



# Sequoia Hospital

## 2019 Community Health Needs Assessment

### Volume 1: Main Report

This report includes two volumes, the Main Report and Detailed Data Attachments, both of which are widely available to the public on [dignityhealth.org/sequoia](https://dignityhealth.org/sequoia).

## 1. Acknowledgements

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### HEALTHY COMMUNITY COLLABORATIVE (HCC) MEMBERS

The Community Health Needs Assessment (CHNA) could not have been completed without the HCC's efforts, tremendous input, many hours of dedication, and financial support. We wish to acknowledge the following organizations for their representatives' contributions to promoting the health and well-being of San Mateo County.

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## 2. Executive Summary

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### **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PURPOSE**

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Sequoia Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act (and in California of Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

### **COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATORS**

The CHNA process, completed in fiscal year 2019 and described in this report, was conducted collaboratively with the Healthy Community Collaborative (HCC) members in compliance with current federal requirements. The collaborative was created to identify and address the shared health needs of the community. Since its formation in 1995, the HCC has conducted prior community health assessments for San Mateo County (1995, 1998, 2001, 2004, 2008, 2011, 2013, and 2016). This 2019 report marks the ninth such assessment and builds upon those earlier assessments.

The following health systems and organizations collaborated to prepare the 2019 CHNA:

- County of San Mateo Human Services Agency
- Dignity Health Sequoia Hospital
- Kaiser Permanente, San Mateo Area (Redwood City and South San Francisco Kaiser Foundation Hospitals)
- Lucile Packard Children's Hospital Stanford
- Peninsula Health Care District
- San Mateo County Health
- Stanford Health Care
- Sutter Health (Menlo Park Surgical Hospital and Mills-Peninsula Medical Center)
- Verity Health System (Seton Medical Center and Seton Coastside)

The HCC specifically wishes to acknowledge the contributions of Karen Pfister, MS, Supervising Epidemiologist of San Mateo County Health, and her team. The team managed the countywide 2018 Health and Quality of Life Survey and provided extensive amounts of secondary data to the HCC for the 2019 CHNA.

### **IDENTITY OF CONSULTANTS**

Actionable Insights, LLC (AI), an independent, local research firm, assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, and facilitated the processes of identifying community health needs and assets.

## **SEQUOIA HOSPITAL DIGNITY HEALTH COMMITMENT AND MISSION**

The hospital's dedication to engagement with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with our mission. Dignity Health is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

## **SEQUOIA HOSPITAL'S DEFINITION OF COMMUNITY SERVED**

Sequoia Hospital defines "the community served by a hospital" as those people living within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Dignity Health Sequoia Hospital is located at 170 Alameda de las Pulgas in Redwood City, California and serves the cities in mid-county, south county, and coastside of San Mateo County (SMC), including the cities of Belmont, Burlingame, Foster City, San Carlos, San Mateo, Atherton, East Palo Alto, Menlo Park, Portola Valley, Redwood City, Woodside, and Half Moon Bay.

SMC residents are healthier than in many other places. However, the data also demonstrates that preventable diseases are on the rise and so we must do more to prevent these diseases from occurring in the first place. It also shows that health is not distributed evenly across the population, and there are many communities that still do not experience good health and a high quality of life.

Despite the fact that half of households in the county earn more than \$100,000 per year, nearly one in five (19.8%) county residents live below 200% of the federal poverty level.

## **ASSESSMENT PROCESS & METHODS**

For the purposes of this assessment, the HCC did not limit the definition of "community health" to traditional measures of health. Instead, this definition included indicators about the physical health of the county's residents, as well as the broader social and environmental determinants of health, such as access to health care, technology, affordable housing, childcare, education, and employment. This more inclusive definition reflects the hospital's view that many factors impact community health. We cannot adequately understand or address community health without wider consideration of those factors.

To assess community health trends, the HCC directed its consultants, Actionable Insights (AI), to obtain secondary data from a variety of sources (see Attachment 3: Secondary Data Sources for a complete list). Primary data were obtained through direct community input: (a) key informant interviews with local health experts, (b) focus groups with community leaders and representatives, and (c) resident focus groups. These discussions sought to answer five primary questions:

- What are the most important/pressing health needs in San Mateo County?
- What drivers or barriers are impacting the top health needs?
- To what extent is health care access a need in the community?

- To what extent is mental health a need in the community?
- What policies or resources are needed to impact health needs?

To generate participants' health priorities, focus group members voted on their community's priority needs, while key informants listed what they felt were their community's priority needs. AI then tabulated how many focus groups and key informants included each health need as a priority.

In the fall of 2018, AI synthesized primary qualitative research and secondary and longitudinal data to create a list of health needs for the HCC. AI then filtered that list against a set of criteria to reveal the significant needs of the community, the Prioritized Health Needs. These criteria included:

1. Meets the definition of a "health need" (see sidebar).
2. At least two data sources were consulted.
3.
  - a. Two or more direct indicators show worsening trends.
  - b. If not (a), two or more direct indicators fail the benchmark by 5% or more.
  - c. If not (b), prioritized by at least one third of key informants or focus groups.

Once the Prioritized Health Needs were identified using the criteria listed above, Sequoia Hospital's community benefit staff turned to the Sequoia Hospital Community Advisory Committee (CAC) for their review and input on February 14, 2019.

Findings were presented to the Sequoia Hospital Community Benefit Steering Committee (CBSC) at a meeting on February 26, 2019. The purpose of the meeting was to use a second set of criteria, based on Dignity Health's Community Benefit policy to finalize the ranking of Prioritized Health Needs which would form the basis for the Sequoia Hospital's community benefit plan and implementation strategies.

These criteria included:

1. **Size or scale of problem** (i.e., number, percentage or rate of people affected or the geographic spread of a problem)
2. **Severity of problem** (i.e., degree of health impact on individuals and community, and on the health and community service system)
3. **Disparity and equity** (i.e., the need has a disproportionate impact on a vulnerable segment of the community)
4. **Known effective interventions** (i.e., existence or knowledge of evidence-supported interventions)

## TERMINOLOGY

**Health condition:** A disease, impairment, or other state of physical or mental ill-health that contributes to a poor health outcome.

**Health risk:** A behavioral, environmental, social, economic, or clinical care factor that impacts health. May be a social determinant of health.

**Health need:** A poor health *outcome* and its associated *risk(s)*, or a risk that may lead to a poor health outcome.

**Health outcome:** A snapshot of a disease/health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

**Health indicator:** A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

5. **Resource feasibility and sustainability** (i.e., availability of current or potential monetary, human, organizational, and/or community resources)
6. **Community salience** (i.e., evidence that it is important to community stakeholders)

### **PRIORITIZED NEEDS FOR SEQUOIA HOSPITAL**

Based on the previously described prioritization process, we identified 12 needs, and have prioritized four of them as significant. For further details, including statistical data and citations, please consult the full health needs descriptions in the Identification & Prioritization section, as well as the data tables found in Attachment 3: Secondary Data.

- **Healthy lifestyles.** The community prioritized (voted as a top health need) healthy lifestyles. This need includes concerns about diabetes, obesity, and fitness, diet, and nutrition. Diabetes ranks among the top 10 causes of death in the county. The prevalence of diabetes and obesity are both on the rise in the county. Statistics for adult diabetes prevalence and youth fruit/vegetable consumption are significantly worse than state averages. Adults of low socioeconomic status fail benchmarks for obesity and overweight.
- **Housing and homelessness.** Housing is one of the chief concerns of the community and was prioritized by almost all focus groups and key informants. The median rent in the county is significantly higher than the state average and has been increasing. The proportion of county residents who have experienced housing instability recently has risen. Affordable housing (assisted housing units) is relatively scarce in the county compared to the state overall. The community described experiencing stress related to the high cost of housing.
- **Mental health and well-being.** The community prioritized mental health, well-being, and substance use in almost all focus groups and key informant interviews. Depression, poor mental health, binge drinking, deaths from drug poisoning, and the adult substance-related emergency department visit rate have all increased in the county. Chronic liver disease and cirrhosis was the #9 cause of death in the county, followed by drug-induced death at #10; both were higher than suicide at #11.
- **Health care access and delivery.** Community input suggests that health care is often unaffordable. There are downward trends in the proportion of children who have a usual place for medical check-ups, the proportion of employed county residents whose jobs offer health benefits, and residents' perceptions of the ease of access to specialty care. Low socioeconomic status residents are more likely than higher-status groups to have health care access issues.

### **RESOURCES POTENTIALLY AVAILABLE**

San Mateo County has community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that

are engaged in addressing many of the health needs identified by this assessment. Key resources potentially available to respond to the identified health needs of the community are listed in Attachment 4.

#### **REPORT, ADOPTION, AVAILABILITY AND COMMENTS**

This CHNA report was adopted by the Sequoia Hospital Community Board in May 2019. This report includes two volumes, the Main Report and Detailed Attachments, both of which are widely available to the public on the hospital's website ([dignityhealth.org/sequoia](http://dignityhealth.org/sequoia)), and a paper copy is available for inspection upon request at Sequoia Hospital's Health & Wellness Department. Written comments on this report can be submitted to Dignity Health Sequoia Hospital, Health & Wellness Department, 170 Alameda de las Pulgas, Redwood City, CA 94062. To send comments or questions about this report, please visit [dignityhealth.org/sequoia/contact-us](http://dignityhealth.org/sequoia/contact-us) and select the "CHNA comments" in the drop-down menu.

### 3. Community Served

#### SEQUOIA HOSPITAL HOSPITAL'S DEFINITION OF COMMUNITY SERVED

Sequoia Hospital defines “the community served by a hospital” as those people living within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

#### MAP OF COMMUNITY SERVED



## GEOGRAPHIC DESCRIPTION OF COMMUNITY SERVED

Dignity Health Sequoia Hospital is located in Redwood City, California and serves the cities from Mid-County, South County and Coastsides of San Mateo County (SMC).

North County	Mid-County*	South County*	Coastside*
Daly City	Burlingame	Redwood City	Half Moon Bay
Brisbane	San Mateo	Atherton	
South San Francisco	Foster City	Menlo Park	
Colma	Belmont	East Palo Alto	
Pacifica	San Carlos	Woodside	
San Bruno		Portola Valley	
Millbrae			

\*Sequoia Hospital Service Area

San Mateo County also includes the following unincorporated towns and areas, many of which are on the Coastside:<sup>1</sup>Broadmoor, Burlingame Hills, Devonshire, El Granada, Emerald Lake Hills, Fair Oaks, Highlands/Baywood Park, Ladera, La Honda, Loma Mar, Los Trancos Woods/Vista Verde, Menlo Oaks, Montara, Moss Beach, North Fair Oaks, Palomar Park, Pescadero, Princeton, San Francisco International Airport, San Gregorio, South Coast/Skyline, Sequoia Tract, Skylonda, Stanford Lands, and West Menlo Park.

## DEMOGRAPHIC PROFILE OF COMMUNITY SERVED

### POPULATION BY RACE/ETHNICITY

Race/Ethnicity	2018 Population	2018 Pop. Proportion	2018 State Pop. Proportion
White Non-Hispanic	284,507	48.9%	36.7%
Hispanic Ancestry	128,543	22.1%	39.4%
Asian/Pacific Islander Non-Hispanic	129,275	22.2%	14.8%
Black Non-Hispanic	12,595	2.2%	5.5%
2+ Races Non-Hispanic	24,853	4.3%	2.9%
American Indian & Alaska Native Non-Hispanic	691	0.1%	0.4%
Other Non-Hispanic	1,942	0.3%	0.2%
Total	582,406		

Source: Claritas 2018 Estimates

<sup>1</sup> San Mateo County Assessor-County Clerk-Recorder & Chief Elections Officer. (2015). *Roster of Towns and Cities Located in San Mateo County*.

## HOUSEHOLD STATISTICS

Zip Code	City	2018 Population	2018 Median Age	2018 Median Income
94002	Belmont	28,578	42	\$ 129,318
94010	Burlingame	42,778	44	\$ 139,886
94019	Half Moon Bay	21,099	43	\$ 128,993
94020	La Honda	1,860	50	\$ 114,130
94022	Los Altos	20,295	51	\$ 230,455
94024	Los Altos	23,074	48	\$ 231,579
94025	Menlo Park	44,079	40	\$ 150,718
94027	Atherton	7,235	50	\$ 253,099
94028	Portola Valley	6,738	53	\$ 209,766
94061	Redwood City	39,003	39	\$ 102,214
94062	Redwood City	27,583	46	\$ 160,078
94063	Redwood City	35,302	35	\$ 64,085
94065	Redwood City	12,926	42	\$ 173,059
94070	San Carlos	30,530	45	\$ 159,207
94301	Palo Alto	18,011	45	\$ 173,113
94303	Palo Alto	47,308	35	\$ 108,154
94304	Palo Alto	4,487	42	\$ 128,339
94306	Palo Alto	28,416	43	\$ 152,432
94401	San Mateo	36,832	38	\$ 90,049
94402	San Mateo	25,668	44	\$ 139,553
94403	San Mateo	43,033	41	\$ 119,694
94404	San Mateo	37,571	41	\$ 145,387
Source: Claritas 2018				

### ADULT EDUCATION LEVEL

Adult Education Level	Pop Age 25+	% of Total	State % of Total	USA % of Total
Less than High School	24,572	6.0%	9.9%	5.6%
Some High School	14,117	3.5%	8.0%	7.4%
High School Degree	47,006	11.5%	20.8%	27.6%
Some College/Assoc. Degree	82,131	20.1%	29.3%	29.1%
Bachelor's Degree or Greater	240,302	58.9%	32.0%	30.3%
<b>Total</b>	<b>408,128</b>			

