



Community Health Needs Assessment & Implementation Plan Summaries

2013



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2013 Sequoia Hospital

I. Community Health Needs Assessment Summary

2013 Community Assessment : Health & Quality of Life in San Mateo County. An assessment of San Mateo County conducted jointly by the Healthy Community Collaborative (HCC) of San Mateo County. The 2013 Community Health Needs Assessments of the San Mateo Community (full report and all previous reports) is available at <http://www.plsinfo.org/healthysmc>.

Description of the Community Served by the Hospitals

Occupying 531 square miles, San Mateo County is characterized by its geographic contrasts. The County is bound on the west by the Pacific Ocean, on the east by San Francisco Bay, to the north by San Francisco City and County, and to the south by Santa Clara County (Silicon Valley). The County is often referred to as the Peninsula. The dense urbanization of the Bay Area Corridor stand in marked contrast to the agricultural, parks and preserves, and undeveloped lands of the rural Coastside regions.

San Mateo County's population was 719,467 in 2010 and is expected to increase 10.4% from 2010-2050. Older adults will make up nearly 30% of the population by the year 2030. Over the next several decades, the White population is expected to decrease considerably (decreasing nearly 50% between 2000 and 2040), while Hispanic and Asian/Pacific Islander populations are expected to increase dramatically. By the year 2040, each of these will represent a greater share than the White population, with Hispanics representing a majority. In 2011, 24.4% of San Mateo County enrollees in colleges and universities were English Learners (EL), compared to 23.2% statewide. Historically, San Mateo County has had a lower average than the state; however, beginning in 2009, the San Mateo County average has surpassed the state average and has remained higher.

From a low 2% in 1999, San Mateo County's unemployment rate rose to a high of 5.8% statewide unemployment rate. Unemployment estimates by city vary widely within the county, ranging from 3.1% in Hillsborough to 17.0% in East Palo Alto (June 2011). Between 2011 and 2016, employment growth is expected to be led by the professional services, transportation and warehousing, information and retail trade sectors, which combined will account for 73% of employment growth. The farm, manufacturing, and financial activities sectors are expected to have moderate declines in employment during this period.

Average salaries, adjusted for inflation, are currently well above the California average, and will remain so over the forecast horizon of 2040. The cost of living is higher in San Mateo County 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. San Mateo County's rental and child-care costs exceed the state's average. A total of 18.9% of San Mateo County adults live below 200% of the Federal Poverty Level (FPL), according to reported household incomes and household sizes. Among respondents with a high school education or less, 45.5% report living below the 200% FPL threshold, compared to only 13.7% of those with education beyond high school. Black and Hispanic respondents have higher proportions of living within the FPL than White or Asian/Pacific Islander respondents.

Who was involved in Assessment

The Healthy Community Collaborative (HCC) of San Mateo County (SMC), a group of San Mateo County organizations interested in community health, produced the 2013 (seventh) edition of a Community Health Needs Assessment: Health & Quality of Life in San Mateo County (CHNA). (Attachment A)

Sequoia Hospital has been a member of the HCC since it was convened in 1994. HCC member organizations participating in the 2013 Community Assessment were Stanford Hospital & Clinics; Peninsula Health Care District; SMC Human Service Agency; Seton Medical Center; Sequoia Hospital; Health Plan of San Mateo; SMC Health Department; Mills-Peninsula Health Services; San Mateo Medical Center; Lucile Packard Children's Hospital at Stanford; Hospital Consortium of SMC and Kaiser Permanente, San Mateo area.

The HCC has overseen the triennial Community Needs Assessment: Health & Quality of Life in San Mateo County since 1995.

In conducting the 2013 CHNA the goals of the HCC were twofold:

- To produce a functional, comprehensive community health needs assessment that can be used for strategic planning of community programs and as a guideline for policy and advocacy efforts; and
- To promote collaborative efforts in the community and develop collaborative projects based on the data, community input, identified service gaps and group consensus.

In addition, the Hospital Consortium of San Mateo County, which includes leadership of the hospitals and local Health Department, provides direction to HCC regarding county wide priority health initiatives.

How the Assessment was Conducted

The primary research for this project was gathered through a telephone survey of adults in San Mateo County. The 2013 Health & Quality of Life Survey addressed a variety of issues, including:

- Measures of health risk behaviors (e.g., smoking, physical inactivity, high blood pressure, overweight prevalence) and prevention services (e.g. Cancer screenings and access to medical care), using many questions from the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System
- Quality of life indicators, including such items as housing, social capital, child care, transportation, and education. This survey was designed to gather information from the population which is not readily available elsewhere, particularly items which do not naturally lend themselves to database collection. Many questions in this survey were also administered in the 1998, 2001, 2004 and/or 2008 community assessments, allowing for trending of these indicators. The 2013 Health & Quality of Life Survey was conducted among a random sample of 1,000 adults in San Mateo County; of these surveys, 80% were conducted via landline telephones and 20% were conducted via cell phones. In addition to the countywide random sampling, the Healthy Community Collaborative contracted to conduct additional surveys as follows (resulting in a total of 1,724 total interviews).
- A total of 300 additional interviews in Coastside ZIP Codes in order to augment samples and enhance reliability within that area and to make it comparable to data collected in previous surveys.
- An oversample of African American residents to allow for analysis of this important subsample (85 additional interviews were conducted; these, along with those achieved in

the random sample, yielded a total of 125 interviews among African Americans in San Mateo County).

