Sequoia Hospital Community Benefit 2022 Report and 2023 Plan

Adopted November 2022





A message from

Bill Graham, President, and Jan Barker, Chair of the Dignity Health Sequoia Hospital Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Sequoia Hospital shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2022 Report and 2023 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2022 (FY22), Sequoia Hospital provided \$29,514,285 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also \$44,891,902 incurred in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2022 Report and 2023 Plan at its November 9, 2022 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Marie. Violet@DignityHealth.org or Tricia. Coffey@DignityHealth.org.

Bill Graham President Jan Barker Chairperson, Board of Directors

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At-a-Glance Summary

Community Served



Dignity Health Sequoia Hospital serves the cities in mid-county, south county, and the coastside of San Mateo County on the San Francisco Peninsula. The hospital service area includes the cities of Atherton, Belmont, Burlingame, Half Moon Bay, La Honda, Los Altos, Menlo Park, Mountain View, East Palo Alto/Palo Alto, Portola Valley, Redwood City, San Carlos and San Mateo with a total population of 609,356.

While the population of the community served by Sequoia Hospital tends to be wealthier and better educated when compared to the state, there are a number of cities in the service area that experience high rates of poverty and health care disparities.

Economic Value of Community Benefit



\$29,514,285 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

\$44,891,902 in unreimbursed costs of caring for patients covered by Medicare fee-for-service

Significant Community Health Needs Being Addressed

The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:

- Access to health care
- Healthy lifestyles (Chronic Diseases & Preventive Practices)
- Housing and homelessness

community health needs. These included:

Mental health

FY22 Programs and Services





• Financial assistance for the uninsured or underinsured – Provided 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

The hospital delivered several programs and services to help address identified significant

- Health Professions Education Program The hospital partners with educational or training programs to offer a clinical setting for training and educating nursing students and other allied health professionals.
- Clinical Pastoral Education Program The Clinical Pastoral Education (CPE) Program
 at Sequoia Hospital is deeply committed to a mission of healing and learning.
 Accredited by the Association for Clinical Pastoral Education, Inc. (ACPE), our
 program offers extensive training in ministry skills and in intrapersonal and
 interpersonal awareness. Our ministers and students provide excellence in spiritual care
 to patients, family members, and staff.

- Workforce Development Program in partnership with Wender Weis Foundation for Children, the program is designed to build awareness with local high school students for entry level jobs in health care fields.
- Sequoia Community Care Program designed to offer services and community resources to allow older adults discharged from Sequoia Hospital to recover safely in their community dwelling.
- Operation Access Sequoia Hospital partners with Operation Access to link donated surgical preventive care to uninsured and underinsured patients in San Mateo County at no charge to patients.
- Community Health Improvement Grants program Offers grants to nonprofit community organizations that provide access to health care programs and services.
- Charitable cash and in-kind donations Provides cash and in-kind donations to community-based organizations to address access to health care.

Health Need: Healthy lifestyles (Chronic Diseases & Preventive Practices)

- LiveWell Program The LiveWell program helps residents of San Mateo County achieve their goals for health and wellness. The LiveWell program focuses on healthy behaviors, disease prevention and management, and injury prevention.

 Activities/Programs include: health screenings, evidence-based prevention program(s), community health education and support groups and health advocacy
- Sequoia Health Equity Partnership in partnership with Samaritan House, a leading non-profit serving San Mateo County, the Sequoia Hospital Foundation provides the funding necessary to bring a diabetes nurse educator to their Redwood City clinic to work directly with at-risk patients to provide the necessary tools and education regarding critical lifestyle modifications (meal planning, activity/exercise and stress management) so they can live with diabetes successfully.
- Blood Glucose Meter Instructions A blood glucose meter will be provided for free, and an educator will instruct on blood glucose monitoring and goals.
- Community Space Sharing Program Provides meeting room overhead and space to nonprofit organizations addressing chronic diseases & preventive practices.
- Community health education and support groups Health education sessions and support groups available to the public that focus on healthy behaviors, disease prevention and management, and injury prevention.
- Community Health Improvement Grants program Offers grants to nonprofit community organizations that provide healthy lifestyles (chronic diseases & preventive practices) programs and services.
- Charitable cash and in-kind donations Provides cash and in-kind donations to community-based organizations to address healthy lifestyles (chronic diseases & preventive practices).