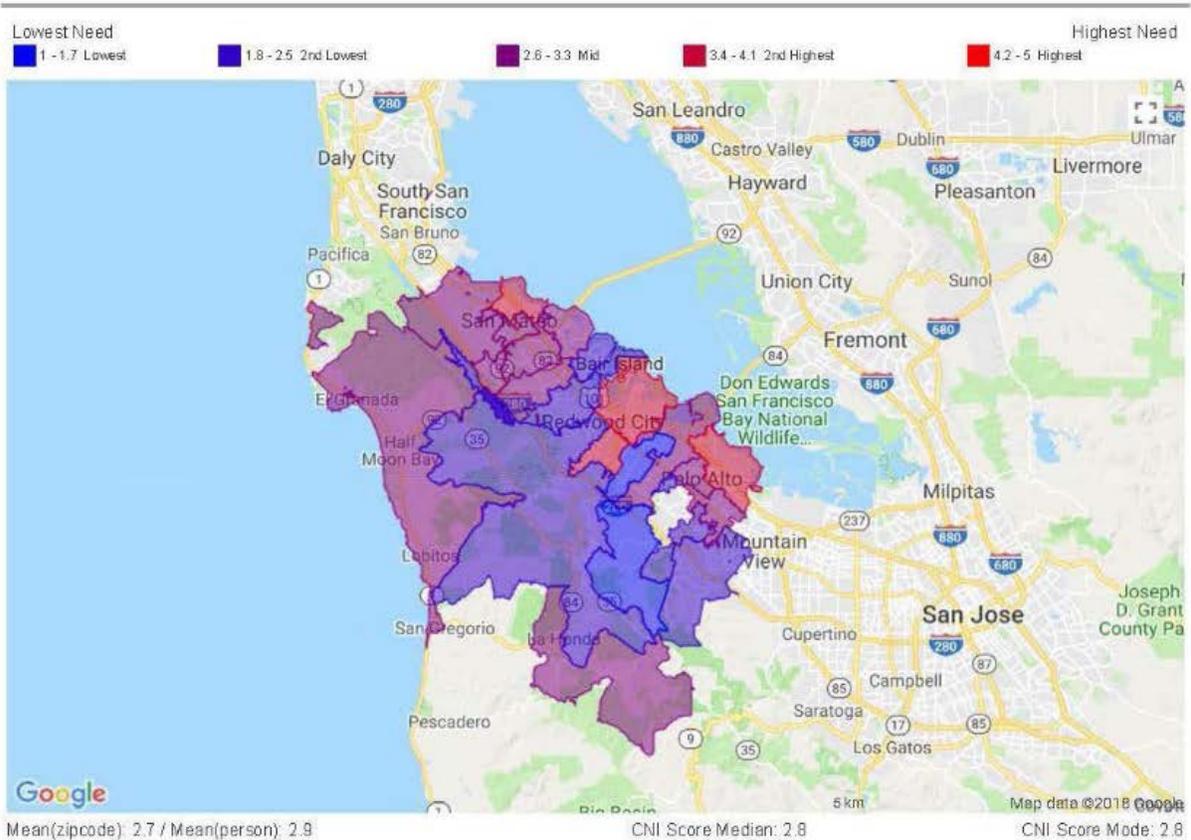
Source: Claritas 2018 Estimates

### INSURANCE COVERAGE ESTIMATES

Insurance Type	2018 Lives	% of Total
Private - Employer Sponsored Insurance	338,237	58.1%
Private - Direct (Individual)	46,390	8.0%
Private - Exchange	12,513	2.1%
<b>Private Sub Total</b>	<b>397,140</b>	<b>68.2%</b>
Medicare	70,407	12.1%
Medicare Dual Eligible	14,717	2.5%
<b>Medicare Sub Total</b>	<b>85,123</b>	<b>14.6%</b>
Medicaid - Pre Reform	60,365	10.4%
Medicaid Expansion	23,579	4.0%
<b>Medicaid Sub Total</b>	<b>83,945</b>	<b>14.4%</b>
Uninsured	16,198	2.8%
<b>Grand Total</b>	<b>582,406</b>	<b>100.0%</b>

Source: Truven 2018

# COMMUNITY NEED INDEX MAP AND DESCRIPTION



Zip Code	CNI Score	Population	City	County	State
94002	2.6	28578	Belmont	San Mateo	California
94010	2.8	42778	Burlingame	San Mateo	California
94019	2.8	21099	Half Moon Bay	San Mateo	California
94020	3	1860	La Honda	San Mateo	California
94022	1.8	20295	Los Altos	Santa Clara	California
94025	3.2	44079	Menlo Park	San Mateo	California
94027	1.6	7235	Atherton	San Mateo	California
94028	1.6	6738	Portola Valley	San Mateo	California
94061	3.4	39003	Redwood City	San Mateo	California
94062	2.2	27583	Redwood City	San Mateo	California
94063	4	35302	Redwood City	San Mateo	California
94065	2.4	12926	Redwood City	San Mateo	California
94070	2.2	30530	San Carlos	San Mateo	California
94301	2.8	18011	Palo Alto	Santa Clara	California
94303	3.8	47308	Palo Alto	San Mateo	California
94304	2.4	4487	Palo Alto	Santa Clara	California
94306	2.6	28416	Palo Alto	Santa Clara	California
94401	3.8	36832	San Mateo	San Mateo	California
94402	2.8	25868	San Mateo	San Mateo	California
94403	2.8	43033	San Mateo	San Mateo	California
94404	2.8	37571	San Mateo	San Mateo	California

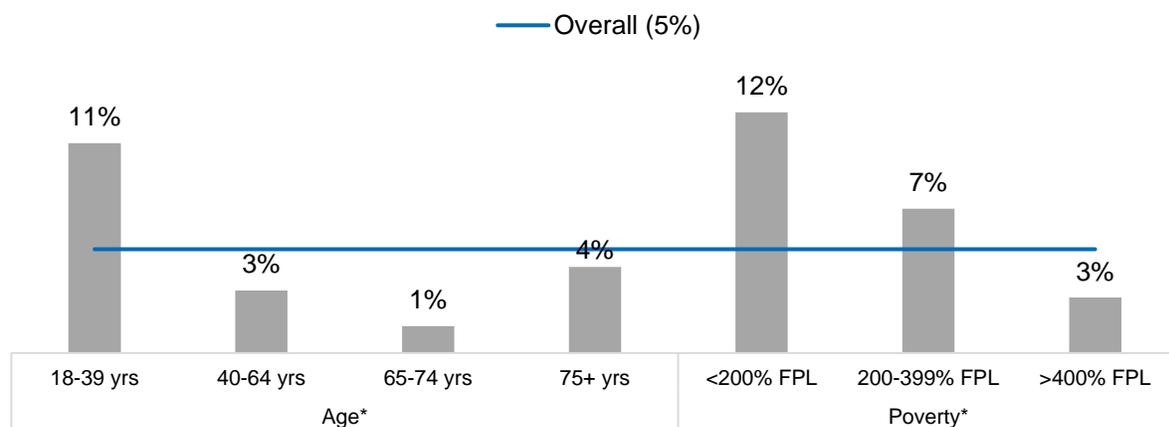
© 2018 Dignity Health

The Community Need Index (CNI) is a tool used to assess health need created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community.

Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. The hospital service area has a mean CNI score of 2.7 (see CNI map on the page) and includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 94061, 94303, and 94063.

The 2018 San Mateo County Health & Quality of Life Survey was also used as a tool for guiding policy and planning efforts. Data were drawn from the 2018 San Mateo County Health and Quality of Life Survey (HQoL). The HQoL utilized a multi-mode computer-assisted design consisting of landline, cell phone, and online surveys of adults (age 18+) residing in San Mateo County. When applicable, sub-samples for each hospital service area was determined using the respondents five-digit zip-code. The total sample size for the Sequoia Hospital catchment area was 937 respondents. See Attachment 4: Health & Quality of Life Survey 2018 Sequoia Hospital for a complete report.

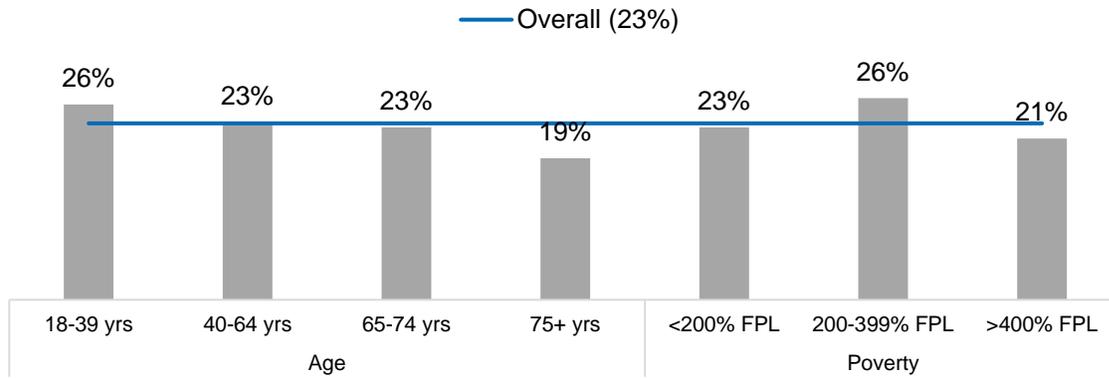
### Could Not Afford to See Doctor in the Past Year



**Source:** *Health & Quality of Life Survey Sequoia Hospital*

In the catchment area, 5% of the population overall could not afford to see a doctor in the past year. This is much higher for those in the 18-39 age group (11%) and households <200%FPL (12%).

## Felt Depressed or Sad Most Days for at Least Two Years



**Source:** 1 Health & Quality of Life Survey Sequoia Hospital

Overall 23% of residents in the catchment area felt sad or depressed most days. There was no significant difference by age groups nor household poverty level.

## 4. Assessment Process and Methods

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### INTRODUCTION/BACKGROUND

The CHNA process, completed in fiscal year 2019 and described in this report, was conducted collaboratively with the Healthy Community Collaborative (HCC) members. The following health systems and organizations collaborated to prepare the 2019 CHNA:

- County of San Mateo Human Services Agency
- Dignity Health Sequoia Hospital
- Kaiser Permanente, San Mateo Area (Redwood City and South San Francisco Kaiser Foundation Hospitals)
- Lucile Packard Children’s Hospital Stanford
- Peninsula Health Care District
- San Mateo County Health
- Stanford Health Care
- Sutter Health (Menlo Park Surgical Hospital and Mills-Peninsula Medical Center)
- Verity Health System (Seton Medical Center and Seton Coastside)

The goals of the 2019 CHNA are to provide insight into the health of the community, prioritize local health needs, and to identify areas for improvement. In addition to helping generate shared priorities around community health, the hospital uses the 2019 CHNA to meet requirements of the Patient Protection and Affordable Care Act (and in California of Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years and serves as the basis for implementation strategies.

The 2019 CHNA report uses the findings of the 2016 CHNA (see Section 8 entitled Evaluation Findings from 2016-2018 Implemented Strategies) and previous CHNAs. The 2019 report documents how the current CHNA was conducted and describes the related findings. As with prior CHNAs, this assessment also highlights San Mateo County’s assets and resources.

### WRITTEN PUBLIC COMMENTS TO 2016 CHNA

In order to offer the public a means to provide input, Sequoia Hospital invited written comments on the 2016 CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public.

As of the time this CHNA report was written, the hospital has received one written comment about the 2016 CHNA report. The commentator stated they were “sad to see so many indicators getting worse.” The hospital will continue to track any submissions made and will ensure that all relevant comments are reviewed and addressed by appropriate hospital staff.

### PROCESS AND METHODS

The CHNA data collection process took place over eleven months and culminated in this report. The phases of the process are depicted below.



The HCC contracted with Actionable Insights (AI) to review secondary statistical and survey data from San Mateo County Health, including the county's 2018 Health and Quality of Life Survey, and to collect secondary quantitative (statistical) data from other sources as well as primary qualitative data via key informant interviews and focus groups.

## **SECONDARY DATA COLLECTION**

AI analyzed over 400 quantitative health indicators to assist the HCC with understanding the health needs in San Mateo County and assessing priorities in the community. They collected data from existing sources using the Community Commons data platform,<sup>2</sup> the CHNA.org data platform, and other online sources such as the California Department of Public Health and the U.S. Census Bureau.

In addition, AI collected quantitative and qualitative secondary data from multiple County of San Mateo sources, including:

- County of San Mateo Adolescent Report 2014-15
- Get Healthy San Mateo County, End Hunger Workgroup 2016
- San Mateo County Health, Behavioral Health and Recovery Services Survey 2016

San Mateo County Health provided AI with data from its systems, including data on infectious diseases, chronic diseases, births and deaths, and emergency room visits. The Health System also provided AI with data from its 2018 Health and Quality of Life Survey, as well as associated state and national benchmarks from the CDC's Behavioral Risk Factors Surveillance System and other sources.

The 2018 San Mateo County Health & Quality Survey was conducted among 1,581 adults through a countywide random sample, as well as additional oversampling in the Coastside area, among low-income residents, and among Black and Pacific Islander communities in order to augment samples and enhance reliability of the data. A multi-model approach was used to capture responses, with 47.8% of survey being conducted via landline telephones, 23.4% conducted via cell phones, and 28.7% conducted online. The 2018 San Mateo County Health & Quality of Life Survey addressed a variety of issues, including health risk behaviors, prevention services, and quality of life indicators, using many questions from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. Many questions in this survey were also administered in the 1998, 2001, 2001, 2008, and/or 2013 community assessments, allowing for trending of these indicators.

As a further framework for the assessment, the HCC requested that AI address the following questions in its analysis:

- How do these indicators perform against accepted benchmarks (Healthy People 2020 objectives and statewide averages)?
- Are there disparate outcomes and conditions for people in the community?

Healthy People is an endeavor of the U.S. Department of Health and Human Services that has provided 10-year national objectives for improving the health of Americans based on scientific data spanning 30 years. Healthy People sets national objectives or targets for improvement.

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<sup>2</sup> Powered by University of Missouri's Center for Applied Research and Environmental System (CARES) system, [www.communitycommons.org](http://www.communitycommons.org).

The most recent set of objectives are for the year 2020 (HP2020). Year 2030 objectives are currently under development.<sup>3</sup>

## COMMUNITY INPUT

Actionable Insights conducted primary research for this assessment. They used three strategies for collecting community input: key informant interviews with health experts and community service experts, focus groups with professionals, and resident focus groups.

Primary research protocols were generated by AI in collaboration with the HCC, based on facilitated discussion among the HCC members about what they wished to learn during the 2019 CHNA. The HCC sought to build upon prior CHNAs by focusing the primary research on the community's perception of mental health (identified as a major health need in the 2016 CHNA) and their experience with health care access and delivery (also identified as a major health need in 2016). Relatively little timely quantitative data exists on these subjects.

AI recorded each interview and focus group as a stand-alone piece of data. Recordings were transcribed, then the team utilized qualitative research software tools to analyze the transcripts for common themes. AI also tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in a key informant interview. The HCC used this tabulation to help assess community health priorities.

Across the key informant interviews and focus groups, AI solicited input from over 64 community leaders and representatives of various organizations and sectors. These representatives either work in the health field or in a community-based organization that focuses on improving health and quality of life conditions by serving those from IRS-identified high-need target populations.<sup>4</sup> In the list below, the number in parentheses indicates the number of participants from each sector.

- San Mateo County Health (3)
- Other San Mateo County employees (from Behavioral Health & Recovery Services, Human Services Agency, Office of Education, etc.) (10)
- Other public employees (from cities, school districts, etc.) (5)
- Other hospitals, clinics, and health care systems (6)
- Mental health, substance use, and violence prevention providers (4)
- Other nonprofit community-based organizations (33), including those serving children, youth, seniors, parents, ethnic minorities and other vulnerable populations such as immigrants, those experiencing homelessness, those experiencing food insecurity, and those suffering from dementia, mental health, and substance use disorders
- Community groups, including collaboratives and coalitions (1)
- Faith-based (1)
- Business sector (1)

See Attachment 1: Community Leaders, Representatives, and Members Consulted for the names, titles, and expertise of these leaders and representatives along with the date and mode of consultation (focus group or key informant interview). See Attachment 5 Qualitative Research Protocols for protocols and questions.

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<sup>3</sup> U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov>.

<sup>4</sup> The IRS requires that community input include the low-income, minority, and medically underserved populations.

## KEY INFORMANT INTERVIEW INPUT

Between April and June 2018, AI conducted primary research via key informant interviews with 19 San Mateo County experts from various organizations. These experts included the deputy chief of the county health system, community clinic managers, and clinicians. Interviews were conducted in person or by telephone. For approximately one hour, AI asked informants to: identify and discuss the top needs of their constituencies, including barriers to health; give their perceptions of access to health care and mental health needs; and share which solutions may improve health, including services and policies.