- An oversample of low-income residents (those living below 400% of federal poverty guidelines) to allow for better analysis of this segment. (150 additional interviews were conducted; these, along with achieved in the random sample, yielded a total of 655 interviews among low-income residents in San Mateo County).

Throughout this report, survey findings are segmented by regions within the county. The ZIP Code composition of these regions is as follows:

North County Mid-County South County Coastside

94005 94002 94025 94018 94014 94010 94027 94019 94015 94065 94028 94020
94030 94070 94061 94021 94044 94401 94062 94037 94066 94402 94063 94038
94080 94403 94303 94060 94404 94074

The interviews were conducted randomly; the final responses were then “weighted” by several key geographic and demographic characteristics to more closely match the countywide and sub-county populations, and achieve greater statistical representativeness. The numbers of actual interviews conducted by key demographic segments are outlined in the following chart, as well as the distribution of weighted respondents. For questions asked of all respondents, the maximum error rate associated with the survey sample is $\pm 2.4\%$ at the 95 percent confidence level ($p=.05$). The estimated adult (18+) population of San Mateo County is 571,301 residents.

Therefore, among survey questions asked of all respondents, each percentage point in the survey represents roughly 5,713 persons (e.g., a 15.0% response represents approximately 85,695 adults).

Health Needs Identified

The 2013 assessment highlights that in many areas San Mateo County 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. This is why most indicators are reported on by race/ethnicity, income, gender and in some cases, age as well as region of the county. We hope that this report can be used by the community to build on its strengths and focus on ongoing efforts on the key health problems experienced by people living here.

Many of the health issues presented here are complex and interrelated, and require changes in public policy, the environment and the health care system. We strongly encourage every resident to get involved in their community to make sure that every policy decision prioritizes health. We must work across all sectors to make the healthy choice the easy choice for everyone in San Mateo County.

Key Findings

#1 On the whole, San Mateo County is doing very well, having taken advantage of several key assets including location, economic policies, support for education at all levels, and support for diversity.

#2 There seems to be a mismatch between perception and reality. We're better off than most people think. Most objective measures of health are improving and while there are areas where improvement is needed, this mismatch creates unnecessary anxiety.

#3 We live in a geographic area that can be thought of as a “magnet place” that has a self-reinforcing economic and social ecology that concentrates and multiplies innovation, creativity, wealth, and health. This benefits the majority of people, although not everyone. There are large and significant disparities and inequities in our community.

#4 Primary prevention efforts directed towards combating obesity are beginning to show some effect after more than a decade.

#5 The complexity of our modern culture and society is so great that no one understands it as a whole. This makes it very difficult for organizations, public and private, and individuals to prioritize activities and decide which investments to make to improve the population’s health. There is no known way to directly tie specific activities or specific interventions to larger trends. The foundational and structural trends (mainly economic and educational) underlying any particular population-based outcome measure are so profound that any individual program only makes a small contribution, which is often unable to be measured. We cannot use return on investment (ROI) or other traditional evaluation measures to relate program activities to larger trends. This does not make parochial programs unimportant and, in fact, the cumulative effect can be profound, especially if they are coordinated with sound policy that promotes cultural and environmental change. This key finding speaks to the need for those making budget decisions to balance investments in health improvement between smaller (program) and larger (policy) efforts and between primary (front-end), secondary, and tertiary (back-end) prevention activities.

#6 The long and sustained cycle of declining mortality rates is ending and is likely to reverse in the next 5-10, years unless action is taken now. We have completely failed in getting individuals to maintain healthy behaviors. Continued emphasis on individual behavior change is a dead--end street. We need to stop focusing on individual behavior change and move to policies (at work, at school, at home, by government, in the community) that promote health. The three major priorities for policies are to improve consumption of healthy food, increase activity by walking or biking, and improving neighborhood safety. Strong evidence exists that suggests only economic incentives are likely to change a population’s behavior. A taxation model, such as an added sugar and carbon tax, is likely the only model sufficient enough to keep our mortality rates declining.

#7 Human society has been in a great transition since the industrial revolution. Change and transitions have accelerated during the 21st century mostly driven by technological advancement and the Internet. These changes have caused perceptions of instability, insecurity and distress.

#8 We are losing our middle. This relates to our age distribution, income distribution, and political bent.

#9 Education remains the single most important factor in future success and health. Length of education is highly correlated with increasing wealth and health.

#10 As a society, we have decided to criminalize biology and diseases of the brain. 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.