Health Need: Housing & homelessness

- Discharge Planning for Homeless Patients Supportive services include a meal, weather-appropriate clothing, medications, transportation (30 miles/minutes from the hospital), infectious disease screening, vaccinations (appropriate for the presenting medical condition, and screening for affordable healthcare coverage). For shelter, the San Mateo County Coordinated Entry System at the core service agency is called.
- Community Health Improvement Grants program Offers grants to nonprofit community organizations that provide housing and homelessness programs and services.
- Charitable cash and in-kind donations Provides cash and in-kind donations to community-based organizations to address housing and homelessness.

Health Need: Mental health

- New Parents Support Group helps people navigate the challenges of parenting in a structured, inclusive, strength-based and empowering group experience.
- Community Space Sharing Program Provides meeting room overhead and space to nonprofit organizations addressing mental health.
- Community Health Improvement Grants program Offers grants to nonprofit community organizations that provide mental health programs and services.
- Charitable cash and in-kind donations Provides cash and in-kind donations to community-based organizations to address mental health issues.

FY23 Planned Programs and Services



All FY22 programs will continue including the reintroduction of two evidence based programs that address healthy lifestyles (chronic diseases & preventive practices).

- Diabetes Empowerment Education Program (D.E.E.P.) An evidence-based program for diabetes self-management practices.
- Matter of Balance An evidence-based program designed to reduce the fear of falling and increase activity levels among older adults.

We will need to continually engage our community partners in accessing, planning and delivering these programs.

This document is publicly available online at https://www.dignityhealth.org/bayarea/locations/sequoia/about-us/community-benefits.

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 and select the "CHNA comments" in the drop-down menu.

Our Hospital and the Community

About Sequoia Hospital

Sequoia Hospital is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites in 21 states coast to coast, serving 20 million patients in big cities and small towns across America.

Dignity Health Sequoia Hospital is located at 170 Alameda de las Pulgas, Redwood City, California, 94062. It has served the communities of San Mateo County for over 70 years. The hospital facility is licensed for 208 beds. Our Heart and Vascular Institute is a nationally known pioneer in advanced cardiac care. Our Birth Center consistently ranks as a favorite among Peninsula families, and we're also known for our Center for Total Joint Replacement and comprehensive emergency care. Our new state-of-the-art Pavilion combines the most advanced medical and surgical services with a unique healing environment.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

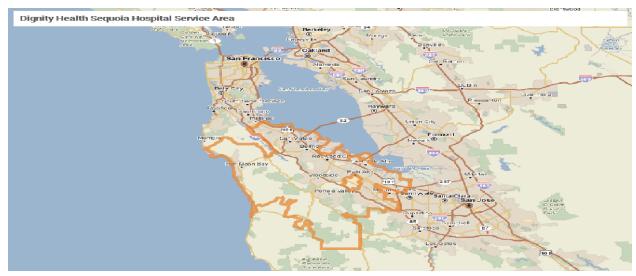
A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

The hospital serves 23 ZIP Codes in 13 cities in San Mateo County. A summary description of the community is provided below, and additional details can be found in the CHNA report online.



The population of the Sequoia Hospital service area is 609,356. Children and youth, ages 0-17, are 22.8% of the population, 61.4% are adults, ages 18-64, and 15.8% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as White/Caucasian (49.2%), with 22.4% of the population identifying as Asian and 20.5% as Hispanic/Latino. 4.3% of the population identifies as multiracial (two-or-more races), 2.1% as Black/African American, 1% as Native Hawaiian/Pacific Islander, and 0.2% as American Indian/Alaskan Native.

