in San Francisco do not participate in Medicaid, and there is limited oral health professional capacity in safety net dental clinics and school-based settings. Application of topical fluoride varnish by medical personnel during well-child visits is efficacious in reducing rates of caries (15), providing evidence for mainstreaming this practice into routine well-child primary care visits.

Methods

The SFHIP Children's Oral Health Working Group (COHWG) was formed to address disparities in prevalence of childhood caries (Table 2). In consultation with community stakeholders and public health leaders, COHWG decided that the first step was to align sectors under a coordinated, community-driven strategic plan and obtained funding from a local foundation to support the planning process. The COHWG steering committee presented its comprehensive assessment of the landscape of San Francisco children's oral health at a community retreat attended by more than 50 people representing diverse stakeholders. Workgroups were formed in 4 action areas — promotion, access to dental care, integrating oral health into overall health, and evaluation — and tasked with developing action plans and measurable outcomes. An overall vision statement was created: "All children in San Francisco are caries-free." The 1-year development of the strategic plan culminated in the San Francisco Health Commission adopting the plan as the official citywide blueprint for action, an important step for engaging local policymakers and raising awareness about the public health issues related to children's oral health.

Planning work groups transitioned into implementation teams supported by a grant from another local foundation.

Following a community briefing on high caries prevalence among Chinatown children, community organizations in Chinatown mobilized to form a neighborhood children's oral health task force that has become a leader in educational and advocacy work and has served as a model for developing task forces in other high-prevalence neighborhoods.

Outcome

Policy accomplishments include the San Francisco government establishing and funding a permanent oral health coordinator position in the SFDPH to coordinate the implementation of the strategic plan and the dissemination of \$250,000, which was appropriated to fund neighborhood task forces on children's oral health. The San Francisco Health Plan, the major local Medicaid-managed-care plan, included in its performance improvement plan a financial incentive rewarding primary care clinics that administer fluoride varnish at well-child visits. Nearly 400 additional fifth and sixth graders were added to the school sealant program, and COHWG focused on qualifying preventive services provided by dental providers in schools and other nonclinic settings for Medicaid payment.

At the inception of COHWG, the only medical providers routinely administering fluoride varnish were the SFDPH pediatric clinic at the county hospital and some pediatric practices at San Francisco Kaiser Permanente. Four additional primary care clinics in SFDPH and 2 Federally Qualified Health Centers are now providing fluoride varnish. SFDPH and UCSF staffs trained more than 70 medical staff members at these clinics to administer fluoride varnish.

Interpretation

SFHIP and its working groups succeeded in helping to implement many of the policies and programs specified as key intermediate objectives. Many important groups operating outside SFHIP also played a role in advancing these goals; therefore, progress should not be considered entirely attributable to SFHIP.

SFHIP demonstrates the value of a collective impact approach (ie, an approach that combines community

engagement with evidence-to-policy translation). Diverse stakeholders aligned around a shared agenda on health improvement initiatives. Emphasis on evidence to policy integrated translational science with public health practice, which contributes to implementation of policy and structural changes that fall in the high-yield zone of the public health impact pyramid. Examples of organizations involved in SFHIP's collective impact approach are nonprofit hospitals that implement SSB policies congruent with local government SSB regulations, academic researchers partnering with the local health department and community organizations on participatory translational research to inform strategic SFHIP action plans, and community members advocating for SSB policies and for increased local government funding for neighborhood task forces for children's oral health. An example of the importance of community members being directly involved is the role that residents of low income neighborhoods had in showing that policies such as a soda tax to discourage SSB consumption need to be coupled with policies to promote access to free, clean tap water for these policies to gain broader community support. Listening to the community voice following the defeat of the 2014 soda tax ballot explains in part the success of the 2016 ballot measure.

Collaborative leadership and backbone resources were critical. Individuals participating in the steering committee and PWGs brought passionate commitment to health equity, tempered by willingness to invest in building trusting relationships and consensus decision-making. Many participants, especially community representatives, volunteered much time outside the scope of their compensated jobs. The SFHIP staff members who were contributed in-kind by the backbone organizations were invaluable. Particularly vital was the skill of SFHIP staff in navigating the different cultures of government agencies, community groups, universities, and other partners to build trust and common purpose. Grant funding from local foundations supported initiatives, and

UCSF's National Institutes of Health Clinical and Translational Science Award funded UCSF faculty and staff effort.

SFHIP also experienced challenges. Building trust required overcoming a history of strained relationships among some of the partners and concerns about large institutional partners exerting excessive influence. It was not always easy for partners to relinquish individual agendas to forge a common one, whether it was a UCSF faculty member's personal research agenda, a hospital's traditional community benefit orientation, or a community organization's programming comfort zone. Partners underestimated the time and effort required for cohesive group formation in the early stages of establishing a steering committee and setting priorities. SFHIP confronted the tension of policymaking invariably involving politics. Resistance from commercial interest groups impeded some SFHIP policy goals.

Another tension was over measuring success on the basis of achieving intermediate policy goals. Some stakeholders and funders were impatient to see evidence of improved public health indicators and health equity. Such outcome-oriented evaluations are limited by the time needed for changes to materialize, and the cost of performing rigorous outcome evaluations. In areas where SFHIP projects mustered the ability to evaluate rigorously, results are encouraging; for example, evaluation of implementation of the healthy beverage policy at UCSF demonstrated significant reductions in SSB consumption among lower-wage employees — the group with the highest baseline consumption.