## FOCUS GROUP INPUT

Input from Professionals and Community Leaders

Four focus groups were conducted with a total of 45 professionals and community leaders from April to May 2018. The questions were the same as those used with key informants.

### *Details of Focus Groups with Professionals*

Topic	Focus Group Host/Partner	Date (2018)	Number of Participants
Social determinants of health	San Mateo County Human Services Agency	4/27/18	18
Community & family safety	Before Our Very Eyes/Bay Area Anti-Trafficking Coalition	5/8/18	9
Older adults	Sequoia Hospital Health & Wellness Center	5/10/18	11
Homeless population	LifeMoves	5/24/18	7

Please see Attachment 1: Community Leaders, Representatives, and Members Consulted for a full list of community leaders/stakeholders consulted.

Input from Residents

AI conducted five resident focus groups with a total of 45 residents between April and June 2018. The discussions centered around the same five questions, as with the key informants, which AI modified appropriately for each audience (see Attachment 5): Qualitative Research Protocols for detailed focus group protocols):

- What are the most important/pressing health needs in San Mateo County?
- What drivers or barriers are impacting the top health needs?
- To what extent is health care access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to impact health needs?

Nonprofit hosts, such as the Peninsula Conflict Resolution Center, recruited participants for the groups. To provide a voice to the community it serves in San Mateo County, and in alignment with IRS regulations, the focus groups targeted residents who are medically underserved, low-income, or of a minority population.

### *Details of Focus Groups with Residents*

Topic	Focus Group Host/Partner	Date (2018)	Number of Participants
Older adults	The Villages of San Mateo County	4/18/18	8
Young adults	Cañada College	5/9/18	5
Spanish-speaking older adults	Peninsula Family Services Agency, North Fair Oaks Senior Center	5/16/18	12
LGBTQI issues	Pride Center	5/17/18	10
Pacific Islanders	Peninsula Conflict Resolution Center	6/12/18	10

### 2019 Resident Participant Demographics

A total of 45 community members participated in the focus group discussions across the county. AI asked all participants to complete an anonymous demographic survey, the results of which are as follows:

- 41% of respondents were Latinx, 25% were White, 18% were Pacific Islander, 5% were Asian, 5% were African/African Ancestry, and the rest reported being of multiple ethnicities.
- 20% of respondents were young adults (under age 26), and 50% were age 65 or older.
- 73% were female, 22% were male, and 5% were gender-nonconforming
- 68% reported having an annual household income of under \$49,000 per year, which is near or below the 2014 California Self-Sufficiency Standard<sup>5</sup> for San Mateo County for two adults with no children (\$47,364). Half were low-income (i.e., Medi-Cal eligible<sup>6</sup> or earning less than \$25,000). This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

<sup>5</sup> The Insight Center for Community Economic Development. (2015). *Self-Sufficiency Standard Tool for California*. Retrieved from <http://www.insightccd.org/tools-metrics/self-sufficiency-standard-tool-for-california/>.

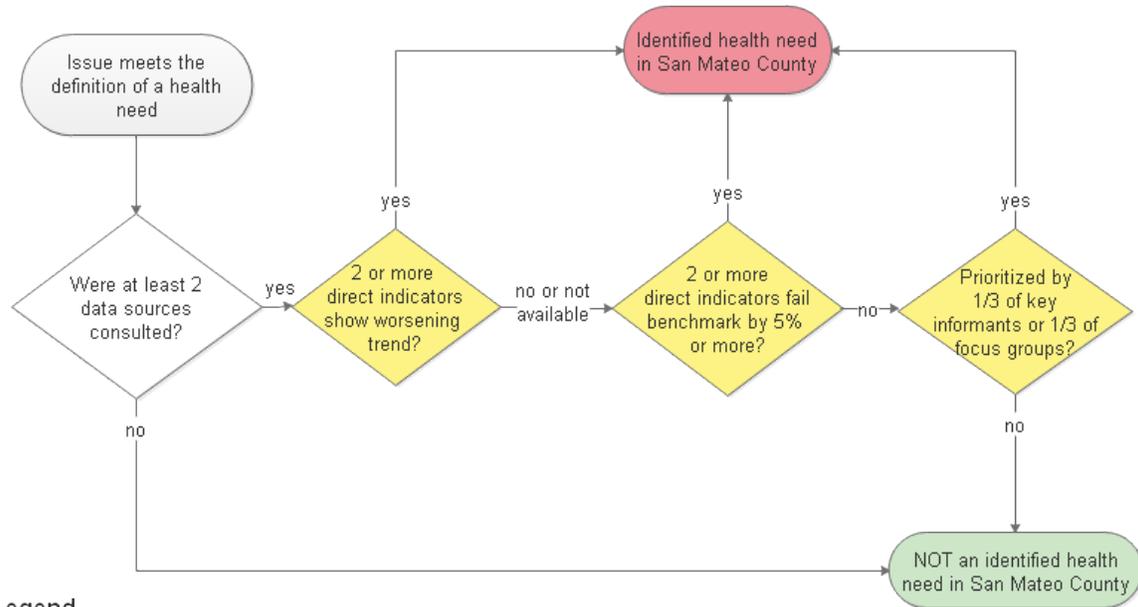
<sup>6</sup> Earned below 138% of the Federal Poverty Level (\$16,753 for an individual, \$22,108 for two adults, \$34,638 for a family of four). California Department of Health Services. *Medi-Cal Eligibility*. 2018. Retrieved from <https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>.

## IDENTIFICATION OF SIGNIFICANT HEALTH NEEDS

In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as one of the community's prioritized health needs, an issue had to meet certain criteria (depicted in the diagram below). See the legend below the diagram as well as the sidebar on the next page for terms and definitions.

What goes on the list?

*Health needs list decision tree  
in San Mateo County*



### Legend

- A "data source" is either a statistical dataset, such as those found throughout the California Cancer Registry, or a qualitative dataset, such as the material resulting from the interviews and focus groups Actionable Insights conducted for the Healthy Community Collaborative.
- A "direct indicator" is a statistic that explicitly measures a health need. For example, the lung cancer incidence rate is a direct indicator of the cancer health need, while the percentage of the population that currently smokes cigarettes is not a direct indicator of the cancer health need.
- A "benchmark" is either the California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.

### Criteria details:

1. Meets the definition of a "health need" (see sidebar below).
2. At least two data sources were consulted.
3.
  - a. Two or more direct indicators show worsening trends.
  - b. If not (a), two or more direct indicators fail the benchmark by 5% or more.
  - c. If not (b), prioritized by at least one third of key informants or focus groups.

Actionable Insights (AI) analyzed data on a variety of issues, including data from the 2018 San Mateo County Health and Quality of Life Survey, provided by San Mateo County Health, as well as other secondary data and qualitative data from focus groups or key informant interviews. AI then synthesized these data for each issue and applied the criteria listed above to evaluate whether each issue qualified as a prioritized health need. In 2019, this process led to the identification of 12 community health needs that fit all three criteria.

## TERMINOLOGY

**Health condition:** A disease, impairment, or other state of physical or mental ill-health that contributes to a poor health outcome.

**Health risk:** A behavioral, environmental, social, economic, or clinical care factor that impacts health. May be a social determinant of health.

**Health need:** A poor health *outcome* and its associated *risk(s)*, or a risk that may lead to a poor health outcome.

**Health outcome:** A snapshot of a disease/health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

**Health indicator:** A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

## 5. Assessment Data and Findings

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### SUMMARIZED DESCRIPTIONS OF IDENTIFIED COMMUNITY HEALTH NEEDS, 2019

#### ARTHRITIS

##### *What Is the Issue?*

Characterized by joint inflammation, arthritis is a leading cause of disability for adults in the U.S. The Centers for Disease Control and Prevention (CDC) have associated arthritis with major depression and other quality of life issues.<sup>7</sup> The primary symptoms of arthritis are stiffness and pain in one or more joints, which typically escalate with age. Osteoarthritis and rheumatoid arthritis are the most common types of arthritis. Individuals at increased risk for arthritis include women, older adults, individuals diagnosed with obesity, people who have had a previous joint injury, and those with a family history of the disease.<sup>8</sup>

##### *Why Is It a Health Need?*

Arthritis is a community health need in San Mateo County due to the rising prevalence of arthritis and rheumatism among county residents generally, as well as the increasing existence of rheumatoid arthritis or osteoarthritis in the county's Medicare population specifically. The prevalence of arthritis/rheumatism is significantly higher in the county than in the state. Reflecting the age-related dimension of the condition, close to half of older adults in the county reported having arthritis/rheumatism. Fewer than 15% of focus groups and key informants prioritized arthritis as a community health need.

#### CANCER

##### *What Is the Issue?*

Cancer is a generic term used to describe a condition in which abnormal cells divide uncontrollably, invading and killing healthy tissue. These abnormal cells can metastasize to other parts of the body via the blood and lymph systems. With more than 100 kinds of cancer<sup>9</sup>, it is the second leading cause of death in the U.S., following heart disease.<sup>10</sup> High-quality screening can serve to reduce cancer rates; however, a variety of complex factors contribute to disparities in cancer incidence and death rates among different ethnic, socioeconomic, and otherwise vulnerable groups. Research has found that health disparities related to cancer contribute to higher, avoidable death rates among low-income and ethnic minority populations

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<sup>7</sup> Centers for Disease Control and Prevention. (2016). *Arthritis-Related Statistics*.

<sup>8</sup> Mayo Foundation for Medical Education and Research. (2016). *Definitions of Arthritis and Rheumatoid Arthritis*.

2016.

<sup>9</sup> Centers for Disease Control and Prevention. (2018). *How to Prevent Cancer or Find It Early*.

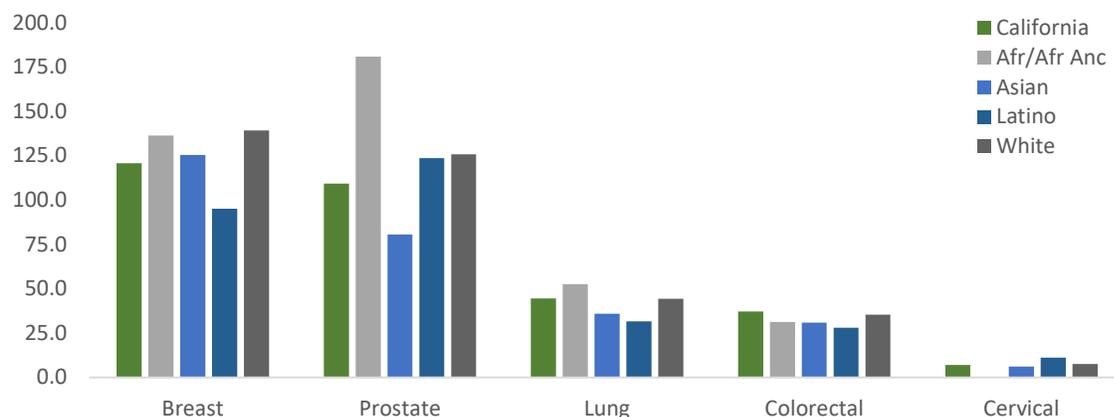
<sup>10</sup> Centers for Disease Control and Prevention. (2017). *Leading Causes of Death*.

nationwide. These disproportionalities may be exacerbated by delivery issues in cancer screening and follow-up.<sup>11</sup> While personal behavioral and environmental factors are significant (e.g., smoking, exposure to known carcinogens), the most important risk factors for cancer are lack of health insurance and low socioeconomic status.<sup>12</sup>

### Why Is It a Health Need?

**Cancer** is the leading cause of death in the county with overall cancer prevalence being significantly higher in the county than in the state. Incidence rates for certain cancers (melanoma, prostate, uterine, and breast) are also worse in the county than in the state.

### Selected Cancer Incidence Rates by Ethnicity, San Mateo County



*Note: All rates per 100,000 population. Breast and cervical cancer incidence rates for females only; prostate cancer incidence rate for males only. Source: State Cancer Profiles. 2010-2014.*

Significant ethnic disparities in cancer occurrences by site are seen for White, African/African Ancestry, and Latinx populations. Unhealthy behaviors that increase cancer risk, such as binge drinking and lack of regular vigorous physical activity, are on the rise. Additionally, breast cancer screenings (mammograms) have decreased countywide. Cancer was prioritized by fewer than 15% of focus groups and was not prioritized by key informants.

<sup>11</sup> Fiscella, K., et al. (2011). Eliminating Disparities in Cancer Screening and Follow-up of Abnormal Results: What Will It Take? *Journal of Health Care for the Poor and Underserved*, 22(1): 83-100.

<sup>12</sup> National Cancer Institute. (2018). *Cancer Disparities*.

## FOOD INSECURITY

### *What Is the Issue?*

Food insecurity is defined as the “lack of consistent access to enough food for an active, healthy life.”<sup>13</sup> Various factors may have an impact on food insecurity, such as employment/income, ethnicity, and disability status. Hunger and food insecurity are related but distinct concepts; hunger is the physical discomfort related to “prolonged, involuntary lack of food,” while food insecurity refers to a “lack of available financial resources for food at the household level.”<sup>14, 15</sup> Measurements of various levels of food insecurity, from marginal to low or very low, include anxiety about food insufficiency, household food shortages, reduced “quality, variety, or desirability” of food, diminished nutritive intake, and “disrupted eating patterns.”<sup>15</sup> In 2017, approximately one in eight Americans experienced food insecurity, of which more than one third were children.<sup>14</sup> Individuals who are food-insecure may be more likely to experience various poor health outcomes/health disparities, including obesity. Children who experience food insecurity are also at greater risk for developmental complications and/or delays compared to children who are food-secure. In addition, food insecurity may have a detrimental impact on children’s mental health.<sup>16</sup>

### *Why Is It a Health Need?*

The county’s population experiences food insecurity at a rate significantly higher than the benchmark, and more Health and Quality of Life Survey respondents were food insecure than in any prior iteration of the survey. Additionally, significantly greater proportions of the food-insecure population in the county, both adults and children, are ineligible for assistance compared to the same populations at the state level. Finally, the proportions of individuals receiving SNAP benefits and other government assistance, as well as free meals and/or supplies from food banks, have been increasing. Fewer than 15% of key informants specifically prioritized food insecurity as a need in the community, while it was not prioritized by focus groups. However, it was discussed in the context of economic security and/or nutrition in one third of interviews and focus groups.

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<sup>13</sup> U.S. Department of Agriculture, Economic Research Service. (2018). *Food Security in the U.S.*

<sup>14</sup> Feeding America. (2018). *What is Food Insecurity?*

<sup>15</sup> U.S. Department of Agriculture, Economic Research Service. (2018). *Definitions of Food Security.*

<sup>16</sup> Healthy People 2020. (2018). *Food Insecurity.*

## HEALTH CARE ACCESS AND DELIVERY

### *What Is the Issue?*

Access to comprehensive, quality health care is important for health and for increasing the quality of life for everyone.<sup>17</sup> Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include quality, transparency, and cultural competence/cultural humility. Limited access to health care and compromised health care delivery impact people's ability to reach their full potential, negatively affecting quality of life. As reflected in statistical and qualitative data, barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, and inability to get preventive services.