Among the residents in the service area, 6.5% are at or below 100% of the federal poverty level (FPL) and 15.3% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospital service area, 8.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (10.4%) and state (16.7%) rates. 63.1% of area adults have a Bachelor's degree or higher degree.

San Mateo County is designated a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in May 2022.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods:
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at

https://www.dignityhealth.org/bayarea/locations/sequoia/about-us/community-benefits or upon request at the hospital's Health & Wellness office.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to health care	Access to health care refers to the availability of primary care, specialty care and dental care services. Health insurance coverage is considered a key component to ensure access to health care.	X
Chronic diseases	A chronic disease or condition usually lasts for three months or longer and may get worse over time. Chronic diseases can usually be controlled but not always cured. The most common types of chronic diseases are cancer, heart disease, stroke, diabetes, and arthritis.	X
COVID-19	Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.	
Food insecurity	The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or an uncertain ability to acquire foods in socially-acceptable ways.	
Housing and homelessness	Homelessness is known as a state of being unhoused or unsheltered and is the condition of lacking stable, safe, and adequate housing.	X
Mental health	Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.	X
Overweight and obesity	Overweight and obesity are common conditions that are defined as the increase in size and amount of fat cells in the body. Obesity is a chronic health condition that raises the risk for heart disease and is linked to many other health problems, including type 2 diabetes and cancer.	
Preventive practices	Preventive practices refer to health maintenance activities that help to prevent disease. For example, vaccines, routine	X

Significant Health Need	Description	Intend to Address?
	health screenings (mammogram, colonoscopy, Pap smear) and injury prevention are preventive practices.	
Substance use	Substance use is the use of tobacco products, illegal drugs, prescription or over-the-counter drugs or alcohol. Excessive use of these substances, or use for purposes other than those for which they are meant to be used.	
Tuberculosis	Tuberculosis (TB) is a contagious bacterial infection that usually attacks the lungs.	

Significant Needs the Hospital Does Not Intend to Address

Taking existing hospital and community resources into consideration, Sequoia Hospital will not directly address COVID-19, food insecurity, overweight and obesity, substance use and tuberculosis as priority health needs. Knowing that there are not sufficient resources to address all the community health needs, Sequoia Hospital chose to concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise. The hospital has insufficient resources to effectively address all the identified needs and, in some cases, the needs are currently addressed by others in the community.

2022 Report and 2023 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY22 and planned activities for FY23, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

The following criteria were used by the hospital to determine the significant health needs Sequoia



Hospital will address in the Implementation Strategy:

- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners to address the issue.
- Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus Area: The hospital has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

Sequoia Hospital engaged the community health team, hospital executive leaders and the Community Advisory Committee to examine the identified health needs according to these criteria. The CHNA served as the resource document for the review of health needs as it provided statistical data on the severity of issues and also included community input on the health needs. As well, the community prioritization of the needs was taken into consideration. As a result of the review of needs and application of the above criteria, Sequoia Hospital chose to focus on: access to health care, healthy lifestyles (chronic diseases & preventive practices), housing and homelessness and mental health.

For each health need the hospital plans to address, the Implementation Strategy describes: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and other organizations. In most cases, the strategies identified to address the selected needs are based on existing programs that have evidence of success. For some strategies, Sequoia Hospital is part of a larger collaborative effort.

Community Health Strategic Objectives

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.

CommonSpirit Health has established four core strategic objectives for community health improvement activities. These objectives help to ensure that our program activities overall address strategic aims while meeting locally-identified needs.



Create robust alignment with multiple departments and programmatic integration with relevant strategic initiatives to optimize system resources for advancing community health.



Scale initiatives that complement conventional care to be proactive and community-centered, and strengthen the connection between clinical care and social health.



Work with community members and agency partners to strengthen the capacity and resiliency of local ecosystems of health, public health, and social services.