#11 Health insurance coverage has been declining over the last 15 years. The Affordable Care Act, also known as Obamacare, is likely to stem the long sustained decline in health insurance coverage. Access to mental health and dental services remain problematic.

#12 We are not doing well by our children. Our children are less healthy, as a whole, than children were in decades past. Current adult generations have benefitted from a large number of good policy decisions. However, today, our policies, across diverse sectors, are making our children less healthy and adversely impacting our future generation’s health, well-being, and lifespan.

#13 Primary prevention activities around obesity prevention and activities to reduce greenhouse gas emissions and climate change are one and the same.

#14 Civic participation in San Mateo County is low.

#15 Tuberculosis rates are increasing and are disproportionate to declines seen in the rest of the state and the nation.

Community Assets Identified

Sequoia Hospital Top Health Needs and Community Assets-August 2013

Health Need	Sequoia Hospital’s Investments/Assets	Sequoia Hospital Community Partner Investments/ Assets
<p>Cross-cutting drivers of all or many health needs/condition Sequoia Hospital has charity care and ED open to all as a benefit to the community.</p>	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Samaritan House Free Clinic Redwood City: provide mammography, lab, radiology and other out-patient services. • Enrollment Assistance for government funded programs. • Med Share equipment donations. • Maple Street Shelter food donations. • 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 to Redi-wheels program. • Health Professionals Education: Sequoia contributes to the long-term health of our community by providing student training in Central Supply, Wound Care, Phlebotomy; Lab Science; Nursing; Paramedics; Clinical Chaplaincy; Pharmacy; Physical Therapy; Health and Wellness; Physician Assistants; Radiation Oncology; Radiology; Respiratory Therapy. • Financial Assistance (Charity Care): free or discounted health care provided to persons who cannot afford to pay and 	<ul style="list-style-type: none"> • Bay Area Red Cross • Chambers of Commerce • Children’s Health Initiative – Healthy Kids • HIP Housing • Legal Aide Society of San Mateo • Mercy Housing Corp. • Peninsula Library System • Ravenswood Family Health Center • RotaCare Bay Area, Inc. • Samaritan House • San Mateo Co. Health Services • San Mateo Co. Human Services • InnVision Shelter Network • Health Plan of San Mateo • Sequoia Healthcare District

Health Need	Sequoia Hospital's Investments/Assets	Sequoia Hospital Community Partner Investments/ Assets
	<p>who meet criteria for Dignity Health Patient Financial Assistance Policy.</p> <ul style="list-style-type: none"> • 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. 	
Diabetes	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Diabetes Treatment Center and Health & Wellness Center: • Community lectures and workshops. • Glucose Screening Clinics and counseling • 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. 	<ul style="list-style-type: none"> • Get Healthy San Mateo County • Local Parks and Recreation Departments • Food Addicts Anonymous • Pre-to-3 Program • Project HEAL :Health Environment Agriculture Learning • San Mateo County Streets Alive! Parks Alive! • School Districts • YMCA • WIC Food and Nutrition Services • El Concilio of San Mateo County
Obesity	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Diabetes Weight Management Program. • Collaboration with Fair Oaks Adult Activity Center Breakfast Program. • Collaboration with St. Anthony's Padua Dining Room. • Collaboration with Casa de Redwood dinner program • Make Time for Fitness Walking Courses at all RCSD campuses; Red Morton Park (RWC); Burton Park, San Carlos, Central School, Belmont 	<ul style="list-style-type: none"> • BANPAC (Bay Area Nutrition and Physical Activity Collaborative) • Fair Oaks Intergenerational Center Breakfast Program. • Get Healthy San Mateo County • Local Parks and Recreation Departments • Food Addicts Anonymous • Pre-to-3 Program • Project HEAL :Health

Health Need	Sequoia Hospital's Investments/Assets	Sequoia Hospital Community Partner Investments/ Assets
	<ul style="list-style-type: none"> • Make Time for Fitness for RCSD 4th grade (Eat Healthy, Stay Active, Be Tobacco Free) • Member: RCSD Wellness Committee; SUHSD Wellness Advisory Committee; Get Healthy Steering committee. • Lactation Education Center Breastfeeding Advice Community “calm line”. • Individual nutrition counseling, Sequoia Hospital Nutrition Services • Health screening and counseling at Sequoia Hospital Health and Wellness Center • San Mateo County Breastfeeding Task Force 	<p>Environment Agriculture Learning</p> <ul style="list-style-type: none"> • SafeKids Coalition of Santa Clara and San Mateo Counties • San Mateo County Streets Alive! Parks Alive! • School Districts • YMCA • WIC Food and Nutrition Services • Safe Routes to School • Sequoia Healthcare District
Violence	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Freedom House • Rape Trauma Services • Fatherhood Collaborative and Cleo Eulau Center • Bay Area Legal Aide. • Ombudsman Services of San Mateo County • CORA – Community Overcoming Relationship Abuse
Substance Use (ATOD)	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Meeting space for Alcoholics Anonymous Meetings 	<ul style="list-style-type: none"> • Alcoholic, Alanon Alateen Recovery programs • Catholic Charities • El Centro de Libertad • StarVista • Women’s Recovery Association
Cardiovascular disease, heart attack, & stroke (cerebrovascular disease)	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Congestive Heart Failure Classes • Stroke Center • Monthly Community Screenings for Blood Pressure: <ul style="list-style-type: none"> • Fair Oaks Adult Activity Center (Redwood City) • Little House (Menlo Park) • San Carlos Adult Community Center • Twin Pines Senior Center (Belmont) • Veterans Memorial Senior Center • Adaptive Physical Education (Redwood City) • Mid-Peninsula Housing (Menlo Park) 	<ul style="list-style-type: none"> • American Heart Association • Community Centers • Get Healthy San Mateo County • Local Parks and Recreation • Peninsula Stroke Association • Food Addicts Anonymous • San Mateo County Streets Alive! Parks Alive! • School Districts • YMCA • Sequoia Healthcare District – Heart Safe Program

