



Public Health
Foundation
Enterprises

Annual Report 2014-2015



Growing Our
IMPACT

PURSuing HEALTHIER COMMUNITIES
FOR NEARLY 50 YEARS

A Message from the CEO



Blayne Cutler, MD, PhD
Chief Executive Officer

As we look back on so many accomplishments in the past year. It is my pleasure to thank you for taking time to review the PHFE 2014-15 Annual Report.

For nearly half a century, PHFE has provided program and support services to optimize population health, or the health of all communities. PHFE's growing knowledge base and customized approach to working with communities has evolved with the dynamic changes in health and social science. To maintain the highest level of performance for our clients, PHFE is building on the planned growth which began in FY 2013-14. We continue to stretch our organizational and operational leadership in support of new and existing program partners.

In this report, you will learn more about four exceptional partnerships. Each client program highlighted includes positive solutions related to national and community health challenges encountered 2014-15. Domains addressed include some of our most intractable challenges, such as urban homelessness, the worsening crisis of opioid addiction, health and wellness for military active duty spouses and dependents, and the prevalence of diabetes within high-risk communities.

PHFE's highly engaged Board of Directors continues to provide guidance and wisdom to our dedicated management team and entire staff.

The story of PHFE and all the lives it touches through our client programs is a powerful one. I thank our funding partners, client programs and our dedicated team for the many successes of the past year and for your inspiring commitment to the work ahead.

Blayne Cutler, MD, PHD

Mission:

PHFE enables population health initiatives to improve the health and well-being of our communities.

Who we are:

PHFE is the national leader in providing program and support services for optimizing population health. We offer a full range of program development, personnel, financial and grant management support to researchers, consortia, government agencies and community nonprofits. PHFE leads the largest network of breastfeeding and nutrition services in the nation, reaching more than 230,000 low-income families each month.

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San Francisco Homeless Outreach Team (SFHOT)

The San Francisco Homeless Outreach Team (SFHOT) is dedicated to transitioning homeless individuals to stabilized living and access to healthcare by providing a gateway to comprehensive community services. SFHOT helps manage the various impacts of homelessness on individuals and the San Francisco community at large. PHFE has provided fiscal and human resources management for the program since August 2014.

SFHOT was founded in 2004 by then-Mayor Gavin Newsom as a public health response to engage and stabilize the most vulnerable and at-risk homeless individuals in the city. The 24-hour patrol team responds to the immediate needs of the roughly 7,000 homeless people living on the city's streets. Some need blankets or medical attention. There are also issues like noise violations, public urination, or blocking the sidewalk.

Staffed through collaboration between San Francisco Department of Public Health (SFDPH) civil servants and PHFE staff, many SFHOT are formerly homeless themselves. Under the clinical direction of SFDPH, PHFE SFHOT staff conducts homeless outreach and engagement, medical outreach, and housing placement. SFHOT staff also provides linkages to medical, mental and behavioral health, substance abuse, and wellness and recovery services through community re-integration.

PHFE assists with building and maintaining relationships with outside agencies. The team has developed neighborhood collaborations with the Union Square Business Improvement District (USBID) and the Castro/Upper Market Community Business District (Castro CBD). These neighborhood partnerships are essential for SFHOT staff to effectively build rapport with the homeless population in order to engage and deliver services.

“Over the past two years we have added over 1 million (dollars) each year to improve our shelters, to provide more resources for our staff, additional case managers and facility deeper cleanings. Many things make it better, and yes there are many people who have chosen not to stay in the shelter. We have 11,045 shelter beds in San Francisco and they are consistently running at 96 to 98 percent full.”

~ Bevan Dufty, SF mayor's office Director of Housing Opportunity, Partnerships and Engagement (HOPE)



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SF HOMELESS OUTREACH TEAM

Community Translational Research Institute (CTRI)

With endorsement from the Riverside County, California Board of Supervisors, the CTRI was established in 2014 and formerly incorporated as a California not-for-profit corporation in May 2014. The combined resources of CTRIs partner institutions engage the participation of public health, medical, pharmacy, nursing, and health management students and their faculty, trained and experienced promotoras, county and city government leaders, and engaged citizens from the communities served. PHFE has served as the administrative arm and fiscal agent for CTRI since 2014.

