



©VanceFox.com

## Sequoia Hospital 2016 Community Health Needs Assessment (CHNA)

## Table of Contents

---

<b>1. Executive Summary</b>	<b>4</b>
Assessment Purpose	4
Sequoia Hospital Community Definition	4
Methods	4
Process and Criteria to Identify and Prioritize Significant Health Needs	6
Prioritized Health Needs	6
Top 10 Leading Causes of Death, 2013	8
Resources	9
Accessing the Complete CHNA	9
<b>2. Assessment Purpose and Organizational Commitment</b>	<b>10</b>
Assessment Purpose	10
Organizational Commitment	10
Dignity Health Mission Statement	11
Background	11
<b>3. Sequoia Hospital Community Definition</b>	<b>13</b>
Description of the Community Served	13
Sequoia Hospital Community Need Index Map	16
<b>4. Assessment Process &amp; Methods of the 2016 CHNA</b>	<b>17</b>
Primary Qualitative Data (Community Input)	17
Secondary Quantitative Data Collection	20
Information Gaps & Limitations	21
Healthy Community Collaborative of San Mateo County (HCC) Members	21
About the Consultants	21
<b>5. Assessment Data and Findings</b>	<b>23</b>
Overview of the Prioritization Process	23
Identification of 2016 Community Health Needs	23
Prioritized Health Needs Data Synthesis	28
Summarized Descriptions of San Mateo County's Community Health Needs (2016)	29
Public Health Input about Community Health Priorities	35
<b>6. Prioritized Description of Significant Community Health Needs</b>	<b>36</b>
Ranked List of Prioritized Needs	37
<b>7. Conclusion</b>	<b>38</b>

<b>8. Appendices</b>		<b>39</b>
Appendix 1.	2013 CHNA Summary & Results	40
Appendix 2.	IRS Checklist 2016	54
Appendix 3.	Glossary	57
Appendix 4.	Secondary Data Sources	58
Appendix 5.	Indicator List	61
Appendix 6.	List of Community Leaders and Their Credentials	68
Appendix 7.	Focus Group and Key Informant Interview Protocols	74
Appendix 8.	Community Assets and Resources	83
Appendix 9.	Health Needs Profiles	117
Appendix 10.	Community Advisory Committee	179

# 1 Executive Summary

---

## Assessment Purpose

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health 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 of California Senate Bill 697 that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

## Sequoia Hospital Community Definition

Sequoia Hospital serves the cities in central and southern San Mateo County, including the cities of Belmont, San Carlos, Redwood City, Atherton, Portola Valley, Woodside, and portions of Menlo Park, Foster City, and San Mateo. There are approximately 448,055 residents in this area. In San Mateo County, minorities are underrepresented, and most residents have incomes higher than the national average. This scenario limits social opportunity and leads to poor health outcomes.

North Fair Oaks is an unincorporated area of San Mateo County adjacent to Redwood City, Atherton, and Menlo Park with a population of 14,687. North Fair Oaks is one of the most distinctive cities on the entire Peninsula because of its significant Hispanic population (73.1 percent). Sequoia Hospital's community benefit initiatives reach residents of North Fair Oaks by conducting programs within this area in partnership with schools and community centers.

## Methods

To gather information for planning needs and meet state and federal mandates, the following approach was used to complete the 2016 CHNA.

The definition of "community health" was not limited to traditional measures of health. 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 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.

Sequoia Hospital is a member of the Healthy Community Collaborative of San Mateo County (HCC) which consists of representatives from nonprofit hospitals, County Health Department and Human Services, public agencies, and community based organizations, and was created to identify and address the shared health needs of the community. To assess community health trends, the HCC directed its consultants, Applied Survey Research (ASR), to obtain secondary data from a variety of sources (see Appendix 4: Secondary Data Sources for a complete list). Primary data was 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 top or “priority” health needs in the community that are not well-met now, as compared to 2013?
- How much of a priority is health in the lives of community members?
- How does the physical environment help or hurt the health of community members?
- How often do community members use technologies for health activities?
- How has the Affordable Care Act impacted access to health care for the community?

## 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.

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.

## Process and Criteria to Identify and Prioritize Significant 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. ASR then tabulated how many focus groups prioritized each health need and how many key informants described each health need as a priority.

In the fall of 2015, ASR synthesized primary qualitative research and secondary and longitudinal data to create a list of health needs for the HCC, and then filtered them against a set of criteria to reveal those that were of significance to the community. These criteria included:

1. Meeting the definition of a "health need," which is a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome,
2. Being supported by more than one source of data, and
3. Missing a state or national (Healthy People 2020) benchmark.

## Prioritized Health Needs

Based on the prioritization process described above, these emerged as the most pressing health needs for San Mateo County. The list is in alphabetical order. Full statistical and qualitative data on each health need can be found in Appendix 10: Health Needs Profiles.

- **Alzheimer's disease & dementia.** The proportion of older adult residents is increasing and the mortality rate from Alzheimer's is higher in the county compared to California. Alzheimer's disease is the third leading cause of death in the county.
- **Arthritis.** The adult arthritis prevalence rate is slightly higher than the state average, and the county has an increasing proportion of older adult residents.
- **Behavioral health.** The percentage of adults who report mental and emotional problems is rising, and binge drinking among young adult males is trending up. Suicide is one of the top 10 leading causes of death in the county.
- **Birth outcomes.** Black and Asian/Pacific Islander women are more likely to have low birthweight babies than women of other ethnicities in the county. Black women in the county also disproportionately experience pre-term births and infant mortality.
- **Cancer.** Cancer is the second leading cause of death in the county. Rates of colorectal cancer incidence and breast cancer mortality are higher than the Healthy People 2020 targets. Certain ethnic groups in the county experience disparities, such as Asian men and Black men and women, who have disproportionately higher rates of colorectal cancer incidence.
- **Childhood obesity.** The rates of obese, overweight, and/or at-risk of overweight children are higher in the county compared to California. Childhood obesity disproportionately affects Latino, Black, and American Indian children in the county.

- **Climate change.** The county is among the top U.S. metropolitan areas with the highest short-term particle pollution and one of the areas most polluted by ground-level ozone. Additionally, county carbon emissions have been rising over time.
- **Communicable diseases.** There has been a rise in the incidence rate of tuberculosis in the county over the past decade, and it remains higher than the state average. Pneumonia and influenza combined are the seventh leading cause of death in the county.
- **Diabetes.** There is a higher rate of diabetes among adults in the county compared to the Healthy People 2020 target. Blacks and low-income county residents disproportionately report having been diagnosed with diabetes. Diabetes is the eighth leading causes of death in the county.
- **Emotional well-being.** The percentage of adults experiencing depression and feeling tense, worried, or anxious is higher amongst some ethnic groups and low income households. Adult life satisfaction in the county has been declining over time.
- **Fitness, diet, & nutrition.** The percentage of county adults who exhibit healthy behaviors has dropped over time. Adults who are low-income, Black, and Latino report fair or poor access to affordable fresh produce more often than those of other ethnicities in the county.
- **Health care access & delivery.** The proportion of county residents who report visiting a doctor for a routine check-up has been trending downward. Residents giving the lowest ratings to health care access in the county were low-income, Latino, and those without a postsecondary education.
- **Heart disease & stroke.** County mortality rates for these cerebrovascular diseases (such as stroke) are higher than Healthy People 2020 targets. Diseases of the heart are the leading cause of death in the county, and stroke is the fourth leading cause of death. There are rising percentages of county adults reporting high cholesterol and hypertension.
- **Housing & homelessness.** Housing is less affordable in San Mateo County than in the rest of the Bay Area and housing prices are again on the rise. Although homelessness in the county has decreased, Blacks, Latinos, and veterans are disproportionately represented in the county's homeless population.
- **Income & employment.** The percent of county adults living below 200% of the Federal Poverty Level is rising, and ethnic disparities are seen in educational attainment, a major driver of economic security. Low-income county residents have poorer access to basic needs and have more trouble affording health care costs.
- **Oral/dental health.** The percentage of county adults who visited a dentist for a routine check-up in the past year has decreased and the percentage of adults in the county who lack dental insurance has increased. Low-income residents are disproportionately affected.

- **Respiratory conditions.** Adult asthma prevalence has increased substantially over time and now exceeds the Healthy People 2020 objective. Respiratory conditions are the fifth leading cause of death in the county.
- **Sexually transmitted infections (STIs).** Incidence rates of chlamydia, gonorrhea, and syphilis in the county are rising. New cases of gonorrhea, syphilis, and HIV in the county disproportionately occur among men who have sex with men (MSM).
- **Transportation & traffic.** Total vehicle miles of travel in the county have been rising and correlate with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. A lack of transportation disproportionately affects low-income, less-educated, Latino, and Black respondents.
- **Unintended injuries.** Unintended injuries are the sixth leading cause of death in the county. The community is concerned with the rate of older adults who are injured due to falls, especially because of the county's increasing proportion of older adult residents. The county's rate of child deaths due to drowning is higher than the state's rate for the same age group. Deaths from pedestrian and motor vehicle accidents in the county show ethnic disparities.
- **Violence & abuse.** Although by almost all statistical measures, violence (including violent crime) and abuse are trending down in the county, the community's perceptions have not changed over time. The rate of child abuse among Black families in the county is much higher than the state rate. In addition, an emerging issue is human trafficking.

#### TOP 10 LEADING CAUSES OF DEATH, 2013

CAUSE OF DEATH	SAN MATEO COUNTY	CALIFORNIA	UNITED STATES
Diseases of the heart	1	1	1
Malignant neoplasms (cancer)	2	2	2
Alzheimer's disease	3	5	6
Cerebrovascular diseases	4	3	5
Chronic lower respiratory diseases	5	4	3
Accidents	6	6	4
Influenza/pneumonia	7	8	8
Diabetes mellitus	8	7	7
Chronic liver disease/cirrhosis	9	9	12
Intentional self-harm (suicide)	10	10	10



## Resources

The creation of collaborations with community-based organizations, leadership in local networks and advocacy initiatives, local capacity-building initiatives is integral to Sequoia Hospital's Community Benefit activities. Sequoia Hospital is a member of the Hospital Consortium of San Mateo County, which supports and advocates for many important health initiatives in the community. Members of Sequoia Hospital's leadership team support many of our community's nonprofit organizations by serving on boards, attending fundraising events and participating in initiatives led by the organizations. Strong collaborative relationships with community partners enable us to share resources and demonstrate ongoing commitment to our shared goals. Sequoia Hospital brings a broad, community-wide perspective to community benefit work, and serves as a champion for the health of the entire community. A list of resources can be found in Appendix 9 Community Assets and Resources.

## Accessing the Complete CHNA Report

This CHNA report was adopted by the Sequoia Hospital Community Board May 2016. This report is available to the public on the hospital's website ([dignityhealth.org/sequoia](https://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](https://dignityhealth.org/sequoia/contact-us) and select the "CHNA comments" in the drop-down menu.

## 2 Assessment Purpose and Organizational Commitment

---

### Assessment 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.

### Organizational Commitment

Rooted in Dignity Health's mission, vision, and values, Sequoia Hospital is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Advisory Committee (CAC). The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource. A complete list of CAC members can be found in Appendix 10.

The development and execution of the Community Benefit Implementation Plan is a priority of the Sequoia Hospital annual strategic plan. The hospital president has administrative responsibility for the Community Benefit Implementation Plan. Sequoia Hospital's Board of Directors is responsible for approving the Community Benefit Implementation Plan and oversees its development and implementation through the Hospital's CAC.

The CAC consists of community members representing a wide array of interests and perspectives. The CAC includes two members of the Sequoia Hospital Board of Directors to ensure linkage between the hospital board and the CAC. CAC members serve up to two terms of three years each, represent diverse sectors of the community, and serve as catalysts for relationship building and partnering with organizations, businesses, and individuals in the community.

A multidisciplinary staff team works collaboratively to integrate and implement the Community Benefit Plan. In addition to the individuals mentioned above, the team includes the director of the Sequoia Hospital Health & Wellness Center, the department responsible for implementing community outreach and health education programs. The Health & Wellness coordinator is responsible for data collection, reporting and analysis. The director of mission integration ensures coordination of the Community Benefit Plan with the hospital's mission. The budgeting process for Sequoia Hospital's Community Benefit activities is part of the hospital's annual budget planning.

The CAC is responsible for providing broad-level oversight to staff on program content, design, targeting, monitoring and evaluation, as well as program continuation or termination. The CAC meets quarterly and members serve to provide review and oversight for major initiatives and key community benefit programs.

Members of the CAC serve on the Local Review Committee for the annual Sequoia Hospital Community Grants Program. They ensure that the grants program supports the continuum of care in the community offered by other not-for-profit organizations and aligns with Sequoia's strategic plan and community benefit initiatives.

Quarterly CAC meetings include: presentations addressing current community benefit initiatives; highlights and program outcomes from community grants recipients; current community issues for older adults, youth and employers from expert community leaders and Sequoia's strategic plan and building updates. In addition, CAC members attend and participate in various community benefit activities. The Community Benefit Report and Plan and Community Health Implementation Strategy receives final recommendations from the CAC prior to approval by the Board of Directors.

The Health & Wellness Center staff brings a broad spectrum of experience and clinical expertise to their work. They include public health practitioners, registered nurses, international board certified lactation consultants, certified childbirth educators, CPR instructors and occupational therapists. Staff from departments of Sequoia Hospital, including the diabetes treatment center, rehabilitation services, sleep center, pharmacy, pulmonary rehabilitation, spiritual care, nursing and nutrition services serve as advisors and respond to requests to participate in implementing community benefit programs.

## **Dignity Health Mission Statement**

"We are 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."

## **Background**

The Healthy Community Collaborative of San Mateo County (HCC) consists of representatives from nonprofit hospitals, County Health Department and Human Services, public agencies, and community based organizations, and 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, and 2013), and this report marks the eighth such assessment.

The goals of the 2016 CHNA are to provide insight into the health of the community, prioritize local health needs, and to identify areas for improvement. With these data, the HCC member agencies will individually and collectively develop strategies to tackle critical health needs and improve the health and well-being of community members. The assessment findings can also be used as a guideline for policy and advocacy efforts. In addition, the Hospital Consortium of San Mateo County, which includes the leadership of the local hospitals and the local Health Department, will provide direction to the Healthy Community Collaborative to ensure alignment with countywide priority health initiatives.

### 3 Sequoia Hospital Community Definition

#### Description of the Community Served

San Mateo County (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.

Average salaries, adjusted for inflation, are currently well above the California average. The cost of living is higher in SMC than almost anywhere else in the nation. A single parent with two children must earn approximately \$78,000 annually to meet the family's basic needs. SMC housing rental and child-care costs exceed the state's average. A total of 18.9 percent of SMC adults live below 200 percent of the Federal Poverty Level.

The proportion of adults aged 60 and older is expected to roughly double over the next four decades. As of the 2000 census adults aged 60 and older in San Mateo County, represented 16.4% of the county's total population. By the year 2040, it is projected that the number of adults 60+ will increase to 28.7% of the county's total population.

Average age of death varies dramatically across San Mateo County from 62 years old in East Palo Alto to 81 years old in more affluent Atherton.

The Internal Revenue Service's definition of 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.

The chart below represents Sequoia Hospital's Core Service Area (CSA) 2014. The CSA is a subset of the primary geographic area and used for the purposes of strategic planning and represents 80% of the hospital in-patient discharges.

ZIP Code	ZIP City Name	St	Inpatients Count	Inpatients %	ZIP Code	ZIP City Name	St	Inpatients Count	Inpatients %
94070	San Carlos	CA	801	11.80%	94402	San Mateo	CA	109	1.61%
94061	Redwood City	CA	710	10.46%	94027	Atherton	CA	87	1.28%
94062	Redwood City	CA	618	9.10%	94010	Burlingame	CA	85	1.25%
94002	Belmont	CA	431	6.35%	94019	Half Moon Bay	CA	75	1.10%
94025	Menlo Park	CA	417	6.14%	94401	San Mateo	CA	73	1.08%
94063	Redwood City	CA	405	5.97%	94301	Palo Alto	CA	68	1.00%
94404	San Mateo	CA	298	4.39%	94306	Palo Alto	CA	64	.94%
94403	San Mateo	CA	259	3.82%	94028	Portola Valley	CA	50	.74%

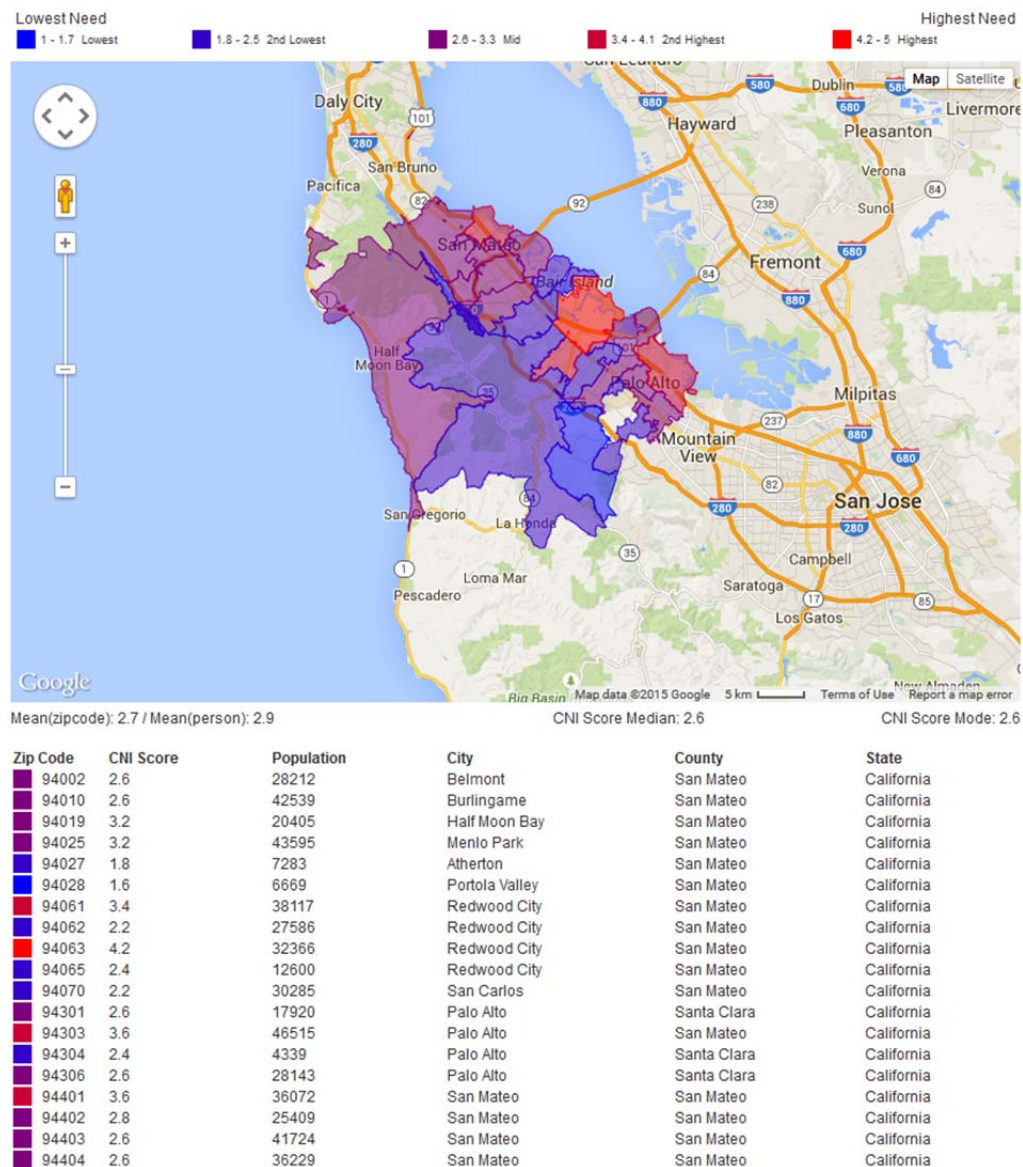
94065	Redwood City	CA	189	2.78%	94304	Palo Alto	CA	22	.32%
94303	Palo Alto	CA	144	2.12%					

Sequoia Hospital Community Served (Source: © 2015 The Nielsen Company, © 2015 Truven Health Analytics Inc.)

- Total Population: 448,055
- Hispanic or Latino: 25%
- Race: 51.1% White, 2.5% Black/African American, 17.1% Asian/Pacific Islander, 0.1% American Indian/Alaska Native, 3.8 % Two or More Races, 0.4% Other
- Median Income: \$100,841
- Uninsured: 3.8%
- Medicaid\*: 12.1%
- Unemployed: 5.2%
- No HS Diploma: 10.8%
- Other Area Hospitals: 8
- Medically Underserved Areas or Populations: No

\*Does not include individuals dually-eligible for Medicaid and Medicare.

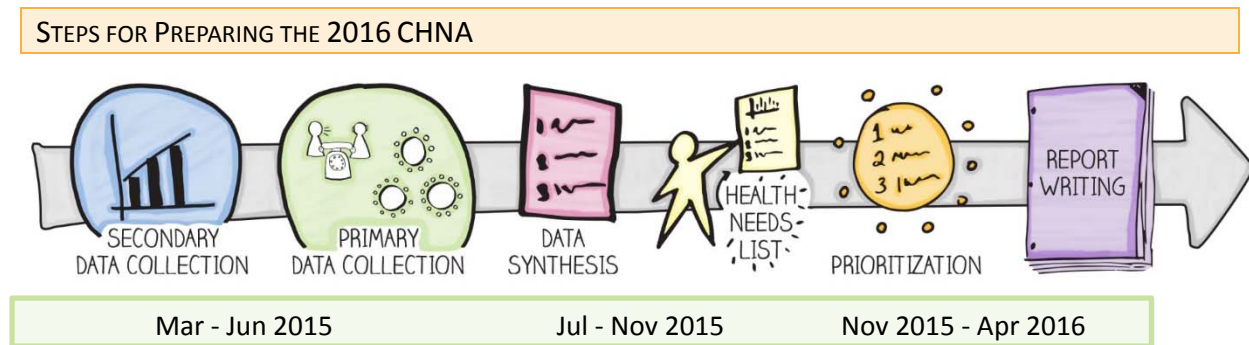
## Sequoia Hospital Community Need Index Map



One tool used to assess health need is the Community Need Index (CNI) 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. Sequoia Hospital's CSA CNI ranges between 4.2 (North Fair Oak) to 1.6 (Palo Alto).

## 4 Assessment Process & Methods of the 2016 CHNA

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



### Primary Qualitative Data (Community Input)

Sequoia Hospital is a member of the Healthy Community Collaborative of San Mateo County (HCC) that consists of representatives from nonprofit hospitals, County Health Department and Human Services, public agencies, and community based organizations, and was created to identify and address the shared health needs of the community. The HCC contracted with Applied Survey Research (ASR) to conduct the primary research. 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 ASR in collaboration with the HCC, based on facilitated discussion among the HCC members about what they wished to learn during the 2016 CHNA.

### COMMUNITY LEADER INPUT

Across the focus groups and key informant interviews, ASR consulted with 38 community representatives of various organizations and sectors. These representatives either work in the health care 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 populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- San Mateo County Health Department (1)
- San Mateo County Health & Hospital System (5)
- San Mateo County Supervisors or Commissioners (3)
- Other San Mateo County employees (3)
- Nonprofit agencies (22)
- Faith-based leaders (2)



- Business sector (2)

See Appendix 6: List of Community Leaders and Their Credentials for the titles and expertise of key stakeholders along with the date and mode of consultation (focus group or key informant interview). See Appendix 8: Focus Group and Key Informant Interview Protocols for protocols and questions.

### *Key Informant Interviews*

ASR conducted key informant interviews with 29 San Mateo County experts from various organizations who had countywide expertise. These experts included the public health officer, community clinic managers, and clinicians. ASR interviewed informants in person or by telephone, and asked them to identify the top needs of their constituencies, how access to health care has changed in the post-Affordable Care Act environment, the impact of the physical environment on health, and the effect of the use of new technologies for health-related activities.

### *Focus Group with Professionals*

One focus group was conducted with professionals who served low-income, older adults. The questions were the same as those used with key informants.

#### DETAILS OF FOCUS GROUP WITH PROFESSIONALS

FOCUS	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Low-income, older adults	Sequoia Hospital Health & Wellness Center, Redwood City	03/11/15	9

Please see Appendix 6: List of Community Leaders and Their Credentials for a full list of community leaders/stakeholders consulted.

## **RESIDENT INPUT**

ASR conducted eight resident focus groups, centered around the same five questions as with the key informants:

- What are the top or “priority” health needs in the community that are not well-met now (compared to 2013)?
- How much of a priority is health in the lives of community members?
- How does the physical environment help or hurt the health of community members?
- How often do community members use technologies for health activities?
- How has the Affordable Care Act impacted access to health care for the community?

To provide a voice to the community it serves in San Mateo County, and in alignment with IRS regulations, the eight focus groups targeted residents who are medically underserved, in poverty, of a minority population, and who are socially, linguistically, or geographically isolated.

#### DETAILS OF RESIDENT FOCUS GROUPS

POPULATION FOCUS	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Youth, medically underserved	Carlmont High School, Belmont	03/31/15	11
Spanish-speaking minority (Latino), low-income	Fair Oaks Adult Activity Center, Redwood City	04/02/15	11
Medically underserved, low-income, homeless	Maple Street Shelter, Redwood City	04/09/15	8
Medically underserved, minority (Latino), low-income, youth	El Centro de Libertad, Redwood City	04/21/15	4
Medically underserved, minority (LGBTQI)	PRIDE Initiative at Congregational Church of San Mateo	05/13/15	8
Minority (Tongan/Samoan)	Pacific Islander Initiative at Peninsula Conflict Resolution Center, Redwood City	05/20/15	8
Medically underserved	Ravenswood Health Center, East Palo Alto	05/27/15	10
Medically underserved, geographically isolated (Coastside)	Boys & Girls Club of Half Moon Bay	05/27/15	5

#### *2016 Resident Participant Demographics*

A total of 65 community members participated in the focus group discussions across the county. ASR asked all participants to complete an anonymous demographic survey, the results of which are below. All but one filled out a survey.

- 34% of respondents were White, 28% were Latino, 20% were Asian or Pacific Islander, 8% were black, and the rest reported being of multiple ethnicities.
- 25% of respondents were under 20 years old, and 12% were 70 years or older.
- 5% were uninsured, while 56% had benefits through Medi-Cal, Medicare, or another public health insurance program. The rest had private insurance.
- Residents lived in various areas of the county: East Palo Alto (19%), Redwood City (17%), San Mateo (13%), Half Moon Bay (8%), San Carlos (6%), and 5% or less in each of Belmont, Daly City, Foster City, Menlo Park, Millbrae, Mountain View, Pacifica, San Bruno, South San Francisco, and other locations that were not identified.

- 69% reported having an annual household income of under \$45,000 per year, which is below the 2014 California Self-Sufficiency Standard<sup>1</sup> for San Mateo County for two adults with no children (\$47,364). The majority (56%) earned under \$25,000 per year, which is below Federal Poverty Level for a family of four. 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.

## ANALYSIS OF QUALITATIVE INPUT

ASR recorded and summarized each focus group and interview as a stand-alone piece of data. When all groups were completed, the team used qualitative research software tools to analyze the information and tabulate all health needs that were mentioned, along with health drivers discussed.

The focus group and key informant interview protocols asked participants what are the top or “priority” health needs in their community that are the least well-met. Focus group members voted on their community’s priority needs, while key informants listed their community’s priority needs. The three needs that received the most votes from a focus group’s participants became the top priority needs for that focus group. ASR then tabulated how many focus groups prioritized each health need and how many key informants described each health need as a priority.

## Secondary Quantitative Data Collection

The San Mateo County Health Department and other HCC members provided the majority of statistical data. In addition, ASR collected the latest data on leading causes of death, unintentional injuries, income, education, economic self-sufficiency, and employment. For a complete list of secondary data sources and indicators, see Appendix 4: Secondary Data Sources and Appendix 5: Indicator List.

As part of data analysis, ASR also provided comparisons with existing benchmarks (Healthy People 2020 and statewide averages), and noted disparate outcomes and conditions for people in the community

---

<sup>1</sup> The Insight Center for Community Economic Development. (2015). *Self-Sufficiency Standard Tool for California*. Retrieved from <http://www.insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/>.

## Information Gaps & Limitations

Lack of secondary data limited ASR and the HCC in their ability to assess some of the identified community health needs. Quantitative data were particularly scarce for the following issues:

- Oral/dental health (particularly, rates of dental caries)
- Substance abuse (particularly, use of illegal drugs and misuse of prescription medication)
- Consumption of sugar-sweetened beverages
- Use of e-cigarettes and “vaping” devices
- Dementia
- Mental health
- Bullying
- Suicide among LGBTQI youth
- Health needs of undocumented immigrants

## Healthy Community Collaborative of San Mateo County (HCC) Members

The Community Health Needs Assessment 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’ contributions to promoting the health and well-being of San Mateo County. These organizations collaborated in preparing the 2016 CHNA. In addition, Sequoia Hospital gratefully acknowledges Applied Survey Research (ASR).

- Dignity Health Sequoia Hospital
- San Mateo County Health Department
- Hospital Consortium of San Mateo County
- Kaiser Permanente, San Mateo Area
- Peninsula Health Care District
- San Mateo County Human Services Agency
- Seton Medical Center and Seton Coastside, part of Verity Health System
- Lucile Packard Children’s Hospital Stanford
- Stanford Health Care
- Sutter Health Mills-Peninsula Health Services

## About the Consultants

ASR conducted primary research, synthesized primary and secondary data, facilitated the process of identification and prioritization of community health needs and assets, documented the process, and helped prepare the CHNA report.

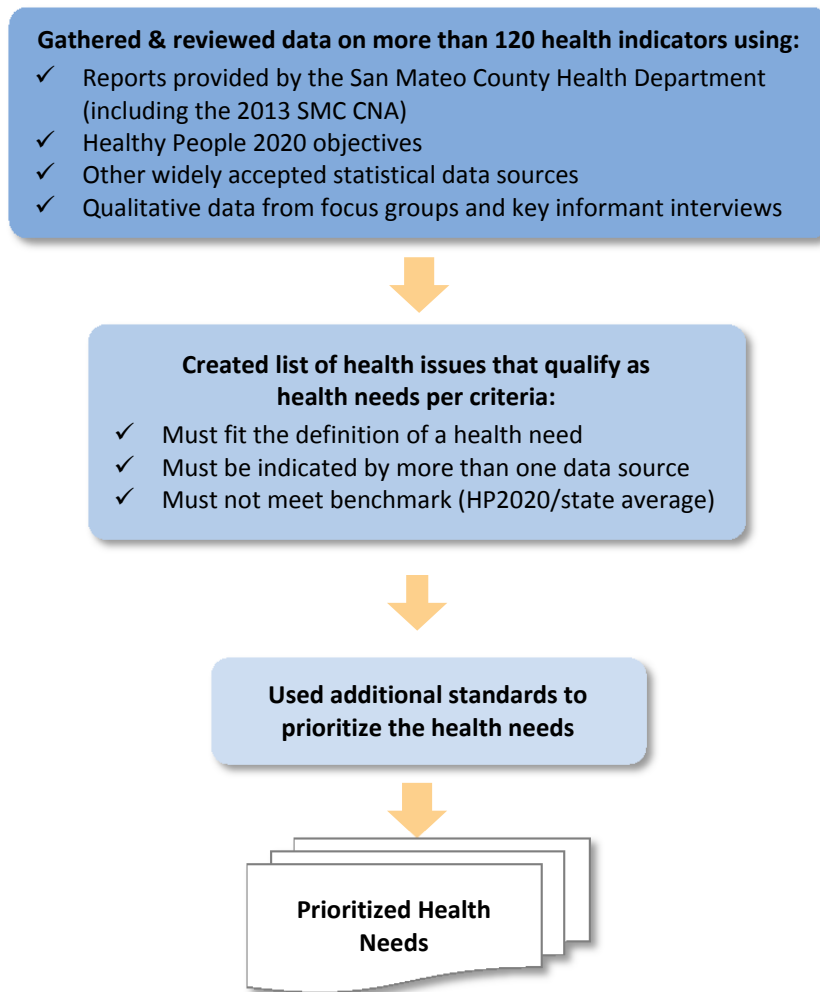
ASR is a local nonprofit social research firm that is well known for its expertise in community assessments. In 2007, the firm won a national award from the Community Indicator Consortium

and the Brookings Institution for having the best community assessment project in the country. ASR accomplishes successful assessments by using mixed research methods to help understand the needs, and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders. Visit [www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org) for more information.

## 5 Assessment Data and Findings

### Overview of the Prioritization Process

To identify San Mateo County's health needs, the 2016 CHNA followed a series of steps shown in the graphic below.



### Identification of 2016 Community Health Needs

Focus group participants and key informants provided their perspectives about the health of the community and the social determinants or drivers of health that are of greatest concern. These community members were frank and forthcoming about their personal experiences with health challenges and their perceptions about the needs of their families and community. Collectively, they identified a diverse set of health conditions and demonstrated a clear

understanding of the health behaviors and other drivers (e.g., environmental) that affect the health outcomes. They spoke about prevention, access to care, clinical practices that work and do not work, and their overall perceptions of the community's health.

The community's most frequently mentioned twenty one community health needs concerns are described later in this section under Summarized Descriptions of San Mateo County's Prioritized Community Health Needs. In addition to learning participants' views on health needs, the HCC also sought to understand specific aspects of community health during focus groups and key informant interviews using these questions:

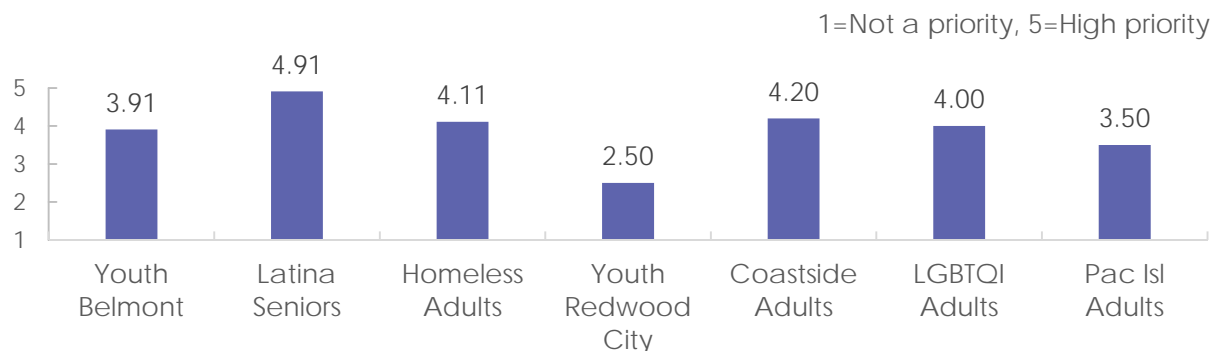
- How much of a priority is health in the lives of community members?
- How does the physical environment help or hurt the health of community members?
- How often do community members use technologies for health activities?
- How has the Affordable Care Act impacted access to health care for the community?

Their responses to these specific follow-up questions are presented below.

### VIEWS OF HEALTH AS A PRIORITY

To rate how much of a priority health was in their lives, resident focus group participants completed a quick survey question, with 1 being "not a priority" and 5 being a "high priority." The overall mean across all groups was 4.02.

AVERAGE RATING OF HEALTH AS A PRIORITY, SAN MATEO RESIDENT FOCUS GROUP PARTICIPANTS



Source: San Mateo County CHNA Resident Focus Groups 2015. Total N=50. n=4-11 per group.<sup>2</sup>

Those who reported that health was a high priority explained that they have experienced both good health and poor health and understand the consequences of being unhealthy. Among those who said health was not a strong priority, some said they were not worried about health since they have not seen any negative outcomes from current lifestyles, did not see a need

<sup>2</sup> Health priority question was not discussed in East Palo Alto resident focus group due to lack of time.

to lose weight, “did not feel worthy” of taking care of themselves, or did not feel they had the time to practice “self-care.”

