

HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)

October 8, 2015
San Mateo Medical Center- Education Classroom 2, San Mateo

MEET & MUNCH

9:00-9:30

New HCH/FH Staff, Elli Lo, will be in attendance to meet Board members and chat while breakfast is served

Co-Applicant Board Meeting

9:30 A.M - 11:30 A.M.

AGENDA

A. CALL TO ORDER	Robert Stebbins		9:30 AM
B. CLOSED SESSION			
1. No Closed Session this meeting			
C. PUBLIC COMMENT			
Persons wishing to address items on and off the agenda			
D. NOMINATIONS AND ELECTIONS - BOARD LEADERSHIP	Jim Beaumont	TAB 1	9:35 AM
<i>i. Action Item –Board Leadership Elections</i>			
E. CONSENT AGENDA			
1. Meeting minutes from September 10, 2015 with handouts from meeting		TAB 2	9:50 AM
2. Program Calendar		TAB 3	
F. BOARD ORIENTATION			
1. No Board Orientation items this meeting.			
G. REGULAR AGENDA			
1. Consumer Input to Board	Linda and Others	TAB 4	9:55 AM
2. Ad Hoc Sub-Committee Reports	Committee Members		10:10 AM
<i>i. Transportation</i>			
<i>ii. Health Navigation</i>			
<i>iii. Board Composition</i>			
3. HCH/FH Program QI Committee Report	Frank Trinh		10:25 AM
4. HCH/FH Program Director's Report	Jim Beaumont	TAB 5	10:35 AM
5. HCH/FH Program Budget/Finance Report	Jim Beaumont	TAB 6	10:45 AM
6. Board Discussion – Strategic Planning Study Topics, Short-Term Projects for Funding/Long-Term Projects for Funding, etc.	Robert Stebbins/Jim Beaumont		11:00 AM
H. OTHER ITEMS			
1. Future meetings – every 2 nd Thursday of the month (unless otherwise stated)			
<i>i. Next Regular Meeting – November 12, 2015 ; 9 - 11 a.m. – Coastside Clinic, Half Moon Bay</i>			
I. ADJOURNMENT	Robert Stebbins		

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: <http://www.sanmateomedicalcenter.org/content/Co-ApplicantBoard.htm>.



Parking Lot

- ⇒ Bylaws Review
(as needed)
- ⇒ Annual Tactical Plan
(no current deadline)
- ⇒ Scope Discussion
(no deadline set)
- ⇒ Transportation
(no deadline set)
- ⇒ Program Website
(no deadline set)
- ⇒ How to engage our
populations
- ⇒ Respite Care

TAB 1

**Nominations for
Board Leadership**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 8, 2014

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: NOMINATIONS FOR BOARD CHAIR AND VICE-CHAIR POSITIONS FOR 2016

In accordance with the Bylaws, the Board is to elect its Chair and Vice-Chair as the first order of business at either the October or November Board meeting. Further, as directed by the Bylaws, we have requested nominees for the positions to be presented to the Board. Nominations will also be taken from the floor.

At the time of publishing the Agenda, the following nominations have been received:

For Chair: Robert Stebbins

For Vice-Chair Paul Tunison

After recording any additional nominations from the floor, it is requested that the Board vote to select their Chair and Vice Chair for 2016. The term of office for each commences on January 1, 2016.

To be elected, the candidate must receive a majority vote of the Board members present and voting.



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • **San Mateo Medical Center CEO:** Susan Ehrlich, MD, MPP
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TAB 2

**Meeting Minutes
9/11/15 & Special
Meeting 9/22/15
(Consent Agenda)**

**with handouts
from September
10, 2015 meeting**

**Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes
Thursday, Sept 10, 2015
Fair Oaks Clinic RWC**

Co-Applicant Board Members Present

Robert Stebbins, Chair
Daniel Brown
Brian Greenberg
Paul Tunison
Jim Beaumont, HCH/FH Program Director (Ex-Officio)
Beth Falls
Tayischa Deldridge
Julia Wilson

County Staff Present

Linda Nguyen, HCH/FH Program Coordinator
Glenn Levy, County Counsel
Gloria Gross, BHRS
Kerry Lobel, Vice Chair

Members of the Public

Absent: Eric Brown, Kathryn Barrientos, Steve Carey

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:31</u> A.M. Everyone present introduced themselves.	
Public Comment	No Public Comment at this meeting.	
Consent Agenda	All items on Consent Agenda (meeting minutes from and the Program Calendar) were approved. Please refer to TAB 1, 2	Consent Agenda was MOVED by Brian SECONDED by, Paul and APPROVED by all Board members present.
Board Orientation:	No Board Orientation for this meeting.	
Consumer Input	Conversation about 2015 Homeless Census- One Day Count Final report on the quality of their data and methodology.	