Partner, invest in and catalyze the expansion of evidence-based programs and innovative solutions that improve community health and well-being.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

Health Need: Access to Health Care			
Strategy or Program	Summary Description	Active FY22	Planned FY23
Financial assistance for the uninsured or underinsured	Sequoia Hospital provides financial assistance to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay.	V	V
Health Professions Education Program	The hospital partners with educational or training programs to offer a clinical setting for training and educating nursing students and other allied health professionals. Expenses incurred by the hospital in educating nursing students, and allied health professionals are reported in this category.		V
Clinical Pastoral Education Program	The Clinical Pastoral Education (CPE) Program at Sequoia Hospital is deeply committed to a mission of healing and learning. Accredited by the Association for Clinical Pastoral Education, Inc. (ACPE), our program offers extensive training in ministry skills and in intrapersonal and interpersonal awareness. Our ministers and students provide excellence in spiritual care to patients, family members, and staff.	abla	abla
Workforce Development Program	Workforce Development Program - in partnership with Wender Weis Foundation for Children, this program is designed to build awareness with local high school students for entry level jobs in health care fields	\checkmark	abla
Sequoia Community Care	Offers services and community resources to allow older adults discharged from Sequoia Hospital to recover safely and in good health in their community dwelling.	\checkmark	\checkmark
Operation Access	Sequoia Hospital partners with Operation Access to link donated surgical preventive care to uninsured and underinsured patients in San Mateo County at no charge to patients.	V	\checkmark
Community Health Improvement Grants program	Offers grants to nonprofit community organizations that provide access to health care programs and services.	\checkmark	
Charitable cash and in-kind donations	Provides cash and in-kind donations to community-based organizations to address access to health care.	\checkmark	

Goal and Impact: The hospital's initiatives to address access to care are anticipated to result in: increased access to health care for the medically underserved, reduced barriers to care, increased availability and access to preventive care services and increased local health care workforce.

- Bay Area Community Health Advisory Council (BACHAC)
- California State University Channel Islands, Camarillo Campus
- Casa Circulo Cultural
- Canada College
- City College of San Francisco
- College of San Mateo
- Dominican University of California
- Mental Health Association of San Mateo County
- National Institute of First Assisting
- NCTI Bay Area (Livermore)
- Niles College
- Operation Access
- Pathways Home Health and Hospice
- Paratransit Coordinating Council (PCC)
- Redwood City Together
- Samaritan House
- San Diego State University
- San Francisco State University
- San Mateo County Health
- San Mateo County Office of Education
- San Mateo Pride Center
- Sequoia Healthcare District
- Sequoia Union High School District
- Sonrisas Dental Health, Inc.
- St. Francis Center of Redwood City/Siena Youth Center
- Touro University California
- University of California San Francisco
- University of Pittsburgh
- University of San Francisco
- University of St. Augustine
- University of the Pacific Stockton
- Wender Weis Foundation for Children
- Western Governors University



Health Need: Healthy Lifestyles (Chronic Diseases & Preventive Practices)

Strategy or Program	Summary Description	Active FY22	Planned FY23
LiveWell Program	The LiveWell program helps residents of San Mateo County achieve their goals for health and wellness. The LiveWell program focuses on healthy behaviors, disease prevention and management, and injury prevention. Activities/Programs include: health screenings, evidence-based prevention program(s), community health education and support groups and health advocacy,	V	V
Sequoia Health Equity Partnership	In partnership with Samaritan House, a leading non-profit serving San Mateo County, the Sequoia Hospital Foundation will provide the funding necessary to bring a diabetes nurse educator to their Redwood City clinic to work directly with at-risk patients to provide the necessary tools and education regarding critical lifestyle modifications (meal planning, activity/exercise and stress management) so they can live with diabetes successfully.	✓	
Blood Glucose Meter Instructions	A blood glucose meter will be provided for free, and an educator will instruct on blood glucose monitoring and goals.	\checkmark	\checkmark
Diabetes Empowerment Education Program (D.E.E.P.)	An evidence-based program for diabetes self-management practices.		abla
Matter of Balance	An evidence-based program designed to reduce the fear of falling and increase activity levels among older adults.		\checkmark
Community Space Sharing Program	Provides meeting room overhead and space to the nonprofit organization Bay Area Community Health Advisory Council (BACHAC). BACHAC's mission is to increase awareness of major health issues affecting African Americans and diverse communities, advocate for increased health education and access to resources and actively encourage accountability for healthy lifestyles.	✓	V
Community health education and support groups	Health education sessions and support groups available to the public that focus on healthy behaviors, disease prevention and management, and injury prevention.	\checkmark	\checkmark
Community Health Improvement Grants program	Offers grants to nonprofit community organizations that provide healthy lifestyles (chronic diseases & preventive practices) programs and services.		V
Charitable cash and in-kind donations	Provides cash and in-kind donations to community-based organizations to address healthy lifestyles (chronic diseases & preventive practices).	V	\checkmark