## **PHYSICAL ENVIRONMENT**

Overall, residents and key informant experts (herein, “experts”) in focus groups reported that San Mateo County provides a healthy and safe environment, and that the built environment is conducive to physical activity and a good sense of well-being. Specifically, most described good availability of leisure activities and low-cost/free physical activity resources, such as community centers. However, residents’ perceptions about the health of the environment varied depending on where they lived. For example, clean air was cited as a health asset by those who live near the coast, while residents of Redwood City and North Fair Oaks said they had less proximity to parks and that the housing was very dense.

Residents and experts also noted some of the negative impacts of the environment that cause stress (e.g., the lack of affordable housing and noise from neighbors, cars, and airplanes), things that cause injuries (e.g., unsafe streets and sidewalks for pedestrians and drivers due to traffic), things that lead to poor nutrition (e.g., the availability of fast food restaurants), and dense and overcrowded housing (which is known to expose people to pests and mold, which contribute to respiratory disease). Residents and experts also identified problems related to traffic, specifically the volume of people commuting to and within San Mateo County, which they indicated was driven by the county’s lack of affordable housing and inadequate public transportation. They also connected traffic problems to stress and respiratory issues (due to air pollution).

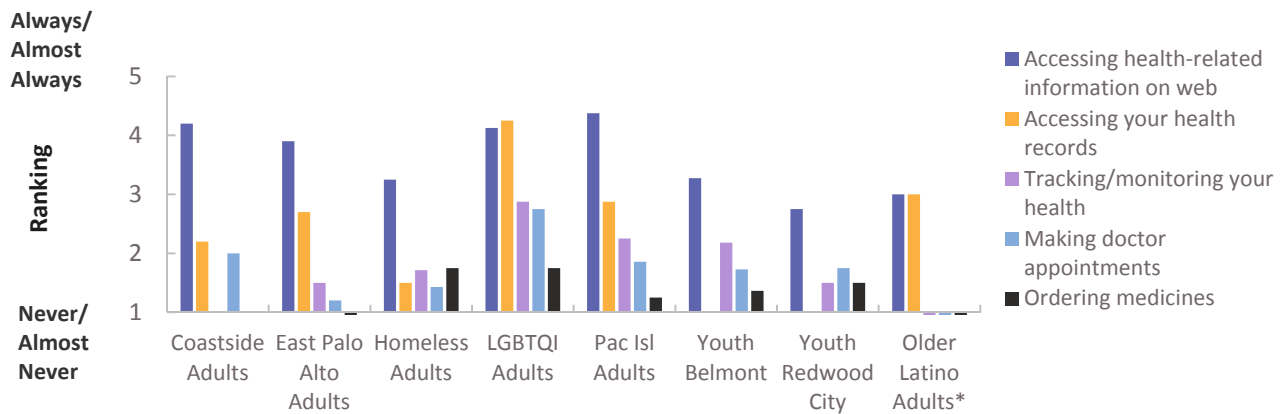
Experts weighed in about policy changes that could improve the health in the community. They focused on affordable housing, better urban planning, and preservation of the natural environment. For example, affordable housing was the most common topic related to desired policy changes (mentioned in 11 out of 29 key informant interviews and the professionals’ focus group). The built environment was the second most common topic and included traffic abatement, pedestrian and bicycle safety, access to grocery stores with fresh produce, and urban planning. Experts cited the natural environment as an asset and stressed the importance of continuing with existing policies that provide bike trails and open spaces.

## **TECHNOLOGY**

In the focus group surveys, ASR asked participants to rate their use of technology for various health activities, using a scale where 1 was “never/almost never” and 5 was “always/almost always.” The overall mean across all groups was 2.19, indicating they did not use technology often to meet their health needs.



### AVERAGE FREQUENCY OF USING TECHNOLOGY FOR HEALTH ACTIVITIES, SAN MATEO RESIDENT FOCUS GROUP PARTICIPANTS



Source: San Mateo County CHNA Focus Groups 2015. N=49, n=4-11 per group.

\*Two of 11 older Latino adults did not specify how often they used technology for these activities, only that they did so in general. Each column in the chart for the Older Latino Adults group only represents one person; frequency of use was not ascertained. No other participants in that group had ever used the Internet.

Overall, participants used technology including the Internet and smart phones, but did not use technology frequently for health-related activities other than accessing health-related information on the web (mean score of 3.70), followed by accessing health records (2.22), tracking/monitoring individual health (1.86), making doctor appointments (1.82), and ordering medicines (1.36). There were few differences among groups, but the LGBTQI group used technology for health activities more frequently than other groups in every category. It is worth noting that this group was diverse in age, ranging from their 20s to their 50s.

## HEALTH CARE ACCESS

ASR asked this question with a variety of prompts, including awareness about health insurance and health care access, perceptions of whether more or fewer residents were now insured, costs and affordability of health care, sufficiency of health care benefits, and the use of primary versus emergency care.

**Awareness about how to obtain health insurance and health care.** The majority of residents said they are aware of how to access health insurance and health care, but some do not have the health systems literacy they need to navigate the system and make choices. Populations

that providers reported may be less aware or have more difficulty accessing insurance are undocumented immigrants, those who do not speak English, and those with limited/no literacy. Populations who may be less aware or have more difficulty accessing care are those with emergency Medi-Cal only and those who do not understand that care is available to them via community health clinics.

**Enrollment in insurance.** Experts reported that there had been an increase in the number of insured since the Affordable Care Act (ACA) was instituted in San Mateo County, and that the biggest increase has been in Medi-Cal enrollment, credited to the outreach conducted by hospitals, county, and nonprofits. The San Mateo County Health System reported that as of March 1, 2016 (based on 2014 census data), an estimated 62,000 county residents had enrolled in health insurance coverage, made possible through the ACA. This includes 28,000 enrolled in a plan offered through Covered California and 34,000 enrolled in the segment of Medi-Cal that expanded. An estimate of 50,000 adults remain uninsured in San Mateo County, approximating an uninsured rate of 7%. Most resident focus group participants said they had continuous insurance coverage; seniors in particular said they had Medicare before ACA.

**Difficulties affording insurance and care.** Residents and experts said that ACA had not helped alleviate affordability of health insurance and health care for some residents; those who could not afford it before ACA still could not afford it. Residents and experts alike also reported that insurance costs have increased, even for employer-sponsored plans. Covered California (CoveredCA) mostly benefits working adults (legal residents) who did not have employer-sponsored insurance before ACA. Key informants indicated that health care insurance is still unaffordable for many families with children and many working adults under age 65. The cost of copays and prescriptions is still a barrier for many. Additionally, there may be some unintended consequences of ACA for undocumented residents: experts noted that the county no longer insures undocumented immigrants because they are eligible to apply for coverage through CoveredCA, but without a subsidy, the care offered through CoveredCA is unaffordable for most undocumented immigrants.

**Insurance benefits or “coverage.”** There were mixed responses about benefits, in that some residents said their coverage is better now while others said it was worse. Those who said it was worse reported that services that used to be covered are no longer covered (such as lab work). Residents and experts said that coverage for mental health services is still insufficient, including residential treatment and individual counseling — especially for those outside of the County Health Plan and Medi-Cal. Also, dental insurance (including Denti-Cal) still does not cover many needed services, and providers indicated that relatively few people have dental coverage.

**Prevention, primary and emergency care.** Experts reported that more insured people are accessing prevention services, including primary care physicians. Experts who serve Medi-Cal patients and San Mateo County “ACE” patients (participants in the Health Plan of San Mateo County’s “Access and Care for Everyone” Program) in community clinics reported that most of their patients are seeking preventative care through the clinics. Experts, however, said that some community members are unaware that they can get preventative care at the clinics, and therefore wait for conditions to become severe before they seek treatment. Some of the patients at community clinics are those who are attempting to enroll or waiting for information from Covered California, which many reported has lengthy wait times.

There were mixed responses from experts to the question about whether people are using the emergency department (ED) as primary care to the same degree as they did prior to ACA. Some experts said that fewer people are using the ED because they now have access to primary and preventative care, while others said residents have continued or increased their use of the ED because of long appointment wait times. Also, it is thought that many are still using the ED for primary care and urgent care because they are used to it and/or do not know how to utilize insurance benefits (a health systems literacy issue).

### Prioritized Health Needs Data Synthesis

ASR synthesized data on a variety of health issues, including data from the report titled 2013 Community Health Needs Assessment Health & Quality of Life in San Mateo County, as well as other secondary data and qualitative data from focus groups or key informant interviews. ASR then used a spreadsheet known as the “data culling tool” to list data on each health issue and evaluate whether the issue qualified as a health need.

Next, in order to be categorized as a community health need, each health issue had to meet two additional criteria:

- The issue is confirmed by more than one source of secondary and/or primary data.
- San Mateo County’s status on the issue compares poorly to the Healthy People 2020 (HP2020) benchmark or, if no HP2020 benchmark exists, to the state average. If no secondary data are available, the need must meet a minimum prioritization threshold of at least one third of key informants or focus groups.

#### 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.

**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.

A total of 21 health conditions or drivers fit all three criteria and were thus considered community health needs. The list of needs, in order, is found on the next page. For further details about each of these health needs, including statistical and qualitative data, please consult Appendix 10: Health Needs Profiles.

### Summarized Descriptions of Sequoia Hospital's Community Health Needs (2016)

**Diabetes** is a health need in San Mateo County as illustrated by a rise from 1998 to 2013 in the percentage of adults who reported having been diagnosed with diabetes. The overall adult rate in the county, based on self-report, is higher than the Healthy People 2020 target, with Blacks and low-income residents disproportionately reporting having been diagnosed with diabetes. Diabetes is the eighth leading cause of death in the county. Risk factors for diabetes include diet, fitness, and weight. The level of fruit and vegetable consumption among county residents could be better, as it is not much higher than the state average. Fitness among county adults improved between 2001 and 2013 but is still far from optimal. The percentage of surveyed adults in the county who are obese rose significantly from 1998 to 2013. Of greatest concern to the community were the complications that can result from diabetes, the magnitude of the problem (e.g., more people living with and dying from chronic conditions such as diabetes than from acute conditions), and the relative lack of doctors and caregivers available to treat chronic diseases such as diabetes.

**Childhood obesity** is a health need in San Mateo County as marked by slightly higher rates of overweight and obese 2- to 4-year-olds, and slightly higher rates of overweight or at-risk of overweight children ages 5-19, compared to state averages. Smaller percentages of county seventh graders met the fitness standards in 2013 than in prior years, with Latino, Black, and American Indian students being even less likely to meet the standards than other ethnic groups. The health need is likely impacted by health behaviors such as poor fruit and vegetable consumption, not walking or biking to school on a regular basis, and amount of time spent watching TV, watching videos, or playing video games. Community concerns related to the relative availability of fast food compared to healthy/fresh foods, the ubiquity of sugar, the lack of nutrition education for children, parents, and grandparents, lack of safe places to play in some neighborhoods, and the unaffordability of gyms and fitness programs.

**Health care access and delivery** are health needs in San Mateo County as illustrated by the disproportionalities in health care access across different populations in the community. For example, low-income residents are the most likely of any county population to have been without health insurance coverage for more than five years. In addition, the proportion of county residents who reported visiting a doctor for a routine check-up has been trending down. Access to both dental insurance and mental health services is also getting worse in the county. Providers reported that more individuals are enrolled in health insurance, but do not use it and instead, continue to visit the ER or community clinics due to issues such as affordability, a

dearth of primary and specialty practitioners who accept their insurance, and long wait times to obtain an appointment. Residents and providers both indicated that patients need help navigating the health care system. Respondents cited discrimination and lack of cultural competence as health care delivery barriers that affect minority populations in the county.

**Behavioral health** is a health need in San Mateo County, as demonstrated by a rise from 1998 to 2013 in the percentage of self-reported mental and emotional problems among county adults. Countywide, depression is more common among Latinos, low-income residents, and those with a high school diploma or less. Suicide is the tenth leading cause of death in the county. With regard to alcohol and substance use, the level of binge drinking among young adult males in the county rose from 1998 to 2013. The community reported there is a limited supply of mental health care providers and substance abuse treatment options, as well as inadequate insurance coverage for behavioral health care. There were concerns about behavioral health for populations of all ages, from teens to adults and older adults. Community members noted that the level of stigma associated with behavioral health issues may make it harder for individuals to seek and obtain help, and that these individuals are often discriminated against in their communities and in health care settings.

**Fitness, diet, and nutrition** are health needs in San Mateo County as demonstrated by a substantial decrease from 2001 to 2013 in the percentage of adults who exhibited healthy behaviors (did not smoke, were not overweight, exercised adequately, and ate adequate fruits and vegetables). Adult and child fruit and vegetable consumption could improve, as it is not much better than the state average. Low-income, Black, and Latino county adults are less likely to report having access to fresh, affordable produce than other county populations. Fitness among county adults improved between 2001 and 2013 but is still far from optimal. Lower percentages of county seventh graders met the fitness standards than in prior years, with Latino, Black, and American Indian students being even less likely to meet the standards. Community members expressed concern about the relative availability of fast food restaurants compared to healthy/fresh foods, inadequate access to grocery stores in low-income neighborhoods, the cost of healthy food, not enough nutrition education, and lack of safe places to play in some neighborhoods.

**Heart disease and stroke** are health needs in San Mateo County as marked by rising percentages of adults reporting high cholesterol and hypertension. In addition, mortality rates due to these diseases are higher than Healthy People 2020 targets. Diseases of the heart are the leading cause of death in the county, and cerebrovascular diseases (such as stroke) are the fourth leading cause of death in the county. Black county residents are disproportionately affected. Being overweight (or obese) is a cardiovascular risk factor. The percentage of surveyed adults in the county who are obese rose significantly between 1998 and 2013. The

groups with the highest percentages of obesity are low-income residents, Latinos, and Blacks. The health need is likely impacted by health behaviors such as poor rates of fruit and vegetable consumption, and rates of county adult smoking among men and low-income individuals that do not meet the Healthy People 2020 target. The community expressed concern about hypertension, smoking, the lack of nutrition education, and the availability of fast food in comparison to healthy/fresh food.

**Unintended injuries** are health needs in San Mateo County due to the fact that they are the sixth leading cause of death in the county. Because the percentage of older adults is rising across the country and is particularly high in the county compared to the state overall, falls are becoming one of the community's biggest concerns. The overall rate of deaths due to unintended injuries is higher than the Healthy People 2020 target for Black and White county residents. Deaths from other unintended injuries also show disparities. For example, the rates of deaths from pedestrian accidents among Latinos and from motor vehicle accidents among Blacks both exceed their respective Healthy People 2020 targets. Also, the rate of child drownings in the county is higher than the state average for that age group. Community members expressed concern about poor health outcomes (including mobility and mortality) due to falls, which impacts the older adult population more than any other. They also expressed concern about motor vehicle accidents that involve pedestrians or bicyclists due to lack of sidewalks or bike lanes.

**Housing and homelessness** are health needs in San Mateo County as marked by less affordable housing in the county compared to the state and a concurrent increase in the percentage of surveyed adults who share housing costs with someone other than a spouse. The high cost of housing disproportionately impacts low-income individuals and non-Whites in the county. Blacks, Latinos, and military veterans are disproportionately represented in the county homeless population. Community members expressed concern about the lack of affordable housing and the poor condition of existing housing.

**Cancer** is a health need in San Mateo County because it was the county's second leading cause of death in 2013. In addition, the county has rising breast cancer incidence rates, and rates of colorectal cancer incidence and breast cancer mortality that are higher than Healthy People 2020 targets. Breast, colorectal, and lung cancer all disproportionately affect Blacks in the county. The health need is likely impacted by health behaviors such as rates of adult smoking that surpass the Healthy People 2020 target among various county populations, including men and low-income individuals. Alcohol consumption is also associated with a higher risk of certain cancers, and the rate of binge drinking among adults is higher in the county than in the state. Community members were particularly concerned about smoking as a cause of cancer.

**Violence and abuse** are health needs in San Mateo County because the percentage of surveyed adults who evaluate their neighborhood's safety as "fair" or "poor" has not changed over time.

These results demonstrate that the community's perception has remained constant even though almost all statistical measures of abuse and violence, including violent crime, are trending down. In addition, while overall countywide levels of child abuse and domestic violence are favorable compared to the state overall, the rate of child abuse among Blacks in the county is much higher than the state average. Finally, human trafficking is an emerging issue in the county. Community members reported that violence and abuse are urgent health needs. Some expressed concern about the increased potential for violence, child abuse, and trauma due to overcrowded living conditions. The community identified certain county populations as particularly vulnerable, including LGBTQI individuals, elders, and victims of sexual trafficking.

**Transportation and traffic** are health needs in San Mateo County because total vehicle miles of travel in the county have been rising and correlate with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. Latinos and Blacks in the county are more likely to be the victims of pedestrian and motor vehicle crashes than those of other ethnic groups. Most county residents drive to work alone rather than using an alternative mode of transportation. Low-income residents, Latinos, and Blacks are more likely than other groups to cite transportation as a barrier to seeing a doctor. The coastside communities have less access to public transit than the rest of the county. Community members expressed concerns about the impacts of excessive traffic, including stress from commuting, poor air quality from vehicular exhaust, and motor vehicle accidents resulting from speeding.

**Alzheimer's disease and dementia** are health needs in San Mateo County, as evidenced by Alzheimer's disease being the third leading cause of death in the county. The mortality rate from Alzheimer's in the county is higher than the state, perhaps related to the fact that the median age of the population in the county is higher than the state. Alzheimer's disease is the fastest-growing cause of death in California, and the number of people living with the disease is also growing rapidly. Some respondents described dementia and Alzheimer's disease as key unmet needs in the county.

**Emotional well-being** is a health need in San Mateo County as evidenced by disparities among surveyed adults in their experiences of stress and depression. For example, low-income residents and Latinos were more likely than other groups to report they experienced symptoms of depression lasting two years or more. Similarly, Black, Latino, and low-income residents were more likely to report feeling worried, tense, or anxious. Finally, there have been increases between 2001 and 2013 in the percentages of adults who report challenges with life satisfaction and with relationships to family members. Community members indicated that the health need is exacerbated by limited insurance for and few counselors to treat well-being issues (e.g., stress, worry, sub-clinical anxiety, grief, family conflict, academic pressure, and adjustment issues). The community also identified a variety of factors that cause stress and thus negatively impact well-being, such as lack of affordable housing, commuting long

distances, experiencing food insecurity, being unemployed, living in an unsafe neighborhood, facing family conflict up to and including domestic violence, having undocumented status, and being the subject of racism, sexism, or gender inequality.

**Oral/dental health** is a health need in San Mateo County as illustrated by a decrease in the percentage of surveyed adults who visited a dentist for a routine check-up in the past year and an increase in the percentage of surveyed adults who lack dental insurance. Low-income county residents more often lack dental insurance, are less likely to get a routine dental check-up, and (if parents of a minor child) are less likely to bring their child for a routine dental check-up. The health need is likely impacted by the cost of dental care in the county. Community feedback indicated that there are few dental providers in the county who take Denti-Cal insurance. Community members stated that even when dental insurance is available, it often does not cover anything but the basics (i.e., extractions). Thus, preventive dental care is lacking for many residents.

**Respiratory conditions** are health needs in San Mateo County as marked by a substantial increase in the proportion of surveyed adults who report being diagnosed with asthma between 1998 and 2013. Disparities exist among Blacks, younger adults, low-income residents, and those in the northern part of the county. Asthma can be aggravated by poor air quality and the county is among the top 10 metropolitan areas with the highest short-term particle pollution. Respiratory conditions are the fifth leading cause of death in the county. With respect to respiratory conditions, the community mainly expressed concern about asthma, naming drivers of the disease such as mold and mildew, airborne particles, second-hand smoke, and smog from traffic.

**Communicable diseases** are health needs in San Mateo County as marked by a rise in the incidence rate of tuberculosis (TB) and rising numbers of deaths from pneumonia and influenza over the past decade. The latter two diseases combined were the sixth leading cause of death in the county in 2013. The TB incidence rate remains higher than the state average. Disparities by ethnicity in TB incidence occur among county Asian/Pacific Islanders. Also, the incidence rates of campylobacteriosis (a communicable gastrointestinal illness) and salmonella have been trending upward in the county in recent years. Older adults in the county are vaccinated against influenza and pneumonia in smaller proportions than the Healthy People 2020 target dictates. The community expressed concern about overcrowded housing, as communicable diseases spread faster in crowded environments. (See paragraph on sexually-transmitted infections for information about those specific diseases.)

**Income and employment** are health needs in San Mateo County as evidenced by rising percentages of adults living below 200% of the Federal Poverty Level, with Blacks and Latinos disproportionately more likely to have low incomes. The county's unemployment rate is lower than the state average, but non-Whites have higher unemployment rates than Whites in the area. While education indicators (high school exit exam performance, educational attainment) are



better in the county as a whole than in the state, disparities are evident for Latinos, Blacks, and low-income residents. Community members reflected this, making the connection between low-income status and poor health outcomes. Respondents reported that low-income county residents have less access to basic needs such as healthy food, housing, and health care and that those who are insured are still unable to afford co-pays or prescriptions. The community respondents indicated that low-income neighborhoods have fewer sidewalks or bike lanes (leading to more accidents) and fewer parks and safe places for recreation. They mentioned concerns that economic disparities continue to grow and that some simply cannot afford to continue to live in the county.

**Climate change** is a health need in San Mateo County as evidenced by the county being among the top U.S. metropolitan areas with the highest short-term particle pollution and areas most polluted by ground-level ozone. Poor air quality can aggravate asthma and other respiratory conditions, while high levels of ground-level ozone can damage plants and ecosystems on which human health depends. Additionally, carbon emissions in the county have risen slightly over time. These emissions can affect climate change, which in turn impacts food security and water resources that are key to human health. Although water consumption is trending down countywide, which is especially crucial during drought years, more-affluent communities use disproportionately more water than less-affluent communities. Finally, San Mateo County will be the California county most affected by rising sea level.<sup>3</sup> Community input included apprehension that air pollution from increased traffic is negatively impacting health. The community also expressed concern over access to parks in the county, noting that higher-density urban areas have fewer green spaces.

**Arthritis** is a health need in San Mateo County as marked by not only the prevalence of arthritis and related conditions among older adults, but also the prevalence among adults ages 18 and older. On average, the median age of the county population is higher than the state median age, and the county's Health Officer estimated that the proportion of older adults in the population in the next several decades will continue to be higher than the state average, making the county as a whole more likely to experience conditions that affect older adults such as arthritis.

**Sexually transmitted infections (STIs)** are health needs in San Mateo County as demonstrated by rising incidence rates of chlamydia, gonorrhea, and syphilis. Men having sex with men (MSM) comprise the main risk behavior group in the county for new cases of gonorrhea, syphilis, and HIV. The community expressed concern about STIs among teens and indicated a need for LGBTQI-specific sexual education and health care.

---

<sup>3</sup> California Climate Change Center. (2009, August). *The Impacts of Sea-Level Rise on the California Coast*. Retrieved from <http://www.energy.ca.gov/2009publications/CEC-500-2009-024/CEC-500-2009-024-F.PDF>.

**Birth outcomes** are health needs in San Mateo County, as evidenced by the percentage of low birthweight babies, which is slightly worse than the state average. Blacks and Asian/Pacific Islanders in the county are disproportionately affected, with an even higher percentage of lowbirthweight babies than the county average. Black county residents also have higher proportions of pre-term births and infant mortality compared to county residents overall. These problems are more likely to occur when mothers do not receive early prenatal care. While this is not an issue on the countywide level, a disproportionately smaller percentage of Black women receive early prenatal care in comparison to other ethnic groups in the county. Community concerns focused on teen pregnancy, although the data show that the rate of teen births in the county is less than half that of the state.

### Public Health Input about Community Health Priorities

In addition to using the data culling tool to determine the list of health needs, the HCC sought the expertise of public health experts once again to understand how they would prioritize the full list of health needs. The HCC (which includes hospital representatives and public health experts) met to discuss the health needs and their impact on the community. During this meeting, public health experts from the San Mateo County Health Department, including Dr. Scott Morrow, County Health Officer, prioritized the health needs from a public health perspective. The public health perspective is a broad view of health that focuses on creating conditions within a society so that all individuals can be healthy.

The San Mateo County Health Department prioritized these seven health needs based on a wealth of data on the causes of adverse health conditions in our community. They are:

- Health care Access & Delivery
- Climate Change
- Emotional Well-being
- Fitness, Diet, & Nutrition
- Housing & Homelessness
- Income & Employment
- Violence & Abuse

## 6 Prioritized Description of Significant Community Health Needs

---

Sequoia Hospital used the criteria outlined in Dignity Health's Community Benefit policy (40.4.001) for the formal prioritization of the list of health needs. The criteria may include, but are not necessarily limited to:

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

Sequoia Hospital's dedicated community benefit staff scored the health needs on each criterion using a 3 point scale (below) to determine the rank order of the community health needs.

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

The Community Advisory Committee (CAC) then gave input and advice on the ranking of the 21 community health needs during an in-person meeting in April 2016. The CAC consists of community members who represent a wide array of interests and perspectives. The CAC includes two members of the Sequoia Hospital Board of Directors to ensure linkage between the Hospital Board and the CAC.

## Ranked List of Prioritized Needs

The health needs are rank-ordered by prioritization score in the table below.

RANKED LIST OF PRIORITIZED NEEDS	
RANK	HEALTH NEED
1	Diabetes
2	Childhood Obesity
3	Health care Access & Delivery
4	Behavioral Health
5	Fitness, Diet, & Nutrition
6	Heart Disease & Stroke
7	Unintentional Injuries
8	Housing & Homelessness
9	Cancer
10	Violence & Abuse
11	Transportation & Traffic
12	Alzheimer's Disease & Dementia
13	Emotional Well-being
14	Oral/Dental Health
15	Respiratory Conditions
16	Communicable Diseases (not STIs)
17	Income & Employment
18	Climate Change
19	Arthritis
20	Sexually Transmitted Infections (STIs)
21	Birth Outcomes

## 7 Conclusion

---

The HCC worked together to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a shared assessment. By gathering secondary data and carrying out new primary research as a team, the members of the HCC were able to collectively understand the community's perception of health needs, as well as which needs missed established benchmarks or were affirmed by multiple sources of data.

Sequoia Hospital then prioritized the health needs based on a set of defined criteria. After making this CHNA report publicly available in May 2016, Sequoia Hospital will develop an individual implementation plan based on this shared data.

## 8 Appendices

---

1. 2013 CHNA Summary & Results
2. IRS Checklist 2016
3. Glossary
4. Secondary Data Sources
5. Indicator List
6. List of Community Leaders and Their Credentials
7. Focus Group and Key Informant Interview Protocols
8. Community Assets and Resources
9. Health Needs Profiles
10. Community Advisory Committee

## Appendix 1. Impact of Actions Taken Since the 2013 CHNA

---

In 2013, Sequoia Hospital identified community health needs in a process that met the IRS requirements for the CHNA. During this first IRS-mandated CHNA assessment, the research focused on identifying health conditions, and secondarily the drivers of those conditions (including health care access). Sequoia Hospital identified the health needs found in the list below. In the 2016 assessment, the HCC, including Sequoia Hospital, built upon this work by utilizing a list of identified needs from 2013 to ask about any additional important community needs. This included delving deeper into questions about health care access, the impact of the physical environment, and of new technologies on health. We also specifically sought to understand how the Affordable Care Act implementation impacted residents' access to health care, including affordability of care.

### Written Public Comments to 2013 CHNA

Sequoia Hospital provided the public an opportunity to submit written comments on the facility's previous CHNA report through the website [DignityHealth.org/Sequoia](http://DignityHealth.org/Sequoia). This site will continue to allow for written community input on the hospital's most recently conducted CHNA report.

As of the time of this CHNA report development, our hospital had not received written comments about previous CHNA reports. Sequoia Hospital will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate hospital staff.

#### OUR HOSPITAL'S 2013 PRIORITIZED NEEDS

##### SEQUOIA HOSPITAL:

- Preventing and/or Managing Health Conditions
- Healthy Aging in Place
- Child/Youth Healthy Development Behavioral health
- Community Building
- Improving Access to Health Care
- Community Health Improvement

## Evaluation Findings of Previously Implemented Strategies

### A. PURPOSE OF 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

Sequoia Hospital's 2013 Implementation Strategy Report (ISR) was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA report describes and assesses the impact of these activities. For more information on Sequoia Hospital's ISR, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing implementation strategies, please visit

<https://www.dignityhealth.org/cm/media/documents/Sequoia-Hospital-IS.pdf>. For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by Sequoia Hospital in the 2013 ISR.

- Preventing and/or Managing Health Conditions
- Healthy Aging in Place
- Child/Youth Healthy Development Behavioral health
- Community Building
- Improving Access to Health Care
- Community Health Improvement

Sequoia Hospital is monitoring and evaluating progress to date on its 2013 implementation strategies and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, 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.

As of the documentation of this CHNA report in March 2016, Sequoia Hospital had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, Sequoia Hospital will continue to monitor impact for strategies implemented in 2016.

### B. 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT OVERVIEW

In the 2013 Implementation Strategy process, Sequoia Hospital planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, including grant making, in-kind resources, collaborations, and partnerships, as well as several internal Sequoia Hospital programs including charitable health coverage programs, and future health professional training programs. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

Sequoia Hospital Programs: From 2014-2016, Sequoia Hospital supported programs to increase



access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included

### **Financial Assistance**

Financial Assistance is free or discounted health care provided to persons who cannot afford to pay and who meet criteria in Dignity Health Summary of Patient Financial Assistance Policy.

### **Medicaid**

Community Benefits reported in this category include the un-reimbursed costs of public health programs for low-income persons, such as Medi-Cal. Un-reimbursed costs represent the shortfall created when a hospital receives payments from government programs that are less than the cost of caring for government insured patients.

### **Community Benefit Operations**

Sequoia Hospital's dedicated community benefit operations staff collects and reports community benefit data. The Director of Health & Wellness is co-chair of the Healthy Community Collaborative of San Mateo County which plans and conducts the triennial Community Assessment, *Health & Quality of Life in San Mateo County*.

### **Community Health Improvement**

These activities are carried out to improve community health and include community health education and prevention services. We regularly bring health education, screenings and adult immunizations out into the community and particularly reach out to those who are uninsured or underinsured. Staff from the Health & Wellness Center, Diabetes Center, Pulmonary Rehab, Nutrition Services, Spiritual Care and Sleep Center participate in this outreach. When vulnerable and indigent patients come to Sequoia Hospital they are given Enrollment Assistance for Government Programs and Taxi vouchers upon discharge. Social Workers and Discharge Planners refer vulnerable seniors (50years+) to the Sequoia Community Care. Live Well with Diabetes courses are conducted by trained Diabetes Health Promoters throughout the North Fair Oaks area of Redwood City. New parents are offered a free Lactation advice line, and free weekly New Parents Group. In the spring, Sequoia annually leads a collaboration of community partners that created a Make Time for Fitness program for all 4<sup>th</sup> Grade students in the Redwood City School District with a message to "Eat Healthy, Stay Active and Be Tobacco-Free". All programs respond to identified community health needs and are implemented with evidence based/informed materials, goals, objectives and follow-up with outcomes measures.

### **Financial and In-Kind Contributions**

Sequoia Hospital provides financial and in-kind contributions to nonprofit organizations that serve the community. Organizations include but are not limited to: Sequoia YMCA; Samaritan House; Bonnie J. Adario Lung Cancer Foundation; American Heart Association.

Sequoia Hospital/Dignity Health Community Grants Program supports other not-for-profit organizations.

### **Subsidized Health Services**

Sequoia Hospital pays on-call physicians to serve indigent patients in the Emergency Department

### **Community Building Activities**

Sequoia Hospital is committed to building a healthier community through working collaboratively with community partners, providing leadership as a convener and capacity builder, and participating in community-wide health planning. Sequoia staff participates in the Redwood City/San Mateo County Chamber of Commerce Education Committee; San Mateo Fall Prevention Task Force Steering Committee; Get Healthy San Mateo County Task Force Steering Committee; member of Wellness Committees in San Carlos and Redwood City Elementary School Districts and Sequoia Union High School District; Healthy Community Collaborative of San Mateo County co-chair; San Mateo County Paratransit Coordinating Council member; Sequoia Health care District Community Grants Committee; Peninsula Family YMCA Activate America/Pioneering Healthy Living Committee; Canada College Human Services Advisory Board; San Mateo County Breastfeeding Advisory Committee. Sequoia Hospital also supports youth volunteers/mentoring.

### **Health Professionals Education**

Sequoia Hospital contributes to the long-term health of our community by providing student training in several areas of the hospital, including Central Supply; Wound Care; Phlebotomy; Lab Science; Nursing; Paramedic; Clinical Chaplaincy; Health and Wellness; Pharmacy; Physical Therapy; Physician Assistants; Radiation Oncology; Radiology; Radiology and Respiratory Therapy.

### **Unpaid Cost of Medicare**

Community Benefits reported in this category include the un-reimbursed costs of Medicare which represent the shortfall created when Sequoia Hospital receives payments from Medicare that are less than the cost of caring for the government insured patient.