Transportation Sub-committee reports	No report	
Board orientation Sub-committee reports	Report from members included an interview with a new Board member applicant, Molly Wolfes of Puente. The members of the sub-committee recommend that the Board approve her as a member of the Co-Applicant Board.	
Patient Navigator Sub-committee reports	No report	
Regular Agenda: HCH/FH Program Request to Approve appointment of new Board member	<p>Under the Bylaws, the Board has the authority and responsibility to fill vacant positions on the Board, as well as to set the number of Board members between nine (9) and twenty-five (25). The current membership has been set at fourteen (14) by the Board. There are three (3) current vacancies. For consideration at this meeting, the Board is being presented with the application from Molly Wolfes who has applied for Board membership. This application has been reviewed by the Board's Ad Hoc Committee on Board Composition and Recruitment, who are recommending approval of the application.</p> <p>This request is for the Board to consider the application received and to vote on selecting this individual for Board membership. One of the three vacancies noted above is a four (4) year term expiring on September 30, 2017. Appointment of the applicant will fill that vacancy.</p> <p>.</p> <p><i>Documents available at Board meeting for review.</i></p> <p>Action item: Request to Approve appointment of new Board member</p>	<p>MOVED by Dan</p> <p>SECONDED by, Brian</p> <p>and APPROVED by remainder of Board members</p>

<p>Regular Agenda: HCH/FH Program Request to Approve re-appointment of board members (2)</p>	<p>To help prevent a complete point-in-time turnover of the Board, under the Bylaws, the original eleven membership positions on the Board were divided into five (5) two-year terms and six (6) four-year terms. As of September 30, 2015, the original five two-year terms will expire. Two of those positions are currently vacant. The remaining two positions are filled by current members of the Board. The Board has the authority and responsibility to fill vacant positions on the Board, as well as to set the number of Board members between nine (9) and twenty-five (25). The current membership has been set at fourteen (14) by the Board.</p> <p>There are two (2) current vacancies (pending other Board action). Failure to convert these positions to full four-year terms would leave the Board with eleven Board membership positions. With two (2) current vacancies (pending other Board action), the Board would be left with only eight (8) members. In addition to being contrary to the Bylaws, this would also put the program out of compliance with HRSA Program Requirements.</p> <p>For consideration at this meeting, the Board is being presented with the proposal to appoint Tayischa Deldridge and Kathryn Barrientos to four-year terms. Doing so will maintain a current approved Board size of 14 members, with 10 member positions filled (pending other Board action).</p> <p>Beth Falls also formally resigned, as this was her last meeting, but will continue to work with Board orientation sub-committee members.</p> <p><i>Documents available at Board meeting for review.</i></p> <p>Action item: Request re-appointment of board members (2)</p>	<p>Request to re-appoint Kathryn Barrientos MOVED by Dan</p> <p>SECONDED by, Julia</p> <p>and APPROVED by remainder of Board members</p> <p>Request to re-appoint Tayischa Deldridge MOVED by Dan</p> <p>SECONDED by, Beth and APPROVED by remainder of Board members</p>
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<p>Regular meeting: Discussion on Operational Site Visit</p>	<p>On August 18, 2015, we received the Operational Site Visit (OSV) Report from the HRSA OSV conducted March 10-12 2015. The OSV Report reflects HRSA's and the site visit team's findings of compliance with the 19 Program Requirements, and also discusses a couple of Performance Measures.</p> <p>Overall, the program was found to have MET seven (7) of the nineteen (19) HRSA Program Requirements. Numerically, this is an improvement from the April-May, 2013 OSV (report received in August 2014) when only five (5) requirements were found to have been met.</p> <p>Conversation regarding grant conditions and the challenges with working with our current structure within a public entity.</p> <p><i>Please refer to TAB 6 on the Board meeting packet. OSV report attached to packet</i></p>	
<p>Regular Agenda: HCH/FH Program Director's Report</p>	<p><i>Program Director conducted report of Program activities that included:</i></p> <ul style="list-style-type: none"> · <i>Status of current grant conditions</i> · <i>OSV visit Report</i> · <i>Concluded interviews for Management Analyst position and offered to an applicant we hope to start in October.</i> · <i>Expanded Service Award Opportunity expect to be made in September</i> · <i>HRSA Technical Site Visit will occur September 22-24th</i> <p><i>Please refer to TAB 7 on the Board meeting packet.</i></p>	