Health Need	Sequoia Hospital's Investments/Assets	Sequoia Hospital Community Partner Investments/ Assets
	<ul style="list-style-type: none"> • Individual Cardiovascular counseling • Cardiac Rehabilitation 	
Poor oral health	Sequoia Hospital will not be directly focusing on oral health identified in the 2013 CHNA because it is beyond the scope of our facility and is being addressed by other community based organizations.	<ul style="list-style-type: none"> • Samaritan House • Ravenswood Family Health Center
Asthma & respiratory conditions	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Smoking Cessation Classes with Breathe California • Redwood City School District Tobacco Awareness with 4th grade students. • Asthma Education for coaches, nurses, aides in Sequoia Union High School District. • Breeze Newsletter • Better Breathers Support Group • Pulmonary Rehabilitation 	<ul style="list-style-type: none"> • American Lung Association • San Mateo County Tobacco Prevention Coalition • Sequoia Healthcare District
Poor mental health, i.e., depression, suicide	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Parenting and post-partum support groups. • Bereavement Programs with Pathways Hospice • Space for Food Addicts Anonymous groups at Health & Wellness Center 	<ul style="list-style-type: none"> • El Centro de Libertad • Peninsula Conflict Resolution • Rape Trauma Services. • Women's Recovery Services
Cancers	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Womens Breast and Diagnostic Center • Look Good, Feel Better Classes 	<ul style="list-style-type: none"> • American Cancer Society • Relay For Life
STDs, including HIV-AIDS	Sequoia Hospital will not be directly focusing on STD's/HIV-AIDS identified in the 2013 CHNA because it is beyond the scope of our facility and is being addressed by other community based organizations.	<ul style="list-style-type: none"> • Planned Parenthood • Teen Wellness Center – Sequoia Union High School District
Cognitive Disorders, i.e., Autism, Alzheimer's	<p>Sequoia Hospital</p> <ul style="list-style-type: none"> • Community lectures and collaboration 	<ul style="list-style-type: none"> • Alzheimer's Day Care Resource Center • Local Adult Day Care Centers • Roesner House, Menlo Park • Family Caregiver Alliance

Health Need	Sequoia Hospital's Investments/Assets	Sequoia Hospital Community Partner Investments/ Assets
Poor birth outcomes (low birth weight/ infant mortality)	Sequoia Hospital <ul style="list-style-type: none"> • Prenatal classes • Weekly parenting e-mails for expectant and new parents 	<ul style="list-style-type: none"> • Pre-to-3 Program • San Mateo County Health Department
Infectious Disease, i.e., TB	Sequoia Hospital <ul style="list-style-type: none"> • Vaccination Clinics 	<ul style="list-style-type: none"> • San Mateo County Hep B Initiative

Listed in Report and by Focus Group but not prioritized by Focus Group:

Health Need	Sequoia Hospital Investments/Assets	Sequoia Hospital Partner Investments/ Assets
Unintended injury (falls)	Sequoia Hospital <ul style="list-style-type: none"> • San Mateo County Fall Prevention Task Force in-kind and financial support. • Fall Prevention Classes for Seniors • 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 9th grade classes. 	<ul style="list-style-type: none"> • San Mateo County Fall Prevention Task Force • Farewell to Falls – Stanford Hospital and Clinics • Rebuilding Together Peninsula • Center for Independence Individuals with Disabilities (CID)
Hospital readmissions	Sequoia Hospital <ul style="list-style-type: none"> • Sequoia Community Care ... across the Continuum • Medication Management • Grant support to community based organizations for case management, coaching, meals, home repairs, transportation, home care 	<ul style="list-style-type: none"> • Peninsula Family Services • Peninsula Volunteers Inc. • Jewish Family and Children's Services • Samaritan House • Peninsula Jewish Community Center
Chronic disease (both age-related and due to disabilities)	Sequoia Hospital <ul style="list-style-type: none"> • Live Well Workshops –Managing Chronic Disease –a collaboration with Sequoia Healthcare District. • Support Groups for: <ul style="list-style-type: none"> • Food Allergy-SF Bay Area • Hepatitis C • Infertility Relaxation & Guided Meditation • Meniere's Disease • Osteoporosis • For Those in Pain • Pacific Chapter, Neuropathy Association 	
Health of	Sequoia Hospital	<ul style="list-style-type: none"> • Local Parks and Recreation