### C. 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT BY HEALTH NEED

2013 HEALTH NEED	<p><b>Preventing and/or Managing Health Conditions</b> is a need according to the 2013 Community Needs Assessment: 85.4% of the San Mateo County (SMC) adults exhibit at least one cardiovascular risk factor (i.e. smoking, no regular physical activity, high blood pressure, high cholesterol, or being overweight).</p> <p>The rate of diabetes in San Mateo County is up 2.5 times over the past 10 years. The greatest increases have been in whites, females and in those over 65 years of age. The 2013 CHNA finds 10% of the adult population has diabetes, which represents approximately 57,130 adults. The rate of diabetes in southern San Mateo County is 9.3%.</p>
STRATEGY	<p>Enable individuals to be active participants in managing risk factors, connecting with their primary care physicians and improving their overall well-being.</p>
<i>Activities/ services to address this strategy</i>	<ul style="list-style-type: none"> <li>• Offered no cost screenings for, hypertension and diabetes, as well as counseling and monthly monitoring at senior/community center sites.</li> <li>• Explored opportunities to collaborate with Health Plan of San Mateo to offer chronic disease management classes at the Health &amp; Wellness Center for their patient population.</li> <li>• Provided stroke awareness information, medication cards and monitored their use at monthly blood pressure screenings.</li> <li>• Quarterly diabetes support group (Spanish) conducted at Fair Oaks Community Center.</li> <li>• Live Well with Diabetes (LWD) classes were taught in Spanish by trained Diabetes Health Promoters (DHP's).</li> <li>• Utilized the competencies of Sequoia Hospital clinicians and experts from our community partners to educate community members through lectures, screenings, newsletters and one-on-one consultations.</li> </ul>
<i>Evaluation results</i>	<ul style="list-style-type: none"> <li>• 1506 participants participated in monthly blood pressure screenings at six community centers.</li> <li>• 376 participants were hypertensive.</li> <li>• 218 participants were referred to physician for hypertensive issues.</li> <li>• 523 participants received individualized health counseling by an R.N.</li> <li>• Stroke awareness questionnaires were completed by participants at all centers.</li> <li>• 311 participants participated in diabetes screenings held at three adult community centers.</li> <li>• 98 individuals were identified with elevated glucose.</li> </ul>

- 
- 22 individuals were referred to their physician for an elevated glucose level, one on an urgent basis.
  - Annual satisfaction surveys completed at all screening sites. Patients noted that they were not able to see their doctor every month so this service was both convenient and an easy way to manage their blood pressure. Clients reported being able to monitor trends in their numbers thereby encouraging early intervention. Participants expressed appreciation for personalized, consistent, private, one-on-one professional RN counseling. Meetings were held with representatives of the centers to provide feedback and assisted with planning to expand, improve and advertise the free screenings.
  - Provided CHF chronic disease management classes for Health Plan of San Mateo members.
  - Provided health articles for local adult community center publications.
  - Live Well with Diabetes –
    - a. 178 participants.
    - b. 20 classes held.
    - c. 71% (2014) 80% (2015) of participants made 2 or more personal behavior changes three months after the class.
    - d. 2.5% (2014) 1% (2015) admitted to the hospital for a diabetes related incident 3 month after the class.
  - \$80,671 total amount of funding provided.
-

2013 HEALTH NEED	<p><b>Aging in Place</b> is a need according to the 2013 Community Health Needs Assessment. The proportion of adults aged 60 and older is expected to roughly double over the next four decades. As of the 2000 census adults aged 60 and older in San Mateo County, represented 16.4% of the county's total population. By the year 2040, it is projected that the number of adults 60+ will increase to 28.7% of the county's total population. Many area seniors live on low incomes. Of the households surveyed in 2013, 16.0% of seniors reported household incomes below 200% of the Federal poverty level. In the 2013 San Mateo County Health &amp; Quality of Life Survey, 36.6% of responding seniors (aged 65 and older) lived alone. (North Fair Oaks, 94063, 40.3%) San Mateo County seniors (aged 65 and older) experience much higher prevalence of many chronic conditions than found among adults younger than 65. We have seen a statistically significant trend in higher prevalence of diabetes, asthma and chronic lung disease among San Mateo County seniors since 1998.</p>
STRATEGY	<p>To promote the successful recuperation of older adults after they return home from the hospital through a coordinated, collaborative effort between Sequoia Hospital social workers/discharge planners/spiritual care and community agencies with unique capacities to deliver the Sequoia Community Care strategy.</p>
<i>Activities/ services to address this strategy</i>	<ul style="list-style-type: none"> <li>• An information technology (IT) solution was identified and implemented to allow for efficient communication and organization among community agency providers as well as crucial communication with home health agencies, skilled nursing facilities and primary care physicians.</li> <li>• Promoted inter-department communication. The Health &amp; Wellness Center transitional care nurse attended daily Sequoia Hospital multi-disciplinary meetings.</li> <li>• The director of Sequoia Hospital care coordination and SCC team members served on the Readmission Task Force at Sequoia Hospital and on the San Mateo County Readmission Task Force.</li> <li>• Coleman Care Transitions Interventions (CTI) model used by Transitional Care Nurse for all eligible clients.</li> <li>• Congestive Heart Failure Disease management course offered to eligible patients.</li> <li>• Worked with care coordination, Sequoia Quality Care Network and local skilled nursing facilities to establish new workflows.</li> <li>• SCC Partners quarterly meetings held to promote communication and collaboration.</li> <li>• Collaborated with San Mateo Medical Center to determine how to serve patients discharged from SMMC and Sequoia Hospital.</li> </ul>
<i>Evaluation results</i>	<ul style="list-style-type: none"> <li>• 167 patients accepted one or more Sequoia Community Care services.</li> <li>• 100% of clients were satisfied with services received.</li> <li>• 88% of clients reported that the program helped them self-manage their medications.</li> <li>• 87% (2014) 95% (2015) of clients reported the program helped them to communicate with their medical team.</li> </ul>

- 
- |  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>• 94% (2014) 86% (2015) of clients reported the program helped them to receive vital assistance with activities of daily living (bathing, meal preparation, light housekeeping).</li><li>• 91% (2014) 95% (2015) of clients reported feeling safer in their own home.</li><li>• Percentage of clients who were re-admitted within 30 days<br/>7% (2014) 5% (2015).</li><li>• \$223,429 total amount of funding provided.</li></ul> |
|--|--|
-

2013 HEALTH NEED	<p><b>Child/Youth Healthy Development</b> is a need shown by the Key Finding 2011: Our children are not doing much better than adults in exhibiting healthy behaviors. This will severely impact their future health.</p>
STRATEGY	<p>Teach school-aged children and their families to recognize and adopt behaviors for lifelong good health.</p>
Activities/ services to address this strategy	<ul style="list-style-type: none"> <li>• The director of Sequoia Hospital Health &amp; Wellness served on Redwood City School District (RCSD) and Sequoia Union High School District (SUHSD) Wellness Committees.</li> <li>• The “Eat Healthy, Stay Active, Be Tobacco Free” activity workbook was distributed to 4<sup>th</sup> Grade Classes in April 2014 &amp; 2015. Workbooks were completed in classrooms with teachers and taken home and shared with family members.</li> <li>• Annual SF Giant Player Assembly (1-5<sup>th</sup> grades) was held as a school year kick-off. The theme was teamwork, nutrition, physical activity and Drink Water First.</li> <li>• A Make Time for Fitness (MTF) planning and implementation committee was convened by the director of Health &amp; Wellness. Members included community partners, volunteers, and members of the RCSD wellness committee.</li> <li>• E-Cigarette education was added to the (MTF) curriculum.</li> <li>• SUHSD students were selected by teachers to serve as leaders of interactive learning stations at MTF (Tobacco, Yoga, Friendship Fitness, Farmer’s Market, and Water First). Leadership training was provided to students.</li> <li>• Schools within 1.5 miles of the event walked route identified by Safe Routes to School personnel.</li> </ul>
Evaluation results	<ul style="list-style-type: none"> <li>• 1956 Redwood City School District 4<sup>th</sup> grade students participated. (2014 &amp; 2015)</li> <li>• 400 students from 16 classes representing 8 schools participated in the Pre and Post Testing. 13 teachers representing 9 schools submitted evaluations following MTF. (2015)</li> </ul> <p><b>2015 Key Findings</b></p> <ul style="list-style-type: none"> <li>• 86% of students “Liked” the event (with over ½ liking it “A lot”).</li> <li>• 13/13 teachers rate the event as “Excellent to Good”.</li> <li>• 90% of students thought they learned a “Good amount or more”.</li> <li>• 11/13 teachers felt students learned “A lot to a Good amount”.</li> <li>• Students improved knowledge on select topics: tobacco (increased 22%) and fruits and vegetables (increased 73%).</li> <li>• The Make Time for Fitness program improved knowledge and was well-received by community schools located in North Fair Oaks.</li> </ul>

	<p>Educational interventions that included clearly defined learning objectives, key messages delivered by leaders and teachers in verbal and visual format and multiple learning modalities such as classroom and fieldtrips resulted in greater learning and awareness.</p> <ul style="list-style-type: none"><li>• \$81,258 total amount of funding provided.</li></ul>
--	---



<b>2013 HEALTH NEED</b>	<b>Community Building</b> is a need because the economy continues to provide multiple challenges for non-profit agencies in our service area. At a time when there is a growing population of vulnerable, medically fragile older adults requiring and seeking services, budgets are being reduced at unprecedented rates.
<b>STRATEGY</b>	Developing strategic partnerships between community-based organizations and Sequoia Hospital grants program. Resources are leveraged and address priority health issues in creative ways that have a direct, positive, measureable and lasting impact on the health of identified individuals in our community. Teams that work collaboratively can obtain greater resources, recognition and reward when facing competition for finite resources.
<i>Activities/ services to address this strategy</i>	<ul style="list-style-type: none"> <li>• Reviewed current Sequoia Hospital Initiatives and Strategic Plan and identified where the Community Grant Program could be utilized to create collaborative relationships between the hospital and among community-based organizations to better serve our community.</li> <li>• Lead applicant was required to be a 501(c)(3) nonprofit organization.</li> <li>• Project or program needed to respond to a health priority identified in Sequoia Hospital's CHNA or Community Benefit Implementation Plan.</li> <li>• Targeted population to be served must include identified communities of concern and project to be funded needed to be comprised of three or more partnering organizations and should be linked to Sequoia Hospital.</li> </ul>
<i>Evaluation results</i>	<p><b><u>Grant Awarded</u></b></p> <p>Sequoia Community Care</p> <ul style="list-style-type: none"> <li>• Fiscal agent – Peninsula Family Service</li> <li>• Health priority identified – Healthy Aging in Place</li> <li>• Target population – Community hospital/care setting to home transition services facilitated recovery and improved outcomes for older adults age 50+ who had risk factors for hospital admission or readmission, such as isolation, language and cultural barriers, inadequate support systems or disabilities.</li> <li>• Collaborative partner and role:             <ul style="list-style-type: none"> <li>○ Peninsula Family Service (PFS) – social services</li> <li>○ Jewish Family and Children's Services (Seniors at Home) – private duty</li> <li>○ Peninsula Jewish Community Center (Get up 'n Go) – transportation</li> <li>○ Peninsula Volunteers (Meals on Wheels) - Meals</li> <li>○ Samaritan House – Primary Care</li> </ul> </li> <li>• Hospital link: Sequoia Hospital's Health &amp; Wellness Center.</li> <li>• Proposal included both measurable goals as well as a sustainability plan.</li> </ul> <p>Memory Care and Caregiver Collaborative of the Sequoia Community Care Program</p> <ul style="list-style-type: none"> <li>• Fiscal agent – Peninsula Volunteers, Inc.</li> <li>• Health priority identified – Healthy Aging in Place</li> </ul>

- 
- Target population – Services of the Memory Care and Caregiving Collaborative are designed to keep individuals living with dementia and their caregivers healthy, active and independent, living in their own homes with supportive services. The collaborative worked to help newly discharged adults recuperate successfully, avoided hospitalization when possible and improved their quality of life. The collaborative addressed the isolation and depression of caregivers and the need for a stimulating therapeutic environment to stabilize the medical conditions and functioning levels of individuals with dementia.
  - Collaborative partner and role:
    - Alzheimer’s Association – Education
    - Catholic Charities CYO (San Carlos Adult Day Services) – Adult Day Services
    - Family Caregiver Alliance and Peninsula Volunteers (Rosener House) – Adult Day Services
  - Hospital link: Sequoia Hospital’s Health & Wellness Center.
  - Proposal included both measurable goals as well as a sustainability plan.

\$219,878 total amount of funding provided.

---

<b>2013 HEALTH NEED</b>	<b>Improving Access to Health Care:</b> according to the 2013 Community Needs Assessment amongst adults, there are still a large percentage of individuals without health insurance. Men, young adults, those with no postsecondary education, and residents living below the 200% poverty threshold demonstrate greater lack of health insurance. More than 15% of Blacks and Hispanics report being uninsured, roughly twice the prevalence reported among Whites represented in the survey.
<b>STRATEGY</b>	Offer patient financial assistance (including discounts and charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay. Strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.
<i>Activities/ services to address this strategy</i>	<ul style="list-style-type: none"> <li>• Provided care regardless of the patient's ability to pay. In 2005, the Hospital implemented the Dignity Health Patient Financial Assistance Policy, which was updated in 2008, 2011, 2012 and 2016.</li> <li>• Training sessions were held for all personnel in admitting, case management, patient financial services and cashier's office to educate individuals in these departments about proper procedures for implementing the policy and informing patients of their payment options and obligations.</li> <li>• Signs describing the "Patient Eligibility Assistance Program" and the "Notice of Community Service Obligation" were prominently displayed in the admitting and case management consultation areas.</li> <li>• Additional training was provided whenever updates or changes are made to the policy or its implementation.</li> <li>• To notify the general public, Dignity Health announced the policy widely in local newspapers.</li> <li>• Sequoia Hospital provides access to the policy on its website (<a href="http://dignityhealth.org/sequoia">dignityhealth.org/sequoia</a>).</li> <li>• Information about the policy was also posted at every point of registration in the Hospital and at the Health &amp; Wellness Center.</li> <li>• Staff in the Patient Financial Services department advised patients of the policy and how to apply.</li> <li>• For those patients who are not eligible for government programs, Dignity Health supported these individuals by educating them about commercial exchanges, and possible government subsidies.</li> </ul>
<i>Evaluation results</i>	<b>Financial Assistance</b> <ul style="list-style-type: none"> <li>• Patients served <ul style="list-style-type: none"> <li>○ 1,090 (2014)</li> <li>○ 2,712 (2015)</li> </ul> </li> <li>• Total amount of funding provided <ul style="list-style-type: none"> <li>○ \$ 787,990 (2014)</li> <li>○ \$1,195,886 (2015)</li> </ul> </li> </ul>

<b>2013 HEALTH NEED</b>	<b>Community Health Improvement:</b> According to the 2013 Community Needs Assessment the primary source for health care information revealed sharp differences in the use of the internet for health care information by demographics: utilization is particularly low among seniors, those with no education beyond high school, those living below the 200% poverty threshold, Blacks & Hispanics.
<b>STRATEGY</b>	Provide a comfortable and convenient meeting location for the purpose of providing access to Sequoia Hospital's community health programs.
<i>Activities/ services to address this strategy</i>	<ul style="list-style-type: none"> <li>• The Health &amp; Wellness Center was offered to the community as a comfortable and convenient meeting space (3 separate conference rooms) available seven days a week including evenings free of charge.</li> <li>• Provided space, support, resources, and personnel to the following community organization to ensure the success of their community groups.               <ul style="list-style-type: none"> <li>○ For Those in Pain</li> <li>○ Food Addicts in Recovery Anonymous (FA) Group</li> <li>○ La Leche League</li> <li>○ Mid-Peninsula Parents of Multiples</li> <li>○ American Lung Association</li> <li>○ Alzheimer's Association</li> <li>○ Pathways Home Health, Hospice &amp; Private Duty</li> <li>○ Hepatitis C Support</li> <li>○ Meniere's Disease Support</li> <li>○ Pacific Chapter Neuropathy Association</li> <li>○ Prostate Support</li> <li>○ American Cancer Society</li> <li>○ San Mateo County Breastfeeding Advisory Committee</li> <li>○ San Mateo County Fall Prevention Task Force/ Stanford Medical Center</li> <li>○ Hope House</li> <li>○ Western Neuropathy Association</li> <li>○ New Parents Support Group (Sequoia Hospital program)</li> </ul> </li> </ul>
<i>Evaluation results</i>	<ul style="list-style-type: none"> <li>• 8,825 clients served</li> <li>• \$300,749 amount of funding provided</li> </ul>

## Appendix 2. IRS Checklist 2016

Section §1.501(r)(3) of the Internal Revenue Service code describes the requirements of the CHNA.

Federal Requirements Checklist		Regulation Section Number	Report Reference
<b>A. Activities Since Previous CHNA(s)</b>			
	Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Page #40
	Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Page #40
<b>B. Process &amp; Methods</b>			
<b>Background Information</b>			
	Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Page #21
	Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Page #21
	Defines the community it serves, which: <ul style="list-style-type: none"> <li>• Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance.</li> <li>• May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions.</li> <li>• May <i>not</i> exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.</li> </ul>	(b)(i) (b)(3) (b)(6)(i)(A)	Page #13
	Describes how the community was determined.	(b)(6)(i)(A)	Page #13
	Describes demographics and other descriptors of the hospital service area.		Page #13-16
<b>Health Needs Data Collection</b>			
	Describes <b>data and other information</b> used in the assessment:	(b)(6)(ii)	
	a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Page #58-60
	b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Page #17-22
	CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Page #17-20
	Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Page #17-20
	a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Page #17-20, 35, 68-73

Federal Requirements Checklist		Regulation Section Number	Report Reference
	b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Page #17-20, 68-73
	I. Medically underserved populations	(b)(5)(i)(B)	Page #17-20, 68-73
	II. Low-income populations	(b)(5)(i)(B)	Page #17-20, 68-73
	III. Minority populations	(b)(5)(i)(B)	Page #17-20, 68-73
	c. Additional sources (optional) – (e.g. health care consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, health care providers and community health centers).	(b)(5)(ii)	Page #17-20, 68-73
	Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Page #17-20, 74-82
	Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Page #17
	Summarizes the nature and extent of the organizations’ input.	(b)(6)(F)(iii)	Page #10-12
<b>C. CHNA Needs Description &amp; Prioritization</b>			
	Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Page #29-35
	Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Page #29-35
	Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Page #28-29, 35-36
	Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	Page #83-116
<b>D. Finalizing the CHNA</b>			
	CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Page 4-5, 10
	CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	Page #38
	Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. “Widely available on a web site” is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	May 2016
	a. May not be a copy marked “Draft”.	(b)(7)(ii)	N/A
	b. Posted conspicuously on website (either the hospital facility’s website or a conspicuously-located link to a web site established by another entity).	(b)(7)(i)(A)	N/A

Federal Requirements Checklist			Regulation Section Number	Report Reference
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	N/A
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	N/A
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	N/A
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	N/A

Further IRS requirements available:

- §1.501(r)-3(b)(iv) and (v): separate and joint CHNA reports
- §1.501(r)-3(d): requirements that apply to new hospital facilities, transferred or terminated hospital facilities, and newly acquired hospital facilities
- §1.501(r)-3(a)(2) and (c): implementation strategy requirements

### Appendix 3. Glossary

ABBREVIATION	TERM	DESCRIPTION/NOTES
<b>AIDS</b>	Acquired immune deficiency syndrome	Syndrome caused by HIV; the last stage of HIV infection, when the immune system can no longer fight off infections.
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System	Survey implemented by CDC.
<b>CA</b>	California (state)	
<b>CDC</b>	Centers for Disease Control and Prevention	A federal agency under the DHHS focused on health research, prevention, and intervention.
<b>CDE</b>	California Department of Education	
<b>CDHS</b>	California Department of Health Services	
<b>CDPH</b>	California Department of Public Health	
<b>CHNA</b>	Community Health Needs Assessment	
<b>CNA</b>	Community needs assessment	
<b>DHHS</b>	United States Department of Health and Human Services	
<b>FPL</b>	Federal poverty level	An annual metric of income levels determined by DHHS.
<b>HIV</b>	Human immunodeficiency virus	Sexually transmitted virus that can lead to AIDS.
<b>HP2020</b>	Healthy People 2020	National, 10-year aspirational benchmarks set by federal agencies & finalized by a federal interagency workgroup under the auspices of the U.S. Office of Disease Prevention and Health Promotion, managed by DHHS.
<b>HUD</b>	The United States Department of Housing and Urban Development	A cabinet department in the Executive branch of the United States federal government.
<b>LGBTQI</b>	Lesbian/ Gay/ Bisexual/ Transgender/ Questioning/ Intersex	
<b>PHD</b>	Public health department	
<b>SMC</b>	San Mateo County	



## Appendix 4. Secondary Data Sources

---

- Brosnan, M. (2016, February.) San Mateo County Human Trafficking Operations. Personal correspondence.
- California Climate Change Center. (2009). *The Impacts of Sea-Level Rise on the California Coast*. Retrieved from <http://www.energy.ca.gov/2009publications/CEC-500-2009-024/CEC-500-2009-024-F.PDF>.
- California Department of Education (CDE). (2015). *California Assessment of Student Performance and Progress, 2015 Test Results for English Language Arts/Literacy*. Retrieved from <http://caaspp.cde.ca.gov>.
- California Department of Education (CDE). (2015). *Cohort Outcome Data for the Class of 2013-14, 2012-13, 2011-12*. Retrieved from <http://data1.cde.ca.gov/dataquest>.
- California Department of Finance. (2014). *Projections of Population and Births, Report P-3*.
- California Department of Public Health (CDPH). (2009). *Vital Statistics*. Retrieved from <http://www.cdph.ca.gov>.
- California Department of Public Health (CDPH). (2010-2012). *Death Public Use Data*. Retrieved from <http://www.cdph.ca.gov>.
- California Department of Public Health (CDPH). (2011). *Birth Cohort File (BCF)*. Retrieved from <http://www.ipodr.org>.
- California Department of Public Health (CDPH). (2011). *Birth Profiles by ZIP Code*. Retrieved from <http://www.cdph.ca.gov>.
- California Department of Public Health (CDPH). (2012). *Breastfeeding Statistics*. Retrieved from <http://www.cdph.ca.gov>.
- California Department of Public Health (CDPH). (2012). *County Health Profiles*. Retrieved from <http://www.cdph.ca.gov>.
- California Department of Public Health (CDPH). (2013). *EpiCenter: California Injury Data Online*. Retrieved from <http://epicenter.cdph.ca.gov>.
- California Department of Public Health (CDPH). (2013). *Ten Leading Causes of Death, California Counties and Selected City Health Departments, 2013, Table 5-20*. Retrieved from <http://www.cdph.ca.gov>.
- California Department of Public Health (CDPH). (2014). *EpiCenter: California Injury Data Online*. Retrieved from <http://epicenter.cdph.ca.gov>.
- California Employment Development Department (EDD). (2015). *Monthly Labor Force Data for Counties (Report 400C), October 2015 – Revised*. Retrieved from <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>.
- California Health Interview Survey (CHIS). (2009). *AskCHIS*. Retrieved from <http://healthpolicy.ucla.edu/chis>.
- California Health Interview Survey (CHIS). (2014). *Indicators of the impact of the Affordable Care Act*. Retrieved from <http://www.chcf.org/aca-411>.

- California Healthy Kids Survey (CHKS). (2014). *Emotional/Mental Health: Depression-Related Feelings (Student Reported)*. Retrieved from <http://chks.wested.org>.
- Centers for Disease Control & Prevention (CDC). (2006-2010). *National Vital Statistics System* via CDC WONDER (Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research). Retrieved from <http://wonder.cdc.gov>.
- Centers for Disease Control & Prevention (CDC). (2009). *Behavioral Risk Factor Surveillance System (BRFSS)*. Retrieved from <http://www.cdc.gov/brfss>.
- Centers for Disease Control and Prevention (CDC) (2015). *Enhanced HIV/AIDS Reporting System (eHARS)*. Retrieved from <http://www.cdc.gov/hiv/library/reports/surveillance>.
- County of San Mateo and Applied Survey Research. (2014). *San Mateo County Veterans Needs Assessment 2014*. Retrieved from <http://hsa.smcgov.org/sites/hsa.smcgov.org/files/Veterans%20Needs%20Assessment%20published%20Dec2014.pdf>.
- County of San Mateo Department of Housing. (2015). *San Mateo County Housing Indicators as of September 30, 2015*. Retrieved from <http://housing.smcgov.org/housing-statistics>.
- County of San Mateo Human Services Agency, Center on Homelessness; Kate Bristol Consulting and Philliber Research Associates. (2015). *San Mateo County Homeless Census and Survey, Final Report, July 2015*. Retrieved from <http://hsa.smcgov.org/sites/hsa.smcgov.org/files/2015%20SMC%20Homeless%20Count%20%20Final%20Report%20with%20Appendices.pdf>.
- County of San Mateo Human Services Agency, Center on Homelessness; Kate Bristol Consulting and Philliber Research Associates. (2013). *San Mateo County Homeless Census and Survey, Final Report, May 2013*.
- Insight Center for Community Economic Development. (2014). *Self-Sufficiency Standard Tool for California*. Retrieved from <http://www.insightccd.org/tools-metrics/>.
- Joint Venture Silicon Valley. (2016). *Silicon Valley Index*. Retrieved from <http://www.siliconvalleyindex.org>.
- Morrow, S. (2016, January 11.) San Mateo County Health Department. Personal correspondence.
- Office of Statewide Health Planning and Development. (2009-2013). *2013 Emergency Department and Patient Discharge Data*. Retrieved from <http://www.oshpd.ca.gov>.
- Parvani, S. (2016). Teens as young as 14 rescued from sexual exploitation during Super Bowl, FBI says. *Los Angeles Times*. Retrieved from <http://www.latimes.com/local/lanow/la-me-ln-super-bowl-prostitution-sweep-20160209-story.html>.
- Patient Protection and Affordable Care Act (ACA). (2010). 79 Fed. Reg. 78954 (March 23, 2010) (26 C.F.R. pt. 1, 53, and 602).
- Professional Research Consultants, Inc. (PRC). (2012). *San Mateo County Health & Quality of Life Study*, draft November 15, 2012. Not available to the public.
- San Mateo County Health Coverage Unit. (2016). Personal correspondence about 2014 data.
- San Mateo County Health System and the Healthy Community Collaborative of San Mateo County. (2013). *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo*

- County (SMC CNA). Retrieved from <http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>.
- San Mateo Department of Public Health, Policy & Planning. (2014). *San Mateo County Sexually Transmitted Disease and HIV-AIDS Surveillance Annual Report, 2014*. Retrieved from <http://smchealth.org/sites/default/files/docs/PHS/STD-HIV/2014 STDHIV AR.pdf>.
- Silberfarb, B. (2016). Spotlight on human trafficking: San Mateo County convicts first ever for the crime after alert hotel clerk notified police. *The Daily Journal*. Retrieved from <http://www.smdailyjournal.com/articles/news/2016-01-30/spotlight-on-human-trafficking-san-mateo-county-convicts-first-ever-for-the-crime-after-alert-hotel-clerk-notified-police/1776425157638.html>.
- Sustainable San Mateo County. (2012). *Senior Health in San Mateo County – Current Status and Future Trends*. Retrieved from [http://www.sustainablesanmateo.org/wp-content/uploads/2012/12/SeniorHealth\\_Chap2\\_BasicDemographicInformation.pdf](http://www.sustainablesanmateo.org/wp-content/uploads/2012/12/SeniorHealth_Chap2_BasicDemographicInformation.pdf).
- Sustainable San Mateo County. (2015). *Indicators for a Sustainable San Mateo County*. Retrieved from <http://www.sustainablesanmateo.org/home/indicators-report/>.
- United States Census Bureau. (2010-2014). American Community Survey. Retrieved from <http://www.census.gov/programs-surveys/acs>.
- United States Census Bureau. (2013). *State & County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/06/06081.html>.
- United States Department of Housing & Urban Development (HUD). (2013). *HUD Exchange: PIT and HIC Data Since 2007*.

## Appendix 5. Indicator List

### Notes:

“San Mateo County Health System 2013” = San Mateo County Health System and Healthy Community Collaborative. (2013). *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. Retrieved from

<http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>.

“PRC 2012” = San Mateo County Health & Quality of Life Study, a survey of San Mateo County resident adults conducted in 2012 by Professional Research Consultants, Inc., results incorporated into document referenced as San Mateo County Health System 2013.

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
Access to dental care services is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	216
Access to local health care services is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	214
Access to mental health services is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	216
Affordable fresh produce access is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	199
Age of population, median	San Mateo County Health System 2013	Exec Sum 29
Alzheimer's disease mortality	California Department of Public Health (CDPH) 2013 <b>and</b> Sustainable San Mateo County 2012	38-39
Arthritis or rheumatism (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	259, 293
Arthritis-only prevalence (adults)	Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS) 2009	
Asthma diagnosis (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	297
Asthma prevalence (child), parent self-report	San Mateo County Health System 2013 (PRC 2012)	299-300
At risk for overweight Child Health & Disability Program 5-19 year olds	San Mateo County Health System 2013	242
Binge drinking (young adults), self-report [AKA excessive alcohol consumption]	San Mateo County Health System 2013 (PRC 2012)	342
Blood cholesterol is high, self-report (told more than once that BP was high)	San Mateo County Health System 2013 (PRC 2012)	289-290
Blood pressure, self-report (told more than once that BP was high)	San Mateo County Health System 2013 (PRC 2012)	289-290
Breast cancer incidence	San Mateo County Health System 2013	281

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
Breast cancer mortality	San Mateo County Health System 2013	281
Breastfeeding at any time while in hospital	California Department of Public Health (CDPH) 2012	
Cancer mortality (all cancers)	California Department of Public Health (CDPH) 2013	
Carbon emissions	San Mateo County Health System 2013	162, Exec Sum 51
Cerebrovascular disease mortality	California Department of Public Health (CDPH) 2013 <b>and</b> San Mateo County Health System 2013	286-287
Child abuse cases (substantiated)	San Mateo County Health System 2013	138
Child access to medical care	San Mateo County Health System 2013	Exec Sum 43
Child spends 2+ hours per day on screen time (TV, videos, video games), parent self-report	San Mateo County Health System 2013 (PRC 2012)	244
Child walked or biked to school in past year (at all), parent self-report	San Mateo County Health System 2013 (PRC 2012)	246
Chlamydia incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 <b>and</b> Morrow 2016	6-10
Chronic liver disease (cirrhosis) mortality	CDPH 2013	
Colorectal cancer incidence	San Mateo County Health System 2013	269; 278
Colorectal cancer mortality	San Mateo County Health System 2013	278
Could rely on public transportation if necessary, self-report	San Mateo County Health System 2013 (PRC 2012)	179
Crime problem in their neighborhood has gotten worse in past two years, self-report	San Mateo County Health System 2013 (PRC 2012)	194
Current drinker (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	340
Dental insurance coverage lacking, self-report	San Mateo County Health System 2013 (PRC 2012)	211
Depression symptoms lasting 2+ years, self-report	San Mateo County Health System 2013 (PRC 2012)	350
Diabetes mortality	Sustainable San Mateo County 2012 <b>and</b> California Department of Public Health (CDPH) 2013	
Diabetes prevalence (adults), self-report	San Mateo County Health System 2013 (PRC 2012)	296
Did not receive care because they could not get an appointment	California Healthy Kids Survey (CHKS) 2014	
Domestic violence calls for assistance	San Mateo County Health System 2013	137
Drive to work alone, self-report	San Mateo County Health System 2013 (PRC 2012)	177
Economic cost of falls	California Department of Public Health (CDPH) 2013 <b>and</b> Office of Statewide Health	

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
	Planning and Development (OSHDP) 2009-2013 <b>and</b> CDPH EpiCenter 2013	
<b>Educational attainment</b>	U.S. Census Bureau American Community Survey (ACS) 2010-2014	
<b>Educational attainment (low)</b>	San Mateo County Health System 2013	118
<b>Emergency Department visits related to falls</b>	California Department of Public Health (CDPH) 2013	
<b>English language arts/literacy standards (third grade)</b>	California Department of Education 2015	
<b>English language arts/literacy standards (third grade)</b>	San Mateo County Health System 2013	107-108
<b>Enteric disease incidence (campylo-bacteriosis)</b>	San Mateo County Health System 2013	321
<b>Entry-level home affordability</b>	Sustainable San Mateo County 2015	
<b>Exhibit 1+ cardiovascular risk factors, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	288
<b>Exhibit healthy behaviors, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	195
<b>Express difficulty in their lives, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	146
<b>Falls mortality</b>	Sustainable San Mateo County 2012 <b>and</b> California Department of Public Health (CDPH) 2013	
<b>Family participated in food stamps in the past year</b>	San Mateo County Health System 2013	133-134
<b>Family received food from a food bank, etc. in the past year, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	133-134
<b>Feel "not at all" connected to community, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	91
<b>Feel sad or hopeless 2+ weeks (youth), self-report</b>	California Healthy Kids Survey (CHKS) 2009-10	
<b>Felt worried, tense, or anxious in past month (# days), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	351
<b>First-time buyer housing affordability index</b>	Sustainable San Mateo County 2015	
<b>Flood event risk</b>	California Climate Change Center (CCCC) 2009	
<b>Flu shot in past year (adults 65+), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	257
<b>Fruit/vegetable consumption, adequate (adult), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	Exec Sum 21
<b>Fruit/vegetable consumption, inadequate (youth), self-report</b>	California Health Interview Survey (CHIS) 2009	
<b>Gonorrhea incidence</b>	SMC STD and HIV/AIDS Surveillance Annual Report 2014 <b>and</b> Morrow 2016	11-15
<b>Ground-level ozone (smog) pollution</b>	San Mateo County Health System 2013	160-161

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
<b>Have priest, minister, rabbi, or other person for spiritual support</b>	San Mateo County Health System 2013 (PRC 2012)	147
<b>Healthy People 2020 objectives</b>	Office of Disease Prevention and Health Promotion 2015	
<b>Heart disease mortality</b>	California Department of Public Health (CDPH) 2013 <b>and</b> San Mateo County Health System 2013	286-287
<b>High school dropout rate</b>	California Department of Education (CDE) 2015	
<b>High stress experienced daily, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	350
<b>History of mental or emotional problems, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	349
<b>HIV incidence</b>	SMC STD and HIV/AIDS Surveillance Annual Report 2014 <b>and</b> Centers for Disease Control and Prevention (CDC) eHARS 2015 <b>and</b> Morrow 2016	21-26
<b>Homeless statistics</b>	County of San Mateo Human Services Agency 2013 & 2015 <b>and</b> U.S. Department of Housing & Urban Development HUD Exchange 2007-2015	2 & 11
<b>Hospitalizations due to falls (adults)</b>	California Department of Public Health (CDPH) EpiCenter 2013	
<b>Human trafficking statistics</b>	Silberfarb 2016 <b>and</b> Parvini 2016 <b>and</b> Brosnan 2016	
<b>Income, annual median</b>	Sustainable San Mateo County 2015	
<b>Infant mortality rate</b>	Centers for Disease Control and Prevention (CDC) Wide-Ranging Online Data for Epidemiologic Research (WONDER) 2006-2010 <b>and</b> California Department of Public Health (CDPH) 2013	
<b>Influenza/pneumonia mortality</b>	San Mateo County Health System 2013 <b>and</b> California Department of Public Health (CDPH) 2013	261
<b>Insurance coverage lacking (long-term), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	218
<b>Juvenile felony arrests for violent offenses</b>	San Mateo County Health System 2013	188
<b>Lack of transportation prevented medical care in past year, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	223
<b>Leading causes of death</b>	California Department of Public Health (CDPH) 2013	
<b>Lived with a friend/relative due to housing emergency any time in past two years, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	150-151
<b>Low birthweight</b>	California Department of Public Health	



INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
	(CDPH) 2011	
<b>Lung cancer incidence</b>	San Mateo County Health System 2013	273
<b>Lung cancer mortality</b>	San Mateo County Health System 2013	273
<b>Meet all six basic fitness standards (% of 7th grade students)</b>	San Mateo County Health System 2013	243
<b>Motor vehicle crash mortality</b>	California Department of Public Health (CDPH) 2010-12	
<b>Neighborhood safety is fair/poor, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	192-3
<b>Obese adults</b>	San Mateo County Health System 2013	291-292
<b>Obese Child Health &amp; Disability Program 2-4 year olds</b>	San Mateo County Health System 2013	242
<b>Older adult proportion of population (estimated)</b>	San Mateo County Health System 2013	69, 256
<b>Overweight adults</b>	San Mateo County Health System 2013	291-292
<b>Overweight Child Health &amp; Disability Program 2-4 year olds</b>	San Mateo County Health System 2013	242
<b>Overweight Child Health &amp; Disability program 5-19 year olds</b>	San Mateo County Health System 2013	242
<b>Parkinson's disease mortality</b>	Sustainable San Mateo County 2012	
<b>Pedestrian mortality</b>	California Department of Public Health (CDPH) 2010-2012	
<b>Physical inactivity (adult), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	201
<b>Pneumonia vaccine ever (adults 65+), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	257
<b>Population below 200% Federal Poverty Level (adults), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	88
<b>Prenatal care inadequate</b>	California Department of Public Health (CDPH) 2011	
<b>Preschool enrollment [AKA early ed gaps]</b>	San Mateo County Health System 2013	18, 36
<b>Pre-term births</b>	California Department of Public Health (CDPH) 2011	
<b>Prostate cancer incidence</b>	San Mateo County Health System 2013	283
<b>Prostate cancer mortality</b>	San Mateo County Health System 2013	283
<b>Rent for 1-bedroom apartment, average</b>	San Mateo County Health System 2013 <b>and</b> County of San Mateo Department of Housing 2015	for 2013: 154-155
<b>Rent for 2-bedroom apartment, average</b>	San Mateo County Health System 2013 <b>and</b> County of San Mateo Department of Housing 2015	for 2013: 154-155
<b>Respiratory disease mortality</b>	California Department of Public Health (CDPH) 2013 <b>and</b> San Mateo County Health System 2013	261



INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
<b>Salmonella incidence</b>	San Mateo County Health System 2013	322
<b>Self-Sufficiency Standard (California)</b>	Insight Center for Community Economic Development 2014	
<b>Sharing housing costs with someone other than spouse/partner to limit expenses, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	158
<b>Short-term particle pollution</b>	San Mateo County Health System 2013	160-161
<b>Single-family home cost, median</b>	County of San Mateo Department of Housing 2015 <b>and</b> San Mateo County Health System 2013	
<b>Smoking (adult), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	275
<b>Sought help for a mental or emotional problem, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	353
<b>Spirituality in their lives is very important, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	146
<b>Substance abuse-related hospitalizations</b>	San Mateo County Health System 2013	344
<b>Suicide mortality</b>	California Department of Public Health (CDPH) 2013 <b>and</b> San Mateo County Health System 2013	
<b>Syphilis incidence</b>	SMC STD and HIV/AIDS Surveillance Annual Report 2014 <b>and</b> Morrow 2016	16-20
<b>Teen birth rate</b>	California Department of Public Health (CDPH) 2011 <b>and</b> Centers for Disease Control and Prevention (CDC) Wide-Ranging Online Data for Epidemiologic Research (WONDER) 2006-2010	
<b>Tuberculosis incidence</b>	San Mateo County Health System 2013	314-17
<b>Unemployment rate</b>	California Employment Development Department 2015 <b>and</b> Silicon Valley Index 2016	82
<b>Uninsured residents</b>	California Health Interview Survey (CHIS) 2014	
<b>Unintentional drowning deaths</b>	Office of Statewide Health Planning and Development (OSHDP) 2009-2013	
<b>Unintended injury deaths</b>	California Department of Public Health (CDPH) 2009	
<b>Vaccine coverage with all required immunizations among children ages 2-4 years in licensed childcare (estimated)</b>	San Mateo County Health System 2013	240
<b>Vehicle miles of travel, total annual</b>	San Mateo County Health System 2013	176
<b>Veteran homeless population</b>	County of San Mateo and Applied Survey Research 2014	ix
<b>Veteran population</b>	County of San Mateo and Applied Survey Research 2014	ix

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
<b>Violent crime rate</b>	San Mateo County Health System 2013	187
<b>Visited a dentist for a routine check-up in the past year (adult), self-report</b>	San Mateo County Health System 2013 (PRC 2012)	210
<b>Visited a dentist for a routine check-up in the past year (child), parent self-report</b>	San Mateo County Health System 2013 (PRC 2012)	210
<b>Visited a doctor for a routine check-up in the past year, self-report</b>	San Mateo County Health System 2013 (PRC 2012)	208
<b>Water consumption</b>	San Mateo County Health System 2013	164

## Appendix 6. List of Community Leaders and Their Credentials

The following leaders were consulted for their expertise in the community. They were identified based on their professional expertise and knowledge of target groups including children, youth, older adults, low-income populations, minorities, and the medically underserved. The group included leaders from health systems including the San Mateo County Health Department and the San Mateo County Hospital System, nonprofit hospital representatives, local government employees, appointed county government leaders, and nonprofit organizations. *For a description of members of the community who participated in focus groups, please see Section 5, “Resident Input.”*

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED <sup>*</sup>	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
1	County Health	San Mateo County Health & Hospital System	Representative	Chief Executive Officer	2	Local health agency, Medicaid, Health Plan, Medically underserved	Interview	Thu 04/16
2	City Parks & Recreation	Redwood City Parks, Recreation and Community Services	Representative	Director	3	Chronic conditions (older adults), youth	Interview	Thu 04/09
3	Nonprofit	StarVista	Representative	Director of Clinical/Community Svc.	3	Children/youth	Interview	Fri 03/06

<sup>\*</sup> Target group represented:

1: Public health knowledge/expertise

2: Federal, tribal, regional, state, or local health departments/agencies

3: Represent target populations: a) medically underserved, b) low-income, c) minority

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
4	Nonprofit	Mills-Peninsula Health Services African American Community Health Advisory Committee	Representative	Co-Founder and Community Benefit Outreach Coordinator	3	Minority (African Americans)	Interview	Tue 03/10
5	Nonprofit	Ravenswood Family Health Center	Representative	Chief Executive Officer	3	Low-income, minority	Interview	Mon 03/30
6	Faith-Based	American Methodist Episcopal Zion Church	Representative	Pastor	3	Faith community	Interview	Mon 03/30
7	County Government	County of San Mateo	Leader	Deputy County Manager	2	Local health agency (human services), victims of human trafficking	Interview	Fri 05/29
8	Nonprofit	Redwood City Fair Oaks Community Center	Representative	Human Services Manager	3	Low-income	Interview	Thu 5/21
9	County Health	Daly City Youth Health Center (part of San Mateo Medical Center)	Representative	FNP	3	Youth	Interview	Thu 03/05

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
10	Nonprofit	Samaritan House	Representative	Program Manager, Your House South	3	Low-income (homeless)	Interview	Tue 03/10
11	County Board of Directors & Commissioners	LGBTQ Commission	Representative	Co-Chair	3	Minority (LGBTQ)	Interview	Thu 05/28
12	Nonprofit	InnVision – Shelter Network	Representative	Director	3	Low-income (homeless)	Interview	Fri 04/17
13	County Board of Directors & Commissioners	San Mateo County Board of Supervisors	Leader	President, Board of Supervisors	2	Government policies regarding health	Interview	Tue 04/07
14	Nonprofit	Peninsula Family Service	Representative	Director, Older Adult Services	3	Low-income, minority, older adults	Interview	Wed 04/01
15	County Health	SMC Health System (BHRS)	Representative	Director of Behavioral Health	3	Behavioral health	Interview	Thu 03/26
16	Nonprofit	Puente	Representative	Executive Director	3	Low-income, minority, underserved (Coastside)	Interview	Fri 03/27
17	Nonprofit	First 5	Representative	Executive Director	3	Children ages 0-5 years	Interview	Tue 04/07
18	County Health	SMC Health System; Aging and Adult	Representative	Director	3	Chronic disease (older adults)	Interview	Wed 04/08

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
		Services						
19	Nonprofit	Multicultural Institute	Representative	Dir., Day Laborer Program	3	Minority (Latino immigrants), low-income	Interview	Tue 04/07
20	County Health	San Mateo County Health Department	Leader	County Health Officer	1	Public health	Interview	Fri 03/27
21	County Government	San Mateo County Health & Hospital System	Representative	Director of Children & Family Services	3	Local human services agency, underserved populations	Interview	Fri 03/20
22	Faith-Based	Congregational Church of San Mateo	Representative	Senior Minister	3	Underserved, low-income	Interview	Tue 04/14
23	Nonprofit	Samaritan House	Representative	Operations Director	3	Homeless (underserved)	Interview	Tue 03/10
24	City Parks & Recreation	South San Francisco Parks/Rec Dept.	Representative	Director	3	Older adults, youth	Interview	Tue 03/17
25	Nonprofit	Adolescent Counseling Services	Representative	Executive Director	3	Behavioral health (youth)	Interview	Tue 03/17
26	County Government	SMC Human Services Agency	Leader	Executive Director	3	Underserved populations (access &	Interview	Fri 03/20

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
						delivery)		
27	Nonprofit	Catholic Charities	Representative	Division Dir, Refugee & Immigrant Svc	3	Minority (immigrants)	Interview	Thu 06/04
28	Nonprofit	Coastside Hope	Representative	Executive Director	3	Minority (immigrants), low-income	Interview	Wed 04/08
29	Nonprofit	Lincoln Street Center	Representative	Recreation Program Coordinator	3	Minority older adults (Chinese and Filipino)	Interview	Tue 3/17
30	Nonprofit	Second Harvest Food Bank	Representative	Office Manager	3	Older adults	Focus group	Wed 3/11
31	Nonprofit	Catholic Charities Adult Day Services	Representative	Case Management Coordinator	3	Older adults	Focus group	Wed 3/11
32	Nonprofit	Peninsula Volunteers Meals on Wheels	Representative	Director, Meals on Wheels Program	3	Older adults	Focus group	Wed 3/11
33	Nonprofit	San Mateo Japanese-American Community Center	Representative	Executive Director	3	Older adults, minority (Japanese-Americans)	Focus group	Wed 3/11
34	Nonprofit	Community Gatepath	Representative	Manager, Learning & Employment	3	Older adults	Focus group	Wed 3/11

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
				Campus				
35	Nonprofit	Lesley Senior Communities	Representative	Director, Resident Services	3	Older adults	Focus group	Wed 3/11
36	Nonprofit	MidPen Resident Services Corp.	Representative	Program Director, Senior Services	3	Older adults	Focus group	Wed 3/11
37	For-Profit Business	Synergy HomeCare	Representative	Director, Marketing	3	Older adults	Focus group	Wed 3/11
38	For-Profit Business	Home Safety Services	Representative	Founder & President	3	Older adults	Focus group	Wed 3/11



**Definitions:**

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

## Appendix 7. Focus Group and Key Informant Interview Protocols

---

### Professionals (Providers) Focus Group Protocol

#### INTRODUCTORY REMARKS

- Welcome and thanks
- What the project is about: We are helping the nonprofit hospitals in San Mateo County conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here (refer to agenda flipchart page):
- Understand your perspective on health care access for older adults in the post-Affordable Care Act/Obamacare environment
- Talk about impact of physical environment/public infrastructure on the health of older adults
- Understand how older adults may use technology for health-related activities

#### WHAT WE'LL DO WITH THE INFORMATION YOU TELL US TODAY

- Your responses will be summarized and your name will not be used to identify your comments.

- Notes and summary of all focus group discussions will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

## FOCUS GROUP QUESTIONS

### 1. PRIORITIZING HEALTH NEEDS

When this county did its Community Health Needs Assessment in 2013, these are the health needs that came up (*show list on flipchart page*).

- a. Any needs to add?
- b. Please think about the three (including the added needs, if any) you believe are the most important to address – **the needs that are not being met very well right now**, in your opinion, here in San Mateo County. You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

### 2. ACCESS TO HEALTH CARE

First, we would like to get your perspective on how access has changed in the post- Affordable Care Act (or "Obamacare") environment.

- a) Based on your observations and interactions with the clients you serve, to what extent your clients aware of how to obtain health care? (*Explain if needed: Where to find a clinic, how to make an appointment, etc.*)
- b) To what extent are clients aware of how to obtain health insurance?
- c) What barriers to access still exist? (*Focus on comparison pre- and post-ACA*)
  - i. Is the same proportion still medically uninsured/under-insured?
  - ii. Do more people or fewer people have a primary care physician?
  - iii. Are people using the ER as primary care to the same degree?
  - iv. Is the same proportion of the community facing difficulties affording health care?

### 3. IMPACT OF PHYSICAL ENVIRONMENT/INFRASTRUCTURE – 15 MIN.

- a) In your experience, in what ways is the physical environment helping or hindering consumers in addressing their health? By physical environment we mean everything from air quality, availability of safe parks or places to recreate, density of housing, transportation, sidewalks, to the proximity to health clinics and WIC service centers.
- b) In what ways do current public (*i.e., government*) policies affect the physical environment? What type of policy or physical environment changes would you recommend to promote health in the community?

**4. IMPACT OF NEW TECHNOLOGIES – 15 MIN.**

What has been the impact, if any, of your clients using technology such as the web, smartphones, other devices, and/or apps for health-related activities?

*For example...*

- a. Patient access to their own health records
- b. Hospital/health care system portals
- c. Online health information / increasing health literacy
- d. Ordering medicines
- e. Monitoring health (such as apps or devices to track exercise, diet, etc.)
- f. Making doctor appointments
- g. Communicating with their doctors

**CONCLUDING REMARKS**

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals' websites

## Residents (Non-Professionals) Focus Group Protocol

### INTRODUCTORY REMARKS

- Welcome and thanks
- What the project is about: We are helping the nonprofit hospitals in San Mateo County conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.
- Why we're here (refer to agenda flipchart page):
- Understand your perspective on health care access for older adults in the post-Affordable Care Act/Obamacare environment
- Talk about impact of physical environment/public infrastructure on the health of older adults
- Understand how older adults may use technology for health-related activities

### WHAT WE'LL DO WITH THE INFORMATION YOU TELL US TODAY

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all focus group discussions will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

### FOCUS GROUP QUESTIONS

#### 1. PRIORITIZING HEALTH NEEDS

When this county did its Community Health Needs Assessment in 2013, these are the health needs that came up (*show list on flipchart page*).

[Explain definition of "unmet" health needs]

- c. Any needs to add?
- d. Please think about the three (including the added needs, if any) you believe are the most important to address – **the needs that are not being met very well right now**, in your opinion, here in San Mateo County. You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

#### 2. IMPACT OF PHYSICAL ENVIRONMENT/INFRASTRUCTURE – 15 MIN.

**Let's talk about the place we live (physical environment).** By physical environment we mean everything from air quality, availability of safe parks or places to recreate, density of housing, transportation, sidewalks, to the proximity to health clinics and WIC service centers.

- a. How does the environment (where you live) affect your daily life?

- b. How does the environment help or hurt your health? (*Prompt: physical and mental/emotional health.*)
- c. What, if anything, gets in the way of you being healthy?

### 3. INDIVIDUAL HEALTH – 10 MIN.

**Now we're going to talk about how much of a priority we place on our physical and emotional or mental health** By “priority” we mean that you spend your time and resources on it, and you sometimes make choices that favor your health even though you might have other things competing for your time, energy, and resources (like work, family, or other obligations, hobbies, or pastimes).

Please pick up your index card and pen; we would like you to write down, on a scale of one to five (one being lowest or no priority, five being highest priority), how much of a priority health is in your life. When you're done, we'll collect the cards and tally the results, and then we'd like to talk a little more about this. (*Collect cards, tally on scale page.*)

OK, here are the results. (*Describe tally results.*)

- a) What kinds of things led you to say your health is a lower priority? (*Volunteers only*)
- b) What kinds of things led you to say your health is a higher priority? (*Volunteers only*)

### 4. ACCESS TO CARE – 10 MIN.

**We are interested in your access to health services in San Mateo County.**

- a. First, a little about health insurance:
  - i. How many of you enrolled in health insurance in the last two years...
    - o For the first time?
    - o After a lapse in insurance?
  - ii. For how many has the cost of insurance kept you from enrolling, or from getting better coverage?
- b. Now, some questions about the “coverage” (benefits) that you do have:
  - i. Do you have more or better insurance “coverage” than you had two years ago?
  - ii. Is the cost of getting medical care keeping you from getting care (like appointment co-pays, co-insurance, prescriptions)?
- c. Now a couple of questions about other ways your access to health care may have changed in the past two years.
  - i. Have you had to make a change in your primary care doctor in the past two years?
    - o If so, why?
  - ii. Are you more likely now, than you were two years ago, to visit a primary care doctor instead of ER or urgent care?

### 5. TECHNOLOGY — 10 MIN.

**Now we are going to hear a little about how technology might be helping you to access health care.**

- a. Think about how often you use technology (like the web, smartphones, devices, and/or apps) for health services. By health services we mean things like...

- Accessing your health records
- Making doctor appointments
- Looking up health-related information on the web
- Ordering medicines
- Tracking/monitoring progress towards your health goals (like blood sugar levels, exercise, or weight)

For each of these -- we'll take them one at a time -- let's go around and you can tell us how often you use technology to do them, on a scale of 1 – 5 with 1 being “never or almost never” and 5 being “always or almost always”? *(Tally results for each type of health service/activity.)*

- b. How many of you ever use a hospital or health system website or “portal”?

Those who have, what have you used it for?

## CONCLUDING REMARKS

- Thanks for your time and sharing your perspectives
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final CHNA Report will be published in approximately March 2016 on all of the hospitals' websites
- Distribute incentives

## Key Informant Interview Protocol

### INTRODUCTION

What the project is about:

- We are helping the nonprofit hospitals in San Mateo County conduct a Community Health Needs Assessment, required by the IRS and the State of California.
- Identifying unmet health needs in our community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.

You were chosen to be interviewed for your particular perspective on health in your community re:\_\_\_\_\_.

What we'll do with the information you tell us today:

- Your responses will be summarized and your name will not be used to identify your comments.
- Notes and summary of all interviews will go to the hospitals.
- The hospitals will make decisions about which needs their individual hospitals can best address, and how the hospitals may collaborate or complement each other's community outreach work.

### PREAMBLE

Our questions relate to four topics.

1. Top health needs among those you serve
2. Health care access in the post-Affordable Care Act/Obamacare environment
3. Impact of physical environment/public infrastructure on health
4. Use of technology and its impact on health

### INTERVIEW QUESTIONS

#### 1. HEALTH NEEDS

First, we would like to get your opinion on the top health needs among those you serve.

- d) Which health needs do you believe are the most important to address among those you serve/your constituency – the needs that are not being met very well right now, in your opinion, here in San Mateo County?
- e) Are there any specific groups that have greater health needs, or special health needs?

*(Probe if needed: Immigrants, youth, seniors, African Americans, LGBTQ, etc.)*

#### 2. ACCESS TO HEALTH CARE – POST-ACA

Next, we would like to get your perspective on how access has changed in the post- Affordable Care Act (or “Obamacare”) environment.

- a) Based on your observations and interactions with the clients you serve, to what extent are clients aware of how to obtain health care? (*Explain if needed: Where to find a clinic, how to make an appointment, etc.*)
- b) To what extent are clients aware of how to obtain health insurance?
- c) What barriers to access still exist? (*Focus on comparison pre- and post-ACA*)
  - i. Is the same proportion still medically uninsured/under-insured?
  - ii. Do more people or fewer people have a primary care physician?
  - iii. Are people using the ER as primary care to the same degree?
  - iv. Is the same proportion of the community facing difficulties affording health care?

### 3. IMPACT OF PHYSICAL ENVIRONMENT/INFRASTRUCTURE

Our next question is related to the physical environment.

- a) In your experience, in what ways is the physical environment helping or hindering consumers in addressing their health? By physical environment we mean everything from air quality, availability of safe parks or places to recreate, density of housing, transportation, sidewalks, to the proximity to health clinics and WIC service centers.
- b) In what ways do current public (*i.e., government*) policies affect the physical environment?
- c) What type of policy or physical environment changes would you recommend to promote health in the community?

### 4. IMPACT OF NEW TECHNOLOGIES

Our final question is related to technology.

**What has been the impact, if any, of your clients using technology such as the web, smartphones, other devices, and/or apps for health-related activities?**

*For example...*

- a. Patient access to their own health records
- b. Hospital/health care system portals
- c. Online health information / increasing health literacy
- d. Ordering medicines
- e. Monitoring health (such as apps or devices to track exercise, diet, etc.)
- f. Making doctor appointments
- g. Communicating with their doctors



## **CONCLUDING REMARKS**

- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals' websites

## Appendix 8. Resources Potentially Available to Address Significant Health Needs

The following resources are available to respond to the identified health needs of the community. Resources are listed by health need.

### ALZHEIMER'S DISEASE & DEMENTIA

#### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

##### *Kaiser Permanente San Mateo Service Area*

- Senior Day Care activities in a variety of locations through its annual grants programs

##### *Mills-Peninsula Health Services*

- Offers an Alzheimer's Day Care Resource Center, caregiver education, and a counseling and support group
- Provides Alzheimer's support groups at the Magnolia Center and at Mills Hospital
- Supports Alzheimer's Association of Northern California and Northern Nevada

##### *Peninsula Healthcare District*

- Facilitate Healthy Living Workshops
- Fund Adult Day Services at Catholic Charities
- Fund Adult Day Health at Senior Focus
- Fund Let's Live Well Program at Edgewood Center for Families
- Fund Healthy Eating Active Living Program at Community Gatepath
- Fund Seniors at Home Program at Jewish Family and Children's Services
- Fund Senior Brown Bag Program at Second Harvest Food Bank
- Fund Meals on Wheels Program at Peninsula Volunteers
- Fund Caregiver Support Program and expansion of Assisted Living Services at Kimochi
- Fund Mission Hospice House in San Mateo
- Fund In-Patient Care Support Program at Pathways Hospice and Homecare
- Fund Ombudsman of San Mateo County

##### *Sequoia Healthcare District*

- Fund Ombudsman services
- Fund Adult Day Care
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness

*Sequoia Hospital*

- Community lectures and collaboration with Alzheimer’s Association, San Carlos Adult Day Center (Catholic Charities), Rosener House (Peninsula Volunteers, Inc.) and Family Caregiver Alliance

*Stanford Health Care*

- Stanford’s Senior Care Clinic
- Stanford’s Aging Adult Services
- The Stanford Center for Memory Disorders
- Neuropsychology Clinic
- Alzheimer’s Disease clinical trials
- Access to free medical library/librarians for research/information

**SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- Alzheimer’s Association of Northern California and Northern Nevada
- Local Adult Day Care Centers
- Senior Coastsiders
- South San Francisco Senior Health Day

## ARTHRITIS

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Mills-Peninsula Health Services*

- Provides Arthritis/Fibromyalgia support services
- Supports the Arthritis Foundation

#### *Peninsula Healthcare District*

- Facilitate Healthy Living Workshops
- Fund Adult Day Services at Catholic Charities
- Fund Adult Day Health at Senior Focus
- Fund Let's Live Well Program at Edgewood Center for Families
- Fund Healthy Eating Active Living Program at Community Gatepath
- Fund Seniors at Home Program at Jewish Family and Children's Services
- Fund Senior Brown Bag Program at Second Harvest Food Bank
- Fund Caregiver Support Program and expansion of Assisted Living Services at Kimochi
- Fund Mission Hospice House in San Mateo
- Fund In-Patient Care Support Program at Pathways Hospice and Homecare
- Fund Ombudsman of San Mateo County

#### *Sequoia Healthcare District*

- Provides Living Healthy classes
- Fund 70 Strong
- Fund PFS Sr. Peers and Senior Fitness

#### *Stanford Health Care - Stanford Health Care Health Initiative Improve Health/Well Being of Older Adults*

- Free group exercise programs at various senior centers (increase mobility)
- Free chronic conditions, self-management program in community-based settings
- Access to free medical library/librarians for research/information
- Stanford's Senior Care Clinic
- Stanford's Aging Adult Services
- Immunology and Rheumatology Clinic

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Arthritis Foundation

## BEHAVIORAL HEALTH

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Kaiser Permanente San Mateo Service Area*

- Supports substance abuse education and awareness efforts through funding local agencies (e.g. StarVista, and El Centro de Libertad)
- Supports mental health issues by supporting programing through its grants program to agencies such as Daly City Youth Health Center, Pyramid Alternatives, El Centro de Libertad, Peninsula Conflict Resolution, and Rape Trauma Services

#### *Lucile Packard Children's Hospital Stanford: Health Initiative to Improve the Social and Emotional Health of Youth*

- Community Health Education Programs:
  - To address drivers of substance abuse, including lack of coping skills and mental health issues.
  - Topics are determined through community needs identified by our community partners or hospital staff
- Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in SMC communities with high violence rates (East Palo Alto and East Menlo Park)
- Project Safety Net/Heard Alliance: funding collaborative seeking to address social and emotional health of youth in our community and research through Stanford University
- Pediatric Resident Advocacy mini-grant to determine causes of drug abuse and re-incarceration in incarcerated youth in SMC
- Pediatric Resident Advocacy mini-grant to determine the effectiveness of a mindfulness training program for incarcerated youth in SMC
- Partnership with Project Cornerstone: funding and leadership role with Project Cornerstone which is seeking to build developmental assets in youth
- Partnership with Reach & Rise program of the YMCA: funding for youth mentoring program
- Indirectly through access to care initiatives

#### *Mills-Peninsula Health Services*

- Provides help for people with substance abuse problems through its self-help, recovery, and healing programs
- Supports mental health concerns through grant funding of nonprofit organizations including Rape Trauma Services, Pyramid Alternatives, El Centro de Libertad, Women's Recovery Services and senior mental health programs
- Grants to Pyramid Alternatives, El Centro de Libertad, Sitike Counseling Center, and Women's Recovery Association
- Provides physician psychiatry training
- Provides support for addiction recovery

- Supports Caminar
- Supports Mental Health programs such as:
  - National Alliance on Mental Illness/San Mateo County
  - Notre Dame de Namur University, Art Therapy Psychology Department
  - StarVista
  - Sitike Counseling Center

#### *Peninsula Healthcare District*

- Fund Bridges to Wellness Program at Caminar for Mental Health
- Fund Crisis Center/Suicide Prevention Programs at StarVista
- Fund Collaborative Counseling Program at Acknowledge Alliance
- Fund Entre Familia Program at Latino Commission
- Fund Healthy Schools Initiative and ATOD education programs in schools
- Fund Healthy Schools Initiative and School Counseling Services
- Fund Family Centered Mental Health program at CORA
- Fund Family and Children's Support Project at InnVision Shelter Network
- Fund Insights Program at StarVista
- Fund Senior Peer Counseling Program at Peninsula Family Services
- Fund Whole Health for Youth Counseling Services at Friends for Youth
- Fund Youth Mental Health First Aid Training

#### *Sequoia Healthcare District*

- Supports El Centro de Libertad
- Supports Latino Commission
- Supports Hope House
- Supports various school programs
- Fund mental health program at CORA
- Fund Adolescent Counseling Services
- Fund Caminar
- Fund Star Vista's Day break Program
- Various school based mental health programs

#### *Sequoia Hospital*

- Parenting and post-partum support groups
- Bereavement Programs with Pathways Hospice
- Space for Food Addicts Anonymous groups at Health & Wellness Center
- Meeting space for Alcoholics Anonymous Meetings
- Serve on Mental Health Association of San Mateo County Boards

*Seton Medical Center/Seton Coastside*

- 12-step programs: AA and Alanon meetings are held at Seton

*Stanford Health Care*

- Psychiatry and Behavioral Sciences – inpatient and outpatient clinics

**SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- AA, Alanon, and Alateen Recovery programs
- Asian American Recovery Services
- Caminar
- Catholic Charities
- Daly City Youth Health Center
- El Centro de Libertad
- Health Right 360
- National Alliance on Mental Illness/San Mateo County
- Notre Dame de Namur University, Art Therapy Psychology Department
- Palo Alto Family YMCA
- Peninsula Conflict Resolution
- Project Safety Net
- Pyramid Alternatives
- Rape Trauma Services
- Sitike Counseling Center
- Stanford University School of Medicine
- StarVista
- Women's Recovery Association
- Women's Recovery Services

## BIRTH OUTCOMES

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Lucile Packard Children's Hospital Stanford*

- Partnership with SMC Medical Center, SMC Health Department, and the Health Plan of SM to provide OB-GYN and labor and delivery services across the county
- Partnership with RFHC to provide OB-GYN physician services and prenatal nutrition counseling to pregnant patients
- Member of the Mid-Coastal California Prenatal Outreach Program (MCCPOP) which provides outreach education, consultation, and transport for maternity programs in SMC and throughout California
- Stanford School of Medicine is involved in a 10-year, \$20 million prematurity research grant funded by the March of Dimes
- Advisory role to Nurse-Family Partnership program of San Mateo County Health System
- Support for Preeclampsia Foundation fundraising efforts

#### *Mills-Peninsula Health Services*

- Provides "Caring for Your Newborn" classes monthly
- Hosts Breast Feeding support group
- Provides Breast Feeding classes
- Participates and supports the March of Dimes

#### *Sequoia Hospital*

- Prenatal classes

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Daly City Emergency Food Bank
- Daly City Youth Health Center
- March of Dimes
- MCCCPOP
- Preeclampsia Foundation
- Pre-to-3 Program
- San Mateo County Health Department
- Stanford University School of Medicine



## CANCER

**SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS***Kaiser Permanente San Mateo Service Area*

- Support Groups: Prostate Cancer, all Cancer, Breast Cancer

*Lucile Packard Children's Hospital Stanford*

- Indirectly through access to care initiatives

*Mills-Peninsula Health Services*

- Offers breast cancer support groups, and prostate cancer support groups
- Provides "Look Good, Feel Better" classes
- Hosts Loss and Grief Support groups
- Provides clinical nutrition counseling
- Hosts psychosocial support for cancer patients
- Provides free community mammograms through Samaritan House
- Collaborates with Stanford on Colon Cancer Community Awareness campaign
- Provides skin cancer screening events
- Provides low-dose, lung cancer screenings
- Provides "Call it Quits", smoking cessation classes

*Peninsula Health Care District*

- Fund Gabriella Pastor Program at Breast Cancer Connections

*Sequoia Hospital*

- Women's Breast Cancer and Diagnostic Center
- "Look Good, Feel Better" Classes
- Prostate Support Group

*Seton Medical Center/Seton Coastside*

- Health education and nutrition information provided through presentations at community centers and community programs
- Health education and nutrition information provided at health focused community events and fairs
- Seton Breast Health Center
- Support Groups
- Transportation services

- Clinical nutrition counseling

#### *Stanford Health Care*

- Health Initiative - Reduced Cancer Health Disparities: financial support for CBOs that serve ethnic communities for cancer education, support, services, etc.
- Access to free, bilingual librarian for research/info on cancer prevention, management, treatment, clinical trials
- Stanford Cancer Supportive Care Program: non-medical services for cancer patients, family & caregivers regardless of where they receive treatment (imagery, yoga, Pilates, support groups, healing touch, art/writing therapy, dieticians, etc.)
- Cancer clinic trials information/referral website and phone line
- Stanford Cancer Institute
- Blood and Bone Marrow Transplant Program

#### **SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- American Cancer Society
- Joy Luck Club
- Relay For Life
- Samaritan House

## CHILDHOOD OBESITY

**SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS***Kaiser Permanente San Mateo Service Area*

- Traditionally funds a variety of Obesity related/ educational, physical fitness, and nutritional programs through its annual grants program
- On-going wellness initiative for the staff at both SSF and RWC medical centers - impacting over 4,000 employees
- KP throughout the San Mateo Area provides free award-winning theatrical performances to school aged children concentrating on a variety of health issues for all age groups (elementary through high school)
  - The programs address nutrition, safety, violence, conflict resolution and sexual education
- San Mateo County Health Department partnership
- Supports healthy eating habits through its collaboration with some schools and communities by providing funding to increase the consumption of fresh fruits and vegetables through garden based programs
- Introducing a THRIVING SCHOOLS Initiative which will offer free resources to school staff and students addressing physical activity and nutrition. [www.kp.org/thrivingschools](http://www.kp.org/thrivingschools)

*Lucile Packard Children's Hospital: Health Initiative to prevent pediatric obesity through education and advocacy programs*

- Access for low-income families to the LPCH Pediatric Weight Control Program: full and partial scholarships
- SafeKids Coalition: Lead Agency for the SafeKids Coalition of Santa Clara and San Mateo Counties. SafeKids works on safe routes to school/Walk 'n Roll initiatives
- LPCH community health education programs:
  - LPCH provides a wide array of community education programs for parents, caregivers, and children.
  - Classes and partial classes to address proper nutrition and prevention of obesity
- Summer Lunch Program in East Palo Alto - funding to support a summer lunch program for families in East Palo Alto when children are out of school and the free/reduced lunch programs are not provided

*Mills-Peninsula Health Services*

- Through the African American Community Health Advisory Committee, offers educational events for diverse communities including the annual Soul Stroll for Health Walk and Resource Fair
- Supports the HEAL Project with grant funding (Health Environment, Agriculture and Learning Project)
- Offers "Fitness is My Witness" physical fitness program at AACHAC's partnering congregations
- Provides a series of nutrition and health programs to diverse communities
- Provides ongoing Blood pressure, Glucose, and Cholesterol screenings at AACHAC's partnering congregations

- Oversees an Anti-Bullying Campaign with middle and high school teens
- Supports San Mateo Police Activities League
- Partner with San Mateo YMCA to offer a series of basic nutrition classes

#### *Sequoia Healthcare District*

- Fund several community programs including SAL, PAL and Boys and Girls Club
- Manger and funder of PE+ in RWC schools
- Fund PE in San Carlos and Belmont schools

#### *Sequoia Hospital*

- Diabetes Weight Management Program
- Collaboration with Fair Oaks Adult Activity Center Breakfast Program
- “Make Time for Fitness” walking Courses at all RCSD campuses; Red Morton Park (RWC); Burton Park, and San Carlos.
- 4th grade -Eat Healthy, Stay Active, Be Tobacco Free
- Member of RCSD Wellness Committee; SUHSD Wellness Advisory Committee; Get Healthy San Mateo County Steering committee
- Lactation Education Center
- Breastfeeding advice community “calm line”

#### *Seton Medical Center/Seton Coastside*

- Ongoing exercise and education programs for people with high blood pressure, high cholesterol, diabetes as well as those who are obese or sedentary
- “Walk About” - Twice weekly walking and fitness program, and once a month “TalkAbout” , Blood pressure screening and health education presentation
- Health Benefits Resource Center: Cal Fresh Enrollment
- Peninsula Stroke Association participation
- Health education and nutrition information provided through presentations at community centers and community programs
- Health education and nutrition information provided at health focused community events and fairs
- Annual participation: Relay For Life

### **SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- BANPAC (Bay Area Nutrition and Physical Activity Collaborative)
- Fair Oaks Intergenerational Center Breakfast Program
- Get Healthy San Mateo County
- Heal Project: Health Environment Agriculture Learning
- Local Parks and Recreation Departments
- Over Eaters Anonymous

- Police Athletic League
- Pre-to-3 Program
- SafeKids Coalition of Santa Clara and San Mateo Counties
- San Mateo County Streets Alive! Parks Alive!
- San Mateo Police Activities League
- Sheriff's Activity League

## CLIMATE CHANGE

**SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS***Lucile Packard Children's Hospital Stanford*

- Indirectly through Advocacy Initiative

## COMMUNICABLE DISEASES (NOT STIs)

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Lucile Packard Children's Hospital Stanford*

- Partners with Stanford University to fund Office of Emergency Management

#### *Mills-Peninsula Health Services*

- Supports the San Mateo County Hepatitis B initiative through grant funding and in-kind support
- Supports Health Connected

#### *Sequoia Hospital*

- Vaccination clinics

#### *Seton Medical Center/Seton Coastside*

- Vaccination Clinics

#### *Stanford Health Care*

- Infectious Disease Clinic
- Access to free medical library/librarians for research/information

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Health Connected
- San Mateo County Hepatitis B Initiative

## DIABETES

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Kaiser Permanente San Mateo Service Area*

- Supports transportation options for seniors to access their medical appointments, pharmacies, and follow-up medical care/rehabilitation
- A champion in diabetes care management and shares its protocols broadly offering its clinical expertise to providers internally and in the community
- Financial support to RotaCare of the Bay Area which operates free clinics in Half Moon Bay and Daly City
- KP S.S.F. and R.W.C. collaborates with Operation Access which provides free outpatient surgeries for the uninsured and underinsured at KP medical centers and utilizes KP volunteer staff

#### *Lucile Packard Children's Hospital Stanford (See pediatric diabetes.)*

- Indirectly through out prevention of pediatric obesity health initiative

#### *Mills-Peninsula Health Services*

- Offers diabetes education programs, including a special series for seniors
- Hosts educational events and screenings for African American, Hispanic and Pacific Islander Communities
- Provides diabetes weight management classes
- Provides monthly blood glucose screenings and counseling at the following senior centers:
  - East Palo Alto
  - East Menlo Park
  - Senior Coastsiders
  - Martin Luther King Center
  - San Bruno Senior Center
  - Lincoln Park, Daly City
  - Magnolia Center, South San Francisco
- Hosts a diabetes support group

#### *Sequoia Healthcare District*

- Fund Food pharmacy for diabetes patients with Samaritan House

#### *Sequoia Healthcare District*

- Offers Living Healthy workshops
- Fund Meals on Wheels
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness



*Sequoia Hospital*

- Diabetes Treatment Center and Health & Wellness Center
- Community lectures and workshops
- Glucose Screening Clinics
- Health & Wellness Center
- Senior and Community Centers
- Support Group/Individual counseling
- Free meter instruction clinic at Samaritan House Free Clinic RWC
- Bilingual “LIVE WELL with DIABETES” Classes

*Seton Medical Center/Seton Coastside*

## Diabetes Institute

- Classes
- Support groups
- Nutrition education
- Diabetes Meter instruction
- Living with Diabetes
- Presentations at community centers and community programs
- Diabetes education provided at health-focused community events and fairs
- Low cost cholesterol and diabetes screenings
- Wound Care Center