<p>Regular Agenda: HCH/FH Program <i>Budget & Financial Report</i></p>	<p>Program Director conducted report that included: Based on the information available, the program has expended \$1,327,481 through August 31, 2015. This represents about 71% of the current grant year and expenditures are at about 56% of the GY budget. Given the known issues in appropriately and adequately addressing short term increases in expenditures, Program continues to work on a number of options that hold promise for utilizing one-time or short-term expenditures and providing longer-term or ongoing benefits.</p> <p>The GY Expenditures & Projections Report thru 083115 is attached.</p> <p><i>Please refer to TAB 8 on the Board meeting packet.</i></p>	
<p>QI Committee Report : HCH/FH Program Request to Approve Request to Approve QI Committee recommendations</p>	<p>As part of the Quality Improvement Plan the QI Committee has been reviewing and analyzing 2014 HgbA1c Diabetes Outcome Measure reports during their last two meetings in July and August and after careful review have come up with the following recommendations for further actions. As the HgbA1c Diabetes Outcome Measure data suggest that there is a considerable amount of “no test” occurring on the Public Health Mobile Van, because of the complexities/logistics(spining blood and transportation to lab etc.) of drawing test/labs the committee has recommended :</p> <ol style="list-style-type: none"> 1) The Program research cost/logistics of a system known as “One touch” quick test which could mitigate the issues of drawing blood in the field because of the simplified process to draw blood and obtain results. This recommendation will direct the Program’s Medical Director to discuss with SMMC Ambulatory Services on logistics of such a purchase 2) <i>Program staff researches the logistics of conducting the lab work. (addition from initial request)</i> <p>The QI Committee also made further recommendations when discussing the Expanded Services Proposal recently submitted to conduct Street/Field Medicine to:</p> <ol style="list-style-type: none"> 1) <i>Research and explore other methods of care for field medicine. (change from initial</i> 	<p>MOVED by Beth</p> <p>SECONDED by, Dan</p> <p>and APPROVED by remainder of Board members</p> <p><i>changes from original request include: Program staff researches the logistics of conducting the lab work. Research and explore other methods of care for field medicine.</i></p>

	<p><i>recommendation)</i></p> <p>2) To ensure that efforts are not duplicated in the field, have the various staff of Puente, Pescadero Clinic and Expanded Services proposal staff conduct a “Scope of Work” to describe their efforts.</p> <p>Action item: <i>Request to Approve QI Committee recommendations.</i></p>	
<p>Regular Agenda: <i>Review remaining proposals</i></p>	<p>From the last Co-Applicant meeting (on August 3, 2015), it was reported that the Program will have remaining funds that require use before the end of calendar year. To assist the Program with ideas on use of funds, a request was put out to the Board members to turn in proposals on how best to use the funds.</p> <p>All present Board members approved three of the proposals to fund supplies for Puente, InnVision and Project WeHOPE.</p> <p>Counsel suggested that staff draft protocols/guidelines on issue of allowable purchases of items for future reference as Program does not currently have one.</p> <p><i>Please refer to TAB 10 on the Board meeting packet.</i></p>	
<p>Regular Agenda: Budget tool presentation</p>	<p>Please use link to use budget tool- http://smchchfhprogram.abalancingact.com/</p>	
<p>Adjournment</p>	<p>Time ___11 a.m._____</p>	<p>Robert Stebbins</p>

Healthcare for the Homeless/Farmworker Health Program (Program)
SPECIAL MEETING
Co-Applicant Board Meeting Minutes
Tuesday, Sept 22, 2015
San Mateo Medical Center- Foundation Room

Co-Applicant Board Members Present

Robert Stebbins, Chair
 Daniel Brown
 Kerry Lobel, Vice Chair
 Jim Beaumont, HCH/FH Program Director (Ex-Officio)
 Tayischa Deldridge
 Julia Wilson

County Staff Present

Linda Nguyen, HCH/FH Program Coordinator
 Frank Trinh, Program Medical Director
 Gloria Gross, BHRS