Health Need	Sequoia Hospital Investments/Assets	Sequoia Hospital Partner Investments/ Assets
older adults	<ul style="list-style-type: none"> Belmont Library, monthly Maturing Gracefully lecture series. Peninsula Family YMCA Healthy Living Committee member 	Departments

Next Steps

The HCC is currently planning the next Community Needs Assessment: Health & Quality of Life in San Mateo County for release in 2016. This will bring together a wide array of community health and quality of life indicators in San Mateo County gathered from both primary and secondary data sources.

Sequoia Hospital II. Implementation Strategy for FY2014

Target Areas and Populations

Dignity Health hospitals define the “community” as the primary geographic area served by the hospital, representing 80% of hospital in-patient discharges. The primary service area definition is used for hospital strategic planning. This chart displays Sequoia Hospital’s primary service area.

ZIP Code	City Name	St	Inpatients Count	Inpatients %	ZIP Code	City Name	St	Inpatients Count	Inpatients %
94061	Redwood City	CA	805	11.10%	94402	San Mateo	CA	119	1.64%
94070	San Carlos	CA	796	10.97%	94401	San Mateo	CA	115	1.59%
94062	Redwood City	CA	687	9.47%	94010	Burlingame Half Moon	CA	109	1.50%
94002	Belmont Redwood	CA	442	6.09%	94019	Bay	CA	99	1.36%
94063	City	CA	418	5.76%	94027	Atherton	CA	81	1.12%
94025	Menlo Park	CA	405	5.58%	94306	Palo Alto	CA	74	1.02%
94404	San Mateo	CA	300	4.14%	94301	Palo Alto Portola	CA	62	.85%
94403	San Mateo Redwood	CA	281	3.87%	94024	Valley	CA	56	..77%
94065	City	CA	210	2.90%	94304	Palo Alto	CA	17	.23%
94303	Palo Alto	CA	164	2.26%					

Sequoia Hospital’s Primary Service Area is comprised of suburban communities: **Population:** 511,685; **Diversity:** White Non-Hispanic (50.3%); Black Non-Hispanic (2.4%); Hispanic (24.1%); Asian & Pacific Islander (19.2%); American Indian/Alaska Native (0.1%); Other 3.9%; **Median Household Income:** \$145,066.00 (Zip code 94063: \$54,895.00; 94303: \$77,909.00); **Uninsured:** 7.3%; **Unemployment:** 6.7%; **No HS Diploma:** 10.3%; **Renters:** 40.0%; **CNI Score:** 2.8 (mid-need); **Medicaid Patients: Medicaid/Medi-Cal/AHCCCS Patients** (9.0%); **Medicare** (13.08%); **Commercial** (70.46%).

Sequoia Hospital also utilizes the Community Need Index (CNI), a tool developed by Dignity Health to measure community need in a geographic market, analyzes the degree to which a community faces barriers to healthcare access. The factors analyzed in the CNI are income, education, language/culture, insurance and housing. Using statistical modeling, the combination of these factors results in a score ranking from one (less needy) to five (most needy). The median CNI score for Sequoia Hospital's primary service area is 2.8(mid need). The communities in Sequoia Hospital's primary service area that are identified with the 2nd highest need (CNI 4) are zip codes 94063 Redwood City a close geographic boundary area and zip code 94303 East Palo Alto. (Attachment B)

Other hospitals within the community that are able to respond to the health needs of the community are Mills-Peninsula Medical Center; Lucile Salter Packard Children's Hospital at Stanford; Stanford Hospital; Kaiser Permanente Hospitals in Redwood City and Santa Clara; San Mateo Medical Center, El Camino Medical Center.

San Mateo County is not designated as a Medically Underserved Area (MUA) or Medically Underserved Population (MUP)

How the Implementation Strategy Was Developed

The development and execution of the Community Benefit Implementation Plan is a priority of the Sequoia Hospital annual strategic 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 Community Advisory Committee (CAC).

The CAC consists of 20 community members representing a wide array of interests and perspectives. The CAC includes three 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 a catalyst for relationship building and partnering with organizations, businesses, and individuals in the community. (Attachment C)

The Hospital president appointed the vice president of Community Relations, president of the Sequoia Hospital Foundation, and vice president of Physician and Business Development who have administrative responsibility for the Community Benefit Implementation Plan to serve as senior staff to the CAC.

A multidisciplinary team of staff 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 education programs. The Health & Wellness coordinator is responsible for data collection, reporting and analysis. The chaplain manager of Spiritual Care and Mission Integration ensures coordination of the Community Benefit Implementation 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 led by Sequoia's chief financial officer.