*Stanford Health Care*

- Improving access to care initiative (financial support for free & community-based clinics)
- Diabetes Days at SH RWC Free Clinic (financial support)
- Stanford Health Library- free bilingual medical librarian services to research prevention, management and treatment options
- Chronic disease self -management workshops for older adults
- Stanford Diabetes Care Program
- Stanford Transplant Diabetes Program

**SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- American Heart Association
- Boys and Girls Clubs
- Get Healthy San Mateo County
- Heal Project: Health Environment Agriculture Learning
- Local Parks and Recreation Departments
- Over Eaters Anonymous
- Police Athletic League
- San Mateo County Streets Alive! Parks Alive!
- Sheriff’s Activity League

## EMOTIONAL WELL-BEING

**SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS***Lucile Packard Children's Hospital Stanford*

- Community Health Education classes offered on mindfulness and wellbeing (either free of charge or with scholarships available to low income community members)
- Partnership with Project Cornerstone - funding and leadership role with Project Cornerstone which is seeking to build developmental assets in youth

*Sequoia Healthcare District*

- Fund Adult Day Care
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness

*Stanford Health Care*

- Support groups
- Stanford Cancer Supportive Care Program:
  - Non-medical services for cancer patients, family & caregivers regardless of where they receive treatment (imagery, yoga, Pilates, support groups, healing touch, art/writing therapy, dieticians, etc.)
- Strong for Life – group exercise program for older adults (reduce isolation, improve strength/mobility)
- Stanford Center for Integrative Medicine

## FITNESS, DIET, & NUTRITION

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Lucile Packard Children's Hospital Stanford*

- Healthy Hospital Advocacy

#### *Mills-Peninsula Health Services*

- Quarterly nutrition education presentations at the following senior centers:
  - East Palo Alto
  - East Menlo Park
  - Senior Coastsiders
  - Martin Luther King Center
  - San Bruno Senior Center
  - Lincoln Park, Daly City
- Hosts a Weight Loss for Bariatric Surgery support group
- Supports St. James Community Foundation
- Supports The Heal Project

#### *Peninsula Healthcare District*

- Fund Nutrition and Physical Fitness Program at Mid-Peninsula Boys and Girls Club
- Fund Healthy Schools Initiative; Support for PE Teachers and Nutritionist
- Fund Re-Think your Drink Campaign

#### *Sequoia Healthcare District*

- Funds various fitness, diet and nutrition programs including:
  - Adaptive P.E.
  - Peninsula Family Services Fitness/Nutrition Program
  - Enhance Fitness with YMCA
  - Living Healthy Workshops
  - Fund Meals on Wheels
  - Fund 70 Strong
  - Fund Edgewood Healthy Kin
  - Fund PFS Sr. Peers and Senior Fitness

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- St. James Community Foundation
- The Heal Project

## HEALTH CARE ACCESS & DELIVERY

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Kaiser Permanente San Mateo Service Area*

- Fills insurance gaps for adults and children through a variety of programs (e.g. Medical Financial Assistance, STEPS (dues subsidy program), Kaiser Permanente Children's Health Plan, MediCal)
- Financial supports through its grants program (The San Mateo Children's Health Initiative as well as other local insurance enrollment efforts through community service agencies)

#### *Lucile Packard Children's Hospital Stanford - Health Initiative to Improve Access to Primary Healthcare Services*

- Major supporter of government plans and a safety net providers
- Reimbursement to the County for OB-GYN physician services for low-income women in SMC who deliver at LPCH
- Partnership with Ravenswood Family Health Center:
  - Funding to support pediatrician costs, children's dental care, and prenatal nutrition counseling
- Mobile Adolescent Health Services: primary treatment and preventative care to homeless and uninsured teens
- Care-A-Van for Kids: transportation of low-income patients who live outside of a 25 mile radius of LPCH (costal-regions of SMC)
- Medical-legal advocacy services through a partnership with the Peninsula Family Advocacy Program

#### *Mills-Peninsula Health Services*

- Support services for people living in poverty through charity care, partnership with the San Mateo County Healthy Kids insurance program, financial and in-kind support for Samaritan House Medical Clinic, and an annual small grants program that provides grants to local health-related nonprofit organizations
- Free mammography and follow-up diagnostic services to women who have no health insurance
- Free prostate screening and referrals for the un/under insured
- Supports many community resource organizations such as:
  - Daly City Peninsula Partnership Collaborative, Health Aging Response Team
  - Edgewood Center for Children and Families
  - Family Caregiver Alliance (FCA)
  - Mid-Peninsula Boys & Girls Club
  - Mission Hospice & Home Care
  - Ombudsman Services of San Mateo County
  - Second Careers Employment Program
  - Peninsula Family Services
  - Puente de la Costa Sur
  - Home & Home

- San Mateo Medical Association Community Service Foundation
- The Latino Commission
- Community Gatepath

#### *Peninsula Health Care District*

- Major supporter of Samaritan House Free Clinic of San Mateo
- Major supporter of Children's Health Initiative-Healthy Kids Program
- Major supporter of San Mateo County Access to Care for Everyone Program Supports Apple Tree Dental
- Major supporter of Student Health Clinic at Belle Air School in San Bruno Park School District
- Fund Mental Health Association of San Mateo County Public Health Nurse

#### *Sequoia Healthcare District - Improved Access to Primary Care*

- Major supporter of Samaritan House Redwood city, underwrite the majority of operations budget.
- Major supporter of Children's Health Initiative- Healthy Kids
- Provide financial support for Ravenswood Family Clinic
- Provide financial support for SMMC Clinic in RWC/ NFO.
- Provided major grant to help rebuild SMMC Clinic in RWC/NFO
- Major supporter of Apple Tree Dental

#### *Sequoia Hospital*

- Samaritan House Free Clinic Redwood City:
  - Provides mammography, lab, radiology and other out-patient services
- Enrollment Assistance for government funded program
- Free Taxi Vouchers for Sequoia discharged patients and out-patients who lack financial and transportation resources
- Serve on San Mateo County Paratransit Coordinating Council to provide oversight of Redi-wheels program
- Health Professionals Education:
  - Student training in Nursing; Paramedics; Clinical Chaplaincy; Pharmacy; Physical Therapy; Physician Assistants; Radiation Oncology; Radiology; Respiratory Therapy; Palliative Care
- Financial Assistance (Charity Care): free or discounted health care provided to persons who cannot afford to pay and who meet criteria for Dignity Health Patient Financial Assistance Policy
- Un-reimbursed costs of public health programs for low-income persons, such as Medi-Cal and Medicare
- Sequoia pays on-call physicians to serve indigent patients in the Emergency Department

#### *Seton Medical Center/Seton Coastside*

- Health Benefits Resource Center:
  - Provides free assessments, referrals to community resources and assistance in completing applications for free and low cost health insurance

- RotaCare free Clinics at Seton Medical Center: provides labs, diagnostic services, x-rays, for the urgent medical care free clinic
- Coastside RotaCare Free Clinic: Seton provides labs and x-rays
- Seton Health Sciences Library: health related research for individuals requesting information
- Benefits for Persons Living in Poverty: Charity Care
- Unreimbursed costs of public programs
- Health Professionals Education:
  - Student training in Central Supply, Wound Care, Phlebotomy; Lab Science; Nursing; Pharmacy; Wound Care, Radiation Oncology; Radiology; Respiratory Therapy

#### *Stanford Health Care Health Initiative - Improve Access to Care*

- Arbor Free Clinic (financial support for EMR/IT support; free pathology tests, labs & radiology)
- Samaritan House Free Clinic RWC (financial support for pharmacy, clinic operations, dental clinic)
- RFHC (financial support for clinic operations and pharmacy; branch of Stanford Health Library onsite)
- Stanford Health Library:
  - 5 branches - free and open to all; librarians do health-related research for individuals requesting help (e.g., research conditions & put together information packets)
  - Medical information; information on where to get care, etc.
  - HICAP lectures for seniors = help understanding/getting appropriate health insurance)
  - Bilingual librarian at branch in East Palo Alto
- Enrollment assistance for government funded programs
- Stanford Lifeflight, subsidized air ambulance service
- Health Professional education: subsidized training for residents/interns; pharmacists, RNs, PAs, rehab, lab techs, radiology, RT, PT, nuclear medical technicians
- Charity Care: un/under-insured patients provided with free hospitalization/services
- Un-reimbursed costs of public health programs for low-income persons, such as Medi-Cal and Medicare

#### **SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- Bay Area Red Cross
- Belle Haven Clinic
- Chambers of Commerce
- Children's Health Initiative
- Clinic By the Bay: Free medical care for the uninsured in Daly City and parts of San Francisco
- Coastside Hope
- Community Gatepath
- Daly City ACCESS: Healthy Aging Response Team
- Daly City Community Service Center
- Daly City Peninsula Partnership
- Daly City Youth Health Center

- Edgewood Center for Children and Families
- Family Caregiver Alliance (FCA)
- HIP Housing
- Home & Home
- InnVision Shelter Network
- MayView
- Mid-Peninsula Boys & Girls Club
- Mission Hospice & Home Care
- Pacifica Collaborative
- Peninsula Family Services
- Peninsula Library System
- Puente
- Puente de la Costa Sur
- Ravenswood Family Health center
- RotaCare Bay Area, Inc.
- Samaritan House
- San Mateo Co. Health Services
- San Mateo Medical Association Community Service Foundation
- Second Careers Employment Program
- The Latino Commission

## HEART DISEASE & STROKE

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Kaiser Permanente San Mateo Service Area*

- Both KP R.W.C. and KP S.S.F. have achieved American Heart Association and American Stroke Association “Gold Plus” standards of performance achievement
- KP has shared the protocol procedures for its PHASE program (Prevent Heart Attack and Stroke Everyday)
  - These protocols are being practiced in the County Health System’s Hospital, Clinics and Ravenswood Family Health Center. (Financial assistance was provided for implementation).
- KP financially supports Pacific Stroke Association as well as provides clinical guidance and advice through physician involvement

#### *Mills-Peninsula Health Services*

- Provides annual heart health screenings through the African American Community Health Advisory Committee and in collaboration with local churches
- Bi-monthly cholesterol screenings and monthly blood pressure screenings are offered through the Senior Focus program
- Hosts Aphasia and Heart Partners support groups
- Monthly blood pressure screenings and education at the following centers:
  - East Palo Alto
  - East Menlo Park
  - Senior Coastsiders
  - Martin Luther King Center
  - San Bruno Senior Center
  - Lincoln Park, Daly City
  - Magnolia Center, South San Francisco

#### *Peninsula Healthcare District*

- Major supporter of Peninsula Heart Safe Program at Via Heart Project

#### *Sequoia Healthcare District*

- Manage HeartSafe Program/ places AED’s
- Offers free CPR classes
- High School heart screenings
- Fund Meals on Wheels
- Fund 70 Strong
- Fund Edgewood Healthy Kin



- Fund PFS Sr. Peers and Senior Fitness

### *Sequoia Hospital*

- Congestive Heart Failure Classes
- Stroke Center
- Monthly Community Screenings for Blood Pressure:
  - Fair Oaks Adult Activity Center
  - (Redwood City)
  - Little House– The Roslyn G. Morris Activity Center (Menlo Park)
  - San Carlos Adult Community Center
  - Twin Pines Senior and Community Center (Belmont)
  - Veterans Memorial Senior Center (Redwood City)
  - Adaptive Physical Education Center (Redwood City)
  - (Redwood City)
- Individual Cardiovascular counseling
- Cardiac Rehabilitation

### *Seton Medical Center/Seton Coastside*

- Heart Healthy Exercise: Ongoing exercise and education programs for people with high blood pressure, high cholesterol, diabetes as well as those who are obese or sedentary (\$8 session)
- Cardiac Rehabilitation
- “Walk About” - Twice weekly walking and fitness program, and once a month “TalkAbout” , Blood pressure screening and health education presentation, which are all free
- Health Benefits Resource Center: Cal Fresh Enrollment
- Cardiac Support Group
- Health education and nutrition information provided through presentations at community centers and community programs
- Low cost cholesterol and diabetes screenings
- Health education and nutrition information provided at health focused community events and fairs

### *Stanford Health Care*

- Improving access to care initiative (financial support for free & community-based clinics)
- Stroke education and support groups
- Comprehensive Stroke Center
- Chronic disease, self-management workshops for older adults
- Access to free, medical librarian for research/information on stroke, CVD, etc.
- Stroke Rehabilitation Program
- Heart Failure & Cardiomyopathy Clinic
- Valvular Heart Disease Clinic
- Women’s Heart Health Clinic

- Heart Surgery Clinic
- Heart Transplant Program
- Cardiac Rehabilitation
- Heart Transplant Program
- Stanford South Asian Translational Heart Initiative
- Adult Congenital Heart Program

### **SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- American Heart Association
- Get Healthy San Mateo County
- Pacific Stroke Association

## HOUSING & HOMELESSNESS

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Lucile Packard Children's Hospital Stanford*

- Mobile Adolescent Health Program: Teen Van delivers services to homeless youth throughout the Bay Area
- Indirectly through Advocacy initiative

#### *Mills-Peninsula Health Services*

- Supports HIP Housing
- Rebuilding Together Peninsula

#### *Sequoia Healthcare District*

- Supports Life Moves

#### *Sequoia Hospital*

- Collaborates with InnVision Shelter Network Outreach team

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- HIP Housing
- Rebuilding Together Peninsula

## INCOME &amp; EMPLOYMENT

**SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS***Lucile Packard Children's Hospital Stanford*

- Indirectly through Advocacy initiative

*Mills-Peninsula Health Services*

- Provides Health Insurance counseling

## ORAL/DENTAL HEALTH

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Kaiser Permanente*

- Provides grant support to Sonrisas Community Dental Center, Half Moon Bay

#### *Lucile Packard Children's Hospital Stanford*

- Indirectly through access to care initiatives, particularly Ravenswood Family Health Center - funding for children's dental services
- LPCH provides charity dental assistance to low income and uninsured patients with qualifying conditions

#### *Mills-Peninsula Health Services*

- Provides grant support to Sonrisas Community Dental Center
- Supports the Ravenswood Dental Program

#### *Peninsula Healthcare District*

- Launched Apple Tree Dental; a new model of dental care that removes barriers to care for all and especially for older adults and disabled individuals

#### *Sequoia Healthcare District*

- Funding for Samaritan House, Ravenswood and SMMC Clinic is for dental services.
- Major supporter of Apple Tree dental
- San Mateo County Oral Health Coalition

#### *Stanford Health Care*

- Financial support for Ravenswood Family Health Center (RFHC) (dental services)
- Financial support for Samaritan House Free Clinic Redwood City SH RWC Free clinic (dental services)

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Ravenswood Family Health Center
- RFHC dental clinic
- SH RWC Free Clinic
- Sonrisas Dental Clinic

## RESPIRATORY CONDITIONS

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Lucile Packard Children's Hospital Stanford*

- Indirectly through access to care initiatives
- Indirectly through Advocacy initiative
- Pediatric Resident Mini-Grant Program provides funding for projects working on anti-smoking advocacy

#### *Sequoia Hospital*

- Smoking Cessation Classes with Breathe California
- Redwood City School District Tobacco Awareness with 4th grade students
- Asthma Education for coaches, nurses, and aides in Sequoia Union High School District
- Breeze Newsletter
- Better Breathers Support Group
- Pulmonary Rehabilitation

#### *Seton Medical Center/Seton Coastside*

- Lungevity Newsletter
- Pulmonary Maintenance program
- Pulmonary Rehabilitation Program
- Living Well with Asthma

#### *Stanford Health Care*

- Improving access to care initiative (financial support for free & community-based clinics)
- Access to free medical librarian for research and information on respiratory conditions
- Stanford Chest Clinic
- Pulmonary Rehabilitation Program
- Stanford's Center for Advanced Lung Disease (treatment for advanced lung disease; lung transplants)

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- American Lung Association

## SEXUALLY TRANSMITTED INFECTIONS (STIs)

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Kaiser Permanente San Mateo Service Area*

- Supports education efforts around sex education through its Educational Theatre program directed to High School Students

#### *Lucile Packard Children's Hospital Stanford – Packard Children's Health Initiative to improve the social and emotional health of youth*

- Beginning in FY 13, LPCH is funding Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in SMC communities with high violence rates (East Palo Alto and East Menlo Park)
- Community Health Education Program:
  - To address drivers of substance abuse, including lack of coping skills and mental health issues.
  - Topics are determined through community needs identified by our community partners or hospital staff
- Mobile Adolescent Health Program -Teen Van delivers services to homeless youth throughout the Bay Area
- Partnership with Peer Health Exchange - funding to provide health education (including sexual health) to high school aged students
- Indirectly through access to care initiatives

#### *Peninsula Healthcare District*

- Fund Preventative Health Program at Planned Parenthood Mar Monte

#### *Sequoia Healthcare District*

- HIV-Planned Parenthood
- Several education programs in the schools

#### *Stanford Health Care*

- Improving access to care initiative (RFHC, SH RWC Free Clinic, Arbor Free Clinic)
- Stanford Positive Care Clinic
- Access to free medical library/librarians for research/info

## TRANSPORTATION &amp; TRAFFIC

**SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS***Lucile Packard Children's Hospital Stanford*

- Financial support for the Marguerite Shuttle service – free shuttle transportation provided to employees and any community member
- Indirectly through Advocacy initiative

*Mills-Peninsula Health Services*

- Participation in the Paratransit Coordinating Committee that provides oversight to Redi-Wheels program
- Supports Get Up & Go Escorted Senior Transportation

*Stanford Health Care*

- Financial support for the Marguerite Shuttle service (operated by Stanford University). Free shuttle transportation available to the public (<http://transportation.stanford.edu/marguerite/>)

**SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- Get Up & Go Escorted Senior Transportation Item
- Peninsula Traffic Congestion Relief Alliance (<http://www.commute.org/>)
- Redi-Wheels



## UNINTENDED INJURIES

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Kaiser Permanente San Mateo Service Area*

- Participates in the Fall Prevention Task Force of San Mateo County

#### *Mills-Peninsula Health Services*

- Funds and participates in the Fall Prevention Task Force of San Mateo County
- Provides FallProof fall prevention classes
- Provides Seniors in Motion classes

#### *Sequoia Hospital*

- San Mateo County Fall Prevention Task Force in-kind and financial support
- Collaboration with Stanford for Matter of Balance Instructor Training and Classes for Southern San Mateo County
- Pediatric CPR/Injury Prevention
- American Heart Association Training Center
- CPR Training in the Sequoia Union High School District for 9th grade classes

#### *Seton Medical Center/Seton Coastside*

- Supports the work of the Fall Prevention Task Force of San Mateo County

#### *Stanford Health Care*

- Farewell to Falls - free, in-home program (OTs, home assessments, exercise program, pharmacist assistance with medications, etc. – year-long program)
- Strong for Life - free group exercise program senior centers = strength, mobility, balance
- Chronic disease, Self-Management workshops senior centers (pain management, management of conditions causing loss of balance, etc.)
- Financial support for SMC Fall Prevention Task Force
- Lifeline - in-home emergency response service available to seniors regardless of their ability to pay
- Stepping On program - free fall prevention program for older adults (community-based)
- Matter of Balance - free fall prevention program for older adults (community-based)
- Access to free medical library/librarians for research/information

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- San Mateo County Fall Prevention Task Force

## VIOLENCE & ABUSE

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### *Kaiser Permanente San Mateo Service Area*

- KP Educational Theatre specifically addresses violence through its “PEACE SIGNS” program which includes children and family night opportunities
- Supports mental health efforts at the Daly City Youth Health Center through its annual grant program
- Supports a variety of community based organizations that address violence through its grant program
  - These include but are not limited to Community Overcoming Relationship Abuse, Peninsula Conflict Resolution Center, and Rape Trauma Services

#### *Lucile Packard Children’s Hospital Stanford*

- Beginning in FY 13, LPCH is funding Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in SMC communities with high violence rates (East Palo Alto and East Menlo Park)
- SafeKids Coalition: as the leading cause of death of children ages 1-14, SafeKids works to prevent:
  - Unintentional injury, particularly with a “Purple Crying” initiative to prevent Shaken Baby Syndrome
- Community Health Education Programs:
  - To address drivers of Violence, including lack of coping skills, developmental delays, and mental health issues
  - Topics are determined through community needs identified by our community partners or hospital staff
- Mental Health Dissemination Initiative

#### *Mills-Peninsula Health Services*

- Through its grants program, supports CORA, Rape Trauma Services, Cleo Eulau Center, and Acknowledge Alliance
- Participates in Elder Abuse Prevention Task Force
- Supports ASK Academy, Peace Development Fund
- Supports El Centro de Libertad

#### *Sequoia Healthcare District*

- Supports CORA

*Sequoia Hospital*

- Sequoia Union High School District Wellness Advisory Committee Member
- Redwood City School District Wellness Committee Member
- Space and Program Support for Hope House Self-Defense Classes at Health & Wellness Center
- Human Trafficking Initiative

**SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS**

- ALICE: Filipino organization domestic violence prevention education
- ASK Academy
- Community Overcoming Relationship Abuse: CORA
- El Centro de Libertad
- Freedom House
- Peace Development Fund
- Police Activities League
- Rape Trauma Services
- SCAN

## Appendix 9. Health Needs Profiles

---

Each health need listed below is described in detail in a health profile.

1. Alzheimer's disease & dementia
2. Arthritis
3. Behavioral health
4. Birth outcomes
5. Cancer
6. Childhood obesity
7. Climate change
8. Communicable diseases (not STIs)
9. Diabetes
10. Emotional well-being
11. Fitness, diet, & nutrition
12. Health care access & delivery
13. Heart disease & stroke
14. Housing & homelessness
15. Income & employment
16. Oral/dental health
17. Respiratory conditions
18. Sexually transmitted infections (STIs)
19. Transportation & traffic
20. Unintended injuries
21. Violence & abuse

Each health profile includes a section titled “Statistical Data That Support the Health Needs.” These sections contain data and statistics from various sources (see Appendix 4: Secondary Data Sources). The health profiles also each include a section titled “Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA.” These sections contain comments from community members about the health needs that reflect their experiences and observations and, therefore, are not necessarily based on data or statistics but on their perceptions.

In 2016, the HCC identified these needs as the top health needs in the county based on statistical data and community input. The HCC works to improve community health through its partnerships among hospitals, county agencies, and community organizations. Each member hospital posts its final 2016 CHNA publicly on its website. Each member hospital's Implementation Strategy report describes in detail the investments made in the community, including programming and partnerships.

## Profile of San Mateo County Health Needs

# Alzheimer's Disease & Dementia

## What Is the Issue & Why Is It Important?

Alzheimer's disease is the most common form of dementia, a general term for memory loss and other intellectual abilities serious enough to interfere with daily life. Dementia is not a disease itself, but rather a set of symptoms that affect an individual's health, quality of life, and ability to live independently. Several factors determine the risk of developing dementia, including age and family history. Among adults aged 65 years and older, the prevalence of Alzheimer's disease doubles every five years, and more women than men have Alzheimer's disease and other dementias. In 2013,

### ALZHEIMER'S DISEASE DEATHS RISING

Deaths due to Alzheimer's disease rose to the third leading cause of death in San Mateo County, accounting for 6% of deaths. As the population continues to age, this health need becomes more pressing.

Alzheimer's disease was the sixth leading cause of death in the U.S., for **all ages**.<sup>1</sup> An estimated 5.3 million Americans of all ages have Alzheimer's. Although there are more Whites living with Alzheimer's and other dementias than people of any other racial or ethnic group in the U.S., older Blacks and Latinos are more likely than older Whites to have Alzheimer's disease and other dementias.<sup>2</sup> The number of Americans with Alzheimer's disease and other dementias will grow each year as the size and proportion of the U.S. population aged 65 and older continues to increase. By 2025, the number of Americans **aged 65 and older** with Alzheimer's disease is estimated to increase by 40% (from 5.1 million in 2015 to 7.1 million estimated in 2025).<sup>2</sup>

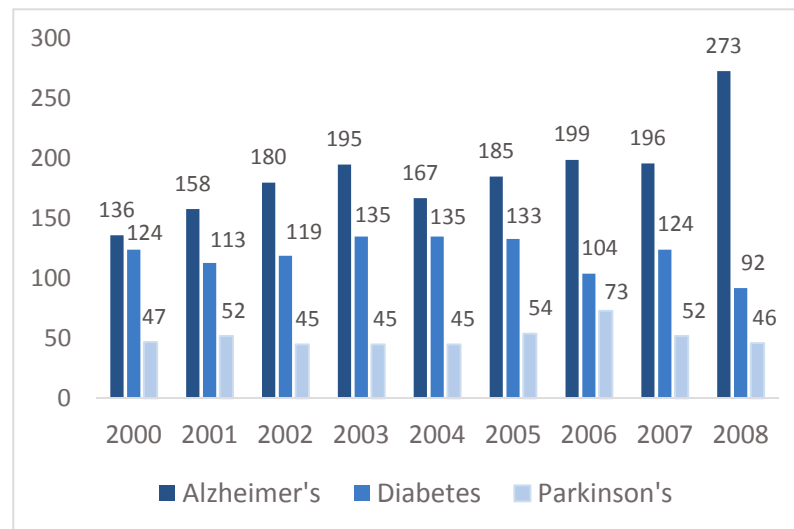
Alzheimer's disease and dementia are health needs in San Mateo County as evidenced by Alzheimer's disease status as the third leading cause of death in the county. The mortality rate from Alzheimer's in the county is higher than that of the state. In addition, the median age of the population in the county is older than the state, and the county's population of older adults is expected to increase. Since Alzheimer's and other dementias primarily affect older adults, and their numbers in San Mateo County are increasing, this health need is of growing concern. It is expected to impact not only the community's health, but also its economic security as the cost of care for older adults with Alzheimer's disease and other dementias increases.

## Statistical Data That Support the Health Need

- **Leading cause of death:** Deaths from Alzheimer's disease in San Mateo County increased from 269 in 2010 to 301 in 2013. Alzheimer's disease was the third leading cause of death in the county in 2013 (6% of deaths). In comparison, Alzheimer's was the fifth leading cause of death in California.<sup>3</sup>

- Increased mortality rate:** In San Mateo County, the age-adjusted mortality rate due to Alzheimer's disease is 29.7 per 100,000, higher than California overall (28.2).<sup>4</sup> The mortality rate for Alzheimer's has been growing, while the mortality rate for other "old age" diseases is shrinking.<sup>4</sup> (See the chart on the next page for details on the mortality rate of Alzheimer's compared to diabetes and Parkinson's disease.)

**MORTALITY RATE FOR SELECTED DISEASES, SAN MATEO COUNTY, 2000-2008<sup>4</sup>**



- Diversity in aging population:** The population of San Mateo County is aging. The median age in the county (39.0 years) is older than the median age in the state (34.9 years).<sup>5</sup> Additionally, San Mateo County's population of older adults (age 60+) is expected to double between the years 2000 and 2040, leading experts to anticipate a rise in dementia diagnoses in the county.<sup>5</sup> Moreover, the largest expected increases among the older adult population in the county are in the Latino and Asian populations. This shift will demand that the county place a greater focus on culturally competent services.<sup>5</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- A number of community members who participated in focus groups and key informant interviews identified dementia and/or Alzheimer's disease as an unmet need in the county. One key informant expressed specific concern about alcohol abuse-related dementia.

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2016.

<sup>2</sup> Alzheimer's Association. *2015 Alzheimer's Disease Facts and Figures*. 2015.

<sup>3</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

<sup>4</sup> Sustainable San Mateo County. *Senior Health in San Mateo County – Current Status and Future Trends*. 2012.

<sup>5</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

## Profile of San Mateo County Health Needs

# Arthritis

## What Is the Issue & Why Is It Important?

Arthritis is inflammation of one or more joints. The main symptoms of arthritis are joint pain and stiffness, which typically worsen with age. The most common types of arthritis are osteoarthritis, involving wear-and-tear damage to joint cartilage, and rheumatoid arthritis, a chronic inflammatory disorder that typically affects the lining of the small joints in hands and feet. Risk factors for arthritis include family history, age, sex, previous joint injury, and obesity.<sup>1</sup> Arthritis is a leading cause of disability among U.S. adults and has been for the past 15

years. Statistics show that arthritis affects quality of life. One in five of all adults in the U.S., and half of adults 65 years or older, report having doctor-diagnosed arthritis. Around 45% of adults with doctor-diagnosed arthritis also have arthritis-attributable activity limitations. Adults with arthritis report two to four times as many unhealthy days in the past month than those without arthritis. Arthritis is also strongly associated with major depression.<sup>2</sup>

The adult arthritis prevalence rate in San Mateo County is slightly higher than the state average and is not improving over time. Arthritis more often affects older adults than younger populations, and there is an increasing proportion of older adult residents in the county compared to California.

### ARTHRITIS INCIDENCE EXPECTED TO INCREASE

Arthritis most often affects older adults, and the proportion of older adults in San Mateo County's population is increasing.

## Statistical Data That Support the Health Need

- **Adult arthritis slightly worse than state:** Arthritis prevalence among adults aged 18+ is slightly higher in the county (21%) than in the state (20%).<sup>3</sup>
  - ➔ 16% of county adults surveyed in 2013 reported experiencing arthritis or rheumatism, which has not changed since 1998.<sup>4</sup>

**Joint inflammation more common in older adults:** Arthritis or rheumatism is more prevalent among adults aged 65 or older (38%) compared to adults 18-64 (12%).<sup>4</sup>

- **County population aging:** San Mateo County's Health Officer expects to see "notable increases in population over the next several decades among those aged 60 or older."<sup>4</sup>



## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- Community representatives who participated in focus groups and/or key informant interviews indicated that there is a need for affordable home modifications and in-home care to increase safety for older adults.
- Community members participating in focus groups specifically expressed concern about the issues that arise for older adults with mobility limitations including arthritis, such as:
  - ➔ Being hampered by poorly-maintained sidewalks/curbs
  - ➔ Accessing public transit
  - ➔ Finding it more difficult to carry packages
  - ➔ Using devices
  - ➔ Making meals
  - ➔ Engaging in physical activity (exercise)

<sup>1</sup> Mayo Foundation for Medical Education and Research. *Definitions of Arthritis and Rheumatoid Arthritis*. 2016.

<sup>2</sup> Centers for Disease Control and Prevention. *Arthritis-Related Statistics*. 2016.

<sup>3</sup> Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS). [www.cdc.gov/brfss](http://www.cdc.gov/brfss). 2009.

<sup>4</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

## *Profile of San Mateo County Health Needs*

# Behavioral Health

## What Is the Issue & Why Is It Important?

Behavioral health is an umbrella term that comprises mental health issues, substance abuse, and other addictions.

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges.<sup>1</sup> It is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to the community or to society.

Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.<sup>1</sup>

The abuse of substances, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. For example, smoking and tobacco use cause many diseases, such as cancer, heart disease, and respiratory diseases.<sup>2</sup> The effects of substance abuse contribute to costly social, physical, mental, and public health problems. These problems include, but are not limited to, domestic violence, child abuse, motor vehicle crashes, HIV/AIDS, crime, and suicide.<sup>2</sup> Advances in research have led to the development of effective evidence-based strategies to address substance abuse and other addictions. Improvements in brain-imaging technologies and the development of medications that assist in treatment have shifted the research community's perspective on substance abuse. Substance abuse is now understood as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.<sup>2</sup>

Behavioral health is a need in San Mateo County as demonstrated by a rise over time in the percentage of self-reported mental and emotional problems and the fact that suicide was the tenth leading cause of death in the county in 2013. In addition, the level of binge drinking among young adult males in the county is trending up. Finally, substance abuse-related hospitalizations are increasing among Latino residents. Community members who participated in focus groups and key informant interviews expressed concerns about barriers to behavioral health care, including a limited supply of providers and treatment options, as well as inadequate insurance coverage for

### SUICIDE A TOP 10 CAUSE OF DEATH

More than 50 residents commit suicide each year, and many of those with poor mental health also have addictions. Community members frequently expressed concerns about behavioral health.

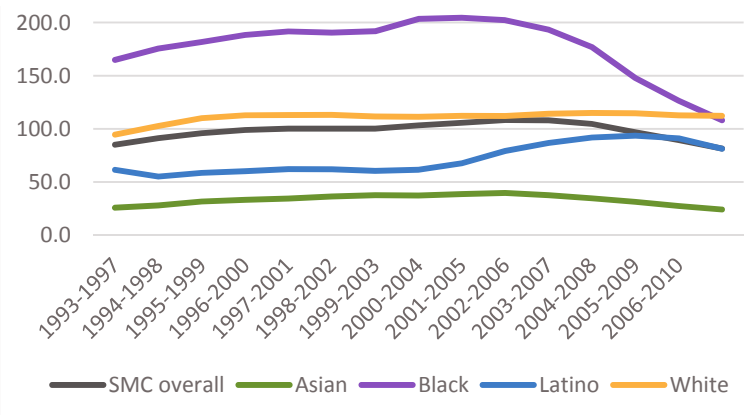
these behavioral health benefits. Concerns about behavioral health covered all ages, from children and teens to adults and older adults.

## Statistical Data That Support the Health Need

### Mental Health

- Suicide was the county's #10 cause of death (54 deaths in 2013), down from #9 in 2010 (70 deaths).<sup>3</sup>
- The percentage of surveyed county adults reporting a history of mental or emotional problems is trending up, from 5% in 1998 to 8% in 2013.<sup>4</sup> Similarly, in 2013, the percentage of county adults reporting they had sought help for a mental or emotional problem was the highest of all years surveyed (29%).<sup>4</sup>

**SUBSTANCE ABUSE-RELATED HOSPITALIZATIONS IN SAN MATEO COUNTY, 1999-2010<sup>4</sup>**



### Substance Abuse

- Chronic liver disease was the #9 cause of death in the county in 2013 (80 deaths).<sup>3</sup>
- The percentage of surveyed adults who are current drinkers has been decreasing, from 67% in 1998 to 59% in 2013.<sup>4</sup> However, binge drinking has been rising among young adult males (aged 18-24) in the county, from 24% in 1998 to 39% in 2013.<sup>4</sup>
- Substance abuse-related hospitalizations in the county overall peaked in 2001-2005, but have been declining since. The overall decline seems mainly to have been driven by a steady reduction in rates for Blacks (from 204 per 100,000 in 2000-2004 to 108 per 100,000 in 2006-2010). Conversely, rates rose for Latinos (from 55 to 81 per 100,000) between 1992-1996 and 2006-2010. The substance abuse-related hospitalization rate for Whites, which has remained relatively constant, was the highest in 2006-2010 (112.1 per 100,000), and was also higher than the rate for any other ethnic group in that period.<sup>4</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Affects all ages:** Community members participating in focus groups and key informant interviews expressed concerns about behavioral health that covered all ages, from teen substance abuse and suicide, to PTSD, alcoholism, eating disorders, and other serious behavioral health conditions among adults and older adults. Many mentioned the co-occurrence of mental health issues and substance abuse as a key concern. One expert noted that sexual trafficking victims are particularly vulnerable to mental health issues.
- **Barriers to getting help:** Participants stated that most insurance, except Medi-Cal, still does not cover mental health and/or substance abuse treatment. Many said that there are not enough providers in the county to address the level of need. Some said that individuals who

are unable to access mental health or substance abuse treatment in a timely manner may turn to substance use as another way to cope. Others focused on the stigma associated with behavioral health issues, which makes it harder for individuals to seek and obtain help. Several noted that these individuals are often discriminated against in their communities and in health care settings. While this stigma can be experienced by anyone, some stated it is particularly problematic for those from certain cultures (e.g., Latinos).

- **Public policy issue:** As stated by the County Health Officer, “A large portion of our inmate population is mentally ill, substance abusers, or both. Both of these conditions are now known to be diseases of the brain. We have chosen, as a matter of ingrained public policy, to incarcerate as ‘treatment’ for these conditions instead of employing evidence-based mental health and substance use treatments. This public policy will ultimately fail.”<sup>4</sup>

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2015.

