A Message from the CEO

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.

Go to www.PHFE.org or simply scan this code

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Public Health Foundation (PHFE)
Board of Directors 2014-15
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)
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
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 (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.

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.

“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

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”.

“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
Statement of Financial Position
June 30, 2015 and 2014

 Assets

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 5,401,430</td>
<td>$ 4,822,594</td>
</tr>
<tr>
<td>Contracts receivable, net of allowance for doubtful accounts of $141,972 and $79,808, respectively</td>
<td>13,625,121</td>
<td>13,725,999</td>
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<tr>
<td>Deposits and prepaid expenses</td>
<td>1,035,860</td>
<td>1,209,768</td>
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<tr>
<td>Property and equipment, net</td>
<td>2,527,325</td>
<td>1,559,241</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$ 22,589,736</strong></td>
<td><strong>$ 21,317,602</strong></td>
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</table>

 Liabilities

<table>
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<tr>
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<th>2015</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$ 4,769,881</td>
<td>$ 5,355,132</td>
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<tr>
<td>Accrued payroll and related liabilities</td>
<td>5,157,957</td>
<td>4,531,136</td>
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<tr>
<td>Agency and other funds payable</td>
<td>2,121,543</td>
<td>1,852,517</td>
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<tr>
<td>Advance on grantor payments</td>
<td>2,047,035</td>
<td>1,995,237</td>
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<tr>
<td>Accountability for program assets</td>
<td>1,508,746</td>
<td>998,715</td>
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<tr>
<td>Deferred rent</td>
<td>323,056</td>
<td>327,656</td>
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<td>Capital leases obligations</td>
<td>174,932</td>
<td>300,399</td>
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<td>Deferred revenue</td>
<td>83,940</td>
<td>119,100</td>
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<td><strong>Total liabilities</strong></td>
<td><strong>$ 16,187,090</strong></td>
<td><strong>$ 15,479,892</strong></td>
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 Net assets

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<tr>
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<th>2014</th>
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<tbody>
<tr>
<td>Unrestricted</td>
<td>$ 6,402,646</td>
<td>$ 5,392,016</td>
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<tr>
<td>Board designated-operating reserve</td>
<td>--</td>
<td>445,694</td>
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<tr>
<td><strong>Total net assets</strong></td>
<td><strong>$ 6,402,646</strong></td>
<td><strong>$ 5,837,710</strong></td>
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</tbody>
</table>

 Total liabilities and net assets

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$ 22,589,736</strong></td>
<td><strong>$ 21,317,602</strong></td>
</tr>
</tbody>
</table>

Statement of Activities
For the year ended June 30, 2015

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Revenue and support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governmental service contracts</td>
<td>$ 87,289,147</td>
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<tr>
<td>Private contracts</td>
<td>2,268,822</td>
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<tr>
<td>Management fees</td>
<td>8,610,357</td>
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<tr>
<td>Other income</td>
<td>19,849</td>
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<tr>
<td><strong>Total revenues and support</strong></td>
<td><strong>$ 98,188,175</strong></td>
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 Expenses

<p>| | | |</p>
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<thead>
<tr>
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<tbody>
<tr>
<td>Program services</td>
<td>$ 89,172,381</td>
<td></td>
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<tr>
<td>Support services</td>
<td>8,450,858</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$ 97,623,239</strong></td>
<td></td>
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</table>

 Change in net assets

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>$ 5,837,710</td>
<td></td>
</tr>
<tr>
<td>Net assets, end of year</td>
<td>$ 6,402,646</td>
<td></td>
</tr>
</tbody>
</table>

For full details please see auditors’ report and notes to financial statements at www.phfe.org.
THANK YOU TO OUR MAJOR FUNDERs

Adamma Foundation
Altarum Institute
Association of Public Health Laboratories
Bristol Myers Squibb
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California Healthcare Foundation
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Community Partners
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County of Los Angeles
County of Orange
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Elton John AIDS Foundation
Family Health International
First 5 Los Angeles
Fred Hutchinson Cancer Research Center
Gilead Sciences Inc

GRYD Foundation
Health Officers Association of California
Hospital Council of Northern and Central California
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Mac AIDS Fund
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Northrop Grumman
Open Society Foundations
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WK Kellogg Foundation