The Sequoia Hospital Health & Wellness staff is responsible for program content and design and for decisions on continuation or termination of programs. 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, and Nutrition Services serve as advisors and respond to requests to participate in implementing community benefit programs.

Advisory to the Health & Wellness staff are members of the Community Advisory Committee (CAC). The CAC is responsible for approving the proposed Community Benefit priorities and 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 Dignity Health/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; Sequoia's strategic plan and building updates. The 2013 CHNA was presented to the CAC and after discussion the members submitted program ideas that have informed the FY2014 Implementation Plan. In October 2013 the CAC will provide approval of the FY2013 Community Benefit Report and FY2014 Implementation Plan.

Major Needs and How Priorities Were Established

In January 2013, the HCC convened a focus group, facilitated by ASR (Applied Survey Research) consisting of 20 members of county coalitions, community based organizations and community leaders representing the communities the hospitals serve. The 12 top health needs (See Table Above) and two sets of cross-cutting drivers (Access and Prevention & Healthy Communities) from the newly released 2013 CHNA were presented. Participants provided additional drivers for these health needs, identified assets available to address these health needs, and identified additional health needs that they felt were of note. A prioritization process was explained to participants and observers. Each of the top health needs (including Cognitive issues they added and excluding the cross-cutting drivers, would be ranked across four dimensions on a scale of 1 (no/low) to 3 (great/high). The dimensions were:

- Clear disparities or inequities exist
- Presents a prevention/early intervention opportunity
- Impacts quality of life
- Is a priority

Each participant was given an electronic voting device. Their votes were averaged for each of the dimensions, and an overall average score was generated for each health need. The table below lists all of the health needs by their overall score, from greatest to least.

Health Need/Condition	Overall Average Score	Health Need/Condition	Overall Average Score
Diabetes	2.69	Cancer	2.44
Obesity	2.60	Births	2.42
Poor mental health,	2.59	Cognitive issues (Alzheimer's, autistic	2.30

suicide		spectrum)	
Poor oral health	2.57	STDs/HIV-AIDS	2.29
Cardiovascular disease, heart attack, stroke (cerebrovascular disease)	2.56	Asthma & Respiratory Conditions	2.21
Substance abuse (ATOD)	2.56	Infectious disease**	2.10
Violence*	2.56		

*Includes child abuse, domestic violence, elder abuse, gangs, and bullying.

** Includes TB, Hepatitis B/C, pertussis, influenza, etc.

The 2013 CHNA was presented to the Sequoia Hospital CAC by ST Mayer, Director of Health Policy and Planning, San Mateo County Health Department and member of the HCC. After a rich discussion, members advised top priorities to be considered in Sequoia's 2014 Community Benefit Plan. Additionally, in sub-committee advisory meetings, members of the CAC reviewed current programs and advised that these programs and major initiatives remain relevant, are effectively addressing the health needs identified in the 2013 CHNA and should continue with enhancement. A second meeting of the CAC followed with a review of Sequoia Hospital's major community benefit initiatives and program examples. New members actively participated in providing in-put.

Description of What Sequoia Hospital Will Do to Address Community Needs

Sequoia Hospital is effectively able to carry out these identified community benefit activities with our institutional assets, resources and competencies. Equally important are our strong collaborative relationships with community partners who share resources and demonstrate ongoing commitment to our shared goals. Sequoia Hospital brings a broad, community-wide perspective to community benefit work as a champion for the health of the entire community.

Action Plans

Sequoia Hospital's priority areas and key programs that will address health issues in FY2014:

1. Preventing and/or Managing Health Conditions:

- Blood Pressure, Diabetes and Cholesterol Screenings and Education at seven Senior and Community Centers
- Adult Immunization Clinics for Influenza, Pneumonia, Tetanus, Diphtheria, Pertussis, Shingles
- Spanish language Live Well with Diabetes Classes
- Smoking Cessation Classes
- Eating for Health: Nutrition advisory for community based organization's meal programs in underserved communities.
- Living with Congestive Heart Failure Program
- Explore use of a Depression Screening in Sequoia's programs
- Explore and consider a Wellness Policy for Sequoia Hospital
- Explore nutritional counseling services focusing on preventative adult weight/health management

2. Healthy Aging in Place:

- Sequoia Community Care...across the Continuum (SCC) (formerly named Sequoia Hospital Homecoming Program (SHHP).
- Dignity Health/Sequoia Hospital Community Grants Program for non-profit organizations
- Sequoia Hospital's Fall Prevention Classes and San Mateo County Fall Prevention Task Force
- Matter of Balance classes (English and Spanish)
- Tai Chi/Fall Prevention at Twin Pines Adult Community Center
- Maturing Gracefully monthly lecture series at Belmont Library

3. Child/Youth Healthy Development:

- Lactation Education Center; WIC Partnership for Lactation Consultations
- New Parents Support Group and Fourth Trimester and Beyond
- Make Time for Fitness Program-School Partnerships with emphasis on Community Schools in Redwood City School District
- Tdap vaccine clinics for school age children
- Sequoia Union High School District: Programs for addressing asthma, diabetes, CPR training for teachers and 9th grade students, management of concussions and participation of high school students in Sequoia's programs for younger children.
- Sequoia Hospital Youth Volunteers/Mentoring

4. Community Health Improvement:

- Sequoia Hospital & Wellness Center:
 - education and support groups; health information and referral; and free space for non-profit groups focusing on community health.