### *Why Is It a Health Need?*

**Health care access and delivery** is a health need of concern to the community. While the county has high rates of available primary care, dental, and mental health providers overall, there is significantly poorer access to “other” primary care providers (nurse practitioners, physician assistants, etc.) in the county compared to the state. The proportion of employed county residents whose jobs offer health benefits has also declined. Community input suggests that health care is often unaffordable. Those who do not receive health insurance subsidies may lack insurance and the funds to pay for medical care without it, despite the availability of the county's Affordable Care for Everyone (ACE) program. Since 2013, there has been a reduction in the proportion of children who have a usual place for medical check-ups. Ease of access to specialty care (e.g., dental, mental health, and substance use treatment) has been declining as well.

Latinxs, Pacific Islanders, and those of “Other” races have the lowest rates of health insurance. Low socioeconomic status residents are more likely than higher-status groups to have health care access issues, such as absence of health insurance, inability to afford medication, inadequate transportation to medical appointments, and lack of recent health screenings (e.g., dental exams or colorectal cancer testing). Participants in ten different focus groups and interviews indicated they believe that undocumented immigrants are accessing health care (including oral health, obstetrics, and general medical services) less often in recent years due to the political climate, which has resulted in a fear of being identified and deported. Professionals specifically cited a drop in patient visits.

Community input also included concerns about the supply of primary and specialty care providers in the county, which participants connected to both longer wait times for appointments and lower levels of attention exhibited by providers during appointments, possibly due to overwork. Community members voiced the need for health care providers to spend more time

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<sup>17</sup> Office of Disease Prevention and Health Promotion. (2015). <http://www.healthypeople.gov>.

simply listening and expressing empathy to patients. The community also identified the need for training and greater diversity among health care providers to best serve certain populations and to offer greater cultural competence/humility. Community input additionally identified the need for better one-on-one partnerships between health providers and patients from vulnerable populations (e.g., patients of color, LGBTQI patients, patients experiencing homelessness, and patients with mental or physical disabilities) to reduce stereotyping and implicit bias among providers, as well as to increase empowerment among these patients with regard to their own health and health treatment plans. Finally, qualitative data indicated a lack of knowledge among community members about where to go for answers about health insurance and health care systems and a lack of understanding in regard to the information doctors provided patients. Access and delivery was prioritized (identified as a top health need) by 39% of key informants and over 20% of focus groups; it was also discussed in all interviews and groups.

## HEALTHY LIFESTYLES

Healthy lifestyles is a need in San Mateo County that was prioritized (identified as a top health need) by 25% of key informants and over 20% of focus groups. This need includes concerns about diabetes, obesity, fitness, diet, and nutrition. Diabetes and obesity are on the rise in the county; statistics for adult diabetes prevalence and youth fruit/vegetable consumption are significantly worse than state averages.

Diabetes

### *What Is the Issue?*

Diabetes refers to a category of diseases that affects how the body utilizes glucose (blood sugar), the body's primary source of fuel.<sup>18</sup> Type 1 diabetes and type 2 diabetes are chronic<sup>18</sup>, with type 2 diabetes accounting for roughly 90% of all diagnosed cases, and type 1 diabetes accounting for approximately 5%. Gestational diabetes accounts for the rest.<sup>19</sup> The Centers for Disease Control and Prevention (CDC) estimates that 30 million people in the U.S. have diabetes, and that an additional 84 million U.S. adults are pre-diabetic.<sup>19</sup> The more serious health complications of diabetes include heart disease, stroke, kidney failure, adult-onset blindness, and lower-extremity amputations.<sup>19</sup> While type 1 diabetes is generally believed to be caused by a combination of genetic and environmental factors<sup>18</sup> and cannot be prevented, type 2 diabetes and pre-diabetes (higher-than-normal blood glucose levels) are the result of the body losing its ability to generate sufficient insulin to maintain and regulate a healthy blood sugar level. Risk factors for type 2 diabetes include being physically inactive, being overweight, being age 45 or older, having a close family member with type 2 diabetes, and having pre-diabetes.<sup>19</sup> Additionally, certain ethnic groups (African/African Ancestry, Latinx, Native American, Pacific Islanders, and some Asian groups) are at a higher risk of type 2 diabetes.<sup>19</sup>

As the seventh leading cause of death in the U.S.<sup>19</sup>, diabetes is costly. The CDC estimates the annual medical costs and lost work/wages attributable to diabetes is in excess of \$300 billion

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<sup>18</sup> The Mayo Clinic. (2018). *Diabetes Overview*.

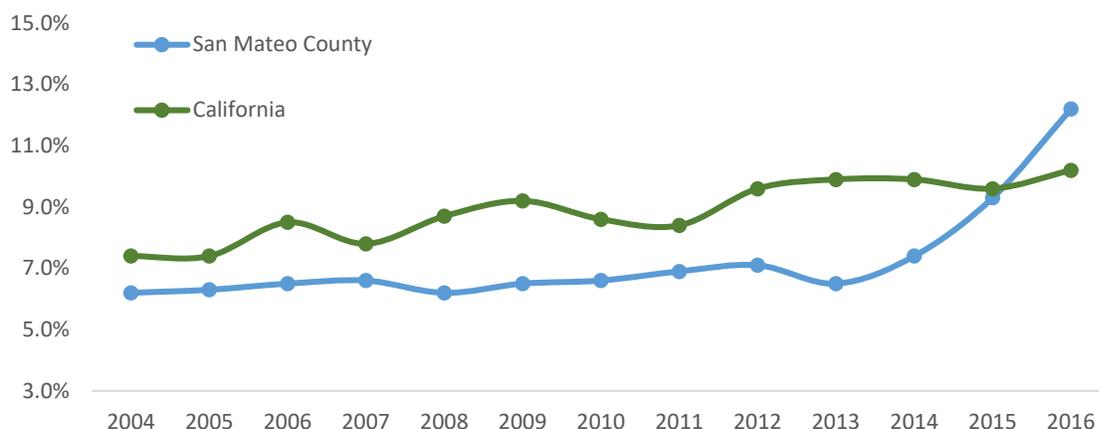
<sup>19</sup> Centers for Disease Control and Prevention. (2018). *Diabetes Quick Facts*.

annually, and overall medical costs for those diagnosed with diabetes are twice as high as for those who do not have diabetes.<sup>19</sup>

### Why Is It a Health Need?

Diabetes ranks among the top 10 causes of death in the county. Adult diabetes prevalence is significantly higher in the county than in the state, and has been trending up both locally and in the state.

#### Diabetes Prevalence, Adults, 2004-2016



Source: Centers for Disease Control and Prevention, 2004-2015 (state 2004-2015, county 2004-2010). California Health Interview Survey, 2011-15 (county). Behavioral Risk Factors Surveillance System, 2016 (state). San Mateo County Health & Quality of Life Survey, 2018 (county).

It is highest among African/African Ancestry and low socioeconomic status residents. Pacific Islander and African/African Ancestry residents visited emergency rooms for diabetes at rates higher than other ethnic groups. Diabetes management among the county’s Medicare patients is slightly worse than the state. Diabetes was prioritized (identified as a top health need) by more than 15% of key informants. Some key informants expressed concern about the rising number of children and youth being diagnosed with diabetes. Other key informants identified diabetes as an issue among individuals experiencing homelessness, noting for example that keeping insulin (a hormone that controls blood sugar, required for diabetes management) cool is much more difficult when one is homeless.

### Obesity

#### What Is the Issue?

Taking in more calories than are burned through normal activity and exercise causes the excess calories to be stored as fat.<sup>20</sup> When one’s weight is higher than the healthy standard for one’s

<sup>20</sup> Mayo Clinic. (2018). *Obesity*.

height, an individual is described as overweight or obese. Both conditions are measured by body mass index (BMI), a metric ratio of weight divided by the square of height.<sup>21</sup> Risk factors of obesity, in addition to unhealthy diet and inactivity, include genetic factors, underlying medical issues, family models, social and economic factors, and hormonal changes due to lack of sleep, pregnancy, or age. Smoking cessation and the side effects of certain medications can also contribute to obesity.<sup>20</sup> Further, food insecurity and obesity often co-exist because “both are consequences of economic and social disadvantage.”<sup>22</sup>

Nearly one in five children and nearly two in five adults in the U.S. are obese.<sup>21</sup> Being obese or overweight increases an individual’s risk for diabetes, hypertension, stroke, and cardiovascular disease. Obesity can also contribute to poor mental health (anxiety, depression, low self-esteem), stigma, and social isolation. Among children and youth, obesity can also increase the likelihood of bullying.<sup>20, 21</sup>

### *Why Is It a Health Need?*

Overall obesity rates are high in San Mateo County, but do not fail benchmarks. However, Latinxs have significantly higher proportions of overweight and obese adult and youth, which do exceed benchmarks. This is driven, in part, by low fruit/vegetable consumption (based on statistical data) and possibly by physical inactivity (reported by the community). African/African Ancestry adults also significantly miss the benchmarks for obesity and overweight. Perhaps unsurprisingly, given the association between obesity and food insecurity, adults of low socioeconomic status also fail benchmarks for obesity and overweight.

The community expressed concern about obesity among youth and young adults, emphasizing that healthy habits of diet and activity begin in childhood and are strongly affected by family models, access to recreation, and the food environment (see section on access to food and recreation in the **Neighborhood & Built Environment** health need).

## Fitness, Diet, and Nutrition

### *What Is the Issue?*

The benefits of fitness and a healthy, nutritious diet are commonly known and well-documented.

As noted by the Centers for Disease Control and Prevention, “physical activity fosters normal growth and development, can reduce the risk of various chronic diseases, and can make people feel better, function better, and sleep better.”<sup>23</sup> Getting regular exercise can help people of all ages combat obesity, reduce the risk of cardiovascular disease, type 2 diabetes, some cancers,

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<sup>21</sup> Centers for Disease Control and Prevention. (2018). *Overweight & Obesity*.

<sup>22</sup> Food Research & Action Center. (2015). *Food Insecurity and Obesity*.

<sup>23</sup> Centers for Disease Control and Prevention. (2018). *Physical Activity Basics*.

and a host of other physical issues.<sup>24</sup> Regular exercise can also help to strengthen bones and muscles, prevent falls for older adults, and increase an individual's chances of living longer.<sup>24, 25</sup>

Likewise, the benefits of a healthy diet include preventing high cholesterol and high blood pressure, reducing the risks of developing diseases including cancer and diabetes, and helping to reduce the risks of obesity, osteoporosis, and dental cavities.<sup>26</sup> For children and adolescents, a nutritious diet helps with growth and bone development, as well as improved cognitive function.<sup>27</sup>

In spite of these well-known benefits most people, young and old alike, do not meet the recommended healthy food and exercise guidelines. Most significantly, a poor diet and lack of regular exercise can lead to adult and childhood obesity, a serious and costly health concern in the U.S. that often results in some of the leading causes of preventable death.<sup>28</sup>

### *Why Is It a Health Need?*

Youth in San Mateo County consume fruits/vegetables at rates significantly lower than the state average, and rates for Latinx youth and youth of "Other" ethnicities are even worse. Nearly one in five residents participating in the county's Health and Quality of Life Survey report consuming sugar-sweetened beverages daily; this proportion rises to over one in four among residents of low socioeconomic status. Breastfeeding, which contributes to a healthy diet for infants, is significantly lower among African/African Ancestry mothers than the state benchmark. Finally, as noted by professionals in one of the focus groups, individuals who have had teeth removed have difficulty eating, which contributes to a poor diet; over one in five Health and Quality of Life Survey respondents reported that three or more of their permanent teeth had been removed due to tooth decay or gum disease. This figure rose to one in three among residents of low socioeconomic status.

Countywide, the proportion of adults who engage in no vigorous physical activity at all has been rising since 2013, and the proportion of those who engage in a set of healthy behaviors (do not smoke cigarettes, are not overweight [based on BMI], exercise at least three times per week for at least 20 minutes each time, and eat five or more servings of fruit/vegetables per day) has been dropping.

Community input included notions about cultural differences in diet and formal exercise, lack of time (or, in some cases, space) for cooking or recreation, and issues of access to healthy food in schools and other institutions, including homeless shelters and senior centers. The community also discussed environmental factors that contribute to physical inactivity and poor diet/nutrition, such as the built environment, stress, and poverty. (See more information in the

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<sup>24</sup> The Mayo Clinic. (2016). *Exercise: 7 benefits of regular physical activity.*

<sup>25</sup> Harvard Health Publishing/Harvard Medical School. (2013). *Balance training seems to prevent falls, injuries in seniors.*

<sup>26</sup> United States Department of Agriculture. (2016). *Why is it important to eat vegetables?*

<sup>27</sup> World Health Organization. (2018). *Early child development – Nutrition and the early years.*

<sup>28</sup> Centers for Disease Control and Prevention. (2016). *Childhood Obesity Causes & Consequences.* See also: Centers for Disease Control and Prevention. (2018). *Adult Obesity Causes & Consequences.*

section on access to food and recreation under the **Neighborhood & Built Environment** health need, and in the **Mental Health & Well-Being** health need.)

## HOUSING AND HOMELESSNESS

### *What Is the Issue?*

The U.S. Department of Housing and Urban Development (HUD) defines affordable housing as that which costs no more than 30% of a household's annual income.<sup>29</sup> The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care.<sup>29</sup> The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside.<sup>30</sup> Further, a 2011 study by Children's Health Watch found that "[c]hildren in families that have been behind on rent within the last year are more likely to be in poor health and have an increased risk of developmental delays than children whose families are stably housed."<sup>31</sup>

Homelessness is correlated with poor health; poor health can lead to homelessness and homelessness can lead to poor health.<sup>32</sup> Individuals experiencing homelessness have been shown to have more health care issues than non-homeless peers, suffer from preventable illnesses at a greater rate, experience longer hospital stays, and have a greater risk of premature death.<sup>33</sup> A National Health Care for the Homeless study found that the average life expectancy for a person without permanent housing was at least 25 years less than that of the average U.S. citizen.<sup>34</sup> Thus, it is vital that health care systems monitor their homeless population and identify the population's health needs.

### *Why Is It a Health Need?*

**Housing and homelessness** is one of the chief concerns of the community and was prioritized (identified as a top health need) by almost all focus groups and key informants. The community described stress about the high costs of housing and lack of affordable rent as another major priority; in more than two thirds of focus groups and key informant interviews, housing was mentioned in conjunction with mental health. Multiple populations of concern are unable to afford housing in this area, or may be experiencing either homelessness or housing instability.

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<sup>29</sup> U.S. Department of Housing and Urban Development. (2018). *Affordable Housing*.

<sup>30</sup> Pew Trusts/Partnership for America's Economic Success. (2008). *The Hidden Costs of the Housing Crisis*. See also: The California Endowment. (2015). *Zip code or Genetic code: Which is a Better Predictor of Health?*

<sup>31</sup> Children's Health Watch. (2011). *Behind closed doors: The hidden health impacts of being behind on rent*.

<sup>32</sup> National Health Care for the Homeless Council. (2011). *Care for the homeless: comprehensive services to meet complex needs*.