Members of the Public

Kathy Ruck, HRSA
 Yuland Daley, HRSA
 Larry Peaco, HRSA
 Candace Chitty, HRSA

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Robert Stebbins called the meeting to order at <u>9:30</u> A.M. Everyone present introduced themselves.	
HRSA Technical Assistance	<p>No official business was conducted, as no quorum was reached and this special meeting was held for HRSA to provide Technical Assistance to the Board and Program staff.</p> <p>HRSA staff and consultants provided Technical Assistance on Governance and Clinical Requirements.</p>	
Adjournment	Time <u>11:30</u> _____	Robert Stebbins



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 10, 2014

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION ON APPOINTING NEW BOARD MEMBER AND ESTABLISHING THE TERM OF OFFICE

Under the Bylaws, the Board has the authority and responsibility to fill vacant positions on the Board, as well as to set the number of Board members between nine (9) and twenty-five (25). The current membership has been set at fourteen (14) by the Board. There are three (3) current vacancies.

For consideration at this meeting, the Board is being presented with the application from Molly Wolfes who has applied for Board membership. This application has been reviewed by the Board's Ad Hoc Committee on Board Composition and Recruitment, who are recommending approval of the application.

This request is for the Board to consider the application received and to vote on selecting this individual for Board membership. One of the three vacancies noted above is a four (4) year term expiring on September 30, 2017. Appointment of the applicant will fill that vacancy.

As presented, this request is for the Board to approve the selection of Moly Wolfes as a member of the Board, filing the un-expired four-year term currently vacant.

A majority vote of the Board members present is required for approval of this request.

Attachments:

Application for Board Membership – Molly Wolfes



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
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**Board Composition Committee
Nomination to Board**

Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co-Applicant

1. What is your name and contact information?

*Molly Wolfes, 650-262-5989 (office), 415-250-7116 (cell)
mwolfes@mypuente.org*

2. What is your place of employment and title, if applicable?

Puente de la Costa, Community Health Coordinator

3. What experience and/or skills do you have that would make you an effective member of the Board?

I have extensive knowledge of farmworkers, and their medical needs. I speak Spanish and am able to communicate directly with the population of farmworkers that we serve on the South Coast. I now have worked at Puente for 1.5 years and understand the complexities of Puente and the population it serves. Currently, I am involved in the QI/QA process. I have worked 10+ years in non-profit and have experience serving on a board for Amigos de las Americas, a non-profit organization that sends youth to Latin America to do health and community development volunteer work for their summer break.

4. Why do you wish to be a Board member?

I want to ensure that the farmworker voice is represented on the board, and also gain experience from being on a large board such as MSFW. It is helpful to understand the daily process while working on the other end to ensure the grant deliverables are achieved.

5. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker? We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a farmworker.

No, but I work daily with farmworkers.

6. The Board requires a member to be a resident of San Mateo County.

I am a resident of the city of Belmont.

7. Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board-approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.

I understand.

I am not a member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the Board.
(45 CFR Part 74.42 and 42 CFR Part 51c.304b)



SAN MATEO COUNTY HEALTH SYSTEM

DATE: September 10, 2014

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: REQUEST FOR THE BOARD TO TAKE ACTION TO RE-APPOINT BOARD MEMBERS TO FOUR-YEAR TERMS

To help prevent a complete point-in-time turnover of the Board, under the Bylaws, the original eleven membership positions on the Board were divided into five (5) two-year terms and six (6) four-year terms. As of September 30, 2015, the original five two-year terms will expire. Two of those positions are currently vacant. The remaining two positions are filled by current members of the Board.

The Board has the authority and responsibility to fill vacant positions on the Board, as well as to set the number of Board members between nine (9) and twenty-five (25). The current membership has been set at fourteen (14) by the Board. There are two (2) current vacancies (pending other Board action). Failure to convert these positions to full four-year terms would leave the Board with eleven Board membership positions. With two (2) current vacancies (pending other Board action), the Board would be left with only eight (8) members. In addition to being contrary to the Bylaws, this would also put the program out of compliance with HRSA Program Requirements.

For consideration at this meeting, the Board is being presented with the proposal to appoint Tayischa Deldridge and Kathryn Barrientos to four-year terms. Doing so will maintain a current approved Board size of 14 members, with 10 member positions filled (pending other Board action).