5. Improving Access to Healthcare:

- Financial Assistance for uninsured/underinsured and low income residents
- Health Professionals Education
- Emergency Department Physician Services for Indigent Patients

6. Community Building:

- Redwood City/San Mateo County Chamber of Commerce Education Committee
- Get Healthy San Mateo County Task Force Advisory Council
- School Wellness committees: San Carlos, Redwood City, Sequoia Union High School District
- Healthy Community Collaborative of San Mateo County (HCC) Co-Chair
- San Mateo County Paratransit Coordinating Council member
- Peninsula Family YMCA Healthy Living Committee member
- Cañada College Human Services Advisory Board
- SFSU/ Cañada College Nursing Program
- San Mateo County Breastfeeding Advisory Committee
- San Mateo County Active Access Initiative Collaborative
- Sequoia Healthcare District Community Grants Review Committee member
- Redwood City 2020 Community Partner

Next Steps for Priorities

Programs will be evaluated throughout the year utilizing in-put from our community advisors, partners, newly published data and our own program outcome measures data. This dynamic approach will allow us to respond to identified needs by revising program strategies and adding enhancements on a regular basis. The information provided by the 2013 Community Assessment validated that our current major initiatives remain relevant and our programs will continue to address identified unmet health-related needs of our community.

It is our intention that programs that we sponsor for both the Broad and Vulnerable Community will contribute to containing the growth of community health care costs. Prevention is a driver of our programs. The CNI, Community Assessments, and relationships with community service organizations help us identify vulnerable populations with disproportionate unmet health needs (DUHN) that have a high prevalence or severity for a particular health concern that we can address with a program or activity.

Priority Needs Not Being Addressed and the Reasons

Sequoia Hospital will not be directly focusing on mental health, oral health, violence or STD's/HIV-AIDS identified in the 2013 CHNA because they are beyond the scope of our facility and are being addressed by other community based organizations. However, during FY2014 we will be convening groups of experts in these areas to educate Sequoia on their services so that we will be able to make appropriate and safe referrals and identify opportunities for partnership and inclusion in our community benefit initiatives.

Approval

Each year at their November meeting, the Sequoia Hospital Board of Directors reviews the prior fiscal year's Community Benefit Report and approves the Community Benefit Implementation Plan for addressing priorities identified in the most recent Community Assessment and other plans for community benefit. This report was prepared for the November 6, 2013 meeting of the Sequoia Hospital Board of Directors.

Sequoia Hospital Board Approval:

Glenna L. Vaskelis

President

Sequoia Hospital

Sr. VP, Operations, Bay Area Dignity Health

Arthur J. Faro

Board Chair

Sequoia Hospital Board of Directors

Attachment A

Healthy Community Collaborative Members and Partners 2013

Sequoia Hospital

Marie Violet, Co-Chair, Healthy Community Collaborative
Director Health and Wellness Services

San Mateo County Health Department

Scott Morrow MD, MPH, MBA, FACPM, Co-Chair, Healthy Community Collaborative
Health Officer, San Mateo County Health System

Health Plan of San Mateo

Daisy Liu, Health Educator, Quality Improvement

Hospital Consortium of San Mateo County

Francine Serafin-Dickson, Executive Director

Kaiser Permanente, San Mateo Area

Stephan Wahl, Community Health and Benefit Manager

Lucile Packard Children's Hospital at Stanford

Candace Roney, Executive Director, Community Partnerships
Colleen Haesloop, Project Manager, Community Partnerships

Mills-Peninsula Health Services

Margie O'Clair, Vice President, Marketing, Communications and Public Affairs

Peninsula Health Care District

Cheryl Fama, Chief Executive Officer

San Mateo County Health Department

Sara T Mayer (ST), Director of Health Policy and Planning

San Mateo County Human Services Agency

Jessica Silverberg, Management Analyst, Policy Planning and Quality Management
William Harven, Management Analyst, Policy, Planning and Quality Management, Human Services Agency