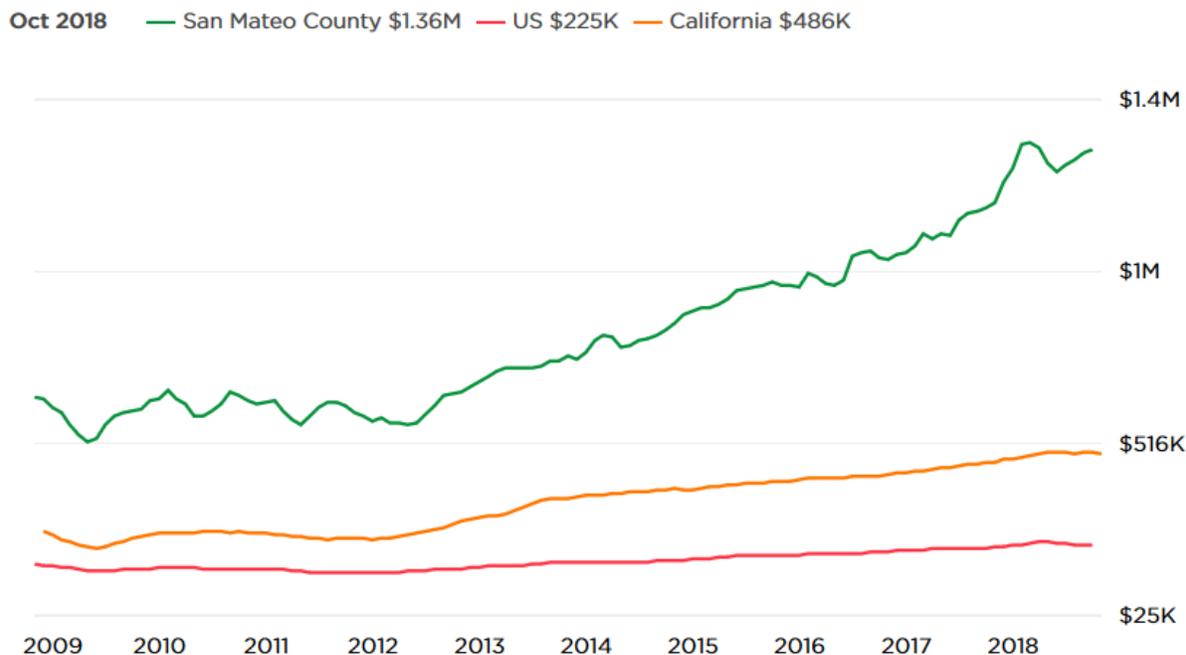
<sup>33</sup> O'Connell, J.J. (2005). *Premature mortality in homeless populations: A review of the literature*. Nashville, TN:

National Health Care for the Homeless Council.

<sup>34</sup> National Coalition for the Homeless. (2009). *Health Care and Homelessness*.

Further, community input described the growing call for help with basic needs among those with middle incomes for whom services are lacking as they do not qualify for most assistance programs.

**Median Home Sale Price, All Homes, 2009-2018**



Source: Zillow. San Mateo County Home Prices & Values, 2009-2018.

The median rent in the county is significantly higher than the state average and has been increasing. The number of county residents who have experienced housing instability recently (in the past two years) has been rising, as has the proportion of residents who are sharing housing costs with a non-partner for the sake of affordability. The community reported people moving within or exiting the area due to increased cost of living. Compared to 2013, a greater proportion of Health and Quality of Life Survey respondents in 2018 indicated they were seriously considering leaving the county due to the cost of living. While housing quality does not appear to be an issue in the county, the number of assisted housing units available is lower than the state average, suggesting that affordable housing is relatively scarce.

## INFECTIOUS DISEASES

### *What Is the Issue?*

Transmitted via contact with an infected person and his or her discharge (i.e., blood, saliva, etc.), infectious diseases such as viral hepatitis, influenza, and tuberculosis remain a major cause of illness, disability, and death in the U.S., despite the introduction and general availability of vaccines. Prevention of infectious diseases (e.g., through education and/or vaccines) is significantly less costly than their treatment. There are a variety of agencies which monitor infectious diseases, identify outbreaks/epidemics, and distribute resources to combat them.<sup>35</sup>

### *Why Is It a Health Need?*

Infectious diseases are a health need in the county as evidenced by significantly higher rates of acute hepatitis B, pertussis, and tuberculosis cases compared to benchmarks. The proportion of kindergarteners with overdue immunizations is also somewhat higher than the state benchmark. Influenza/pneumonia was among the top ten causes of death in the county. Infectious diseases were not prioritized overall in the community input.

## MENTAL HEALTH AND WELL-BEING

Mental health and well-being, including substance use, is one of the strongest priorities of the community consulted. The community prioritized it as a top health need for San Mateo County in almost all focus groups and key informant interviews. Depression, poor mental health, binge drinking, deaths from drug poisoning, and the adult substance-related emergency department visit rate have all been increasing in the county. The proportions of county residents who currently drink alcohol or have used marijuana/hashish recently are significantly higher than benchmarks. Chronic liver disease and cirrhosis was the #9 cause of death in the county, followed by drug-induced death at #10; both were higher than suicide at #11.

### Mental Health and Emotional Well-Being

#### *What Is the Issue?*

While there is no single definition, researchers agree that the minimum elements of well-being include having positive emotions or moods, not feeling overwhelmed by negative emotions, and experiencing life satisfaction, fulfillment, and “positive function.” Well-being looks beyond happiness to include one's ability to:<sup>36</sup>

- View the past, present, and future in a positive perspective.
- Have positive relationships with parents, siblings, life partners, and peers who can provide support in difficult times.

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<sup>35</sup> U.S. Government Accountability Office. (2004). *Emerging Infectious Diseases: Review of State and Federal Disease Surveillance Efforts*.

<sup>36</sup> Centers for Disease Control and Prevention. (2016). *Health-Related Quality of Life: Well-being Concepts*.

- Find and engage in activities that absorb us into the present moment.
- Understand and feel the greater impact of personal actions and activities.
- Have goals, ambitions, and achievements that provide a sense of satisfaction, a sense of pride, and fulfillment.

Mental health – our emotional and psychological well-being, along with our ability to cope with normal, daily life – is key to personal well-being, healthy relationships, and the ability to function in society.<sup>37</sup> Mental health and the maintenance of good physical health are closely related. Depression and anxiety – common mental health disorders – can affect our ability to care for ourselves, and chronic diseases can lead to negative impacts on an individual’s mental health.<sup>38</sup> Mental health issues affect a large number of Americans. The Mayo Clinic estimates that in 2015, roughly 20% of the adult U.S. population was coping with a mental illness.<sup>39</sup>

### *Why Is It a Health Need?*

While neither are worse than benchmarks, depression and poor mental health have been increasing among county residents. However, depression among Latinx and African/African Ancestry residents as well as Coastside residents is significantly higher than the state average. Surveyed county residents who were low socioeconomic status experienced depression more often than residents of higher socioeconomic status. Results from the county’s Health and Quality of Life Survey suggest that various mental health and well-being indicators are worsening, from insufficient sleep and inadequate social/emotional support to feelings of loneliness/isolation, fear, anxiety, and panic. Inadequate social/emotional support was disproportionately experienced by residents of low socioeconomic status. Survey results also indicated that residents are seeking professional help for mental/emotional problems at a higher rate than in the past.

The county’s overall suicide rate is not worse than the benchmark, but youth self-harm exceeds the state average among youth of Native American ancestry and “Other” ethnicities. The county’s Adolescent Report found that nearly one in five adolescent girls reported being harassed or bullied online, as did over one in ten adolescent boys. It was also found that nearly two in five adolescent girls and almost one quarter of adolescent boys reported having suicidal thoughts. However, the county’s Health System indicated that the crude suicide rate in San Mateo County was highest for middle-aged adults (ages 45-64), and nearly three quarters of the suicides in the county between 2010 and 2015 were male.

In focus groups and interviews, residents and representatives of various vulnerable groups (e.g., LGBTQI, Pacific Islanders, individuals experiencing homelessness) expressed a greater need for mental health care. Economic insecurity (including housing instability) was also discussed as a driver of poor mental health and substance use.

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<sup>37</sup> Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders*.

<sup>38</sup> Lando, J. and Williams, S. (2006). *A Logic Model for the Integration of Mental Health into Chronic Disease Prevention and Health Promotion in Preventing Chronic Disease*. 2006 Apr; 3(2): A61.

<sup>39</sup> Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.

A common theme in community input was the co-occurrence of poor mental health and substance use. Community members frequently identified stigma as a barrier to both mental health care and substance use treatment, both in acknowledging the need for care (i.e., facing negative cultural perceptions/taboo, either internalized or imposed by family and/or friends) and in seeking and receiving care (i.e., experiencing stigma from providers delivering care). The community cited a lack of providers and services, both for mental health and for alcohol and drug treatment, as a major concern, and identified the need for co-location of physical and mental/behavioral health services. Mental health professionals also discussed the issue of burnout due to vicarious trauma experienced by staff and the concern that physical health clinicians may not have the knowledge or resources to address mental health.

## Substance Use

### *What Is the Issue?*

The use of substances such as alcohol, tobacco, and other drugs (both legal and illegal) impacts not only the individuals using them, but also their families and communities. Smoking cigarettes, for instance, can harm nearly every organ in the body and cause a variety of diseases, including heart disease.<sup>40</sup> Exposure to second-hand smoke can create health problems for non-smokers.<sup>41</sup> Substance use can lead or contribute to other costly social, physical, mental and public health problems, including domestic violence, child abuse, suicide, auto accidents, and HIV/AIDS.<sup>42</sup> In recent years, advances in research have resulted in a variety of effective evidence-based strategies to treat various addictions. Brain imaging technology and the development of targeted medications have helped to shift the perspective of the research community with respect to substance use.<sup>43</sup> More and more, substance use is seen as a disorder that can develop into a chronic illness requiring lifelong treatment and monitoring.<sup>43</sup>

### *Why Is It a Health Need?*

The proportions of county residents who currently drink alcohol or have used marijuana/hashish recently are significantly higher than benchmarks. The highest proportions of current drinkers are Coastside residents and the population earning a higher income (more than 400% of federal poverty limits). Coastside residents are also overrepresented among those who used marijuana/hashish recently, as are 18- to 39-year-olds. A significantly higher proportion of Asian/Pacific Islander residents used marijuana/hashish recently when compared to residents of other ethnicities. In addition, while binge drinking is only slightly higher in the county than the state, it is on the rise. Chronic liver disease/cirrhosis mortality is slightly higher than the state average as well and is among the top 10 causes of death in the county. Smoking rates are better than benchmarks and have been decreasing; however, vaping (e-cigarette use) is significantly higher than the state average among the 18- to 39-year-old population.

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<sup>40</sup> Centers for Disease Control and Prevention. (2018). *Health Effects of Cigarette Smoking*.

<sup>41</sup> American Lung Association. (2017). *Health Effects of Secondhand Smoke*.

<sup>42</sup> World Health Organization. (2018). *Management of Substance Abuse*.

<sup>43</sup> Office of Disease Prevention and Health Promotion. (2018). *Substance Abuse*.

Drug-induced death was the #10 cause of death in San Mateo County; higher than suicide, which was #11. The county's rate of deaths from drug poisoning has also been rising. Concurrently, the substance-related emergency department visit rate has increased among the county's adults (ages 20-64) as it dropped among youth (ages 10-19).

## NEIGHBORHOOD AND BUILT ENVIRONMENT

Neighborhood and built environment is a need in San Mateo County, as evidenced by the statistical data described below. This need includes: access to food and recreation, community and family safety, community infrastructure and housing quality, natural environment/climate, and transportation and traffic. Proportions of healthy food stores and WIC-authorized food stores, as well as statistics for drinking water violations, public transit access, road network density, and flood vulnerability are all significantly worse than state averages. Fast food restaurants are also on the rise in the county. Ethnic and income disparities are evident in almost all aspects of this health need.

### Access to Food and Recreation

#### *What Is the Issue?*

The U.S. Surgeon General's "Vision for a Healthy and Fit Nation 2010" described how different elements of a community can support residents' healthy lifestyles. The various components of the physical environment, including sidewalks, bike paths, parks, and fitness facilities that are "available, accessible, attractive and safe," all contribute to the extent and type of residents' physical activities.<sup>44</sup> Other community elements that support healthy lifestyles include local stores with fresh produce. Residents are more likely to experience food insecurity in communities where fewer supermarkets exist, grocery stores are farther away, and there are limited transportation/transit options.<sup>45</sup>

The CDC recommends policies and environments that support behaviors aimed at achieving and maintaining healthy weight in settings such as workplaces, educational institutions, health care facilities, and communities.<sup>46</sup> For example, the availability of healthy and affordable food in retail and cafeteria-style settings allows individuals to make better food choices throughout the day. Otherwise, people may settle for caloric foods of low nutritional value.<sup>47</sup>

#### *Why Is It a Health Need?*

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<sup>44</sup> Centers for Disease Control and Prevention. (2009). *Healthy Places*.

<sup>45</sup> Healthy People 2020. (2018). *Food Insecurity*.

<sup>46</sup> Healthy People 2020. (2015). *Nutrition and Weight Status*.

<sup>47</sup> Centers for Disease Control and Prevention. (2015). *Healthy Food Environments*.

Data indicate that the county has significantly lower proportions of healthy food stores and WIC-authorized food stores compared to the state. According to Get Healthy San Mateo County 2016, less than one third of food stores in low-income neighborhoods meet “basic quality and affordability standards.” The proportion of fast food restaurants in the county is only slightly higher than the state, but is continuing to rise.

A significantly smaller proportion of county residents live within half a mile of a public transit stop compared to the proportion of state residents. Community input describes public transit access as poor all across the county, especially for Coastsiders and older adults whose homes are not near transit lines. Streets could be safer; pedestrian accident deaths are slightly higher than the benchmark, with Latinx deaths from pedestrian accidents significantly higher.

## Community and Family Safety

### *What Is the Issue?*

Violence and intentional injury are related to poorer physical and mental health for the victims, the perpetrators, and the community at large.<sup>48</sup> Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. In one study, individuals who reported feeling unsafe to go out during the day were much more likely to experience poor mental health.<sup>49</sup> As reported by the World Health Organization, even apart from any direct physical injury, victims of violence have been shown to suffer from a higher risk of depression, substance use, anxiety, reproductive health problems, and suicidal behavior.<sup>50</sup> Additionally, even just being exposed to violence has been linked to negative effects on an individual’s mental health, including post-traumatic stress disorder, as well as a greater propensity to exhibit violent behavior themselves.<sup>51</sup>

### *Why Is It a Health Need?*

Nearly one third of youth surveyed for San Mateo County’s Adolescent Report stated that they saw violence in their schools and/or communities, and only about half expressed that they felt safe in their communities. Nearly one in five adolescent girls in San Mateo County reported having been harassed or bullied online, as did over one in ten adolescent boys.

Community and family safety is closely related to behavioral health. While the community did not prioritize safety as a distinct need, it was mentioned in the majority of discussions regarding

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<sup>48</sup> Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The World Report on Violence and Health. *The Lancet*, 360(9339), 1083-1088.

<sup>49</sup> Guite, H.F., Clark, C., & Ackrill, G. (2006). The Impact of the Physical and Urban Environment on Mental Well-Being. *Public Health*, 120(12), 1117-1126.

<sup>50</sup> World Health Organization. (2017). *10 Facts About Violence Prevention*.

<sup>51</sup> Ozer, E.J. & McDonald, K.L. (2006). Exposure to Violence and Mental Health Among Chinese American Urban Adolescents. *Journal of Adolescent Health*, 39(1), 73-79.

mental health and well-being (including discussions of mental health, stress, trauma/PTSD, and drug and alcohol use).