<sup>2</sup> Centers for Disease Control and Prevention. *Smoking and Tobacco Use, Health Effects*. 2015.

<sup>3</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

<sup>4</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

## Profile of San Mateo County Health Needs

# Birth Outcomes

## What Is the Issue & Why Is It Important?

Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.<sup>1</sup> The topic area of birth outcomes addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Data indicators that measure progress in this area include low birthweight, infant mortality, teen births, breastfeeding, and access to prenatal care. Increased access to quality preconception (before pregnancy) and interconception (between pregnancies) care can reduce the risk of maternal and infant mortality and pregnancy-related complications. Moreover, healthy birth outcomes and early identification/treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.<sup>1</sup>

### DISPARITIES IN BIRTH OUTCOMES PERSIST

Babies born to Black mothers are more likely to have poor birth outcomes than those born to mothers of other ethnicities.

Overall, birth outcomes in San Mateo County meet Healthy People 2020 (HP2020) targets and are similar to California. However, birth outcomes are a health need due to the fact that Black and Asian/Pacific Islander residents disproportionately experience worse outcomes than county residents of other ethnicities.

## Statistical Data That Support the Health Need

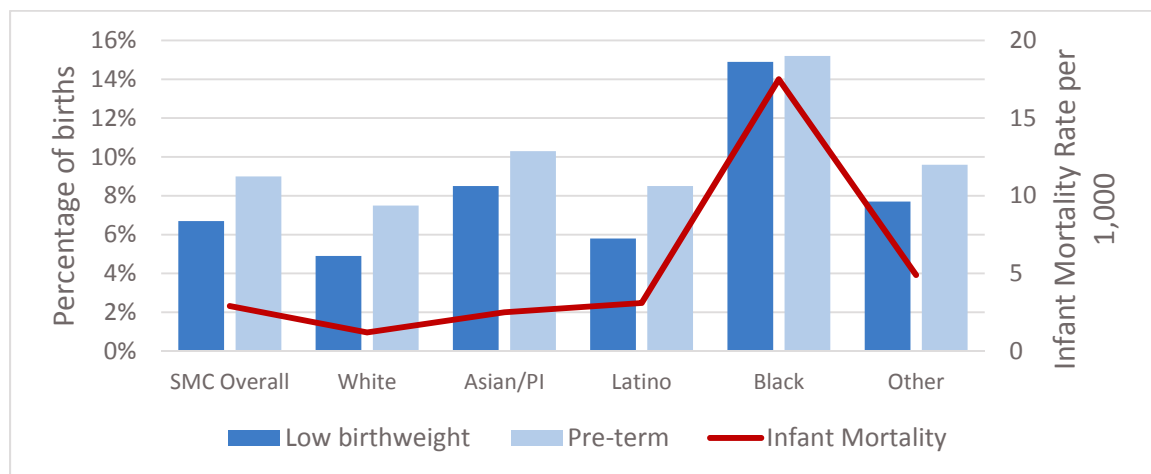
- **Countywide outcomes are good:** None of the countywide birth outcome statistics were worse than their associated benchmarks (see table below for details):
  - ➔ Only 16% of births countywide are to mothers who received inadequate prenatal care, less than the HP2020 objective of 22%.<sup>2</sup>
  - ➔ The percentage of county infants with low birthweight (6.7%) is similar to the state average (6.8%).<sup>2</sup>
  - ➔ There is a slightly smaller percentage of pre-term births in the county (9.0%) than the state (9.8%).<sup>2</sup>
  - ➔ The county infant mortality rate (2.9 per 1,000 live births) is far below (i.e., better than) the HP2020 target of 6.0.<sup>3</sup>

### OVERALL BIRTH OUTCOMES AND RELATED STATISTICS, BY GEOGRAPHY, 2011<sup>2,3</sup>

Indicator	HP2020	CA	SMC
Inadequate prenatal care (percent of live births)	22%	N/A	16%
Low birthweight (percent of live births)	7.8%	6.8%	6.7%
Pre-term births (percent of live births)	11.4%	9.8%	9.0%
Infant mortality (rate per 1,000)	6.0	4.8	2.9

- Disparities in outcomes:** Despite having good *overall* birth outcomes, there are disparities in these outcomes among different ethnic groups in San Mateo County. Babies born to mothers of color are generally more likely than those born to White mothers to have poor birth outcomes.

### SAN MATEO COUNTY BIRTH OUTCOMES BY ETHNICITY, 2011



- Birth outcome disparities by ethnic group:** Disparities exist among different ethnic populations for several birth outcome statistics (see chart above for details):
  - Black women in San Mateo County are more likely to have inadequate prenatal care (21%) than those of other ethnicities. However, this figure is no worse than the HP2020 maximum of 22%.<sup>3</sup>
  - Babies born to Asian/Pacific Islander (8.5%) and Black (14.9%) mothers are more likely than those of other ethnic groups in the County to have low birthweight.<sup>3</sup>
  - The mortality rate for Black infants in the county (17.5 per 100,000) is nearly triple that of the HP2020 objective (6.0). This is not just a county issue; this disparity is also seen statewide.<sup>4</sup>

- **Breastfeeding disparities:** Disparities also exist in breastfeeding habits among different groups of mothers in San Mateo County: only 87% of Black mothers and 92% of non-Hispanic mothers of other ethnicities breastfeed their children at any time after birth, worse than the state average (93%). Once again, however, the overall county figure (97%) is better than the state.<sup>4</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- San Mateo County youth who participated in focus groups expressed concern about the frequency of teen pregnancy and teen parenting. Youth spoke from their own experience, not necessarily reflecting the statistical data, which indicate a lower rate of teen births in the county compared to the state (4.1 per 1,000 births in the county versus 8.5 per 100,000 in California overall).<sup>2,3</sup>

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2015.

<sup>2</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2011.

<sup>3</sup> Centers for Disease Control and Prevention. [wonder.cdc.gov](http://wonder.cdc.gov). 2006-2010.

<sup>4</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2012.

## Profile of San Mateo County Health Needs

# Cancer

## What Is the Issue & Why Is It Important?

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. There are more than 100 kinds of cancer.<sup>1</sup> Cancer is the second most common cause of death in the United States.<sup>2</sup> Behavioral and environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening. Nationally, Black men are more likely to get and die from cancer, followed by White, Latino, American Indian/Alaskan Native, and Asian/Pacific Islander men.<sup>3</sup> Among women, White women are more likely to get cancer, and Black women are more likely to die from cancer.<sup>3</sup> Complex and interrelated factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most salient factors are associated with a lack of health care coverage and low socioeconomic status (SES).<sup>4</sup>

Cancer is a health need in San Mateo County because it is the second leading cause of death in the county. In addition, the county's breast cancer mortality and colorectal cancer incidence rates fail Healthy People 2020 (HP2020) benchmarks. Health behaviors that can contribute to cancer, such as tobacco use and excessive alcohol consumption, are shown to be of concern. Finally, ethnic disparities are evident in certain cancer incidence and mortality rates in the county.

## Statistical Data That Support the Health Need

- Cancer is the second leading cause of death in the county, accounting for 25% of all deaths in 2013.<sup>5</sup>
- Excessive alcohol consumption, a factor that contributes to various types of cancer, rose substantially among young adult males (ages 18-24) in the county between 1998 (24%) and 2013 (39%).<sup>6</sup>

## Colorectal Cancer

- The overall age-adjusted colorectal cancer incidence rate for the county (46.6 per 100,000) surpassed the HP2020 maximum target for colorectal cancer incidence (38.6 per 100,000). Additionally, the age-adjusted mortality rate for colorectal cancer is slightly higher in San Mateo County (15.0 per 100,000) than the HP2020 objective (14.5 per 100,000). However, the trend in the county overall shows incidence and mortality rates of colorectal cancer going down.<sup>6</sup>

## CANCER A LEADING CAUSE OF DEATH

Cancer is the second leading cause of death in San Mateo County, and ethnic disparities are evident in cancer mortality data.



- There are ethnic disparities in the incidence rates of colorectal cancer in San Mateo County. Incidence rates for Black men and women and for Asian men have been increasing in recent years, while rates have been flat or declining for other groups.<sup>6</sup>

### Prostate Cancer

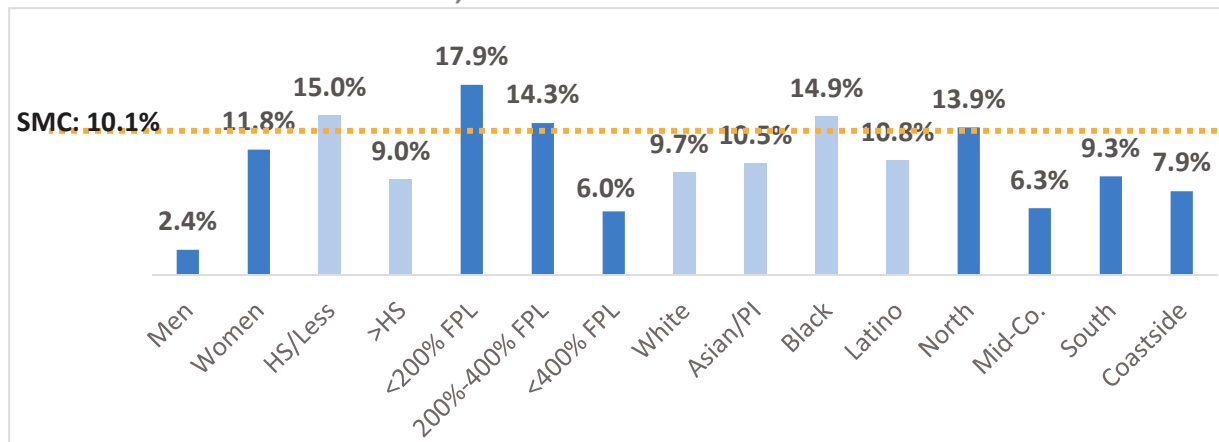
- Incidence rates of prostate cancer for Black men have been rising in recent years. However, the county's overall rate of prostate cancer incidence is generally trending down.<sup>6</sup>
- The county's prostate cancer mortality rate is generally trending down. The overall age-adjusted rate (19.9 per 100,000 men) is not higher than the HP2020 objective (21.8 per 100,000 men).<sup>6</sup>

### Breast Cancer

- The county's breast cancer mortality rate (21.1) slightly surpasses the HP2020 objective (20.7). However, San Mateo County's mortality rate for breast cancer is trending down.<sup>6</sup>
- Overall, breast cancer incidence rates in the county are rising, and the rise is particularly steep for Black women.<sup>6</sup>

### Lung Cancer

- Mortality rates for lung cancer are trending down in the county. The overall age-adjusted rate (35.8 per 100,000) is below the HP2020 objective (45.5 per 100,000).<sup>6</sup>
- Black men have the highest lung cancer incidence rates compared with others in the county (87.8 per 100,000 individuals, compared to 49.5 per 100,000 overall). Lung cancer incidence rates for Black women in the county have been trending up since 2006.<sup>6</sup>
- There are disparities among certain populations in the county with respect to adult smoking, a factor that contributes to various types of cancer, including lung cancer. The HP2020 objective for adult smoking is 12%. In San Mateo County, Black, North County, less-educated (those with a high school diploma or less), low-income, and male residents surpass this objective.<sup>6</sup> (See chart below for details.)

IDENTIFY AS A CURRENT SMOKER, SAN MATEO COUNTY 2013<sup>6</sup>

## Input from Focus Groups &amp; Key Informant Interviews Conducted for 2016 CHNA

- Community members who participated in focus groups and key informant interviews expressed concern about smoking as a cause of lung cancer.

<sup>1</sup> Centers for Disease Control and Prevention. *How to Prevent Cancer or Find It Early*. 2015.

<sup>2</sup> Centers for Disease Control and Prevention. *Fast Stats, Leading Causes of Death*. 2015.

<sup>3</sup> Centers for Disease Control and Prevention. *Cancer Rates by Race and Ethnicity*. 2015.

<sup>4</sup> National Cancer Institute. *Cancer Health Disparities*. 2015.

<sup>5</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

<sup>6</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

## *Profile of San Mateo County Health Needs*

# Childhood Obesity

## What Is the Issue & Why Is It Important?

---

Childhood obesity occurs when a child is well above the normal weight for his or her age and height. In children and adolescents aged 2 to 19 years, obesity is defined as a body mass index (BMI) at or above the 95th percentile of the sex-specific CDC BMI-for-age growth charts. Childhood obesity often leads to health problems that were once confined to adults, such as diabetes, high blood pressure, and high cholesterol. It can also lead to poor self-esteem and depression. Risk factors include regularly eating high-calorie foods, lack of exercise, family factors, psychological factors, and socio-economic factors. Obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.<sup>1</sup> Approximately 17% (or 12.7 million) of U.S. children and adolescents aged 2 to 19 years are obese. In the United States in 2011-2012, 8% of children aged 2 to 5 years were obese compared with 18% of children aged 6 to 11 years and 21% of adolescents aged 12 to 19 years. Childhood obesity is also more common among certain racial and ethnic groups. In 2011-2012, the prevalence of obesity among U.S. children and adolescents was higher among Latinos (22%) and Blacks (20%) than among Whites (14%).<sup>2</sup>

### CHILD/ADOLESCENT OBESITY WORSE THAN CA

Kids in San Mateo County are more likely to be overweight or obese than in California overall, and less than half of seventh graders met physical fitness standards.

Childhood obesity is a health need in San Mateo County as illustrated by poor physical fitness among youth and slightly higher rates of obesity and overweight among children compared to state averages. Community members report concerns including barriers to physical activity and healthy eating.

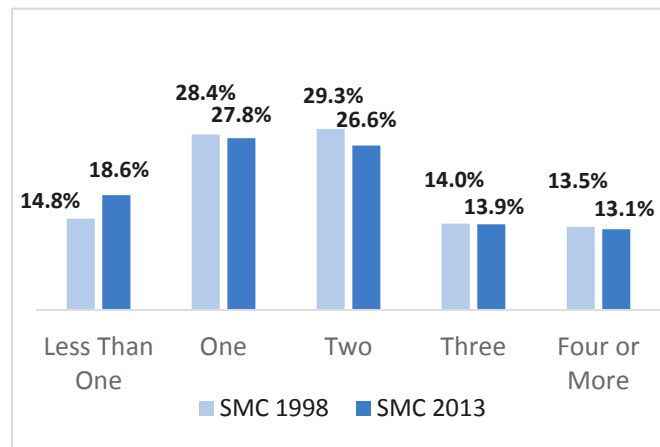
## Statistical Data That Support the Health Need

A slightly greater percentage of children aged 2 to 4 years reported in San Mateo County's Child Health and Disability Prevention (CHDP) are overweight (18%) or obese (18%) compared to the state overall (16% and 17%, respectively). Similarly, a slightly greater percentage of CHDP children and adolescents aged 5 to 19 years are overweight (24%) or at-risk for overweight (20%) compared to the state overall (23% and 19%, respectively).<sup>3</sup>

## Physical Activity

- A smaller percentage of San Mateo County's seventh graders met all six basic fitness standards in 2011 (36%) than in 2009 (41%). Latino (20%), Black (26%), and American Indian (31%) students were least likely to meet the standards in 2011.<sup>3</sup>
- According to a survey of adults with school-aged children, 60% of those children neither biked nor walked to school at all in the prior year. Only 15% of school-aged children had biked or walked to school more than half of the time.<sup>3</sup>
- Between 1998 and 2013, overall screen time (the amount of time per day children watched television, watched videos, or played video games) decreased slightly in San Mateo County, but it remains "far from optimal."<sup>3</sup>

**NUMBER OF HOURS PER DAY CHILD SPENDS ON SCREEN TIME, 1998 AND 2013<sup>3</sup>**



## Diet & Nutrition

- While the diet of San Mateo County children is not worse than that of California children overall, healthy eating is not as prevalent among the county's children as it could be. Just over half (54%) of San Mateo County children aged two years and older consume five or more servings of fruits and vegetables daily, compared to just under half (48%) of children aged 2+ years in the state overall.<sup>4</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Barriers to healthy eating:** San Mateo County youth who participated in focus groups said there are too many fast food restaurants in their community. Key informants agreed that such easy access to unhealthy nutrition options is a driver of childhood obesity. Members of several focus groups identified the ubiquity of sugar (e.g., in candy, snacks, and sodas) as a big problem in the community, especially for youth. Many participants said that the lack of nutrition education (including how to make healthy meals) is an issue for all community members, but especially for children, parents, and grandparents.
- **Barriers to physical activity:** Community members participating in focus groups and/or key informant interviews noted that residents of neighborhoods with inadequate access to safe parks, trails, and other safe places to recreate are more likely to be less physically active than residents of neighborhoods with better access to safe parks/recreation

spaces. Youth participants and one key informant focused on the expense of gyms, “pay-to-play” programs, and the relative lack of low-cost fitness options. However, other key informants praised the access to affordable gyms, free beach and bike trails, and other physical activity resources for various groups, including seniors and youth.

- **Impact of other activities:** One key informant indicated that children from Latino and low-income populations often have family responsibilities that keep them from playtime and other activities. This individual also noted that when multiple families live together, there is often no space for recreation. Focus group participants and key informants discussed addiction to electronics and the associated sedentary lifestyle, especially as these relate to children and youth.

<sup>1</sup> National Center for Chronic Disease Prevention and Health Promotion. *Childhood Obesity Facts*. 2016.

<sup>2</sup> Centers for Disease Control and Prevention. *Prevalence of Childhood Obesity in the United States, 2011-2012*. 2012.

<sup>3</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>4</sup> California Health Interview Survey (CHIS). [healthpolicy.ucla.edu/chis](http://healthpolicy.ucla.edu/chis). 2009.

## *Profile of San Mateo County Health Needs*

# Climate Change

## What Is the Issue & Why Is It Important?

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Globally, almost 25% of all deaths and the total disease burden can be attributed to environmental factors.<sup>1</sup> Environmental factors<sup>1</sup> include:

- Exposure to hazardous substances in the air, water, soil, and food
- Natural and technological disasters
- Physical hazards
- The built environment

### CLIMATE CHANGE INDICATORS WORSENING

High levels of short-term particle pollution, ground-level ozone, and carbon emissions in San Mateo County can negatively impact health.

Poor environmental quality has its greatest impact on people whose health status is already at risk. Consequently, environmental health must address the societal and environmental factors that increase the likelihood of exposure and disease.<sup>1</sup> An emerging issue in environmental health is climate health, which is projected to impact sea level, patterns of infectious disease, air quality, and the severity of natural disasters such as floods, droughts, and storms.

San Mateo County is among the top U.S. metropolitan areas with the highest short-term particle pollution. This can aggravate asthma, which doubled among county adults from 1998 to 2013. Also, increased carbon emissions and high levels of ground-level ozone in the county contribute to global warming, which negatively impacts food and water resources.

## Statistical Data That Support the Health Need

- **Pollution directly affects health:** The county is among the top 10 U.S. metropolitan areas with the highest short-term particle pollution. Poor air quality can aggravate asthma and other respiratory conditions.<sup>2</sup>
- **Increasing pollution may impact food and water resources:**
  - Carbon emissions (i.e., greenhouse gas) levels in San Mateo County rose slightly from 2001 to 2009. These emissions can contribute to global warming, which in turn impacts food security and water resources that are key to human health.<sup>2</sup>
  - The county is in the top 15% of U.S. metropolitan areas most polluted by ground-level ozone. This can damage plants and ecosystems on which human health depends.<sup>2</sup>

- **Disparities in water use exist:** Although water consumption is trending down countywide (which is especially crucial during drought years), more-affluent communities use disproportionately more water than less-affluent communities.<sup>2</sup>
- **County at increased risk of flooding:** More than 110,000 people in San Mateo County are at risk of a 100-year flood event (based on the 2009 population) due to an expected 1.4 meter sea-level rise, making San Mateo one of the most impacted counties in California.<sup>3</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- Community representatives who participated in focus groups and/or key informant interviews mentioned that climate change has a key impact on human health, and some suggested policy changes:
  - ➔ A carbon tax could reduce energy consumption.
  - ➔ Encouraging more active transportation as a means for reducing greenhouse gas emissions can also increase physical fitness, a key factor in a number of health needs.
- Community representatives expressed the following concerns:
  - ➔ Air pollution from increased traffic is negatively impacting health.
  - ➔ Higher-density urban areas have access to fewer green spaces.
  - ➔ The drought may have an impact on food supply.
- Focus group participants and key informants also discussed the issue of dumping, which can introduce toxins into the immediate environment. This was of particular concern in East Palo Alto.

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2015.

<sup>2</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>3</sup> California Climate Change Center. [www.energy.ca.gov](http://www.energy.ca.gov). 2009.

## Profile of San Mateo County Health Needs

# Communicable Diseases

## What Is the Issue & Why Is It Important?

Communicable diseases are primarily transmitted through direct contact with an infected individual or their discharge (such as blood). Communicable diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.<sup>1</sup> Various agencies closely monitor communicable diseases to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and allocate resources effectively.

### RISING PNEUMONIA & FLU MORTALITY RATE

The combined rate of death from pneumonia and influenza in San Mateo County has been on the rise since 1990.

Pneumonia and influenza, both communicable diseases, are among the top 10 leading causes of death in San Mateo County. While mortality rates from these diseases are rising, vaccination against them countywide is lower than the national Healthy People 2020 (HP2020) objective. Tuberculosis, another communicable disease, has been on the rise in the county since 2004 and remains higher than the state average. *Sexually transmitted infections are discussed in a separate profile.*

## Statistical Data That Support the Health Need

- **Leading cause of death:** Deaths from pneumonia/influenza have been on the rise since 1990, and the combination is currently the seventh leading cause of death in the county.<sup>2,3</sup>
- **Older adult vaccination rates too low:** Among county older adults surveyed, only 76% had a flu shot in the prior year and only 68% had a pneumonia vaccination, both lower than the Healthy People 2020 targets of 90% for each.<sup>2</sup>
- **Child vaccination rates acceptable:** Estimated vaccine coverage with all required immunizations among children aged 2-4 years in licensed childcare in the county was nearly 95% in 2007-08, slightly higher than the state overall (94%).<sup>2</sup>
- **Tuberculosis incidence rates high and rising:** There has been an increase in the incidence rate of tuberculosis (TB) in San Mateo County in the past decade (8.7 per 100,000 in 2000-04, 10.0 in 2006-10), and it remains higher than the state average.<sup>2</sup>



- ➔ Disparities by race in TB incidence occur among Asian/Pacific Islanders (26.0 per 100,000 in 2006-10), and the County of San Mateo Health System suggests that “foreign-born persons account for rising annual case counts in San Mateo County in recent years.”<sup>2</sup>
- **Campylobacteriosis rates rising:** The incidence rate of campylobacteriosis (a communicable gastrointestinal illness) in the county has been trending upward in recent years (161 cases in 2006, 247 cases in 2011) after a period of decline from mid-1990s highs.<sup>2</sup>
- **Salmonella rates rising:** Salmonella incidence, after declining from 1993-97 highs, has plateaued and appears to be on the rise again; the county rate of 15.2 per 100,000 in 2007-11 is higher than the Healthy People 2020 target of 11.4.<sup>2</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- Community representatives participating in focus groups and key informant interviews expressed concern about overcrowding in homes, as communicable diseases spread faster in crowded environments. One key informant specifically noted that homes are harder to keep clean with so many people in them, and such lack of hygiene can also contribute to the spread of disease.

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2015.

<sup>2</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>3</sup> California Department of Public Health (CDPH). [www.cdph.ca.gov](http://www.cdph.ca.gov). 2013.

## Profile of San Mateo County Health Needs

# Diabetes

## What Is the Issue & Why Is It Important?

Diabetes mellitus (diabetes) is a disease that affects how one's body uses blood sugar (glucose), an important source of energy for the cells that make up muscles and tissues as well as the main source of fuel.<sup>1</sup>

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Types of diabetes include gestational diabetes, type 1, and type 2, which accounts for 90-95% of all diagnosed cases of diabetes.

Risk factors for type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. Blacks, Latinos, American Indians, and some Asian/Pacific Islanders are at particularly high risk for type 2 diabetes.

Diabetes is the seventh leading cause of death in the United States.<sup>2</sup> According to the Centers for Disease Control, 29.1 million people, or one out of every 11 people in the United States have diabetes. More than one in three people, or 86.1 million, have prediabetes, a condition in which one's blood sugar level is higher than normal but not high enough yet to be diagnosed as type 2 diabetes. The risk of death for adults with diabetes is 50% higher than for adults without diabetes. Additionally, having diabetes is costly. In 2014, the total medical costs and lost work and wages for people with diagnosed diabetes was \$245 billion, and the medical costs for people with diabetes are twice as high as for people without diabetes.<sup>3</sup>

Diabetes is a health need in San Mateo County as evidenced by a rise over time in the percentage of residents who report that they have been diagnosed with diabetes. Countywide, the percentage of adults with diabetes is higher than the Healthy People 2020 (HP2020) target. In addition, Blacks and low-income county residents disproportionately report having been diagnosed with diabetes. Finally, diabetes is one of the top 10 leading causes of death in the county. Of greatest concern to community respondents were the complications that can result from diabetes, the magnitude of the problem (more people living with and dying from chronic conditions such as diabetes), and the inadequate number of doctors and caregivers available to treat chronic diseases such as diabetes.

### DIABETES PREVALANCE INCREASING

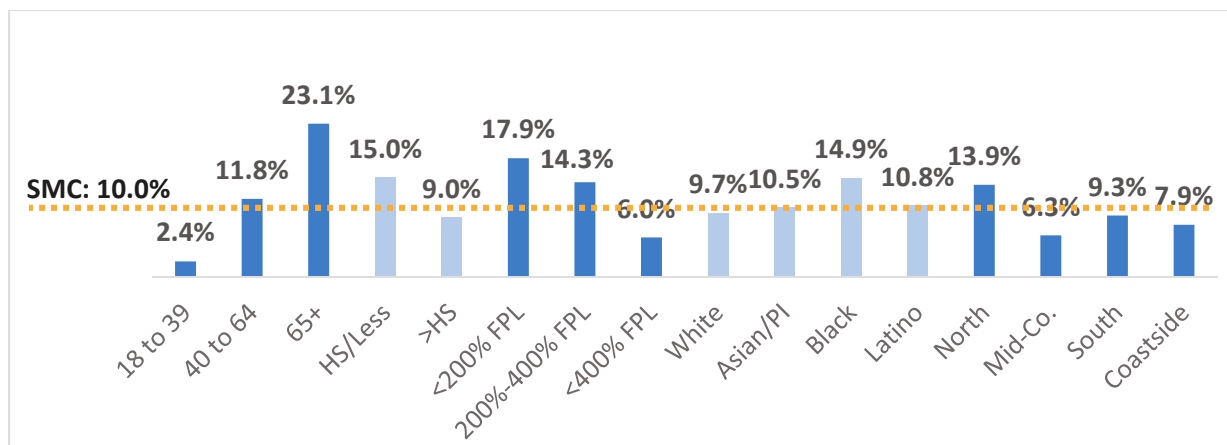
One in 10 adults have been diagnosed with diabetes, a percentage that is higher than the Healthy People 2020 objective.

## Statistical Data That Support the Health Need

- **A leading cause of death:** Diabetes was the eighth leading cause of death in the county in 2013 (111 or 2% of all deaths countywide).<sup>4</sup>

- **Prevalence rising:** Diabetes prevalence in the county more than doubled between 1998 (4%) and 2013 (10%), a significant rise. The greatest increases were among Whites, women, and those aged 65 or older.<sup>5</sup>
- **Worse in county than in state:** In 2013, one in 10 adults in the county said they had been diagnosed with diabetes (excluding gestational diabetes), which is higher than the Healthy People 2020 (HP2020) objective of 8%. Greater percentages of low-income, Black, older, and North County respondents indicated they had been diagnosed with diabetes, compared to the county overall. (See chart below for 2013 countywide diabetes prevalence statistics.)<sup>5</sup>

#### DIABETES PREVALENCE, 2013<sup>5</sup>



See the two profiles on Childhood Obesity and Fitness, Diet, & Nutrition for more specific information about these diabetes-related risk factors.

### Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Community members participating in focus groups and/or key informant interviews expressed concerns about the complications that can result from untreated diabetes, such as blindness, heart disease, and foot amputations. Related to this, community members said that because diabetes prevalence in the county is increasing, there is a corresponding increased need among county residents for education about chronic health conditions such as diabetes and access to appropriate care to manage them.
- Participating community members emphasized that San Mateo County needs more doctors and caregivers to treat chronic conditions such as diabetes.
- Although there are no statistical data available on diabetes prevalence by occupation, one key informant indicated that farmers are a county subpopulation that experiences higher rates of diabetes than the general population.

<sup>1</sup> Mayo Foundation for Medical Education and Research. *Definition of Diabetes*. 2016.

<sup>2</sup> Centers for Disease Control and Prevention. *Diabetes Fact Sheet*. 2016.

<sup>3</sup> Centers for Disease Control and Prevention. *Infographics on Diabetes. A Snapshot: Diabetes in the United States*. 2015.

<sup>4</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

<sup>5</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

## Profile of San Mateo County Health Needs

# Emotional Well-Being

## What Is the Issue & Why Is It Important?

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>1</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.
- 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.

### ADULTS & YOUTH REPORT STRESS & DEPRESSION

Well-being is compromised by stress, anxiety, and depression. Residents both young and old report being impacted by stress and depression at high rates.

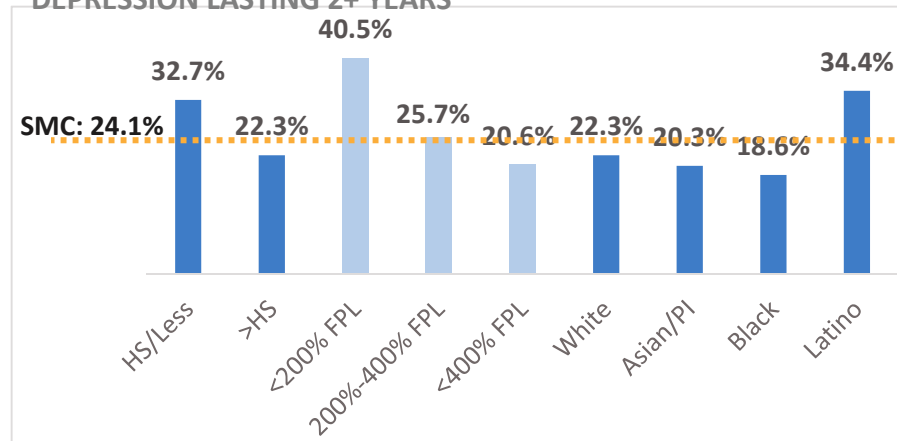
Well-being is a health need in San Mateo County because it is a top concern among community members. Community members who participated in focus groups and key informant interviews indicated that the need is exacerbated by limited insurance for and few counselors to treat well-being issues. The community also identified a variety of factors that cause stress and thus negatively impact well-being. In addition, disparities among surveyed adults in their experiences of stress and depression suggest that well-being is a health need in the county.

## Statistical Data That Support the Health Need

- About 7% of surveyed adults in San Mateo County report a daily experience of high stress, with Blacks reporting this most often (10%). County adults report feeling worried, tense, or anxious about 12% of the time overall (an average of 3.7 days in the preceding month). These feelings occur more often among Blacks (5.1 days), low-income respondents (5.0 days), women (4.3 days), Latinos (4.2 days), and middle-aged adults (4.0 days).<sup>2</sup>
- More than one in 10 surveyed adults (12%) felt “not at all connected” to their community in 2013, an increase over 2001, when it was only 8%.<sup>2</sup>
- Perceived importance of spirituality has declined among surveyed adults between 2001, when 50% felt it was “very important,” to 2013, when only 44% felt that way. Moreover, a smaller proportion of residents said they had a priest, minister, rabbi, or other person for spiritual support in 2013 (51%) than in 2001 (62%).<sup>2</sup>

- Data reveal certain trends related to life difficulties among surveyed adults countywide:<sup>2</sup>
  - Difficulty with feeling satisfied with one's life rose (i.e., got worse) between 2001, when it was 40%, and 2013, when it rose to 46%.
  - Difficulty with family relationships also rose (i.e., got worse) between 2001 (29%) and 2013 (34%).
  - Difficulty with controlling anger/violence dropped (i.e., got better), between 2001 and 2013 (33% and 26%, respectively).
- Between 26% and 40% (depending on grade level) of middle and high school students in San Mateo County report feeling sad or hopeless for two weeks or more in the past year.<sup>3</sup>
- Nearly one quarter (24%) of surveyed adults overall report experiencing symptoms of depression on most days over a period of two or more years. There are substantial disparities among those reporting prolonged depression: Nearly twice the percentage of low-income adults (41%), 34% of Latinos, and 33% of those with less education report experiencing a lengthy period of depression compared to San Mateo County adults overall.<sup>2</sup>

**SAN MATEO COUNTY ADULTS WHO REPORT SYMPTOMS OF DEPRESSION LASTING 2+ YEARS<sup>2</sup>**



## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Barriers to getting help:** Community members who participated in focus groups and key informant interviews reported concerns about lack of insurance coverage for care/services for those with subclinical or “lower-level” mental health issues, including stress, worry, anxiety, grief, and family conflict. In addition, many participants mentioned that there are too few counselors (especially school-based counselors) to handle these various well-being related issues. Others indicated that long wait times to get an initial appointment with a therapist creates a barrier to access. Finally, they noted that stigma can be a barrier to seeking care.
- Specific populations with issues:** Residents in concentrated urban areas expressed feeling stress and anxiety around sirens, car noise, loud music, and the sound of gunshots, some of which was related back to PTSD or more general fears about neighborhood safety. LGBTQI participants reported additional issues such as familial stress and experiencing micro-aggressions. Additionally, the lack of public gender-neutral restrooms, limited providers who are educated about LGBTQI needs, and inadequate support and resources in rural areas contribute to poor well-being among LGBTQI residents.
- Finally, respondents expressed concern about social isolation and loneliness. They identified those at particular risk:

- Older homebound adults (especially those without family nearby).
- The undocumented (who fear going out in public and who may also experience linguistic isolation).
- Victims of sexual trafficking (who are moved frequently and so cannot sustain community connections).
- Those who lack meaningful face-to-face contact (who are addicted to devices or the Internet).
- Parents who feel isolated, alone, and/or depressed (including but not limited to maternal depression).

<sup>1</sup> Centers for Disease Control and Prevention. *Health-Related Quality of Life: Well-being Concepts*. 2016.

<sup>2</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013..

<sup>3</sup> California Healthy Kids Survey (CHKS). [chks.wested.org](http://chks.wested.org). 2009-2010.

## Profile of San Mateo County Health Needs

# Fitness, Diet, & Nutrition

## What Is the Issue & Why Is It Important?

The benefits of fitness and a healthy and nutritious diet are commonly known and well-documented. The Center for Disease Control highlights the multiple benefits of healthy eating, including preventing high cholesterol and high blood pressure and helping to reduce the risk of developing chronic diseases such as cardiovascular disease, cancer, and diabetes, as well as the risk for developing obesity, osteoporosis, iron deficiency, and dental caries. For children and adolescents, proper nutrition also promotes their optimal growth and development and is associated with improved cognitive function, reduced school absenteeism, and improved mood.<sup>1</sup> Equally beneficial to a nutritious diet is regular physical activity. Regardless of age, sex, or physical ability, getting regular exercise can combat obesity, reduce the risk of cardiovascular disease, type 2 diabetes, metabolic syndrome, and some cancers, strengthen bones and muscles, improve mental health and mood, improve ability to do daily activities, prevent falls for older adults, and increase an individual's chances of living longer.<sup>2</sup>

### DISPARATE ACCESS TO FRESH FOOD

Low-income residents are three times as likely to say they have poor access to fresh and healthy food than those with higher incomes.

Despite these benefits, most adults and young people do not follow the recommended guidelines for eating healthy foods and doing regular exercise. A recent study showed that U.S. adults continue to fall short in meeting dietary and physical activity guidelines.<sup>3</sup> Similarly, most U.S. youth do not meet the federal recommendations for diet and exercise.<sup>1,4</sup> 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.