The mission of CTRI is...

1. to bring together key institutions and individuals from the public and private sectors, including academic, public health and community medicine, neighborhood schools and community-based organizations for prevention of chronic disease, and
2. to transform population health practice through translation of prevention science into community-based programs and policy.

The founding CTRI partners include leaders of the Claremont Graduate University School of Community and Global Health, the County of Riverside, and the Inland Empire Health Plan. An expanding list of collaborators includes the Riverside County Health Coalition, the Healthy Jurupa Valley Coalition, the Riverside Community Health Foundation, the Riverside County Medical Association, Kaiser Permanente Riverside, the University of La Verne Department of Hospital and Health Management, the Keck Graduate Institute School of Pharmacy, the Loma Linda University School of Public Health, the University of California San Diego School of Medicine, and the California Baptist University Programs in Public Health.

The Community Translational Research Institute (CTRI) is committed to facilitating reciprocal relationships between academia, community institutions and local government agencies. CTRI supports faculty and student engagement with local government, community-based organizations, and schools to explore designing and conducting collaborative translational research. Students from several area colleges and universities receive course credits, serve as research assistants and interns, and carry out their doctoral dissertations, all within a supportive, collaborative environment.

Contribute to CTRI at
www.phfe.org

Across the NATION

DeFeR Cumulative screening results for Jurupa Valley and Perris, California (2016)

Percentage of screened population:
Pre-diabetic: (HbA1C = 5.7-6.4%)

N = 166

Ages <25	Ages 25-34	Ages 35-54	Ages 55-70	Ages 70+
50%	60%	43.1%	45%	42.3%

HbA1C: glycated hemoglobin (A1c), which identifies average plasma glucose concentration.

Percentage of screened population:
Obese (BMI = >30.0)

N = 190

Ages <25	Ages 25-34	Ages 35-54	Ages 55-70	Ages 70+
25%	57.5%	52.1%	46%	41%

Obesity >> BMI = Body Mass Index

Percentage of screened population:
Hypertensive: (systolic:>140mmHg) (diastolic >90mmHg)

N = 102

Ages <25	Ages 25-34	Ages 35-54	Ages 55-70	Ages 70+
0%	10%	18%	35%	42.3%

Systolic: maximum arterial pressure occurring during contraction of the left ventricle of the heart

Diastolic: arterial pressure during the interval between heartbeats

mmHg: Millimeters of mercury (mm Hg) is the unit of barometric pressure in the metric system. The unit of barometric pressure derives from measuring the height of a column of mercury in a glass tube.



What We Do:

CTRI brings together researchers, educators, community leaders and policy decision-makers to translate evidence-based approaches around health promotion and disease prevention into public policy and general practice. The translational research assesses the impact of pilot programs and policy on health outcomes in various settings and different populations in order to improve their impact across a range of identifiable social, economic and environmental circumstances.

Diabetes Free Riverside (DeFeR)

CTRI conducts 'Diabetes Free Riverside (DeFeR)' currently in communities of Riverside County, California. DeFeR screenings identify persons who are prediabetic by Hemoglobin HbA1C criteria, or are otherwise at high risk for Type 2 diabetes. Persons identified as at-risk are recruited to participate in a prevention intervention containing several discrete evidence-based components. Study components include participation in group sessions led by certified health educators. The intervention also uses text-messaging and mobilization of social support to promote dietary and activity changes to reduce body fat and address major determinants of Type 2 diabetes in this study population.

DeFeR has been tested in four (largely) low-income, Hispanic/Latino, communities to date and found to be effective in detecting large numbers of cases of prediabetes. The study has found the intervention to be effective in detecting pre-diabetics and undiagnosed diabetics in Riverside County, California. Significant numbers of high-risk persons identified have been recruited in the intervention. The results so far demonstrate promising outcomes for the study's targeted behaviors and biological risk factors. DeFeR is now being implemented in additional communities testing hypothesized ecologically appropriate modifications for those settings.

.....
'DeFeR' screenings identify persons who are prediabetic by HbA1C criteria or are otherwise at high risk for Type 2 diabetes.
.....