Economic stressors that affect food insecurity and housing instability were identified by multiple sources as drivers of domestic violence. Human trafficking is an emerging issue in the county, which experts similarly rooted in chronic homelessness/housing issues and related economic stressors, as well as chronic alcohol and drug use or exposure to the same in the home, domestic violence, abuse, neglect, and/or poor mental health/self-esteem issues that are not being appropriately addressed.

There are substantial ethnic disparities in community and family safety. Data show that county residents who are Latinx experience domestic violence at a significantly higher rate than others, exceeding the state average. Residents of African/African Ancestry and Native American Ancestry are the victims of assault at significantly higher rates than others, both populations nearly double the state average. The White population has the highest rate of youth intentional injury, exceeding the state average.

With regard to the risk of justice involvement and ethnic disparities, in San Mateo County, Latinx and African/African Ancestry students are expelled from school at rates twice as high as the state benchmark. Additionally, Native American and African/African Ancestry students are suspended from school at higher rates than the state average. The county's Adolescent Report further described juvenile justice involvement:

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*“African Americans have the highest juvenile arrest rate of 48 per 100,000... compared to 3.1 per 100,000 for their white counterparts... [and] Hispanics make up 50% of juvenile felony arrests... Issues with racial profiling, discrimination, and lack of opportunity may influence these outcomes.”*

*– County of San Mateo Adolescent Report 2014-15*

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## Community Infrastructure and Housing Quality

### *What Is the Issue?*

Community infrastructure includes access to transportation, clean water, adequate sewer/septic systems, and safe housing, all of which are crucial to health.<sup>52</sup> Adequate community infrastructure may also include access to media (e.g., libraries and/or internet), community gathering places, well-maintained pedestrian access (crosswalks/sidewalks), and clean and functional curbs and gutters.<sup>52, 53</sup> Lack of housing quality includes exposure to lead-based paint,

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<sup>52</sup> Rural Health Information Hub. (2017). *Social Determinants of Health*.

<sup>53</sup> Latino Coalition for a Healthy California. (2018). *Healthy Physical Environments*.

asbestos, and other domestic toxins, as well as inadequate plumbing and/or kitchen facilities.<sup>53, 54</sup> Residents of communities in which adequate infrastructure and quality housing exists tend to feel safer, to experience greater community cohesion and interpersonal trust, and are more likely to be physically and mentally healthy.<sup>53</sup>

### *Why Is It a Health Need?*

Drinking water violations in San Mateo County's community water systems were flagged as an issue. Lack of access to clean drinking water affects physical health in a variety of ways, including the potential for acquiring communicable diseases and the increased likelihood of consuming sugar-sweetened beverages instead of water, which is associated with both obesity and tooth decay. Key informants on the Coastside specifically addressed the issue of contaminated drinking water in certain coastal communities.

Key informants were also concerned in regard to the dearth of street lights and sidewalks, which affect pedestrian access. Furthermore, both road network density and asthma prevalence miss benchmarks. While more road miles per acre of land can be perceived as positive, when coupled with the rising asthma rates it may be seen as a net negative. In addition, since public transit access is lower than the state average despite the higher road network density, this confluence of indicators suggests issues with community infrastructure. Supporting this point, multiple key informants and focus group participants noted the poor transportation access on the Coastside.

There was a slight increase in the proportion of residents participating in the county's Health and Quality of Life Survey who rated the physical environment of their community as fair or poor. While housing quality does not appear to be an issue in the county, the number of assisted housing units available is lower than the state average, suggesting that affordable housing is relatively scarce. Indeed, the community frequently discussed the relative lack of affordable housing and the poor quality of the affordable housing that is available in the county.

## Natural Environment/Climate

### *What Is the Issue?*

Living in a healthy environment is critical to quality of life and physical health. The Office of Disease Prevention and Health Promotion reports that globally nearly 25% of all deaths and disease can be attributed to environmental issues.<sup>55</sup> Those environmental issues include air, water, food, and soil contamination, as well as natural and technological disasters.<sup>55</sup> For those whose health is already compromised, exposure to environmental issues can compound their problems.<sup>56</sup> It therefore follows that any effort to improve overall health must include consideration of those societal and environmental factors that increase the likelihood of exposure and disease. The recent reports on climate change highlight the importance of considering environmental health in the context of climate health, which is projected to have an

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<sup>54</sup> Community Commons. (2018). <http://www.communitycommons.org>.

<sup>55</sup> Office of Disease Prevention and Health Promotion. (2018). *Environmental Health*.

<sup>56</sup> Morris, G. and Saunders, P. (2017). *The Environment in Health and Well-Being*, Oxford Research Encyclopedias.

increasing impact on sea levels, air quality, and the severity of natural disasters such as fires, flooding, and droughts, and patterns of infectious diseases.<sup>57</sup>

### *Why Is It a Health Need?*

While air quality measures are better than the state, asthma prevalence is increasing among both adults and children in the county and is significantly worse than benchmarks. The county also has a significantly higher density of roads compared to the state average; particulates from traffic can contribute to asthma. Finally, the county is significantly more vulnerable to flooding compared to the state average. Some community members expressed concern about climate change; however, natural environment/climate was not prioritized in community input.

## Transportation and Traffic

### *What Is the Issue?*

In the U.S. in 2010, 13.6 million motor vehicle crashes killed nearly 33,000 people and injured 3.9 million more, at an estimated cost to the U.S. economy of \$242 billion. The major contributors to motor vehicle crashes include drunk driving, distracted driving, speeding, and not using seat belts.<sup>58</sup> Increased road use is correlated with increased motor vehicle accidents<sup>59</sup>, while more traffic (road congestion) causes travel delays, greater fuel consumption, and higher greenhouse gas emissions via vehicle exhaust.<sup>58</sup> Vehicle exhaust is a known risk factor for heart disease, stroke, asthma, and cancer. Thus, it is important to monitor the miles traveled by vehicles over time to better understand the various potentially adverse health consequences.<sup>60</sup> The benefits of eco-friendly alternative transport such as walking or riding a bicycle include improving health, saving money by not having to purchase a car or gasoline, and producing less impact on the environment. Combining alternative transport with traffic countermeasures can both improve health and reduce traffic-related injuries in communities.

### *Why Is It a Health Need?*

Although there has been an increase in county residents commuting to work via public transport, a significantly smaller proportion of county residents live within half a mile of a public transit stop compared to other state residents. However, community input describes public transit access as poor all across the county, especially for Coastsiders, for individuals – particularly older adults – whose homes are not near transit lines, and for commuters (students and workers) who must travel long distances. On-demand transportation is growing; community

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<sup>57</sup> U.S. Global Change Research Program. (2018). Fourth National Climate Assessment.

<sup>58</sup> U.S. Department of Transportation, National Highway and Traffic Safety Administration. (2015). *The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised)*, DOT HS 812 013. 2015 (revised). See also: Centers for Disease Control and Prevention. (2017). *Motor Vehicle Safety: Cost Data and Prevention Policies*, which suggests that the figures have not changed significantly since 2010.

<sup>59</sup> Cohen, P. (2014, October 8). *Miles driven and fatality rate: U.S. states, 2012*. *Sociological Images* [web log].

<sup>60</sup> Health Matters in San Francisco. (2008). *Heavy traffic can be heartbreaking*.

professionals suggested that older adults are warier of trying it than others, and that monolingual non-English speakers do not have the same kind of access due to communication issues.

Latinxs have a significantly higher pedestrian mortality rate than other county residents, and their rate also surpasses the Healthy People 2020 aspirational goal. Additionally, the county's road network density is significantly higher than the state average; community input describes long commutes with congested traffic as the norm. In some cases, long commutes are due to traffic jams rather than actual distance, while in other cases, long commutes are due to workers having been priced out of the local housing market and living farther away. Key informants connected long commutes to increased stress and poor health outcomes.

While prioritized by fewer than 15% of key informants and focus groups, transportation and traffic was discussed by a total of 20 key informants and focus groups.

## ORAL/DENTAL HEALTH

### *What Is the Issue?*

Good oral/dental health contributes to overall health – allowing us to taste, chew, and swallow – and has an effect on social function as well – allowing us to speak, smile, and make facial expressions to show feelings and emotions.<sup>61</sup> Maintaining oral/dental health is dependent on good self-care, including brushing with a fluoride toothpaste, flossing, and regularly receiving professional dental treatment.<sup>62</sup> Conversely, unhealthy behaviors such as substance use (including tobacco as well as drugs such as methamphetamines), poor dietary choices, and not brushing, flossing, or regularly seeing a dentist can result in conditions ranging from cavities to gum disease to cancer.<sup>63</sup> As with other health needs, a variety of factors can create barriers to accessing dental services for different ethnic, socioeconomic, and otherwise vulnerable groups. The primary access factors are lack of insurance, low socioeconomic status, and fear of dental treatment.<sup>64</sup>

### *Why Is It a Health Need?*

Oral/dental health is a need in San Mateo County because it was prioritized by the community (identified as a top health need) in two thirds of focus groups and over 20% of key informant interviews. Feedback related to oral health usually concerned the stated lack of access to high-quality dental services across the board (children, parents, young adults, and older adults) and/or lack of dental insurance (among young adults and older adults). While more than one quarter of county adults lack dental insurance, that is better than the state. However, the proportion of residents who report having no dental insurance that pays for some or all routine

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<sup>61</sup> National Institute of Dental and Craniofacial Research. (2000). *Oral Health in America: A Report of the Surgeon General*.

<sup>62</sup> Mayo Clinic. (2016). *Oral health: Brush up on dental care basics*.

<sup>63</sup> Office of Disease Prevention and Health Promotion. (2018). *Oral Health*.

<sup>64</sup> Centers for Disease Control and Prevention. (2017). *Disparities in Preventive Dental Care Among Children in Georgia*. 2017. [See also](#): Harvard Health Publishing/Harvard Medical School. (2015). *Dental Fear? Our readers suggest coping techniques*.

dental care has been rising since 2008. Insurance that covers routine care as well as dental surgery (e.g., wisdom tooth extraction and root canals) is perceived to be expensive, and wait times for appointments can be long.

The supply of oral health providers is perceived to be low, especially providers who accept Denti-Cal; key informants stated that low reimbursement rates and complicated billing procedures have driven many oral health providers away from accepting Denti-Cal. Reported ease of accessing dental care has worsened, although statistics show the ratio of dentists to residents has been improving. This was explained by one key informant who stated that, while there are 900 dentists in the county, only 30 accept Denti-Cal. Additionally, key informants noted that Federally Qualified Health Centers (FQHCs) are the only organizations that receive a higher reimbursement rate for dental services. Statistics show, however, that the ratio of FQHCs to residents is significantly worse in the county than the state.

Disparities do exist; about half of county residents with low socioeconomic status have not received a recent dental exam, which is significantly worse than the state. In a similar vein, another key informant indicated that 60% of children on Medi-Cal/Denti-Cal have not seen a dentist in more than a year. Community professionals also believed that residents do not access dentists because residents are not aware of how important oral health is to overall health.

Finally, a driver of poor oral health is drinking water violations; contaminated water can be associated with a rise in sugar-sweetened beverage consumption. The drinking water violations in San Mateo County's community water systems were flagged as an issue.

## RESPIRATORY CONDITIONS

### *What Is the Issue?*

Respiratory disorders affect the ability of the individual to breathe. Asthma, chronic obstructive pulmonary disorder (COPD), pneumonia, and lung cancer – each of which is chronic – are among the most common of respiratory disorders.<sup>65</sup> Asthma is an inflammation of the airways, causing them to swell and narrow, and is characterized by episodes of reversible breathing problems.<sup>66</sup> Symptoms can range from mild to life-threatening. Asthma attacks can cause a range of issues from simple wheezing to extreme breathlessness.<sup>67</sup> Proper asthma management can include access to asthma specialists, the regular use of “controller” medication, access to “quick-relief” medication, and avoidance of asthma triggers such as poor outdoor air quality, pollen, mold, smoke and its residue, animal dander, and pest-generated allergens.<sup>68</sup>

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<sup>65</sup> U.S. National Library of Medicine. (2018) *Lung Disease*.

<sup>66</sup> The Mayo Clinic. (2018). *Asthma Overview*.

<sup>67</sup> Centers for Disease Control and Prevention. (2018).

<sup>68</sup> Asthma and Allergy Foundation of American. (2018). *Asthma Capitals 2018*.

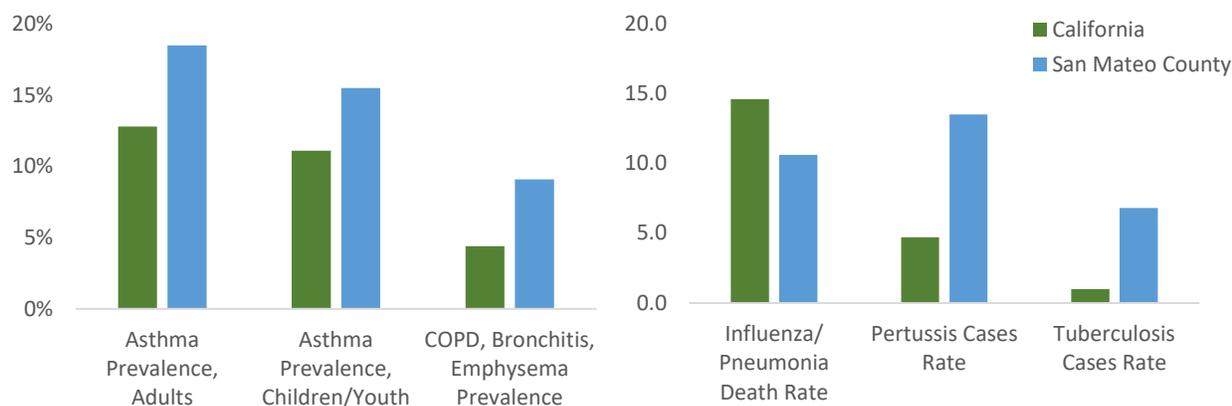
According to the American Lung Association, “the most common risk factors for developing asthma [are] having a parent with asthma, having a severe respiratory infection as a child, having an allergic condition, or being exposed to certain chemical irritants or industrial dusts in the workplace.”<sup>69</sup>

### Why Is It a Health Need?

Asthma/respiratory conditions are identified as a need in San Mateo County based on worsening trends as well as significantly higher prevalence of various respiratory conditions in the county compared to benchmarks at the state and national levels. Asthma prevalence is increasing among both adults and children in the county and is significantly worse than benchmarks. Among various ethnic groups, adult asthma prevalence is highest for African/African Ancestry and Latinx residents. Certain drivers of respiratory conditions, such as overweight/obesity and smoking, are significantly higher among the population of low socioeconomic status.

COPD, bronchitis, and emphysema are also rising countywide and are seen in the county in proportions twice as high as the state. Looking at data across the county, COPD, bronchitis, and emphysema are highest at the Coastside. Additionally, the rates of pertussis and tuberculosis, infectious diseases that affect the respiratory system, are significantly higher than benchmarks. Finally, both chronic lower respiratory disease and influenza/pneumonia were in the top ten causes of death in the county in 2017. Asthma/respiratory conditions were not prioritized in community input.