Fitness, diet, and nutrition are health needs in San Mateo County as illustrated by a substantial drop over time in the percentage of adults who exhibit a set of healthy behaviors (do not smoke, are not overweight, exercise adequately, and eat adequate fruits & vegetables). Additionally, disparities in access to affordable fresh produce are apparent among different groups in the county. Community members participating in focus groups and key informant interviews raised a variety of access-related issues to fitness options and nutritious food, as well as identifying certain behaviors that impact the health need.

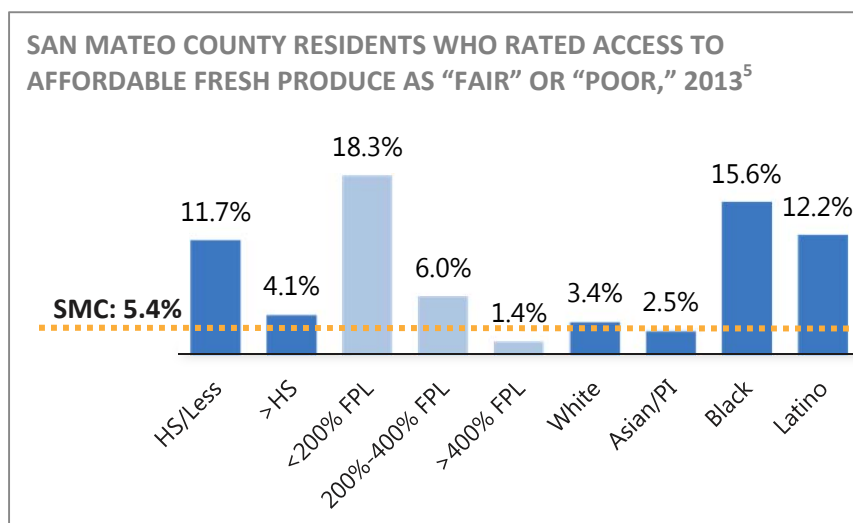
## Statistical Data That Support the Health Need

- The county saw nearly a 50% drop in a set of healthy behaviors among surveyed adults (don't smoke, are not overweight, exercise adequately, eat adequate fruits & vegetables) between 2001 (9.2%) and 2013 (5.4%):<sup>5</sup>
  - ➔ **Fitness:** A smaller percentage of the county's seventh grade students met all six basic fitness standards in 2010-2011 (36%) than had met the standards a few years earlier (41%)



in 2008-2009). More than half (54%) of county adults surveyed in 2013 did not regularly engage in vigorous physical activity. This figure had improved since 2001 (64%), but was far from optimal. Those who were disproportionately inactive included older adults (73%), lower-income adults (63-67%), and those who are less-educated (61%).

- ➔ **Diet/nutrition:** Less than one third (31%) of *adults* in San Mateo County consume adequate amounts of fruits and vegetables daily. While the county's statistic is higher than the state (28%), it is still sub-par. More than half (54%) of the county's *children* consume five or more servings of fruits and vegetables daily. Although this figure is better for the county than the state overall (48%), it could be improved.<sup>6</sup>
- More than twice as many county adults received food from a food bank, church, or other organization in 2013 (4.4%) than in 1998 (2%). The number of county participants in food stamp programs also increased from 2006 to 2010.<sup>5</sup>
- Certain groups of county residents were much more likely than others to have rated their access to affordable fresh produce as "fair" or "poor" in 2013. While only about 5% of surveyed adults overall felt their access was "fair" or "poor," such ratings were given by larger percentages of residents who were low-income (18%), Black (16%), Latino (12%), or less-educated (those with a high school diploma or less) (12%). (See chart for details).<sup>5</sup>



## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Access to fitness options:** Many community members who participated in focus groups and key informant interviews mentioned adequate access to affordable gyms, free trails, and other physical activity resources in the community. Others stated that gym membership and "pay-to-play" programs are too expensive, and that there are inadequate low-cost fitness options. Participants noted that neighborhoods with a lack of access to safe parks, trails, and other places to recreate are more likely to see lower physical activity among their residents than neighborhoods with better access to safe parks/recreation spaces.
- **Access to nutritious food:** Participants reported that healthy food is more expensive and thus harder to access for low-income communities where there are limited grocery stores or farmers' markets (i.e., "food deserts"), and for those on fixed incomes (e.g., seniors). Community members also stated that there were too many fast food restaurants. Several

noted that CalFresh markets are not accessible enough due to limited hours, and others said there are not enough Meals on Wheels providers or congregate meal sites for seniors. Some participants said the ubiquity of sugar (in candy, snacks, sodas, etc.) is a big problem in the community, especially for youth. Respondents also said that the low number of community gardens in some neighborhoods impacts access to fresh food.

- **Behaviors play a role:** Community members said that residents do not make healthy meals in part because they lack nutrition education. Several noted that the “addiction” to electronics is associated with a sedentary lifestyle, while others described how children from low-income families often have family responsibilities that keep them from playtime and other activities.

<sup>1</sup> National Center for Chronic Disease Prevention and Health Promotion. *Nutrition and the Health of Young People*. 2016.

<sup>2</sup> National Center for Chronic Disease Prevention and Health Promotion. *The Benefits of Physical Activity*. 2016.

<sup>3</sup> Ervin, R. B. (2011). Healthy Eating Index—2005 total and component scores for adults aged 20 and over: National Health and Nutrition Examination Survey (NHANES), 2003–2004. *National Health Statistics Report*, 44, 1-9.

<sup>4</sup> National Center for Chronic Disease Prevention and Health Promotion. *Physical Activity Facts*. 2016.

<sup>5</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>6</sup> Child data: California Health Interview Survey (CHIS). [healthpolicy.ucla.edu/chis](http://healthpolicy.ucla.edu/chis). 2009

## Profile of San Mateo County Health Needs

# Health care Access & Delivery

## What Is the Issue & Why Is It Important?

Access to comprehensive, quality health care is important for health and for increasing the quality of life for everyone.<sup>1</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. 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 the community comments, 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. As illustrated in the data below, these barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, and preventable hospitalizations.

### HEALTH CARE STILL TOO EXPENSIVE

Residents with low or middle incomes still find costs of health and dental insurance difficult to afford.

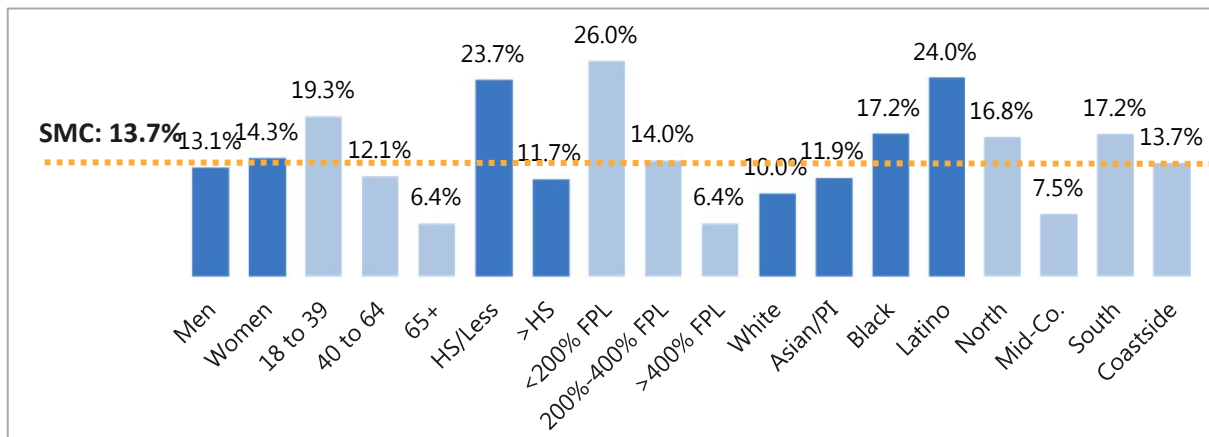
The Affordable Care Act (ACA) provides an opportunity for residents to get better access to health care. However, San Mateo County residents who participated in the 2016 Community Health Needs Assessment described mixed experiences when asked about access to care. Data provided by San Mateo County's Public Health Department from a 2013 survey also illustrate some of the barriers that impact access, although caution should be used when interpreting these data, since the survey was conducted before the ACA was fully implemented.

## Statistical Data That Support the Health Need

- A number of health care access-related indicators in San Mateo County have gotten worse over time:<sup>2</sup>
  - ➔ **Routine check-ups:** A smaller percentage of surveyed adults visited a doctor for a routine check-up in 2013 (72%) compared to 1998 (81%). Those who were least likely to have had a check-up were men (63%), adults aged 18-29 (64%), and Asian/Pacific Islanders (66%).
  - ➔ **Lack of coverage:** In 2013, the proportion of surveyed adults under age 65 who had been without health insurance coverage for more than five years doubled from 2001 (30% compared to 15%, respectively). This situation was most common for low-income residents (34%).
  - ➔ **Dental coverage:** A greater percentage of surveyed adults lacked dental insurance coverage in 2013 (32%) than in 1998 (27%). Those who were most likely to lack dental insurance were low-income (62%), older adults (57%), and Latinos (40%).

- ➔ **Mental health services:** A larger proportion of surveyed adults rated their access to mental health services as “fair” or “poor” in 2013 (36%) than in 1998 (28%).
- **Who has access issues?** Overall, 68% of surveyed county adults rated the “ease of accessing local health care” as “excellent” or good,” a significant increase from prior years. Among those who viewed health care access as “fair” or “poor,” those giving the lowest ratings were low-income, Latino, and those without a postsecondary education. (See chart on next page for details.)<sup>2</sup>

#### SAN MATEO COUNTY RESIDENTS WHO RATED ACCESS TO LOCAL HEALTH SERVICES AS FAIR/POOR, 2013<sup>2</sup>



- **Children have access:** While access is problematic for certain adult populations, children are almost universally accessing health care in the county, attributed to public policy and effective implementation.<sup>2</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

### Health System Literacy (Navigation)

- Community members who participated in focus groups and key informant interviews stated that health systems are “quite complicated,” and people must “jump through hoops” and be their own advocates; not everyone is “appropriately educated” about how to get health care. Those with language/literacy barriers have more difficulty accessing care and need advocates: “We need more than a translator; we need someone that helps us explain what we need and how we feel.”
- Participants indicated that information about health insurance is more difficult to access for those of less-populous monolingual groups (e.g., Russian, Korean, Japanese, Farsi, Mayan), undocumented immigrants, and victims of human trafficking. Also, participants mentioned that those with dementia or mental health disorders may have practical barriers to enrolling in health insurance programs.

- Community members stated that youth need help learning to manage their own health and navigate systems (including filling prescriptions, getting lab tests, and appointment etiquette).
- Some participants noted that when moving to San Mateo County from elsewhere, patients have to “start over” and need assistance getting connected to the health care system.

### Availability of Doctors and Services

- Clinic staff members who participated in focus groups and/or key informant interviews said they were worried about the medical staff pipeline; clinics regularly compete with hospitals that pay staff more, which makes it difficult to retain qualified staff. Some providers rely on nurse practitioners or physician assistants to deliver care; providers are “close to maximum capacity” to provide care for new patients.
- Participants stated that there are fewer primary care providers on the coast and other rural areas. Similarly, they noted that specialty care doctors are few and far between (e.g., mental health clinicians, oral health providers, geriatricians, neurologists, orthopedists, and dermatologists). They also said there is a dearth of services such as substance use treatment, transgender health care clinics, laboratories for testing, and chemotherapy providers – especially on the coast. There are also too few counselors in schools. There may not be enough providers practicing complementary care (i.e., Eastern medicine).
- Residents shared that they experience the shortage of clinicians as frustration with long wait times to get primary care appointments (three to six months), and even longer waits (up to a year) to obtain an appointment with a specialty care doctor. This is a trend statewide (the percentage who did not receive care because they could not get an appointment increased from 5% in 2013 to 8% in 2014).<sup>3</sup>
- The consensus among providers in focus groups and key informant interviews was that more patients in San Mateo County are enrolled in insurance. However, participants said patients are still accessing care through the emergency department or clinics because there are not enough doctors to handle higher demand, who take Medi-Cal, Denti-Cal, or Covered California plans, and have flexible hours. Still others are using non-certified/unlicensed doctors for similar reasons of supply, coverage, and hours.

### Affordability & Coverage

- Community members who participated in focus groups and key informant interviews made clear that affordability of care is still an issue. Low- and even middle-income residents (especially those on a fixed income) have trouble paying, which means they stay away from the doctor unless absolutely necessary.
- Participants indicated that out-of-pocket costs have increased, including co-pays, prescription costs, and testing. They said that residents are less likely to access preventative care due to uncertainty about cost; they often wait until conditions worsen.
- Finally, participants mentioned that coverage for those who retained insurance has been reduced (i.e., certain conditions, procedures, and prescriptions are no longer 100%

covered). Some with coverage through their employer mentioned that their partner or dependents are no longer covered.

## Cultural Competence

- Focus group participants said that transgender individuals may delay accessing health care when they don't feel included (e.g., inclusivity in medical record and paperwork, marketing/advertising images in a facility). When transgender individuals do access care, participants suggested that providers are not educated/equipped to address LGBTQI issues, and patients can experience discrimination and/or substandard medical care.
- Community members participating in focus groups and key informant interviews stated that clinics have few or no translators or multi-lingual staff. Many patients rely on family members to translate, but patient privacy is sacrificed and often laypeople do not know how to translate or explain medical terminology. Community members said that materials are often not available in patients' first languages.
- Focus group and key informant interview participants indicated that those with mental health issues experience stigma not just in the community but from providers, keeping those individuals from seeking treatment.
- Both providers and residents said that people find it easier to identify with others like themselves, making diverse clinic/health system staff even more important.
- Participants suggested that those from different cultures need messages delivered in different ways.

## Health care Delivery

- Community members who participated in focus groups and key informant interviews said there is a need for better integration of behavioral health with primary care.
- Focus group and key informant interview participants raised concerns about providers not giving thorough care, including missing medication interactions/conflicts, not attending to child development, and not recognizing mental health/substance use issues. Participants said that some doctors don't believe a patient is sick, misdiagnose, and/or give bad advice. In addition, they suggested that clinicians need help identifying victims of human trafficking so that appropriate care can be provided.
- Similarly, some said doctors are not paying attention because there has been a "de-humanization of doctor-patient relationship" due to electronic health records. Participants stated that doctors are "focused on the device and not the patient and make them feel unimportant." These issues have negative effects on the doctor-patient relationship.
- Clinicians said they find it difficult to reach patients who have disposable cell phones/unstable mobile phone access, and data systems make it hard for both residents and providers to send text messages to each other.
- Other delivery issues include:
  - ➡ Help/advice lines that "do not give good advice."

- Patients feeling they are receiving different (“worse”) level of care in the county system versus private systems (“better”).
- Patients experiencing rushed appointments and appointments with nurses/physician assistants as “not what I paid for.”
- Appointments being cancelled without notification to patients.
- Doctors breaking confidentiality with youth patients; this is especially frustrating/upsetting to youth when youth are not a danger to themselves or others, and is very problematic when issues relate to LGBTQI identity and family.
- Physicians dismissing health concerns due to “old age” rather than addressing gerontological issues.
- Providers giving low-income patients with Covered California “a very, very hard time.”

### Other Barriers to Health care Access

- Participants noted that those who do not drive (and older adults in particular) lack reliable, convenient public transit. This is especially an issue on the coast. Lack of transportation can prevent residents from keeping appointments. Participants in focus groups and key informant interviews raised this as a concern, although data show that only 5% of county residents surveyed in 2013 said it was an issue.<sup>2</sup>
- Community members said that undocumented immigrants fear deportation, so they do not access services. Key informants noted that day laborers may have even less access to specialty care than others.

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2015.

<sup>2</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>3</sup> California Health Interview Survey (CHIS). [healthpolicy.ucla.edu/chis](http://healthpolicy.ucla.edu/chis). 2014

## *Profile of San Mateo County Health Needs*

# Heart Disease & Stroke

## What Is the Issue & Why Is It Important?

Nationally, more than one in three adults (81.1 million) live with one or more types of cardiovascular disease.<sup>1</sup> In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.<sup>1</sup> There are significant disparities based on gender, age, race/ethnicity, geographic area, and socioeconomic status in the prevalence of risk factors, access to timely treatment, treatment outcomes, and mortality.

### HEART DISEASE THE #1 CAUSE OF DEATH

Three in 10 deaths in San Mateo County are caused by heart disease or stroke.

The primary risk factors<sup>1</sup> for heart disease and stroke that are controllable include:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

These risk factors cause changes in the heart and blood vessels that over time can lead to heart attacks, heart failure, and strokes. It is imperative to address risk factors early in life to prevent complications of chronic cardiovascular disease.

Heart disease and stroke are health needs in San Mateo County as evidenced by rates of deaths due to heart disease and stroke that are higher than Healthy People 2020 (HP2020) benchmarks. Diseases of the heart were the top leading cause of death in the county, and cerebrovascular diseases (such as stroke) were also among the top 10. Additionally, there are rising percentages of adults reporting high cholesterol and hypertension. Black residents disproportionately experience mortality from these diseases compared to other county residents. Measures of almost all cardiovascular risk factors rose among county residents from 1998 to 2013.

## Statistical Data That Support the Health Need

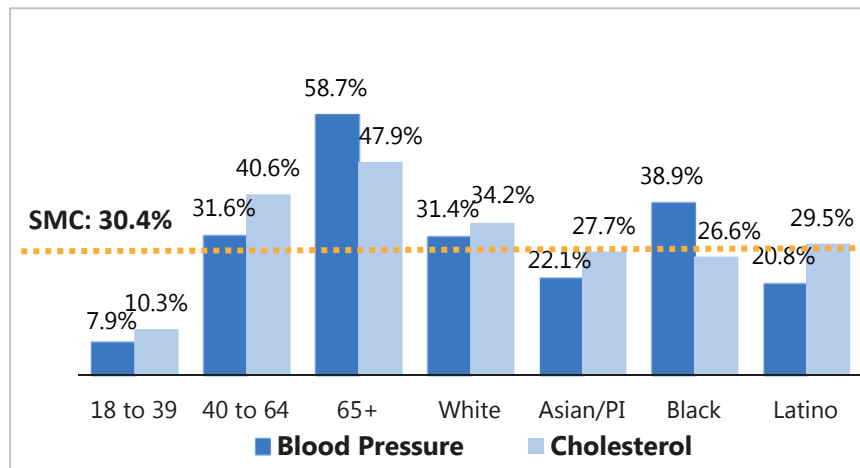
- Heart disease is the leading cause of death, and cerebrovascular diseases (including stroke) are the fourth leading cause of death, comprising 30% of all deaths in San Mateo County.<sup>2</sup>
- The county rates for heart disease mortality and cerebrovascular disease mortality are both declining over time, but are still above the HP2020 objectives (100.8 and 33.8, respectively). Blacks in the county experience disproportionately higher mortality rates for heart disease



and cerebrovascular disease (191.2 and 56.4, respectively) than county residents overall (147.8 and 35.9, respectively).<sup>3</sup>

- Data on risk factors for heart disease and stroke among surveyed county residents.<sup>3</sup>
  - ➔ **Array of factors:** Among adults in 2013, 85% exhibited one or more cardiovascular risk factors (smoking, no regular physical activity, high blood pressure, high cholesterol, being overweight). This percentage changed little since 2001, but was significantly higher than in 1998 (when it was 80%).
  - ➔ **High blood pressure:** The percentage of adults who reported having been told more than once that their blood pressure was high rose significantly from 18% in 1998 to 27% in 2013. Groups with the highest percentages of high blood pressure (HBP) in 2013 were older adults (59%) and Blacks (39%).
  - ➔ **High cholesterol:** As with HBP, a significantly greater percentage of adults in 2013 than in 1998 reported having been told more than once that their blood cholesterol was high (18% in 1998 vs. 30% in 2013). Groups reporting high blood cholesterol in 2013 at disproportionately higher percentages were older and middle-aged adults (48% and 41%, respectively) and Whites (34%).
  - ➔ **Smoking tobacco:** Although the percentage of adults who currently smoke tobacco has been dropping over time (from 17% in 1998 to 10% in 2013), there are still disparities. In 2013, percentages of current smokers were highest among Blacks (17%), North County residents (14%), those with less than a high school education (13%), and low-income populations (13%).
  - ➔ **Having diabetes:** Diabetes prevalence in the county more than doubled over 15 years, from 4% in 1998 to 10% in 2013, a significant increase. Among those indicating they have diabetes, the greatest percentages were among older adults (23%), low-income (18%), and Black (15%) respondents.
  - ➔ **Being overweight:** The percentage of adults who are overweight has begun to plateau but was slightly higher in 2013 (55%) than in 1998 (51%).
  - ➔ **Being obese:** The percentage of obese adults rose significantly between 1998 (13%) and 2013 (22%). Groups with the highest percentages of obesity in 2013 were those with low incomes (33%), Latinos (31%), and Blacks (30%).

**SELF-REPORTED HIGH BLOOD PRESSURE/CHOLESTEROL, SAN MATEO COUNTY, 2013<sup>3</sup>**



## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- Community members who participated in focus groups and key informant interviews mainly expressed concerns about hypertension and congestive heart failure. Some participants pointed out that there are few doctors to treat chronic conditions such as hypertension.
- Participants generally identified drivers of heart disease and stroke (e.g., poor diet/nutrition, lack of fitness, obesity) as of greater concern than the conditions themselves.

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2015.

<sup>2</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

<sup>3</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. 2013 *Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

## Profile of San Mateo County Health Needs

# Housing & Homelessness

## What Is the Issue & Why Is It Important?

The U.S. Department of Housing and Urban Development's (HUD) definition of affordable housing is for a household to pay no more than 30% of its annual income on housing. Individuals who spend more may have difficulty affording necessities such as food, clothing, transportation, and medical care. 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. A study by Children's Health Watch found that children of families that are behind on their mortgage/rent are more likely to be in poor health and to have an increased risk of developmental delays than children whose families are stably housed.<sup>1</sup>

### HOUSING COSTS IMPACTING HEALTH

Income is not keeping up with high housing costs, which leads to homelessness for some and high stress for others.

Research over the last 20 years has demonstrated that homelessness and poor health are correlated.<sup>2</sup> Individuals experiencing homelessness tend to have more health care issues than their non-homeless peers; they suffer at higher rates from preventable illnesses, have longer hospitalization stays, and a higher rate of premature death. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.<sup>3</sup> A study conducted by the National Health Care for the Homeless found that the average life expectancy for a person without permanent housing was between 42 and 52 years, more than 25 years younger than the average person in the United States.<sup>4</sup> Thus, it is vital that health care systems monitor their homeless population and identify the population's health needs.

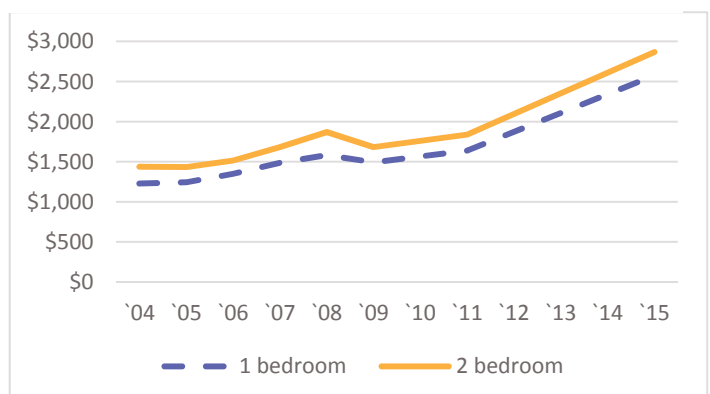
Statistical data indicate that housing is less affordable in San Mateo County than in the rest of the Bay Area and that housing prices are again on the rise. Community members who participated in focus groups or key informant interviews expressed concern about the lack of affordable housing and the poor condition of existing housing. Finally, homeless population numbers, while decreasing, are still of concern due to ethnic disparities.

## Statistical Data That Support the Health Need

### Home Ownership

- The median single family home cost in San Mateo County in September 2015 was \$1,269,000, an 85% increase since 2011 (\$685,000).<sup>5,6</sup>
- Annual median income among county residents in 2013 was \$106,000, about

### AVERAGE RENT FOR APARTMENTS IN SAN MATEO COUNTY, BY YEAR<sup>5,6</sup>



\$48,000 less than what was needed to afford a median-priced single-family home at the time.<sup>7</sup>

- Only 34% of county households could afford an entry-level home in 2014, lagging behind the Bay Area (45%).<sup>7</sup>

## Rental and Shared Housing

- The average rent for a 1-bedroom apartment in San Mateo County in September 2015 was \$2,575 (up \$937 from 2011), while the average rent for a 2-bedroom apartment in the county in September 2015 was \$2,867 (up \$1,029 from 2011).<sup>5,6</sup> (See chart for details.)
- The percentage of surveyed county adults who share housing costs with someone other than a spouse or partner to limit expenses increased from 15% in 1998 to 18% in 2013; those disproportionately affected include young adults (31%), low-income individuals (31%), and non-Whites (24-26%).<sup>5</sup>

## Homelessness

- As many as 6.5% of county residents in 2013 reported living with family or friends due to a housing emergency in the past year (higher than in 2004, when it was 4%).<sup>5</sup>
- There were 1,772 homeless people in San Mateo County in 2015, a 24% decrease from 2013, when there were 2,281 homeless people; 43% were unsheltered.<sup>8</sup> In 2015, 89% of the homeless in San Mateo County were either single individuals or couples without children, while 11% had minor children.<sup>8</sup>
- While the majority of the county homeless population is White (53%), homelessness disproportionately affects Blacks and Latinos. Blacks make up 3% of the overall county population but 21% of the county homeless population. Nearly a third (32%) of all county homeless are Latino, even though Latinos make up just 25% of the overall county population.<sup>8</sup> Finally, veterans are also disproportionately represented in the county homeless population. Although veterans make up only 6% of the population in the county, an estimated 13% of unsheltered people in the county are veterans, and 19% of the county homeless-but-sheltered population are veterans.<sup>8,9</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- Affordable housing a problem:** Community members who participated in focus groups and key informant interviews identified the lack of affordable housing as a clear issue in San Mateo County. Many expressed the need for the county to have better policies to support affordable housing. Several articulated a connection between the lack of affordable housing and stress/poor mental health. Others made the link between the lack of affordable housing and poor physical health, stating that overcrowded housing (noted specifically as a problem in East Palo Alto and on the coast) can lead to the spread of communicable diseases.

- **Existing housing has issues:** Participants mentioned that older buildings may be detrimental to residents' health due to mold, pests, or lack of accessibility, and they noted that many people with low or fixed incomes live in such homes. A key informant pointed out that housing on the coast inhabited by farmworkers is "not healthy" and is inadequate for year-round habitation. Finally, participants in the LGBTQI focus group said it is difficult to find LGBTQI-friendly housing in the county.

<sup>1</sup> Children's Health Watch. *Behind closed doors: The hidden health impacts of being behind on rent*. 2011.

<sup>2</sup> National Health Care for the Homeless Council. *Care for the homeless: comprehensive services to meet complex needs*. 2011

<sup>3</sup> Hwang, S. W., Weaver, J., Aubry, T., & Hoch, J. S. (2011). Hospital costs and length of stay among homeless patients admitted to medical, surgical, and psychiatric services. *Medical Care*, 49(4), 350-354. doi: 10.1097/MLR.0b013e318206c50d.

<sup>4</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>5</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>6</sup> County of San Mateo Department of Housing. [housing.smcgov.org/housing-statistics](http://housing.smcgov.org/housing-statistics). 2015.

<sup>7</sup> Sustainable San Mateo County. [www.sustainablesanmateo.org](http://www.sustainablesanmateo.org). 2015.

<sup>8</sup> County of San Mateo Human Services Agency. *2015 San Mateo County Homeless Census and Survey: Final Report*. 2015.

<sup>9</sup> County of San Mateo and Applied Survey Research. *San Mateo County Veterans Needs Assessment*. 2014.

## Profile of San Mateo County Health Needs

# Income & Employment

## What Is the Issue & Why Is It Important?

Household income, employment rates, and educational attainment are three indicators that show the economic vitality of the county and the buying power of individuals, including their ability to afford basic needs such as housing and health care. The relationships among educational attainment, employment, income, and health outcomes have been well documented. High school graduates earn higher salaries, have better self-esteem, more personal life satisfaction, fewer health problems, and less involvement in criminal activity as compared to high school dropouts.<sup>1</sup> The National Poverty Center reports that people with more education have lower rates of the most common acute and chronic diseases.<sup>2</sup> Roughly 60% of jobs require some type of training or education beyond high school.<sup>1</sup> Households headed by a high school graduate accumulate ten times more wealth than households headed by a high school dropout.<sup>3</sup>

### IN AFFLUENT COUNTY POVERTY STILL AN ISSUE

Blacks and Latinos are more likely to be living in poverty, which is driven by higher rates of unemployment and greater lack of higher education.

The federal poverty threshold (commonly known as the Federal Poverty Level, or FPL) is largely used by the U.S. Census Bureau to determine the percentage of Americans **living in poverty**. For a family of two parents and one child, the FPL was \$18,751 in 2013.<sup>4</sup> The federal poverty threshold was developed in the 1960s and was based on three times the cost of a nutritionally adequate monthly food plan, as determined by the U.S. Department of Agriculture.<sup>4</sup> Since then, annual adjustments for inflation have occurred, based on changes in the Consumer Price Index. However, the federal poverty threshold presupposes that the average family spends one-third of their income on food and does not consider other factors such as child care, transportation, medical, and housing costs.

Income and employment are health needs in San Mateo County because the percentage of adults living below 200% of FPL is rising, with Blacks and Latinos more likely to have low incomes. Related to living in poverty is a lack of sufficient employment, which is correlated with lower levels of education. Both employment and education are bigger issues for Blacks and Latinos than for other ethnic groups in the county. Community members who participated in focus groups and key informant interviews made the connection between low income and poor health outcomes. Participants identified low-income residents as having less access to basic needs such as healthy food and affordable housing, and being unable to afford insurance co-pays or prescriptions.

## Statistical Data That Support the Health Need

### Income & Employment

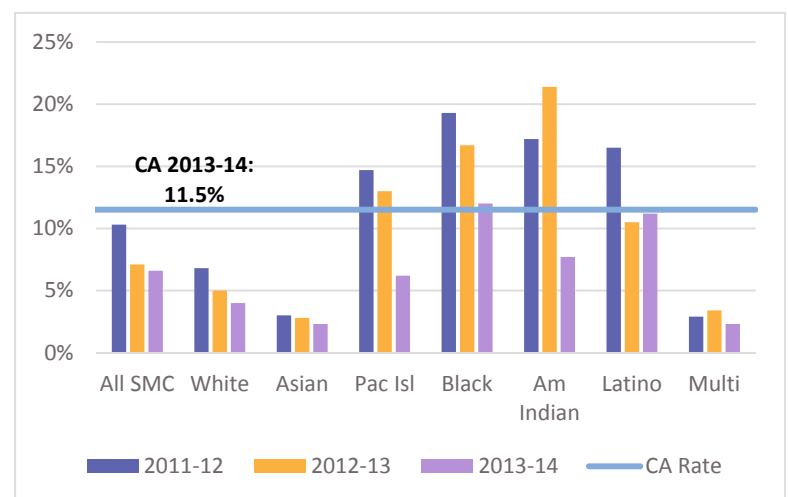
- ➔ While there seem to be signs of positive economic growth in the county, recent data show that not everyone in the county is thriving economically.

- ➔ **Poverty measures:** People living at up to 400% of FPL in San Mateo County are considered to be living in “relative poverty.” Indeed, the 2014 Self-Sufficiency Standard<sup>1</sup> for the county is approximately 300%-350% of FPL depending on family size. For example, a family with two adults and two children need about \$81,775 in income to be self-sufficient, which is 343% of the 2014 FPL for a family of four.<sup>1</sup>
- ➔ **Certain groups more likely to be in poverty:** The percentage of adults living below 200% of FPL is trending up, from 13% in 2001 to 19% in 2013.<sup>5</sup> Less-educated (high school diploma or less), Latino, Black, younger (aged 18-39), and South County respondents disproportionately represent those living at 200% of FPL.<sup>5</sup>
- Statistics suggest that the employment picture in the county is better than the state. The county’s unemployment rate dropped to 3.2% in October 2015 from 8.8% in 2010, and remains below the statewide rate (5.7%).<sup>6</sup> However, non-Whites historically have higher unemployment rates than Whites in the area.<sup>7</sup>

### How Education Contributes to This Health Need

- The county’s 2013 report linked early educational gaps to later income and employment disparities, and the report recommended earlier interventions, including on the policy level.<sup>5</sup> Educational indicators (third-grade literacy, high school dropout rates, and educational attainment) are more favorable in the county overall compared to the state.<sup>5,8,9</sup> However, ethnic disparities are seen in certain educational outcomes of county residents:

**HIGH SCHOOL DROPOUT RATES, SAN MATEO COUNTY<sup>8</sup>**



- ➔ **Any college education:** 43% of Latino and 25% of Native American adults aged 25 or older have *never* attended college, compared to only 15% among county residents overall.<sup>5</sup>
- ➔ **High school dropout rates:** In 2013-14, 12% of Black students and 11% of Latino students dropped out of county high schools, compared to 7% in the county overall.<sup>8</sup>

### Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- Some county residents who participated in focus groups and key informant interviews shared the sentiment expressed by one who said, “We’re becoming a county of haves and have nots, and that gap is widening.”
- In addition to the challenges of access to health care, participants indicated that low-income residents have worse health outcomes for a variety of reasons:

- Low-income neighborhoods have fewer parks, sidewalks/bike lanes, and places to exercise.
- Many people work multiple jobs to make ends meet and cannot get time off to go to the doctor.
- Unemployment and lack of income create stress and cause residents to feel powerless.
- For those on the edge, the increased cost of living means less access to basic needs such as food.

<sup>1</sup> Insight Center for Community Economic Development. [www.insightcced.org](http://www.insightcced.org). 2014.

<sup>2</sup> Cutler, D.M. & Lleras-Muney, A. (2006). *Education and health: evaluating theories and evidence* (No. w12352). National Bureau of Economic Research.

<sup>3</sup> Gouskova, E. & Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001-2003. *Panel study of income dynamics. Technical Paper Series*, 05-03.

<sup>4</sup> U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. [aspe.hhs.gov](http://aspe.hhs.gov). 2016.

<sup>5</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>6</sup> California Economic Development Department. [www.edd.ca.gov](http://www.edd.ca.gov). 2015.

<sup>7</sup> Joint Venture Silicon Valley. [www.siliconvalleyindex.org](http://www.siliconvalleyindex.org). 2016.

<sup>8</sup> California Department of Education (CDE). [www.cde.ca.gov](http://www.cde.ca.gov). 2015.

<sup>9</sup> U.S. Census Bureau, American Community Survey (ACS). [www.census.gov/programs-surveys/acs](http://www.census.gov/programs-surveys/acs). 2010-2014



## *Profile of San Mateo County Health Needs*

# Oral/Dental Health

## What Is the Issue & Why Is It Important?

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions.<sup>1</sup> However, oral diseases, from cavities to oral cancer, cause pain and disability. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health.<sup>1</sup> Health behaviors that can lead to poor oral health include tobacco use, excessive alcohol use, and poor dietary choices. Barriers that can limit a person's use of preventive interventions and treatments include limited access to and availability of dental services, lack of awareness of the need for care, cost, and fear of dental procedures. There are also social determinants that affect oral health. People with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of oral disease. Additionally, people with disabilities, those who are homeless, and those who abuse substances are more likely to have poor oral health.

Oral and dental health concerns arose from the CHNA and focused mostly on access to care, including availability of providers and affordability of dental insurance and services.