LA Community Health Project

LA Community Health Project (LACHP) combines direct services, advocacy, outreach, education, and research to support those affected by drug use. LACHP provides evidence-based interventions, including syringe services, naloxone access, Hepatitis C testing, peer engagement and support. LACHP increases knowledge of and access to high quality preventive health care as the gateway to critically needed specialty care, including mental health, infectious diseases and substance use treatment.

LA Community Health Project provides injection drug users with a continuum of services that focus on prevention, screening and linkage to care. This past year, LACHP trained staff within health departments throughout Southern California. Clinicians, psychiatric clinic staff, primary care providers, as well as substance use treatment and homeless service providers also received LACHP training. LACHP is a direct service program of PHFE.

“One of our key accomplishments is providing overdose prevention education and naloxone treatment to people who are in a position to help at the scene of an opioid overdose. The people most often at the scene are other drug users. 83 people who could have died this year are alive today because people, mostly other drug users, were brave enough and knew what to do to step in and save them.”

~ Shoshanna Scholar, LACHP Executive Director



2014-15 LACHP Community Impact

- 6,000 injection drug users served
- 1,032 overdose prevention trainings
- 83 overdose reversals performed
- Enhanced prevention outreach capacity linking HCV-positive participants to primary care.
- Routine screening of at-risk participants for HCV-antibodies and NAT testing, if first screening is reactive.
- LACHP Collaborative partners: St. John’s Well Child and Family Center; Los Angeles LGBT Center.

OTHER PARTNERS



“The military life can sometimes make forging close connections difficult. Sources like InDependent are a great way to connect and hopefully offer a bit of inspiration for us all.” ~ Amanda, Navy spouse

DONATE at www.phfe.org



InDependent was co-founded in 2013 by six women who have more than 40-years of combined military spouse experience.

These women understand firsthand the burden of frequent relocations, mission-related stress, deployments/long-term field rotations, and isolation/loneliness. Such challenges make military spouses much more susceptible to obesity and its related illnesses. Using their combined professional backgrounds and innovative technology, InDependent’s team developed a social, supportive, and informative online community. The virtual community creates a thriving network of military spouses who inspire each other to make health and wellness a priority. PHFE has served as InDependent’s fiscal sponsor since 2013.

In 2014-15, InDependent accomplishments included the launch of a weekly blog and social media application reaching more than 5,000 people per month. The program also expanded its sites, establishing 13 expert-supported fitness and nutrition groups for military spouses. InDependent was named by Next Gen MilSpouse as one of the “6 Groups Advocating for Military Spouses You Need to Know”.

Statements of Financial Position

June 30, 2015 and 2014

	2015	2014
Assets		
Cash and cash equivalents	\$ 5,401,430	\$ 4,822,594
Contracts receivable, net of allowance for doubtful accounts of \$141,972 and \$79,808, respectively	13,625,121	13,725,999
Deposits and prepaid expenses	1,035,860	1,209,768
Property and equipment, net	2,527,325	1,559,241
Total Assets	\$ 22,589,736	\$ 21,317,602
=====		
Liabilities		
Accounts payable and accrued expenses	\$ 4,769,881	\$ 5,355,132
Accrued payroll and related liabilities	5,157,957	4,531,136
Agency and other funds payable	2,121,543	1,852,517
Advance on grantor payments	2,047,035	1,995,237
Accountability for program assets	1,508,746	998,715
Deferred rent	323,056	327,656
Capital leases obligations	174,932	300,399
Deferred revenue	83,940	119,100
Total liabilities	\$ 16,187,090	\$ 15,479,892
=====		
Net assets		
Unrestricted	\$ 6,402,646	\$ 5,392,016
Board designated-operating reserve	--	445,694
Total net assets	\$ 6,402,646	\$ 5,837,710
=====		
Total liabilities and net assets	\$ 22,589,736	\$ 21,317,602
=====		

Statement of Activities

For the year ended June 30, 2015

	Unrestricted
Revenue and support	
Governmental service contracts	\$ 87,289,147
Private contracts	2,268,822
Management fees	8,610,357
Other income	19,849
Total revenues and support	\$ 98,188,175
Expenses	
Program services	\$ 89,172,381
Support services	8,450,858
Total expenses	\$ 97,623,239
=====	
Change in net assets	\$ 564,936
Net assets , beginning of year	\$ 5,837,710
Net assets , end of year	\$ 6,402,646
=====	

For full details please see auditors' report and notes to financial statements at www.phfe.org.