This request is for the Board to take action to convert the two (2) currently filled two year terms that will expire on September 30, 2015 to four year terms expiring on September 30, 2019, and to appoint current Board members Tayischa Deldridge and Kathryn Barrientos to those positions.

A majority vote of the Board members present is required for approval of this request.



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TAB 3
Program Calendar
(Consent Agenda)

Health Care for the Homeless & Farmworker Health (HCH/FH) Program 2015 Calendar *(Revised October 2015)*

EVENT	DATE	NOTES
<ul style="list-style-type: none"> • Board Meeting (October 8, 2015 from 9:00 a.m. to 11:00 a.m.) • Nominations for Chair & Vice-Chair • International Street Medicine Symposium: Oct 14-17, San Jose 	October	Board meeting at SMMC- San Mateo
<ul style="list-style-type: none"> • Board Meeting (November 12, 2015 from 9:00 a.m. to 11:00 a.m.) • Election of Chair & Vice-Chair • Annual Evaluation & Review of Program Director • Review/Approval of RFP proposals • Contracting , prepare for BOS (as required) 	November	Board meeting at Coastside Clinic- HMB
<ul style="list-style-type: none"> • Board Meeting (December 10, 2015 from 9:00 a.m. to 11:00 a.m.) • BOS approval of contracts (as required) • Grant Year Budget Approval 	December	Board meeting at HSA Office Belmont-
<ul style="list-style-type: none"> • Board Meeting (January 14, 2016 from 9:00 a.m. to 11:00 a.m.) • Contracts begin January 1, 2016 	January	
<ul style="list-style-type: none"> • Board Meeting (February 11, 2016 from 9:00 a.m. to 11:00 a.m.) • UDS report • 2016 Western Forum for Migrant & Community Health Feb 23-25 Portland 	February	

Conference calendar

National Health Care for the Homeless Council National Conference	May 31- June 3, 2016; Portland. OR
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TAB 4
Consumer Input

Breast Cancer Awareness Month- October

Other than skin cancer, [breast cancer](http://www.cdc.gov/cancer/breast/index.htm) is the most common cancer among American women.

Getting [mammograms](http://www.cdc.gov/cancer/breast/basic_info/mammograms.htm) regularly can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that **if you are 50 to 74 years old, be sure to have a screening mammogram every two years**. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.

Are you worried about the cost? CDC offers free or low-cost mammograms. [Find out if you qualify.](http://www.cdc.gov/cancer/nbccedp/screenings.htm)

What Are the Symptoms?

There are different [symptoms of breast cancer](http://www.cdc.gov/cancer/breast/basic_info/symptoms.htm) and some people have no symptoms at all. Symptoms can include any change in the size or the shape of the breast, pain in any area of the breast, nipple discharge other than breast milk (including blood), and a new lump in the breast or underarm. If you have any signs that worry you, see your doctor right away.

How Can I Lower My Risk?

The main [factors that influence your risk for breast cancer](http://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm) include being a woman, being older (most breast cancers are found in women who are 50 years old or older), and having [changes in your breast cancer genes \(BRCA1 and BRCA2\)](http://www.cdc.gov/cancer/breast/young_women/bringyourbrave/hereditary_breast_cancer/brca_gene_mutations.htm). Most women who get breast cancer have no known risk factors and no history of the disease in their families. There are things you can do to help [lower your breast cancer risk](http://www.cdc.gov/cancer/breast/basic_info/prevention.htm). The [Know:BRCA tool](http://www.cdc.gov/cancer/breast/young_women/knowbrca.htm) can help you assess your risk of having changes in your BRCA genes.

Although [breast cancer screening](http://www.cdc.gov/cancer/breast/basic_info/screening.htm) cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat. Talk to your doctor about which breast cancer screening tests are right for you, and when you should have them.

CDC's [Bring Your Brave campaign](http://www.cdc.gov/cancer/breast/young_women/bringyourbrave/index.htm) provides information about breast cancer to women younger than age 45 by sharing real stories about young women whose lives have been affected by breast cancer.

Fast Facts About Breast Cancer

- Each year in the United States, more than 200,000 women get breast cancer and more than 40,000 women die from the disease.
- Men also get breast cancer, but it is not very common. Less than 1% of breast cancers occur in men.
- Most breast cancers are found in women who are 50 years old or older, but breast cancer also affects [younger women](http://www.cdc.gov/cancer/breast/young_women/index.htm). About 11% of all new cases of breast cancer in the United States are found in women younger than 45 years of age.