Goal and Impact: The hospital's initiatives to improve healthy lifestyles are anticipated to result in: increased knowledge of healthy eating and physical activity, increased identification and treatment of chronic diseases, increased compliance with chronic disease prevention and management recommendations.

- Adaptive Physical Education Center
- Bay Area Community Health Advisory Council (BACHAC)
- Fair Oaks Adult Activity Center
- Fall Prevention Coalition of San Mateo County
- Little House Activity Center
- Redwood City Parks, Recreation and Community Services
- Redwood City School District
- Samaritan House
- San Carlos Adult Community Center
- San Mateo County Breastfeeding Advisory Committee
- San Mateo County Human Trafficking Initiative
- The San Mateo County Paratransit Coordinating Council (PCC)
- San Mateo County Tobacco Prevention Program
- Sequoia Healthcare District
- Sequoia Union High School District
- Twin Pines Senior & Community Center
- United through Education Familias Unidas
- Veterans Memorial Senior Center
- Villages of San Mateo County



Health Need: Housing and Homelessness

Strategy or Program	Summary Description	Active FY22	Planned FY23
Discharge planning for homeless patients	Supportive services are offered that include a meal, weather-appropriate clothing, medications, transportation, infectious disease screening, vaccinations and screening for affordable health care coverage. For shelter resources, the San Mateo County Coordinated Entry System is called for assistance. The hospital care coordinators and social workers engage the services of LifeMoves "Homeless Outreach Team" (HOT) to provide a broad range of services, which include outreach and engagement, intensive case management (including support in following-up on medical appointments), benefits enrollment, and transportation to and from medical appointments.	✓	
Community Health Improvement Grants program	Offers grants to nonprofit community organizations that provide housing and homelessness programs and services.	\checkmark	abla
Charitable cash and in-kind donations	Provides cash and in-kind donations to community-based organizations to address housing and homelessness.	\checkmark	\checkmark

Goal and Impact: The hospital's initiatives to address housing and homelessness are anticipated to result in: improved health care delivery to persons experiencing homelessness and increased access to community-based services for persons experiencing homelessness.

- Fair Oaks Community Center
- HIP Housing
- LifeMoves
- Redwood City Police Department
- Samaritan House (SMC Coordinated Entry System)
- San Mateo County Behavioral Health & Recovery Services
- San Mateo Medical Center



Health Need: Mental Health

Strategy or Program	Summary Description	Active FY22	Planned FY23
New Parents support group	Helps new parents navigate the challenges of parenting in a structured, inclusive, strength-based and empowering group experience.	V	abla
Community Space Sharing Program	Provides meeting room overhead and space to the nonprofit organization OneLife Counseling Services for community members to feel connected and have a safe place to access mental health services.	\checkmark	abla
Community Health Improvement Grants program	Offers grants to nonprofit community organizations that provide mental programs and services.	\checkmark	\checkmark
Charitable cash and in-kind donations	Provides cash and in-kind donations to community-based organizations to address mental health issues.	\checkmark	\checkmark

Goal and Impact: The hospital's initiatives to address mental health are anticipated to result in: increased access to mental health services in the community, and improved screening and identification of mental health needs.