### Selected Respiratory Indicators, San Mateo County



Note: All rates in right-hand chart per 100,000 population. Source: Prevalence data: Behavioral Risk Factors Surveillance System, 2016 (U.S., CA). San Mateo County Health & Quality of Life Survey, 2018

<sup>69</sup> American Lung Association. (2018). *Asthma Risk Factors*. 2018.

(SMC only). Other data: California Department of Public Health (death rate, 2014-2016; cases rates, 2016).

## SOCIAL AND COMMUNITY CONTEXT

### *What Is the Issue?*

Social and community context is identified by the Centers for Disease Control and Prevention and Healthy People 2020 as one of the social determinants of health.<sup>70, 71</sup> It reflects the connection between various features of the settings in which people “live, learn, work, and play” and individuals’ health and well-being, including topics such as community cohesion, civic engagement, discrimination, workplace conditions, and incarceration.<sup>70</sup> Data in this CHNA mainly pertain to discrimination and its consequences, inequitable social and health outcomes.

Discrimination can have effects at both the structural and the individual levels. Structural discrimination relates to overarching conditions (e.g., residential segregation or disparities in access to quality education) that constrain “opportunities, resources, and well-being” of groups with less privilege. Individual discrimination relates to adverse interactions between people in their institutional roles, such as educator and student or health care provider and patient, or as public or private persons (e.g., seller and buyer), based on explicit or implicit bias related to individual attributes, including ethnicity, gender, sexual orientation, disability, or age. For example, disparities in quality of care may be engendered by implicit bias related to ethnicity. Both forms of discrimination – individual and structural – can inflict harm, regardless of intention or individual perception. Additionally, discrimination can have physical effects on the body (e.g., anxiety, indigestion, and arrhythmia) that can accumulate and worsen over time, which can contribute to poor health outcomes in the long term. Although discrimination does not always cause stress, and stress does not always negatively impact health, stress *can* affect health and *can* be caused by discrimination.<sup>71</sup>

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*“...there’s actually a biological toll to discrimination, and that’s not about bad people, but I think there are structures and systems that, as economic pressures, and isolation pressures, and other pressures affect some groups more than others, it ends up manifesting in worse health outcomes. For example, childhood exposure to trauma, like, an adult is removed from the home... That affects the brain chemistry of the child, and then has these profound impacts in health indicators like diabetes and heart disease...”*

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<sup>70</sup> Centers for Disease Control and Prevention. (2017). *CDC Research on SDOH: Social and Community Context*.

<sup>71</sup> Office of Disease Prevention and Health Promotion. (2018). <http://www.healthypeople.gov>.

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– Key informant (health professional)

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### *Why Is It a Health Need?*

Social and community context is a health need as evidenced by community input around community cohesion, discrimination, health disparities, and inequitable health outcomes. In the county's Health and Quality of Life Survey, almost one quarter of African/African Ancestry respondents, 14% of Latinx respondents, and 14% of Asian/Pacific Islander respondents reported experiencing emotional upset as a result of how they were treated based on their race. Additionally, nearly 18% of African/African Ancestry respondents and more than one in ten Asian/Pacific Islander respondents reported experiencing physical symptoms as a result of how they were treated based on their race.

About one third of the county's Health and Quality of Life Survey respondents reported feeling not very or not at all connected to their community. Further, the county's Adolescent Report indicated that students attending non-traditional schools described lower rates of meaningful connections to their community than students attending traditional schools (see further results from the county's Adolescent Report related to risk of juvenile justice involved in the section on community & family safety under the **Neighborhood and Built Environment** health need).

Rates of income inequality, social associations, residential segregation, and linguistic isolation are no better for the county than they are for the state. While the poverty rate is lower in the county than in the state, African/African Ancestry county residents have rates of poverty that fail benchmarks. Also, while high school graduation rates overall are high and stable, rates are lower for Latinx, Native American, and African/African Ancestry residents.

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*“...I think that hospitals and other firms need to be fighting against racism, fighting against sexism, fighting all these things because people apply to those [health provider] jobs, but they're racist and they still get those jobs. There needs to be a vetting process that we have qualified people to give us this care. And if they're not qualified okay we understand. We understand that, and not everyone has the same ways of learning and the way of absorbing information. So, let's train people. Let's get these people and stop segregating communities of color and white folk.”*

*- Resident focus group participant*

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In the majority of focus groups and key informant interviews, the community identified persons of low socioeconomic status as having health disparities. In addition, members of minority groups in the county experience premature death at significantly higher rates when compared to Whites. Other groups that were also identified by the community as experiencing health disparities included African/African Ancestry, Chinese, Latinx, Pacific Islander, undocumented immigrant, and LGBTQI populations. (Note: specific health disparities are identified within each health need category in this report; see other health needs descriptions and Attachment 3: Secondary Data for more information.)

For further details, including statistical data and sources, please consult the data tables found in Attachment 3: Secondary Data.

## 6. Sequoia Hospital Prioritized Significant Community Health Needs

In February 2019 members of the Sequoia Hospital Community Advisory Committee (CAC) met to discuss the 12 health needs and were given opportunity to provide additional feedback and recommendations.

Later that month the Sequoia Hospital Community Benefit Steering Committee (CBSC) used a second set of criteria to score the health needs using a scale of 1 to 3.

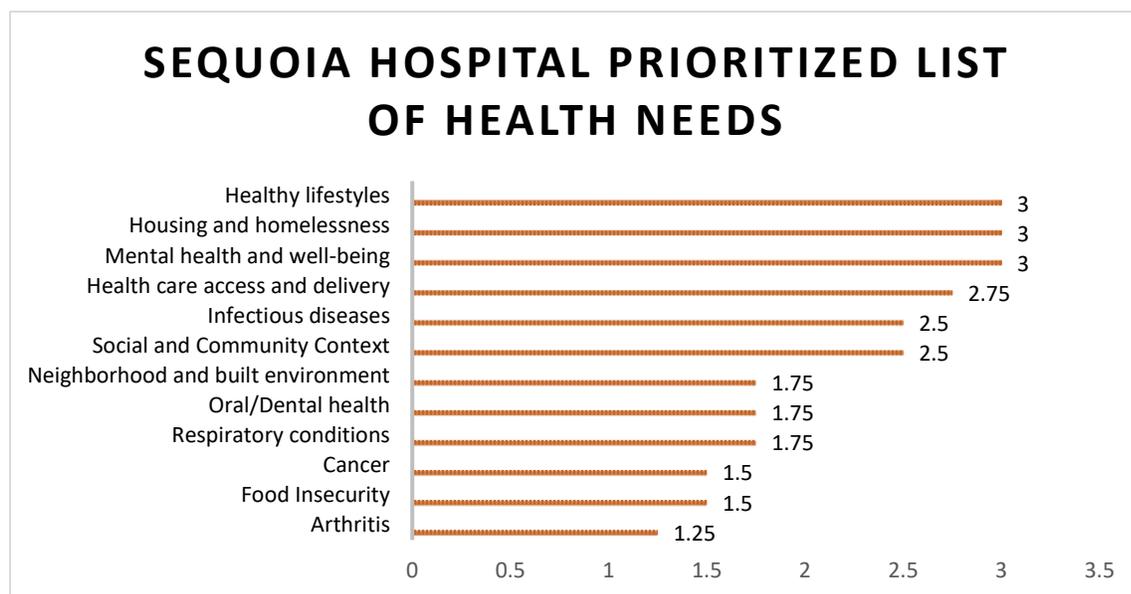
### CRITERIA

1. **Size or scale of problem** (i.e., number, percentage or rate of people affected or the geographic spread of a problem)
2. **Severity of problem** (i.e., degree of health impact on individuals and community, and on the health and community service system)
3. **Disparity and equity** (i.e., the need has a disproportionate impact on a vulnerable segment of the community)
4. **Known effective interventions** (i.e., existence or knowledge of evidence- supported interventions)
5. **Resource feasibility and sustainability** (i.e., availability of current or potential monetary, human, organizational, and/or community resources)
6. **Community salience** (i.e., evidence that it is important to community stakeholders)

### SCALE

- 3: Strongly meets criterion, or is of great concern.
- 2: Meets criterion, or is of some concern.
- 1: Does not meet criterion, or is not of concern.

Based on the previously described prioritization process four of the health needs were identified as significant for our hospital and will form the basis for the hospital's community benefit plan and implementation strategies.



## PRIORITIZED SIGNIFICANT NEEDS FOR SEQUOIA HOSPITAL

### HEALTHY LIFESTYLES

Healthy lifestyles is a need in San Mateo County that was prioritized (identified as a top health need) by 25% of key informants and over 20% of focus groups. This need includes concerns about diabetes, obesity, fitness, diet, and nutrition. Diabetes and obesity are on the rise in the county; statistics for adult diabetes prevalence and youth fruit/vegetable consumption are significantly worse than state averages.

### HOUSING AND HOMELESSNESS

The U.S. Department of Housing and Urban Development (HUD) defines affordable housing as that which costs no more than 30% of a household's annual income.<sup>72</sup> The number of county residents who have experienced housing instability recently (in the past two years) has been rising, as has the proportion of residents who are sharing housing costs with a non-partner for the sake of affordability.

Homelessness is correlated with poor health; poor health can lead to homelessness and homelessness can lead to poor health.<sup>73</sup> A National Health Care for the Homeless study found that the average life expectancy for a person without permanent housing was at least 25 years less than that of the average U.S. citizen.<sup>74</sup>

### MENTAL HEALTH AND WELL-BEING

Mental health and well-being, including substance use, is one of the strongest priorities of the community consulted. Depression, poor mental health, binge drinking, deaths from drug poisoning, and the adult substance-related emergency department visit rate have all been increasing in the county. The proportions of county residents who currently drink alcohol or have used marijuana/hashish recently are significantly higher than benchmarks. Chronic liver disease and cirrhosis was the #9 cause of death in the county, followed by drug-induced death at #10; both were higher than suicide at #11.

### HEALTH CARE ACCESS AND DELIVERY

Access to comprehensive, quality health care is important for health and for increasing the quality of life for everyone.<sup>75</sup> Health care access and delivery is a health need of concern to the community. While the county has high rates of available primary care, dental, and mental health providers overall, there is significantly poorer access to "other" primary care providers (nurse practitioners, physician assistants, etc.) in the county compared to the state.

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<sup>72</sup> U.S. Department of Housing and Urban Development. (2018). *Affordable Housing*.

<sup>73</sup> National Health Care for the Homeless Council. (2011). *Care for the homeless: comprehensive services to meet complex needs*.

<sup>74</sup> National Coalition for the Homeless. (2009). *Health Care and Homelessness*.

<sup>75</sup> Office of Disease Prevention and Health Promotion. (2015). <http://www.healthypeople.gov>.

## 7. Community Resources

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San Mateo County contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that are engaged in addressing many of the health needs identified by this assessment. Hospitals and clinics are listed below. Key resources available to respond to the identified health needs of the community are listed in Attachment 4: Community Assets & Resources Potentially Available to Address Needs.

### EXISTING HEALTH CARE FACILITIES

Dignity Health Sequoia Hospital\*  
Kaiser Foundation Hospital – Redwood City\*  
Kaiser Foundation Hospital – South San Francisco\*  
Lucile Packard Children’s Hospital Stanford\*  
Sutter Health Menlo Park Surgical Hospital\*  
Sutter Health Mills Health Center\*  
Sutter Health Mills-Peninsula Medical Center\*  
Stanford Health Care\*  
Verity Health System (Seton Medical Center and Seton Coastside)\*

In addition to providing excellent clinical care to their members, non-profit hospitals (marked with an asterisk [\*] above) in San Mateo County invest in the community with a variety of strategies, including:

- Providing in-kind expertise, training and education for health professionals
- Financial assistance (charity care)
- Subsidies for qualified health services
- Covering unreimbursed Medi-Cal costs
- Community benefit grants for promising and evidence-based strategies that impact health needs identified through the CHNA

### EXISTING CLINICS

Many community health care clinics in San Mateo County are funded in part by nonprofit hospitals, private donors, and health care districts.

- Belle Air School Health Clinic
- Daly City Youth Health Center
- Fair Oaks Clinic
- Lucile Packard Foundation for Children’s Health Teen Health Van
- Ravenswood Family Health Center
- Samaritan House
- San Mateo Medical Center Clinics
- Sequoia Teen Health Center at Sequoia High School
- VA Palo Alto Health Care System

## **8. Evaluation Findings from FY16-FY18 Implemented Strategies**

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### **PURPOSE OF IMPLEMENTATION STRATEGY**

Sequoia Hospital's FY16-FY18 Implementation Strategy Report (ISR) was developed to identify activities to address health needs identified in the 2016 CHNA. This section of the CHNA report describes and assesses the impact of these activities. For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by Sequoia Hospital.

- **Healthy Lifestyles**
  - » Diabetes
  - » Heart disease & stroke
  
- **Fitness, diet, & nutrition**
  - » Child Obesity
  
- **Health care access and delivery**
  - » Alzheimer's disease & dementia
  - » Communicable diseases
  - » Housing & homelessness
  - » Transportation & Traffic
  
- **Behavioral Health/Emotional well-being**
  - » Birth Outcomes
  - » Cancer
  - » Respiratory
  - » Unintended injuries
  - » Violence & abuse

Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, and Sequoia Hospital in-kind resources. In addition, Sequoia Hospital tracks behavior and health outcomes as well as participant satisfaction, as appropriate and where available.

### **IMPLEMENTATION STRATEGY EVALUATION OF IMPACT OVERVIEW**

In the FY16-FY18 Implementation Strategy, available to the public on the hospital's website ([dignityhealth.org/sequoia](http://dignityhealth.org/sequoia)), Sequoia Hospital planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations. Based on FY16-FY18, an overall summary of these strategies is below.