<http://www.cdc.gov/cancer/dcpc/resources/features/breastcancerawareness/>

The Problem with National Breast Cancer Awareness Month

Many breast-health advocates agree that the efforts tied to National Breast Cancer Awareness Month are often misguided—and could even be causing a variety of problems.

“Initially, the argument was the pink ribbon will help bring awareness to breast cancer,” says Karuna Jaggar, executive director of [Breast Cancer Action](#), which launched its [Think Before You Pink](#) campaign this year. “Here we are, 20-some years after 1991, when *Self* magazine and Estee Lauder launched the first [National Breast Cancer Awareness Month], and 40,000 women continue to die each and every year. We just have not seen the improvements in the breast cancer field that we would have liked to see. ... The question we have to ask is, ‘What do we have to show for it?’”

The Danger of Pink Ribbon Products

Chances are, you’ve heard of the term “pink washing.” When Breast Cancer Action coined it in 2003, it referred specifically to products for which a percentage of the profits are given to a breast cancer-related charity—even though that item contained something that research has linked to increased odds of getting breast cancer (a company selling water bottles that contain BPA might fall into this category, for example).

Now, the term is used more broadly to refer to any company that profits from breast cancer in some way—often while making misleading claims about how much consumers’ purchases will actually benefit breast cancer-related charities.

“Anybody can put a pink ribbon on anything, and they do,” says Jaggar. “We’ve seen pink ribbon handguns, alcohols, cosmetics. You name it, somebody has put a pink ribbon on it.”

The money pouring in from sales of these products—as well as how much is actually being donated, where it’s going, and how it’s being spent—is still a concern. (Check out [four questions to ask yourself before you buy a pink ribbon product](#) to make informed decisions when buying these items.) Even so, experts say focusing on pink ribbon purchases during the month of October poses another sinister problem: More often than not, these products fail to provide any real education or effect changes in women’s health behaviors.

“If they buy that product, they’re able to mentally go, ‘Check. I did breast cancer already,’” says Avner. “But that same woman, maybe she hasn’t gone to the gynecologist in over a year and a half and doesn’t realize she needs to be going once a year. ... She’s almost making it someone else’s problem instead of making it her own.”

For Your Misinformation

Even efforts that are actually aimed at spreading health information can miss the mark. Take, for example, the [NFL’s A Crucial Catch campaign](#). If you’ve watched a football game this month, then you’ve surely seen all of the pink on the field and watched the commercial featuring a woman named Lisa who was diagnosed with breast cancer when she was 40. “It’s because of this first mammogram that I’m able to enjoy time with my children and my family,” she says in the commercial. “Get an annual mammogram.” There’s only one problem: Not all experts actually recommend annual mammograms as the primary line of defense for detecting breast cancer in women 40 to 49.

While some health organizations still suggest women in that age range get a mammogram each year, there’s currently [no scientific evidence](#) that these screenings have any effect on mortality. Some medical professionals also argue that, since healthy breast tissue is more likely to look like it could be cancer on mammograms for women 40 to 49, these screenings result in unnecessary stress for patients—not to mention additional testing that can be nerve-racking and expensive.

A survey from Bright Pink, for example, shows that two-thirds of women would be more likely to make lifestyle changes to prevent breast and ovarian cancer if they knew more about ways to reduce their risk—but just more than half of the women surveyed were familiar with ways they could lower their odds of breast and ovarian cancer.

Since so much coverage in the media and in “awareness”-related campaigns focus on emotional appeals and individual breast cancer patients’ anecdotes—rather than science-based information about the disease—experts say the result is often fear mongering that perpetuates misunderstandings about breast cancer.

“You have companies that sell pink ribbon products, and to do this they have to sell a story,” says Jaggar. “A story that manipulates people's emotions to make them feel they must urgently donate.”

Studies show, for example, that only about 10 percent of women correctly estimate their breast cancer risk ([one in eight women will be diagnosed with breast cancer in her lifetime](#)). This kind of misunderstanding about the nature of breast cancer can become even more harmful when a woman is diagnosed with the disease.