A final tension was whether SFHIP should focus more on the first tier of the health impact pyramid: the fundamental socioeconomic determinants of health. The steering committee is still considering how SFHIP might engage in issues such as the city's housing affordability crisis and community displacement, structural racism, and employment development.

SFHIP's novel approach to collective impact may offer lessons for health equity initiatives in other communities.

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SFHIP accomplished many of its intermediate goals for aligned activities and policy change, which accomplishment augurs well for improvements in community health and health equity over time.

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Tables

Table 1. Principles of Collective Impact and Evidence-to-Policy Population Health Translational Science, San Francisco Health Improvement Partnership, 2010–2016

Principle	Component
Core elements of collective impact ^a	Common agenda
	Shared measurement strategy
	Mutually reinforcing activities
	Continuous communication
	“Backbone” support from organizations that provide staff and financial resources
Key ingredients of population health translational science ^b	Research responsive to user needs
	Understanding of the decision-making environment
	Effective stakeholder engagement
	Strategic communication
Health equity ^c	Achievement of social justice in health, measured by elimination of health disparities

^a Source: Hanleybrown, et al (1).

^b Source: Woolf, et al (3). ^c

Source: Braveman (5).

Table 2. Characteristics and Outcomes of Three Initiatives, San Francisco Health Improvement Partnership, 2010–2016

Initiative Component	Outcome
Sugar-Sweetened Beverage (SSB) Initiative	
Objective	To implement public and private policies to reduce consumption of sugary beverages
Key stakeholder participants	Shape Up San Francisco coalition; University of California San Francisco (UCSF) Clinical and Translational Science Institute (CTSI); San Francisco Board of Supervisors; San Francisco Department of Public Health (SFPDH); Public Utilities Commission; Chicano/Latino/Indigena Health Equity Coalition; African American Community Health Equity Council; Asian and Pacific Islander Health Parity Coalition; community hospitals; San Francisco Unified School District (SFUSD).
Achievements	<ul style="list-style-type: none"> • Most San Francisco hospitals implemented or have committed to implementing healthy beverage policies prohibiting serving or sale of SSBs (2015–2017). • 2 new local SSB ordinances were enacted banning use of San Francisco government funds to purchase SSBs and requiring health warnings on advertisements for SSBs (2015). • Sugar tax ballot measures were qualified for June 2014 and November 2016 elections; June 2014 ballot measure was defeated by voters but voters passed the November 2016 ballot measure. • 19 new neighborhood tap water filling stations installed in low-income neighborhoods (2016–2017). • SFUSD wellness policy was adopted prohibiting sale or serving of SSBs (2016) • 9 community health workers were trained on SSBs for education campaign in low income and minority neighborhoods (2016).
Alcohol Policy Initiative	
Objective	To strengthen implementation and enforcement of regulation of retail alcohol sales to increase neighborhood safety.
Key stakeholder participants	San Francisco Alcohol Prevention Coalition, UCSF CTSI, SFPDH, San Francisco Police Department ABC Liaison Unit, community organizations, health equity coalitions, neighborhood economic development organizations, DataKind, and the San Francisco Brigade of Code for America.
Achievements	<ul style="list-style-type: none"> • San Francisco Board of Supervisors issued a policy statement recommending a state ban on the sale of powdered alcohol; the California State Legislature subsequently enacted a ban (2015–2016). • San Francisco Board of Supervisors passed a resolution calling on the California State Alcoholic Beverage Commission not to issue alcohol licenses to formula retail businesses (Starbucks, Taco Bell) in San Francisco; as a result, the businesses subsequently withdrew their license applications (2015–2016). • San Francisco Health Improvement Partnership (SFHIP) Alcohol Policy Partnership Working Group established and supported community alcohol policy promotoras to build community capacity to engage in policy implementation, monitoring, and enforcement (2015–2017).
Children’s Oral Health Initiative	
Objective	To develop and implement a city-wide strategic plan to reduce disparities in children’s oral health.
Key stakeholder participants	SFPDH’s oral health division and primary care clinics, UCSF CTSI and School of Dentistry, University of the Pacific School of Dentistry, San Francisco Community Clinic Consortium and its Federally Qualified Community Health Centers, health equity coalitions, San Francisco Dental Society, SFUSD, Head Start.
Achievements	<ul style="list-style-type: none"> • Developed a citywide strategic plan written by SFHIP partnership working group and adopted by the San Francisco Health Commission (2013–2015). • Created a new SFPDH position, Children’s Oral Health Coordinator, with city funding (2016). • Launched the community-driven Chinatown Children’s Oral Health Task Force, acquiring \$250,000 in new city funding for several neighborhood task forces (2016). • Trained more than 70 primary care medical providers to apply fluoride varnish to children’s teeth (2013–2016). • Increased the number of clinics providing fluoride varnish at routine well-child visits from 3 to 14 (2013–2017). • Acquired a waiver from the California Department of Education to allow dental clinics to be paid for dental services delivered in schools, paving the way for local community dental clinics to begin providing sealants and other preventive dental services in San Francisco schools (2016).

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