### ACCESS TO ORAL HEALTH SERVICES LACKING

Community concerns align with data that show that fewer residents have dental insurance than health insurance, and many are not visiting the dentist for preventative care.

## Statistical Data That Support the Health Need

### Accessing Dental Insurance

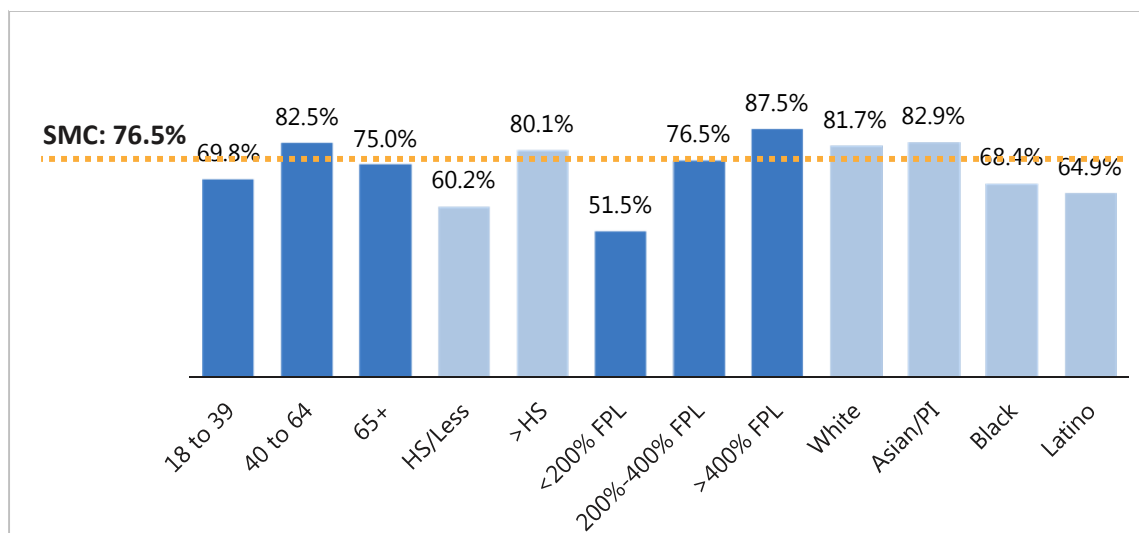
- Nearly one third (32%) of county adults lacked dental insurance in 2013. The percentage of community members without dental coverage has increased significantly since 1998, when it was only 27%. Adults who most often lacked dental insurance in San Mateo County in 2013 were low-income (62%), older (57%), less-educated (49%), or Latino (41%). According to the county's report, "Income level is the primary correlation with lack of dental insurance."<sup>2</sup>

### Accessing Dental Care

- Comparing access to various types of health care services, access to dental care is among the lowest. Moreover, to date the county has not made a systematic effort to identify existing needs or plan for potential future needs.<sup>2</sup>

- A total of 84% of San Mateo County parents with minor children took their child to a dentist for an annual check-up in 2012. The lowest percentages of child dental check-ups were reported among low-income parents (52%), parents aged 18-39 (70%), and Black parents (77%).<sup>2</sup>
- Fewer surveyed county adults visited a dentist for a routine, annual check-up in 2013 (77%) compared to 1998 (81%), a significant decrease. The lowest percentages were among low-income, less-educated (those without post-secondary education), Black, Latino, and young adult (18-39) respondents. (See chart below for details.)<sup>2</sup>

**SAN MATEO COUNTY RESIDENTS REPORTING HAVING HAD A ROUTINE DENTAL CHECK-UP IN PAST YEAR (2013)<sup>2</sup>**



## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Barriers to dental insurance coverage:** Community members who participated in focus groups and key informant interviews said that the largest issue related to dental health is access to insurance. Some noted that many insurance plans do not include dental coverage. Others said that dental insurance is not affordable for many residents.
- **Barriers to dental care:** Several community members mentioned that dental services, when not covered by insurance, are too expensive. Many participants stated that even when insurance is available, it often does not cover anything but the basics (i.e.,

extractions). Some indicated that Denti-Cal coverage is inadequate. For these various reasons, many residents lack preventative dental care. A number of participants expressed concern about the lack of dental providers in the county who accept Denti-Cal or provide affordable services for those without dental insurance. Finally, one key informant noted that there are few pediatric dentists in the county.

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2015.

<sup>2</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. 2013 *Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013

## Profile of San Mateo County Health Needs

# Respiratory Conditions

## What Is the Issue & Why Is It Important?

Respiratory conditions include asthma, chronic obstructive pulmonary disorder (COPD), and others. In this profile, we focus on asthma. Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath.<sup>1</sup> Risk factors for asthma

currently being investigated include having a parent with asthma, sensitization to irritants and allergens, respiratory infections in childhood, and being overweight.

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. The populations with higher rates of asthma include Blacks, people living below the Federal Poverty Level, children, and people with certain exposures in the workplace.<sup>1</sup> Asthma is considered a significant public health burden and its prevalence has been rising since 1980.<sup>1</sup> Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Respiratory conditions, including asthma, are among the top five leading causes of death in San Mateo County. Asthma among adults in the county doubled between 1998 and 2013. Poor air quality exacerbates respiratory problems and is also an issue for the county. For example, the county is among the top U.S. metropolitan areas with the highest short-term particle pollution and most polluted by ground-level ozone.

### ADULT ASTHMA ON THE RISE

Among surveyed adults in San Mateo County, 18% reported having an asthma diagnosis in 2013, compared to 9% in 1998.

## Statistical Data That Support the Health Need

- **Leading cause of death:** Respiratory disease is the fifth leading cause of death in San Mateo County<sup>2</sup>, and the number of deaths attributable to it has increased since 1990.<sup>3</sup>
- **Adult asthma doubled:** The percentage of surveyed adults in the county who reported having been diagnosed with asthma doubled between 1998 and 2013 (9% in 1998, 18% in 2013). The latest figure is higher than the national “Healthy People 2020” target of 13%.<sup>3</sup>
  - ➔ Those disproportionately affected include Blacks (26%), younger adults (23%), low-income residents (21%), and residents of North County (20%).<sup>3</sup>

- **Child asthma – little change:** Among surveyed adults with children, a greater proportion reported that their children had asthma in 2013 (14%) compared to 2001 (11%), although the 2013 figure was down slightly from 2008 (15%).<sup>3</sup>
- **Poor air quality contributes:** Asthma can be aggravated by poor air quality; the county is among the top 10 metropolitan areas with the highest short-term particle pollution.<sup>3</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- Community representatives in focus groups and key informant interviews mainly expressed concern about asthma rather than other respiratory conditions such as emphysema or chronic obstructive pulmonary disease (COPD). Focus group participants and key informants expressed particular concern about asthma among the homeless population and the older adult population.
- Focus group participants and key informants named these factors that contribute to respiratory disease: mold and mildew (especially in older buildings), pollen allergies, pesticides, airborne dirt/dust/particles (including from rodents/pests in crowded housing), secondhand smoke, and increased traffic leading to increased smog. Certain key informants noted that smoking cessation is key to reducing prevalence of asthma.

<sup>1</sup> Office of Disease Prevention and Health Promotion. [www.healthypeople.gov](http://www.healthypeople.gov). 2015.

<sup>2</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

<sup>3</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

## *Profile of San Mateo County Health Needs*

# Sexually Transmitted Infections

## What Is the Issue & Why Is It Important?

Sexually transmitted infections (STIs) are diseases that are primarily transmitted through direct sexual contact with an infected individual or their discharge (such as blood or semen). They include HIV/AIDS, syphilis, chlamydia, gonorrhea, and genital herpes. Some, if left untreated, can be fatal (HIV), or can affect fertility among those of child-bearing age.<sup>1</sup> Various agencies closely monitor communicable diseases such as sexually transmitted infections to identify outbreaks and epidemics, provide preventive treatment and/or targeted education programs, and allocate resources effectively.

### SEXUALLY TRANSMITTED INFECTIONS TRENDING UP

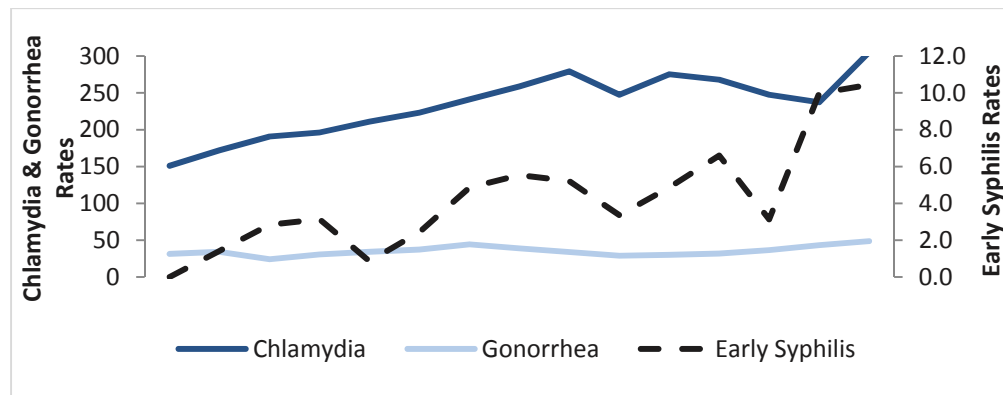
In 2014, San Mateo County's chlamydia, gonorrhea, and syphilis rates were the highest reported since the year 2000.

STIs are a health need in San Mateo County due to rising chlamydia, gonorrhea, and syphilis rates.

## Statistical Data That Support the Health Need

- In 2014, the county's chlamydia, gonorrhea, and syphilis rates were the highest reported since the year 2000. For both men and women, chlamydia and gonorrhea rates increased the most from 2013 to 2014.<sup>2</sup>
- Most of the county's female chlamydia cases in 2014 occurred in Latinas (474 per 100,000 women), but rates were highest for African-American (723 per 100,000 women) and Pacific Islander women (712 per 100,000 women).<sup>2</sup>
- While the gonorrhea rate increased in both men and women from 2013 to 2014, the increase was much steeper in men. The majority of male gonorrhea infections in 2014 (42%) were reported from extra-genital sites (throat and rectum), reflecting disease in men who have sex with men (MSM).<sup>2</sup>
- In 2014, 97% of the county's early syphilis cases were diagnosed in men, and 66% of men interviewed were MSM. The majority of 2014 syphilis cases in the county were in Whites (41%) and Latinos (31%).<sup>2</sup>

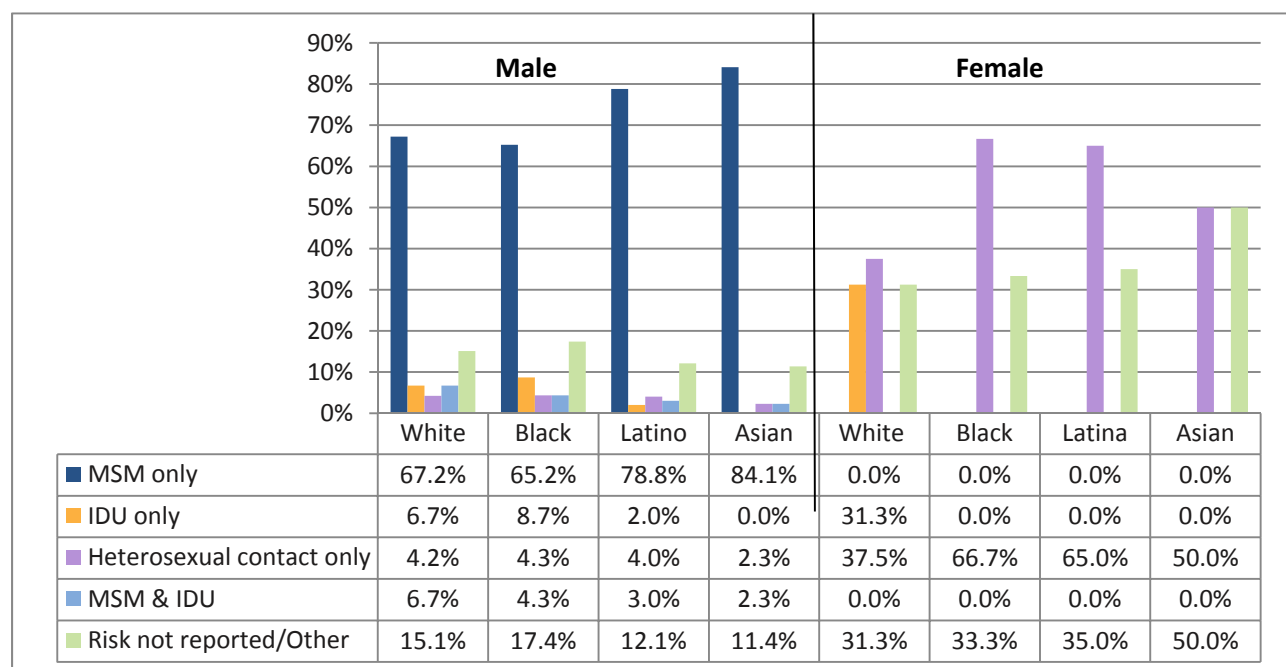
## STI RATES BY YEAR IN SAN MATEO COUNTY, 2000-2014



Source: San Mateo Health Department, compiled from California Reportable Disease Information Exchange (CalREDIE) and Automated Vital Statistics System (ASVSS).

Note: Early Syphilis is defined as primary, secondary, and early latent syphilis stages.

- Among newly identified HIV cases in 2014 in San Mateo County, the vast majority (89%) occurred in men. MSM comprise the main risk behavior group reported for new HIV cases in 2014 (81%). Latinos made up the highest number of new HIV cases based on race/ethnicity in 2014 (38%). For females, White women are the only race/ethnic group who reported acquiring HIV through injection drug use (IDU) (31% of new cases) between 2005 through 2014.<sup>2</sup>

HIV CASES IN SAN MATEO COUNTY BY SELECTED RISK FACTORS, GENDER, AND ETHNICITY, 2005-2014<sup>3</sup>

- Despite the data described in this profile, San Mateo County's chlamydia, gonorrhea, and syphilis rates remain below California rates for both men and women.<sup>4</sup>

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- The community expressed concern about STIs among teens and indicated a need for LGBTQI-specific sexual education and health care.

<sup>1</sup> Centers for Disease Control and Prevention. *CDC Fact Sheet: Staying Healthy and Preventing STDs*. 2016.

<sup>2</sup> Morrow, S. San Mateo County Health Department. Personal correspondence. January 11, 2016.

<sup>3</sup> CDC Enhanced HIV/AIDS Reporting System (eHARS). [www.cdc.gov/hiv/library/reports/surveillance](http://www.cdc.gov/hiv/library/reports/surveillance). 2015. Data compiled through June.

<sup>4</sup> San Mateo County Health System. *San Mateo County Sexually Transmitted Disease and HIV-AIDS Surveillance Annual Report, 2014*. 2014.



## *Profile of San Mateo County Health Needs*

# Transportation & Traffic

## What Is the Issue & Why Is It Important?

In the U.S. in 2010, 3.9 million motor vehicle crashes killed and injured nearly 33,000 people, 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>1</sup> Increased road use is correlated with increased motor vehicle accidents<sup>2</sup>, while more traffic (road congestion) causes travel delays, greater fuel consumption, and higher greenhouse gas emissions via vehicle exhaust.<sup>1</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>3</sup>

### INCREASE IN CARS ON THE ROAD IMPACTS HEALTH

Transportation and traffic are issues of concern for the community, whether they drive cars or use public transportation.

Urban planners can implement more efficient public transit and make improvements that encourage alternative transportation options to reduce road congestion and pedestrian-motor vehicle crashes in urban settings.<sup>4,5</sup> For example, the Insurance Institute for Highway Safety found that modifications such as sidewalks, more intense road lighting, and single-lane roundabouts can greatly reduce the likelihood of pedestrian-motor vehicle crashes.<sup>5</sup> A study in Washington state found that a 5% increase in neighborhood walkability was correlated with 6.5% fewer vehicle miles traveled and a one-quarter point reduction in body mass index (BMI).<sup>6</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.

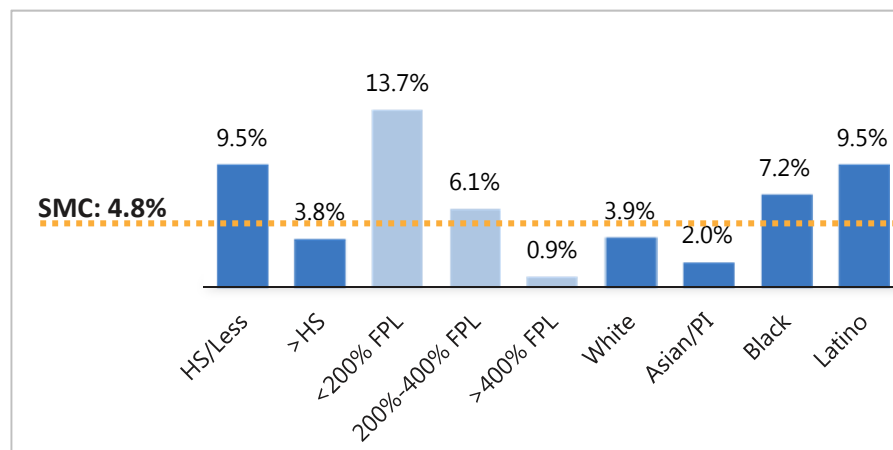
Transportation and traffic are health needs in San Mateo County because total vehicle miles of travel have been rising and are correlated with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. County data indicate that there are disparities in access to transportation and in motor vehicle and pedestrian accidents. Additionally, most county residents drive to work alone rather than using alternative modes of transportation. Community members participating in focus groups and key informant interviews expressed concerns about the impacts of excessive traffic and the lack of access to transportation.

## Statistical Data That Support the Health Need

- Although total vehicle miles of travel in San Mateo County hit a low in 2006, it was on the rise in the years after, reaching nearly 18 million miles for the year 2010.<sup>7</sup>
- In San Mateo County, there are ethnic disparities in mortality due to accidents:

- ➔ While the overall countywide mortality rate from pedestrian accidents at 1.1 per 100,000 does not exceed the HP2020 target rate of 1.3 per 100,000, Latino deaths do exceed it at 2.3 per 100,000.<sup>8</sup>
- ➔ The overall death rate from motor vehicle accidents in the county (0.6 per 100,000) does not exceed the HP2020 target rate of 12.4 per 100,000. However, the Black death rate from motor vehicle accidents (3.5 per 100,000) is higher than that of other ethnicities in the county.<sup>7</sup>
- Most county residents (71%) drive to work alone rather than carpooling, taking public transit, or using another mode of transportation.<sup>7</sup> While 65% of community members surveyed can rely on public transportation if needed, residents on the coast are least likely to say they can depend on public transit (50%).<sup>7</sup> Very few buses travel from the coast to the central part of the county.
- Only 5% of surveyed county adults in 2013 reported that “a lack of transportation made it difficult or prevented them from seeing a doctor or making a medical appointment in the past year.” However, low-income, less-educated, Latino, and Black respondents are disproportionately affected by a lack of transportation. (See chart below for details.)<sup>7</sup>

**SAN MATEO COUNTY RESIDENTS REPORTING A LACK OF TRANSPORTATION PREVENTED MEDICAL CARE IN PAST YEAR, 2013<sup>7</sup>**



## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Traffic-related health concerns:** Community members who participated in focus groups and key informant interviews expressed concern about the amount of air pollution generated by the traffic, stress from long hours spent commuting, and excessive speeding in neighborhoods that is contributing to motor vehicle accidents involving bicyclists and pedestrians (mentioned specifically in East Palo Alto).
- **Transportation-related access issues:** Many community members mentioned the lack of transportation to health care, school, and recreation locations as an element that makes it much harder to engage in related activities (e.g., medical appointments, after-school

programs, fitness activities at gyms or in parks). Some expressed concern about the absence (or near-absence) of transit-oriented city design, and a few suggested that the lack of transit-oriented city design could be a factor in social isolation.

<sup>1</sup> U.S. Department of Transportation, National Highway and Traffic Safety Administration. *The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised)*, DOT HS 812 013. 2015 (revised).

<sup>2</sup> Cohen, P. (2014, October 8). *Miles driven and fatality rate: U.S. states, 2012*. *Sociological Images* [web log].

<sup>3</sup> Health Matters in San Francisco. *Heavy traffic can be heartbreaking*. 2008.

<sup>4</sup> Vuchic, V. R. (1999). *Transportation for Livable Cities*. New Brunswick, New Jersey: Rutgers Center for Urban Policy Research.

<sup>5</sup> Retting, R. A., Ferguson, S. A., and McCartt, A. T. (2003). A Review of Evidence-Based Traffic Engineering Measures Designed to Reduce Pedestrian-Motor Vehicle Crashes. *American Journal of Public Health*. 93.9, 1456-1463.

<sup>6</sup> Frank, L. D., Sallis, J. F., Conway, T. L., Chapman, J. E., Saelens, B. E. & Bachman, W. (2006). Many Pathways from Land Use to Health. Associations between Neighborhood Walkability and Active Transportation, Body Mass Index, and Air Quality. *Journal of the American Planning Association*, 72.1, 75-87.

<sup>7</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>8</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2010-2012.

## Profile of San Mateo County Health Needs

# Unintended Injuries

## What Is the Issue & Why Is It Important?

Unintended injuries are defined as those that are not purposely inflicted.<sup>1</sup> The most common unintended injuries result from falls, motor vehicle crashes, poisonings, and drownings.<sup>2</sup> Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. More individuals ages 1-44 die as a result of unintentional injuries than from any other cause.<sup>1</sup> Unintended injury is the sixth leading cause of death for people of all ages in California.<sup>2</sup>

### COST OF FALLS

In 2013, the economic cost of falls among adults ages 65 and over amounted to more than \$130 million in San Mateo County.

Unintended injuries are health needs in San Mateo County due to the fact that they are the sixth leading cause of death in the county. Additionally, statistical data indicate that there are ethnic disparities in motor vehicle and pedestrian accidents in San Mateo County. Falls, which are most common among older adults, are becoming one of the community's biggest concerns. This may be due to the county's rising older adult population (age 65+), which is a greater proportion than in the state overall (14% in the county versus 12% in the state).<sup>3</sup>

## Statistical Data That Support the Health Need

### Unintended Injuries Overall

- There were 171 deaths from unintended injuries in San Mateo County in 2013 (4% of all deaths, or 22.0 per 100,000, age-adjusted), making it the sixth leading cause of death in the county.<sup>4</sup>
- While the county's rate of death from unintended injuries overall (22.0 per 100,000) does not exceed the Healthy People 2020 (HP2020) maximum (36.0 per 100,000), Black and White county residents do exceed the HP2020 objective (46.5 and 38.5, respectively).<sup>5</sup>

### Falls

- The annual economic cost of falls among adults aged 65 and older includes medical costs and work loss due to emergency department visits, hospitalizations, and deaths. (See table on next page for related statistics, including numbers, percentages, and rates of hospitalizations and emergency department visits in the county overall and by various demographic categories.) In 2013 these costs amounted to more than \$130 million in San Mateo County.<sup>4,6,7</sup>

- The county's 2013 falls mortality rate (4.7 per 100,000 people) does not exceed the HP2020 maximum of 7.0 per 100,000 people.<sup>4</sup> However, the county's adults aged 85+ are much more likely to die from a fall (518 per 10,000) than adults aged 65-74 (88 per 10,000).<sup>8</sup>

## Drownings

- Children and youth aged 1-24 are more likely to be the victims of drowning (1.3 per 100,000) than adults 25 and older (1.1 per 100,000) in San Mateo County. The county's child/youth drowning mortality rate exceeds the state rate for this age group (0.9 per 100,000). However, for all ages combined, 1.1 in every 100,000 deaths in the county was due to unintentional drowning, no worse than the HP2020 maximum of 1.1 per 100,000 people.<sup>6</sup>

### NUMBER, PERCENTAGE, AND RATES OF HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS FOR FALLS AMONG ADULTS AGED 65 AND OLDER BY DEMOGRAPHIC CHARACTERISTICS, 2009-2013<sup>4,6,7</sup>

		Hospitalizations			ED visits		
		Average Annual Number	Percent	Rate per 100,000 People	Average Annual Number	Percent	Rate per 100,000 People
<b>San Mateo County</b>		1,511	N/A	1,500.3	3,990	N/A	3,961.8
<b>Gender</b>	<b>Male</b>	491	32.5	1,139.7	1,290	32.3	2,994.3
	<b>Female</b>	1,020	67.5	1,769.9	2,700	67.7	4,685.0
<b>Age Group</b>	<b>65-74</b>	283	18.7	532.8	1,138	28.5	2,142.6
	<b>75-84</b>	539	35.7	1,721.8	1,415	35.5	4,520.0
	<b>85+</b>	689	45.6	4,228.6	1,436	36.0	8,813.1
<b>Race/Ethnicity</b>	<b>Black</b>	17	1.1	535.9	51	1.3	1,607.8
	<b>Asian/Pacific Islander</b>	185	12.2	822.6	406	10.2	1,805.2
	<b>Latino</b>	122	8.1	1,011.3	652	16.3	5,404.5
	<b>White</b>	1,153	76.3	1,869.4	2,697	67.6	4,372.8

*Note: Rates for county overall are crude rates. All other rates are category-specific.*

## Pedestrian and Motor Vehicle Accidents

- In San Mateo County, there are ethnic disparities in mortality due to accidents:
  - ➔ While the overall countywide mortality rate from pedestrian accidents at 1.1 per 100,000 does not exceed the HP2020 target rate of 1.3 per 100,000, Latino deaths do exceed it at 2.3 per 100,000.<sup>9</sup>

- ➔ The overall death rate from motor vehicle accidents in the county (0.6 per 100,000) does not exceed the HP2020 target rate of 12.4 per 100,000. However, the Black death rate from motor vehicle accidents (3.5 per 100,000) is higher than that of other ethnicities in the county.<sup>9</sup>

<sup>1</sup> Society for Public Health Education (SOPHE) Unintentional Injury and Violence Prevention. *Injury 101*. 2016.

<sup>2</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2016.

<sup>3</sup> U.S. Census Bureau, American Community Survey. [www.census.gov/programs-surveys/acs](http://www.census.gov/programs-surveys/acs). 2009-2013.

<sup>4</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2013.

<sup>5</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2009.

<sup>6</sup> Office of Statewide Health Planning and Development. [www.oshpd.ca.gov](http://www.oshpd.ca.gov). 2009-2013.

<sup>7</sup> California Department of Public Health (CDPH), EpiCenter California Injury Data. [epicenter.cdph.ca.gov](http://epicenter.cdph.ca.gov). 2013.

<sup>8</sup> Sustainable San Mateo County. *Senior Health in San Mateo County – Current Status and Future Trends*. 2012.

<sup>9</sup> California Department of Public Health (CDPH). <http://www.cdph.ca.gov>. 2010-12.

## Profile of San Mateo County Health Needs

# Violence & Abuse

## What Is the Issue & Why Is It Important?

Violence and intentional injury contribute to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse, anxiety, reproductive health problems, and suicidal behavior, according to the World Health Organization's "World Report on Violence and Health."<sup>1</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 in the day were 64% more likely to be in the lowest quartile of mental health.<sup>2</sup> Witnessing and experiencing violence in a community can cause long-term behavioral and emotional problems in youth. For example, a study in the San Francisco Bay Area showed that youth who were exposed to violence showed higher rates of self-reported PTSD, depressive symptoms, and perpetration of violence.<sup>3,4</sup>

### COMMUNITY CONCERNED ABOUT VIOLENCE

The community remains concerned about violence and abuse despite the fact that statistical data tell a different story.

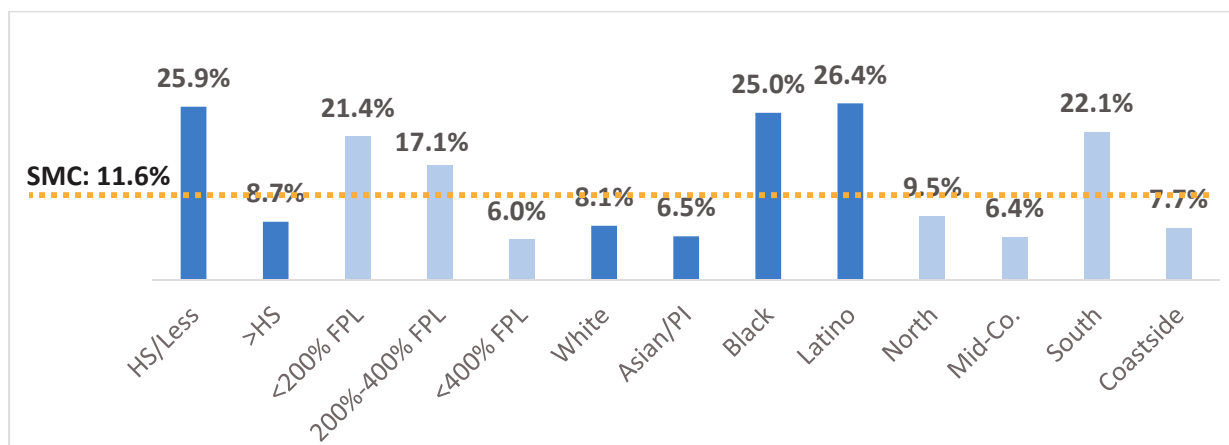
Although there are some ethnic disparities in county statistics on violence and abuse, by almost all measures these issues have been trending down in San Mateo County. However, community members' perceptions have not changed from 1998 to 2013. Additionally, human trafficking is an emerging issue in the county. In the 2016 CHNA, community members who participated in focus groups and/or key informant interviews expressed strong concerns about violence and abuse.

## Statistical Data That Support the Health Need

- Few of the countywide violence and abuse statistics are worse than their associated benchmarks:<sup>5</sup>
  - ➔ The overall violent crime rate in San Mateo County was well below the statewide rate in 2010 (237.2 versus 422.3 per 100,000, respectively).
  - ➔ The county's arrest rate for violent crimes committed by juveniles was considerably lower in 2010 (181.3 per 100,000 juveniles) than in 2001 (308.5 per 100,000 juveniles).
  - ➔ The rate of domestic violence calls to law enforcement is higher in San Mateo County than in the state overall, but it is decreasing. From 1998 to 2008, calls decreased 14% in San Mateo County to 5.3 calls per 1,000 adults aged 18-69. The state rate in 2008 was 6.6 per 1,000 adults aged 18-69.

- ➔ Substantiated child abuse cases decreased by over 50% between 2000 and 2009 in the county, to 2.5 cases of substantiated child abuse or neglect per 1,000 (well below the statewide rate of 10 per 1,000 in 2009). However, Black children are disproportionately affected, being the subject of 107 referrals per 1,000 children in 2009 compared to an average of 25 per 1,000 overall in the county.
- Human trafficking is an emerging issue in San Mateo County. The county had its first human trafficking conviction in January 2016, which included five victims.<sup>6</sup> The FBI announced the recovery of seven underage victims of sex trafficking (aged 14 to 17) in stings leading up to the Super Bowl; the stings were carried out in numerous Bay Area counties, including San Mateo.<sup>7</sup> Additionally, there were 10 arrests for “Sex Human Trafficking Operations” in the county in the few weeks preceding Super Bowl 50.<sup>8</sup>
- Nearly one in five (19%) county adults believed the problem of crime in their neighborhood worsened in 2013, an increase from 10% in 1994.<sup>5</sup>
- Concern about neighborhood safety did not drop (12% rating neighborhood safety as fair/poor) between 1998 and 2013. Those who rated safety in their neighborhood as fair/poor in 2013 were more likely to be Latino (26%), African American (25%), have less education (26%), live in the southern part of the county (22%), and be of lower-income (21%).<sup>5</sup>

#### RATING OF NEIGHBORHOOD SAFETY AS FAIR/POOR, 2013<sup>5</sup>



#### Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

- **Urgent health need:** Community members, including those from the East Palo Alto, LGBTQI, Pacific Islander, and homeless populations, as well as providers of services to older adults, specifically called out abuse/violence as an urgent health need in the community.



- **Concerns for certain groups:** Key informants expressed concern about child abuse, including long-term health issues associated with such abuse, and the increased potential for violence, child abuse, and trauma. They also specifically spoke about elder abuse (including emotional and financial abuse of elders), bullying and domestic violence against LGBTQI individuals, and sexual assault on lesbians.
- **Trafficking emerging as an issue:** Key informants discussed emerging issues of violence and abuse of those who are being trafficked for commercial sex or labor/services.

## Input from Focus Groups & Key Informant Interviews Conducted for 2016 CHNA

---

- **Urgent health need:** Community members, including those from the East Palo Alto, LGBTQI, Pacific Islander, and homeless populations, as well as providers of services to older adults, specifically called out abuse/violence as an urgent health need in the community.
- **Concerns for certain groups:** Key informants expressed concern about child abuse, including long-term health issues associated with such abuse, and the increased potential for violence, child abuse, and trauma. They also specifically spoke about elder abuse (including emotional and financial abuse of elders), bullying and domestic violence against LGBTQI individuals, and sexual assault on lesbians.
- **Trafficking emerging as an issue:** Key informants discussed emerging issues of violence and abuse of those who are being trafficked for commercial sex or labor/services.

<sup>1</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>2</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>3</sup> Perez-Smith, A.M., Albus, K.E., & Weist, M.D. (2001). Exposure to violence and neighborhood affiliation among inner-city youth. *Journal of Clinical Child Psychology*, 30(4), 464-472.

<sup>4</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.

<sup>5</sup> County of San Mateo Health System and the Healthy Community Collaborative of San Mateo County. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. 2013.

<sup>6</sup> Silberfarb, B. (2016). Spotlight on human trafficking: San Mateo County convicts first ever for the crime after alert hotel clerk notified police. *The Daily Journal*.

<sup>7</sup> Parvini, S. (2016). Teens as young as 14 rescued from sexual exploitation during Super Bowl, FBI says. *Los Angeles Times*.

<sup>8</sup> Brosnan, M. San Mateo County Human Trafficking Operations. Personal correspondence. February, 2016.

## Appendix 10. Community Advisory Committee

---

### **Betty Till, Chair**

*Liaison to Sequoia Hospital Board*  
Executive coach, LifeWork Solutions  
Belmont

### **Jeremiah Miller**

Business Agent  
AFSCME Council 57 Local 829  
Oakland

### **John Baker, Ed.D.**

Superintendent, RWC School District  
Redwood City

### **Christopher Beth**

Director, Redwood City  
Parks, Recreation and Community Services  
Department  
Redwood City, CA 94061

### **Sandra Coolidge**

Vice President of Admissions, Community  
Relations and Philanthropy  
Sunnyvale

### **Ted Hannig**

Attorney, Hannig Law Firm  
San Carlos

### **Diane Howard**

City of Redwood City Council Member  
Redwood City

### **Susan Houston**

Director, Older Adult Services  
Peninsula Family Service  
San Mateo

### **Don Mattei**

Office of Homeland Security  
& Office of Emergency Services  
Redwood City

### **Scott McMullin**

Co-chair, Sequoia Village  
San Carlos

### **Rev. Dr. G. Penny Nixon**

Senior Minister  
Congregational Church of San Mateo  
San Mateo

### **Melissa Platte**

Executive Director  
Mental Health Association of San Mateo  
County  
Redwood City

### **Marie President, MD**

Member, Medical Staff Sequoia Hospital

### **Melanie Rogers**

DES Architects – HR Director  
Redwood City

### **Paula Uccelli**

Sequoia Hospital Foundation Hon Board  
Redwood City

### **Jason Wong, M.D.**

Samaritan House  
Medical Director of Health Services  
San Mateo

**STAFF**

**Sequoia Hospital**

170 Alameda de las Pulgas  
Redwood City, CA 94062-2799

**William Graham**

*Liaison to Sequoia Hospital Board*  
President

**Gail Rudolph**

President of Foundation

**Marie Violet**

Director, Health & Wellness

**Tricia Coffey Halimah**

Coordinator, Health & Wellness