“The evidence is very clear that in women of average risk [without a faulty BRCA1 gene], if those women are diagnosed with breast cancer and they choose to have a double mastectomy, they're [no less likely to die than women who don't have that surgery](#),” says Jaggar. “[The point of bringing this up is] not to judge women's choices, but the rate of that surgery is going up 15 percent a year. Why are these choices skyrocketing, despite the medical evidence? A lot of experts are concerned that so many of these pink ribbon campaigns are fueling fear in a way that makes it very hard for women to follow the evidence if and when they get a breast cancer diagnosis.”

Fixing the Pink Ribbon Problem

Kate says she’s grateful that she was diagnosed with a disease that gets so much attention—but that she thinks the conversation around breast cancer awareness needs to shift. Many breast health advocates agree.

For companies that want to do something to further the cause, this means spreading genuinely useful information that can help women increase their understanding of the disease and effect meaningful changes in their own health behaviors. [SoulCycle](#), for example, is offering complimentary shower hangers this month that provide step-by-step instructions on [how to do a self-breast exam](#). (It’s worth noting that some experts no longer recommend doing monthly self-breast exams—but that the more familiar you are with your breasts, the more likely you are to notice potentially dangerous changes.)

“It needs to be more focused on the science and the evidence and trying to get information out in a way that is understandable so that people can start to think about, ‘What does it really mean to be at risk for breast cancer? How do I know if I am at risk? How do I know if I should worry about genetic testing or not?’” says Sulik. “Those types of things are complex and need to be addressed if we're going to deepen awareness.”

On an individual level, this means [purchasing pink products responsibly](#) and also making sure you’re informed about the reality of breast cancer—and what you can do to stay healthy and increase your odds of early detection.

“We shouldn't scare women and pressure them, but we should make being proactive so inviting and so positive and something they feel like they're loved and supported throughout,” says Avner, whose organization Bright Pink offers resources such as an [Assess Your Risk Tool](#), monthly text message breast health reminders, plus information about [early detection](#) and [steps women can take to decrease their odds of getting breast cancer](#).

“I think what it revolves around is not taking the pedal off the gas around the cause [of breast cancer awareness], but changing the message and realizing this is not something that happens the first two weeks in October,” says Avner. “This is the reality that happens for women every single day of the year.”

<http://www.womenshealthmag.com/health/pinktober>

TAB 5
Program Director
Report



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 8, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: DIRECTOR'S REPORT

Program activity update since the September 10, 2015 Co-Applicant Board meeting:

1. Grant Conditions

On September 16th we received Notice of Action (NOA) 14-16 which lifted the QI/QA Program (Requirement #8) grant condition.

During the Technical Assistance (TA) Site Visit September 22-24, we were informed by our Project Officer and her supervisor that the Data Reporting (#16) grant condition had been lifted and that we should receive the corresponding NOA in the near future.

All issued Change Requests have been submitted for the Appropriate Staffing (Credentialing & Privileging - #3) and the Key Management Staff (#9) grant conditions. We expect that they will be lifted shortly.

2. Operational Site Visit (OSV) & Report

Based on the OSV Report received August 18th, we could have expected to receive 12 grant conditions. However, based on discussions during the TA Site Visit September 22-24, since we have come into compliance for QI/QA Program (#8), there will not be a grant condition issued for that requirement. In addition, we have been allowed to submit the documentation for the Board's review and acceptance of the County Single Audit Report and it has been accepted. This will result in a grant condition for Board Authority (#17) not being issued.

Overall, we now expect to have ten (10) grant conditions issued, the vast majority of which we expect to not be severely onerous (although a number may require substantial preparation/submission of various documents. We should likely receive the NOA with



the grant conditions within the next 2-3 weeks. We will be preparing a full analysis and response plan for the Board as soon as we receive the actual grant conditions.

5. Expanded Services Award Opportunity

On September 15, 2015, we received NOA 14-15 approving our Expanded Services application and providing \$264,942.00 in funding (application was for \$246,642). We are now engaged with Public Health Policy & Planning/Mobile Van to finalize the workplan for the project.

6. Base Grant Adjustment/Supplemental Funding

On September 21, 2015, we received NOA 14-17 providing awarding an ongoing base grant adjustment of \$255,784.00. This amount is now incorporated into our base grant going forward. This brings our ongoing base grant award amount to at least \$2,285,065 (not including any Expanded Services awards that might be rolled into the base grant going forward).