<b>2016 HEALTH NEED</b>	<b>Healthy Lifestyles</b> » Diabetes » Heart disease & stroke																																						
<b>STRATEGY</b>	1. Provide an evidence based educational program designed to engage community residents in self-management practices for prevention and control of diabetes at no charge to the community. 2. Offer monthly no cost screenings for hypertension and diabetes, as well as counseling and monthly monitoring at 6 senior/community center sites. 3. Fund community based organizations that address diabetes.																																						
<b>RESULTS TO DATE</b>	1. The Diabetes Empowerment Education Program (DEEP) was chosen as the evidence based educational program. <ul style="list-style-type: none"> <li>a. 5 staff members were certified as DEEP Peer Educators.</li> <li>b. 7 DEEP (English/Spanish) classes were offered.</li> <li>c. 51 persons served</li> <li>d. Behavioral change results – participants reported an increase in self-care measures, coping with diabetes, and diabetes knowledge.</li> <li>e. Expenses             <ul style="list-style-type: none"> <li>i. DEEP class - \$6,404</li> <li>ii. Peer Educator training - \$8,744</li> </ul> </li> </ul> 2. Provided community based health screenings for hypertension, diabetes and stroke education. <table border="1" data-bbox="479 1176 1339 1795" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="5" style="text-align: center;"><b>LiveWell Program</b></th> </tr> <tr> <th style="text-align: left;"><b>Description</b></th> <th style="text-align: center;"><b>FY16</b></th> <th style="text-align: center;"><b>FY17</b></th> <th colspan="2" style="text-align: center;"><b>FY18</b></th> </tr> </thead> <tbody> <tr> <td>Persons served</td> <td style="text-align: center;">708</td> <td style="text-align: center;">845</td> <td colspan="2" style="text-align: center;">959</td> </tr> <tr> <td># of referrals made to primary care physician</td> <td style="text-align: center;">49</td> <td style="text-align: center;">50</td> <td colspan="2" style="text-align: center;">41</td> </tr> <tr> <td># of participants who received one-on-one counseling with a registered nurse.</td> <td style="text-align: center;">263</td> <td style="text-align: center;">237</td> <td colspan="2" style="text-align: center;">233</td> </tr> <tr> <td>% of those surveyed who were very/extremely likely to recommend this service to a friend.</td> <td style="text-align: center;">Not captured in FY16</td> <td style="text-align: center;">Not captured in FY17</td> <td colspan="2" style="text-align: center;">100%</td> </tr> <tr> <td>% of those surveyed who shared their results with their doctor.</td> <td style="text-align: center;">Not captured in FY16</td> <td style="text-align: center;">Not captured in FY17</td> <td colspan="2" style="text-align: center;">79%</td> </tr> </tbody> </table>				<b>LiveWell Program</b>					<b>Description</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>		Persons served	708	845	959		# of referrals made to primary care physician	49	50	41		# of participants who received one-on-one counseling with a registered nurse.	263	237	233		% of those surveyed who were very/extremely likely to recommend this service to a friend.	Not captured in FY16	Not captured in FY17	100%		% of those surveyed who shared their results with their doctor.	Not captured in FY16	Not captured in FY17	79%	
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	% of those surveyed that said their physician made changes to their medications, diet and/or exercise recommendations based on the results of the screening.	Not captured in FY16	Not captured in FY17	20%
	Expenses	\$13,203	\$29,624	\$38,922
	3. Grant Funding –			
	a. Pacific Islander Health Ambassador Program			
	i. FY17 \$15,000			
	ii. FY18 \$20,000			
	Educated individuals on the importance of fitness, diet, nutrition, and accessing health care in order to reduce diabetes and pre-diabetes in a community that suffers disproportionately from this chronic disease.			
	b. United through Education (Familias Unidas)			
	i. Diabetes added to the program curriculum and presented by a DEEP Peer educator in Spanish.			

<b>2016 HEALTH NEED</b>	<b>Fitness, diet &amp; nutrition</b> Including » Child Obesity																															
<b>STRATEGY</b>	1. Host Annual Make Time for Fitness Fieldtrip at Red Morton Park 2. Fund community based organizations that address Fitness, diet & nutrition. 3. Serve on the Redwood City School District (RCSD) and Sequoia Union High School District (SUHSD) Wellness Committees. 4. Fund an evidence based fitness program for older adults.																															
<b>RESULTS TO DATE</b>	1. Annual Make Time for Fitness event – <ul style="list-style-type: none"> <li>○ Students learning stations included             <ul style="list-style-type: none"> <li>▪ Drink Water First</li> <li>▪ Friendship Fitness</li> <li>▪ Fit Fun Yoga</li> <li>▪ “3 out of 5” Model</li> <li>▪ Tobacco-Free Me</li> </ul> </li> </ul> <p style="text-align: center;"><b>Student &amp; Teacher Evaluations</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: center;">FY16</th> <th style="text-align: center;">FY17</th> <th style="text-align: center;">FY18</th> </tr> </thead> <tbody> <tr> <td># of RCSD 4<sup>th</sup> grade participants</td> <td style="text-align: center;">897</td> <td style="text-align: center;">806</td> <td style="text-align: center;">814</td> </tr> <tr> <td>% of student that said the program was good/awesome</td> <td style="text-align: center;">81%</td> <td style="text-align: center;">75%</td> <td style="text-align: center;">85%</td> </tr> <tr> <td>% of students that said they learned a lot/a good amount</td> <td style="text-align: center;">89%</td> <td style="text-align: center;">88%</td> <td style="text-align: center;">92%</td> </tr> <tr> <td>% of teachers that liked the program and thought it was good/excellent</td> <td style="text-align: center;">87%</td> <td style="text-align: center;">81%</td> <td style="text-align: center;">70%</td> </tr> <tr> <td>% of teachers that stated the students learned from the Make Time for Fitness curriculum</td> <td style="text-align: center;">93%</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Expenses</td> <td style="text-align: center;">\$49,778</td> <td style="text-align: center;">\$43,385</td> <td style="text-align: center;">\$35,819</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>2. Grant Funding             <ul style="list-style-type: none"> <li>○ United through Education (Familias Unidas)                 <ul style="list-style-type: none"> <li>• FY17 \$20,000</li> <li>• FY18 \$20,000</li> </ul> </li> </ul> </li> </ul>				Description	FY16	FY17	FY18	# of RCSD 4 <sup>th</sup> grade participants	897	806	814	% of student that said the program was good/awesome	81%	75%	85%	% of students that said they learned a lot/a good amount	89%	88%	92%	% of teachers that liked the program and thought it was good/excellent	87%	81%	70%	% of teachers that stated the students learned from the Make Time for Fitness curriculum	93%	100%	100%	Expenses	\$49,778	\$43,385	\$35,819
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Taught parents how to support and help their children achieve success, focusing on the academic, social emotional, and physical aspects of a healthy life. During the nine-week training course, families learned strategies and were provided with the necessary tools to improve their children's education and create healthy habits to live a healthy lifestyle. This comprehensive course empowered the families academically, socially and emotionally.

3. The director of the Health & Wellness department served on both the RCSD and SUHSD Wellness Committees.
4. Funded Gentle Tai Chi Chuan – a program that emphasizes and practices mindful moves in a non-judgmental harmonious setting.
  - FY16 \$1,920
  - FY17 \$4,500
  - FY18 \$4,500

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*“Tai Chi Chuan has helped me with my breathing and my sense of balance has improved as well, which makes me surer of myself when I go out, and I want to go out more.” - participant*

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<b>2016 HEALTH NEED</b>	<b>Health care access and delivery</b> Including <ul style="list-style-type: none"> <li>» Alzheimer’s disease &amp; dementia</li> <li>» Communicable diseases</li> <li>» Housing &amp; homelessness</li> <li>» Transportation</li> </ul>																														
<b>STRATEGY</b>	<ol style="list-style-type: none"> <li>1. Provide follow-up and case management services that help patients connect with primary care and other needed services, beyond routine discharge planning.</li> <li>2. Provide taxi vouchers and other transportation for patients who otherwise could not afford to access the service.</li> <li>3. Fund community based organizations that address housing &amp; homelessness, Alzheimer’s disease &amp; dementia, and organizations that offer a unique service that contributes to a seamless continuum of care, ensuring the vulnerable population will receive increased access to medical care, nutritious meals, and ADL and IADL support, in-home safety assessment, socialization and more.</li> <li>4. Provide Annual free vaccination clinic.</li> </ol>																														
<b>RESULTS TO DATE</b>	<ol style="list-style-type: none"> <li>1. Case Management – In February 2017 the Transitional Care Nurse position was increased from part-time back to full-time to better serve the vulnerable population and ensure they are connected with primary care and other needed services, beyond routine discharge planning.           <table border="1" data-bbox="414 1165 1388 1438" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="text-align: center;"><b>Sequoia Community Care Program (SCC)</b></th> </tr> <tr> <th style="text-align: left;"><b>Description</b></th> <th style="text-align: center;"><b>FY16</b></th> <th style="text-align: center;"><b>FY17</b></th> <th style="text-align: center;"><b>FY18</b></th> </tr> </thead> <tbody> <tr> <td>Persons served</td> <td style="text-align: center;">108</td> <td style="text-align: center;">40</td> <td style="text-align: center;">116</td> </tr> <tr> <td>Expenses</td> <td style="text-align: center;">\$276,499*</td> <td style="text-align: center;">\$36,126**</td> <td style="text-align: center;">\$96,662***</td> </tr> </tbody> </table> <p>*Full-time, ** Part-time **5months</p> </li> <li>2. Taxi Vouchers – Provided taxi vouchers and other transportation for patients who otherwise could not have afforded to access the service.           <table border="1" data-bbox="414 1585 1388 1795" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3" style="text-align: center;"><b>Taxi Vouchers</b></th> </tr> <tr> <th style="text-align: left;"><b>Description</b></th> <th style="text-align: center;"><b>FY17</b></th> <th style="text-align: center;"><b>FY18</b></th> </tr> </thead> <tbody> <tr> <td>Persons served</td> <td style="text-align: center;">355</td> <td style="text-align: center;">337</td> </tr> <tr> <td>Expenses</td> <td style="text-align: center;">\$4,842</td> <td style="text-align: center;">\$4,554</td> </tr> </tbody> </table> </li> </ol>			<b>Sequoia Community Care Program (SCC)</b>				<b>Description</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	Persons served	108	40	116	Expenses	\$276,499*	\$36,126**	\$96,662***	<b>Taxi Vouchers</b>			<b>Description</b>	<b>FY17</b>	<b>FY18</b>	Persons served	355	337	Expenses	\$4,842	\$4,554
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3. Grant Funding –

a. Health Advocacy Outreach Program

Connected unsheltered, medically fragile homeless or marginally housed individuals with critically needed support services.

- FY17 \$35,000
- FY18 \$45,000

b. Memory Care and Caregiver Collaborative

Consisted of four partner agencies, the Alzheimer’s Association, Family Caregiver Alliance, Peninsula Volunteers Rosener House Adult Day Services, and Catholic Charities Adult Day Services. They worked together to address the needs of persons living with dementia and their caregivers by providing education, support, referrals, respite, and direct care services for the increasing number of families dealing with dementia.

- FY17 \$19,040
- FY18 \$26,153

c. Supportive Services at Home Collaborative

The collaboration of Peninsula Volunteers Inc., (PVI) Meals on Wheels, Samaritan House, Sequoia Village, and Home Helpers Home Care ensured clients/patients received increased access to medical care, nutritious meals, and ADL and IADL support, in-home safety assessment, socialization and more.

- FY17 \$39,600
- FY18 \$20,000

4. In FY16 & FY17 there was a significant reduction in number of individuals attending the flu clinic. In FY18 it was determined that the need for a flu vaccination clinic was being addressed by other organizations in the community. We discontinued providing the service and refer to these outside organizations.

<b>2016 HEALTH NEED</b>	<b>Behavioral Health/Emotional well-being</b>  Including <ul style="list-style-type: none"> <li>» Unintended injuries</li> <li>» Violence &amp; abuse</li> <li>» Cancer</li> <li>» Respiratory</li> <li>» Birth Outcomes</li> </ul>																				
<b>STRATEGY</b>	<ol style="list-style-type: none"> <li>1. Provide the evidence based Matter of Balance program in collaboration with Stanford Health Care in both English &amp; Spanish.</li> <li>2. Provide, through the Dignity Health Concussion Network, concussion education, a neurocognitive assessment tool, and clinical care management in the Sequoia Union High School District (SUHSD).</li> <li>3. Co-host, with the Belmont Library and Friends of the Library, a monthly lecture series with an emphasis on senior health issues.</li> <li>4. Convene a Sequoia Hospital multi-disciplinary Human Trafficking Taskforce to support education and awareness program for both Sex and Labor Trafficking.</li> <li>5. Provide space at no charge to organizations whose activities address one or more of the prioritized significant health needs.</li> </ol>																				
<b>RESULTS TO DATE</b>	<ol style="list-style-type: none"> <li>1. Matter of Balance classes were held in both English and Spanish at Sequoia Hospital Health &amp; Wellness Center and/or senior/community center sites.             <ol style="list-style-type: none"> <li>a. 7 staff members were trained as facilitators.</li> <li>b. In FY17 one staff member became a certified master trainer.</li> </ol> <table border="1" data-bbox="454 1113 1347 1428"> <thead> <tr> <th colspan="4" style="text-align: center;"><b>Matter of Balance (MOB)</b></th> </tr> <tr> <th style="text-align: left;"><b>Description</b></th> <th style="text-align: center;"><b>FY16</b></th> <th style="text-align: center;"><b>FY17</b></th> <th style="text-align: center;"><b>FY18</b></th> </tr> </thead> <tbody> <tr> <td>Persons served</td> <td style="text-align: center;">78</td> <td style="text-align: center;">76</td> <td style="text-align: center;">100</td> </tr> <tr> <td>% of participants that showed improvement in the Sit to Stand test.</td> <td style="text-align: center;">75%</td> <td style="text-align: center;">76%</td> <td style="text-align: center;">82%</td> </tr> <tr> <td>Expenses</td> <td style="text-align: center;">\$31,100</td> <td style="text-align: center;">\$7,200</td> <td style="text-align: center;">14,893</td> </tr> </tbody> </table> </li> <li>2. Provided concussion education, a neurocognitive assessment tool, and clinical care management to Woodside High School, Carlmont High School, Menlo-Atherton High School, and Sequoia High School. Sequoia Hospital's community health nurse administered ImPACT tests. Tests were provided by Dignity Health Concussion Network.             <ul style="list-style-type: none"> <li>• Persons served: 2,588</li> <li>• Expenses: \$15,955</li> </ul> </li> </ol>	<b>Matter of Balance (MOB)</b>				<b>Description</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	Persons served	78	76	100	% of participants that showed improvement in the Sit to Stand test.	75%	76%	82%	Expenses	\$31,100	\$7,200	14,893
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% of participants that showed improvement in the Sit to Stand test.	75%	76%	82%																		
Expenses	\$31,100	\$7,200	14,893																		

3. Provided speakers to the Belmont Library for educational lectures addressing health needs that impact older adults.

- Persons served: 845

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*“Thank you for the great speakers. These lectures have improved the way I live my life and I am grateful.” - participant*

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4. The Sequoia Human Trafficking Awareness Taskforce sponsored the annual Human Trafficking Awareness events with speakers and educational booths that educated community, staff, elected officials, and representatives from non-profit organizations regarding red flags, interventions and community resources.

- Expenses: \$61,363

5. Health & Wellness Center space was offered to the community as a comfortable and convenient meeting space available seven days a week including evenings free of charge. In addition the hospital provided support, resources, and personnel to the following community organization to ensure the success of their community groups.

- Sequoia Hospital Better Breather’s Club
- Food Addicts in Recovery Anonymous (FA) Group
- Healing Touch – Stanford Healthcare
- Meniere’s Disease Support
- Nursing Mothers Counsel
- Pathways Home Health, Hospice & Private Duty Bereavement
- Pacific Chapter Neuropathy Association
- Prostate Cancer Support
- San Mateo County Breastfeeding Advisory Committee
- San Mateo County Fall Prevention Coalition
- Sequoia Hospital New Parents Support Group
- Villages of San Mateo County

- Persons served: 7,258

## 9. List of Attachments

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1. Community Leaders, Representatives, & Members Consulted
2. Secondary Data Indicators
3. Secondary Data: San Mateo County Data Tables
4. Health & Quality of Life Survey 2019 Sequoia Hospital
5. Community Assets & Resources Potentially Available to Address Needs
6. Qualitative Research Protocols

Volume 2: Detailed Data Attachments is an integral part of the CHNA report. The Attachments part of the CHNA is widely available to the public at [dignityhealth.org/sequoia](https://dignityhealth.org/sequoia).