San Mateo Medical Center

Karen Pugh, Communications Manager

Seton Medical Center

Jan Kamman, Director, Physician, Business and Community Engagement

Silicon Valley Community Foundation

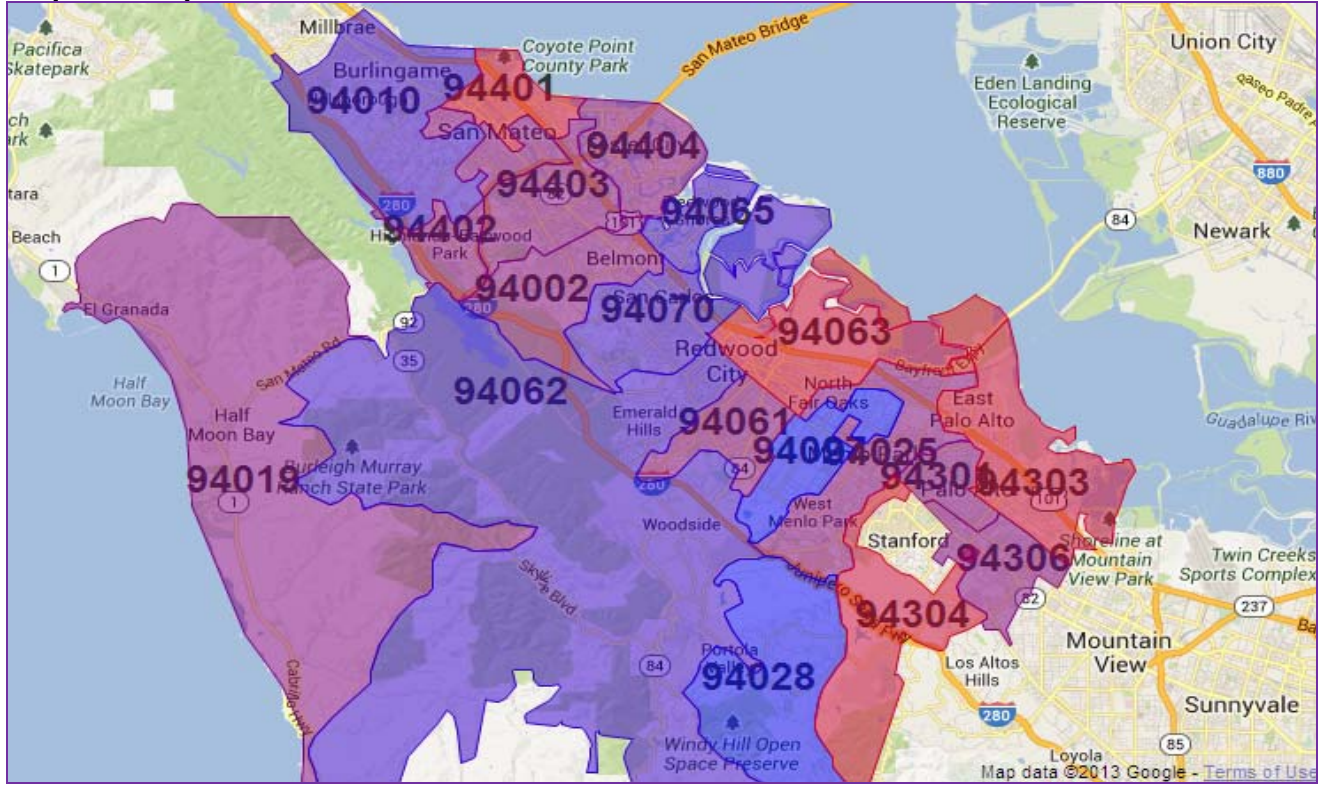
Erica Wood, Vice President of Community Leadership and Grantmaking

Stanford Hospital and Clinics

Sharon Keating-Beauregard, Executive Director Community Partnership Program

Attachment B

Sequoia Hospital



Lowest Need

■ **1 - 1.7**
Lowest

■ **1.8 - 2.5** 2nd
Lowest




■ **2.6 - 3.3**
Mid

■ **3.4 - 4.1** 2nd
Highest

Highest Need

■ **4.2 - 5**
Highest

	Zip Code	CNI Score	Population	City	County	State
■	94002	2.6	25440	Belmont	San Mateo	California
■	94010	2.4	40422	Hillsborough	San Mateo	California
■	94019	3	20213	El Granada	San Mateo	California
■	94025	3	40817	Menlo Park	San Mateo	California
■	94027	1.6	7866	Atherton	San Mateo	California
■	94028	1.4	7037	Portola Valley	San Mateo	California
■	94061	3.2	34522	Redwood City	San Mateo	California
■	94062	2.2	26976	San Mateo County	San Mateo	California
■	94063	4	32431	Redwood City	San Mateo	California
■	94065	2.4	11768	Redwood City	San Mateo	California
■	94070	2.2	28382	San Carlos	San Mateo	California
■	94301	2.6	16029	Palo Alto	Santa Clara	California
■	94303	4	94303	Palo Alto	San Mateo	California
■	94304	3.4	94304	Palo Alto	Santa Clara	California
■	94306	2.8	94306	Palo Alto	Santa Clara	California
■	94401	3.6	34191	San Mateo	San Mateo	California

	94402	2.6	23365	Highlands-Baywood Park	San Mateo	California
	94403	2.8	38283	San Mateo	San Mateo	California
	94404	2.6	32228	Foster City	San Mateo	California

CNI Score Median: 2.8

Attachment C

Community Advisory Council 2013

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