7. HRSA Technical Assistance (TA) for the Co-Applicant Board

As the Board is aware, HRSA provided an onsite TA Site Visit on September 22-24. In attendance were our Project Officer and her superior, and consultants for Governance and Clinical requirements. There was a positive exchange of information and ideas, and we do now better understand HRSA's specific issues, concepts and ideas.

8. Management Analyst Position

We are pleased to introduce Elli Lo, the HCH/FH Program's new Management Analyst. We are still working on the exact start date, but we hope to have Elli formally on board by the end of the month. Elli comes to us after four (4) years with La Clinica de La Raza, a 330 Program Community Health Center in Oakland. In addition to attending this morning's Co-Applicant Board meeting, Elli has also made herself available to attend the International Street Medicine Symposium in San Jose next week. We are thrilled to be able to bring on board someone with Elli's knowledge, background and dedication.

9. Seven Day Update

TAB 6
**Program Budget/
Finance Report**



SAN MATEO COUNTY HEALTH SYSTEM

DATE: October 8, 2015

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Director
HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Based on the information available, the program has expended \$1,459,532 through September 30, 2015. This represents about 79% of the current grant year and expenditures are at about 67% of the GY budget.

Based on current projections, there remains a potential unexpended balance of around \$293,000 at the end of the GY (December 31, 2015). Given the known issues in appropriately and adequately addressing short term increases in expenditures, Program continues to work on a number of options that hold promise for utilizing one-time or short-term expenditures and providing longer-term or ongoing benefits.

The GY Expenditures & Projections Report thru 083115 is attached.

Attachments:

GY Expenditures & Projections Report thru 083115



Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier
Health System Chief: Jean S. Fraser • **San Mateo Medical Center CEO:** Susan Ehrlich, MD, MPP
222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030
www.sanmateomedicalcenter.org

Details for budget estimates	Budget	To Date (09/30/15)	Projection for GY (+~13 wks)	Projected for GY 2016
<u>Salaries</u>				
Director				134,000
Program Coordinator				87,538
Medical Director				53,944
Management Analyst				91,118
new position, misc. OT, other, etc.				new 90,687 If Added
	<u>319,778</u>	<u>227,720</u>	<u>315,000</u>	<u>457,287</u>
<u>Benefits</u>				
Director				75,991
Program Coordinator				49,643
Medical Director				30,592
Management Analyst				51,673
new position, misc. OT, other, etc.				new 51,429 If Added
	<u>190,426</u>	<u>106,921</u>	<u>160,000</u>	<u>259,327</u>
<u>Travel</u>				
National Conferences (1500*2*2)		4,510	5,000	6,000
Regional Conferences (600*2)		0	10,000	2,500
Local Travel		517	1,000	800
Taxis		1,401	2,900	4,000
Van		<u>1,864</u>	<u>2,100</u>	<u>2,500</u>
	<u>12,833</u>	<u>8,292</u>	<u>21,000</u>	<u>15,800</u>
<u>Supplies</u>				
Office Supplies, misc.	5,833	7,059	9,800	10,000
	<u>5,833</u>	<u>7,059</u>	<u>9,800</u>	<u>10,000</u>
<u>Contractual</u>				
Current SMMC Clinic commitment (to 06/30)	407,713	407,713	407,713	-
Current 2015 contracts	823,083	659,639	800,000	705,500
Est available (for 07/01 on or otherwise)	327,705			
	<u>1,558,501</u>	<u>1,067,352</u>	<u>1,207,713</u>	<u>705,500</u>
<u>Other</u>				
Consultants/grant writer	35,000	35,683	130,000	60,000
IT/Telcom	15,000	6,405	10,000	12,000
Memberships	5,000	0	5,000	5,000
Training	2,000	100	2,000	2,000
	<u>66,500</u>	<u>42,188</u>	<u>147,000</u>	<u>79,000</u>
TOTALS - Base Grant	<u>2,153,871</u>	<u>1,459,532</u>	<u>1,860,513</u>	<u>1,526,914</u>
Expanded Services Grant	219,724	87,450	219,724	219,724 ? 264,942 ?
HCH/FH PROGRAM TOTAL	<u>2,373,595</u>	<u>1,546,982</u>	<u>2,080,237</u>	<u>2,011,580</u>
PROJECTED AVAILABLE BASE GRANT			<u>293,358</u>	759,151
NOTE:				
Former Full Annual SMMC Clinic Funding = \$611,570				
		Est. available GY 2016 =	2,285,065	