PHFE CLIENTS

Angels Childcare Food Program	County of San Diego Public Health Laboratory
CA Department of Public Health (CDPH)	Cycle for Heart and Climb for Heart
CCHS Senior Nutrition Program	David Geffen School of Medicine
CDPH Biologics & Immunoserology	Eastern Los Angeles Regional Family Resource Center
CDPH California Emerging Infections Program	Gladstone Institute
CDPH California STD/HIV Prevention Training Center	Health Consortium of Greater San Gabriel Valley
CDPH California Youth Advocacy Network	Health Disparities Research Group
CDPH Center for Chronic Disease Prevention and Health Promotion	Health Officers Association of California
CDPH Center for Environmental Health	Heartfelt Cardiac Projects
CDPH Center for Family Health	InDependent
CDPH Center for Health Care Quality	Los Angeles County Department of Health Services (LACDHS)
CDPH Center for Infectious Diseases	LACDHS LAC-USC Healthcare Network
CDPH Chronic Disease and Injury Control	LACDHS LAC-USC Medical Center
CDPH Communicable Disease Control	Los Angeles County Department of Public Health (LACDPH)
CDPH Emergency Preparedness Office	LACDPH Childhood Lead Poisoning Prevention Program
CDPH Emergency Response Branch	LACDPH Environmental Health Division
CDPH Environmental Microbial Section	LACDPH Maternal Child and Adolescent Health Programs
CDPH Food, Drug and Radiation Safety	LACHP/ CNN
CDPH Genetic Disease Screening Program	Los Angeles Family AIDS Network
CDPH Health Information and Strategic Planning	Los Angeles Network for Enhanced Services (LANES)
CDPH Healthcare Associated Infections Program	Los Angeles Partnership for Special Needs Children
CDPH Immunization Branch	Los Angeles Unified School District
CDPH Infant Botulism Treatment and Prevention	OCDE Alternative Education
CDPH Infectious Disease Branch	Orange County Department of Education (OCDE)
CDPH Microbial Disease Laboratory	Partnership to Accelerate Clinical Trials (PACT)
CDPH Public Health Policy and Research Branch	Rancho Santiago Community College District (RSCCD)
CDPH Refugee Health Program	REPAIR
CDPH- Saving Our Legacy (SOL) Project	RTI International
CDPH STD Control Branch	RTI San Francisco Regional Office
CDPH Tobacco Control Program	San Francisco Department of Public Health (SFDPH)
CDPH Vector Borne Disease Section	SFDPH Applied Research, Community Health Epidemiology, and Surveillance (ARCHES)
CDPH Viral and Rickettsial Disease Laboratory	SFDPH Bridge HIV
CDPH Women, Infants, & Children	SFDPH Center for Learning and Innovation
CA Health and Human Services Agency	SFDPH Center for Public Health Research
Carolyn Kordich Family Resource Center	SFDPH Community Health Equity and Promotion
Children and Families Commission of Orange County	SFDPH Disease Prevention and Control
City and County of San Francisco	SFDPH Population Health Division
City of Philadelphia Department of Public Health (COPDPH)	SFDPH Public Health Emergency Preparedness and Response
CMV Workshop Fund	SFDPH Public Health Laboratory
Collective, LLC	Shoo the Flu
Congenital Cytomegalovirus (CMV) Foundation	Shoreline Center for Eating Disorder Treatment
Contra Costa Health Services (CCHS)	University of California Los Angeles
County of Contra Costa	Violence Prevention Coalition of Orange County
County of Orange	Wilson High School Alumni Foundation
County of San Diego	



Public Health
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Enterprises

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THANK YOU TO OUR MAJOR FUNDERS

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Bristol Myers Squibb	Kaiser Foundation Hospitals	Seracare Life Sciences
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