- Acknowledge Alliance
- Boys and Girls Club of the Peninsula
- Fair Oaks Community Center
- Friends for Youth
- LifeMoves
- Mental Health Association of San Mateo County
- One Life Counseling Services
- Peninsula Bridge
- Redwood City PAL (Police Activities League)
- Redwood City School District
- Samaritan House
- San Mateo County Behavioral Health & Recovery Services

Community Health Improvement Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

In FY22, the hospital awarded the grants below totaling \$132,724. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
LifeMoves	Homeless Outreach Team (HOT) Project	\$20,000
Operation Access	San Mateo Specialty Care Access & Delivery Program	\$20,000
Acknowledge Alliance	Collaborative Counseling Program	\$20,000
Friends for Youth	WHY (Whole Health for Youth) Initiative	\$52,724
Sonrisas Dental Health, Inc.	Sonrisas Dental Health School Screening Program	\$20,000

Holiday Food Grant Program

Dignity Health Sequoia Hospital and the Sequoia Healthcare District provided \$100,000 in funding for vulnerable populations on the Peninsula facing ongoing food insecurity. The Holiday Food Grant Program, a collaboration between the two Redwood City based organizations, supports the following six organizations in their efforts to provide food and meals to those most in need:

- Latino Commission on Alcohol and Drug Abuse Services of San Mateo County
- LifeMoves
- One Life Counseling Center
- Peninsula Family Service
- St. Francis Center of Redwood City
- St Vincent de Paul of San Mateo County

"In serving this community for the past 70 years, we know without a doubt that nutrition and health go hand in hand," said Sequoia Hospital President Bill Graham. "These local organizations are focused on sourcing and delivering not just food, but nutritious food. This means more than just making sure these populations don't go hungry. It also means they don't find themselves with preventable conditions like heart disease, diabetes and unhealthy weight."

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

San Mateo Specialty Care Access & Delivery Project		
Significant Health Needs Addressed	Access to health care	
Program Description	2022 Community Health Improvements Grants Program 12-month grant period: Jan. – Dec. 2022 Lead Organization: Operation Access Project Name: San Mateo Specialty Care & Delivery Project Operation Access (OA) coordinates donated surgical and specialty care for underserved, uninsured people in San Mateo County. It identifies patients in need of care and matches them with medical professionals who donate their time and expertise.	
Population Served	Each OA client must live in Northern California, be uninsured and unable to qualify for Medi-Cal or Medicare, and be referred for an outpatient specialty procedure by a primary care provider. While eligible clients may earn up to 300 percent of the federal poverty level, the average annual income of OA patients (individual: \$11,596; family of four: \$27,602) is around the federal poverty level.	
	Most OA clients work in the service industries, domestic employment, and agriculture while providing their family's primary means of financial support. Latino patients constitute 93 percent of the eligible population referred to OA, with 86 percent of the clients requiring an interpreter at their appointments. Most OA patients do not have a documented immigration status. Gender distribution is 58 percent female and 42 percent male; the average age is 46.	
	In Sequoia Hospital's service area, listed in order from highest to lowest service volume, OA serves patients from the following cities and towns: San Mateo, Redwood City, Foster City, Millbrae, Burlingame, East Palo Alto, and Half Moon Bay along with unincorporated areas of the coast. The project outcomes and costs are specific to clients who live in the Sequoia Hospital service area.	
Program Goal / Anticipated Impact	OA receives referrals from community clinics and coordinates specialty care to prevent negative outcomes of untreated conditions.	
	FY 2022 Report	
Activities Summary	Operation Access will provide 65 donated surgical procedures and diagnostic services for 50 unduplicated patients and coordinate 150 total appointments for those patients.	
	Ensure a high patient compliance rate of 96 percent or greater (the rate of patients who follow proper pre-procedure instructions and honor	

	scheduled appointments).
	Provide prompt service by securing the first appointment with a specialist within 80-120 days of referral (median), and the procedure within 110-150 days (median).
Performance / Impact	In the first half of the grant period:
	Operation Access provided 33 donated surgical procedures and diagnostic services for 23 unduplicated patients.
	It coordinated 73 total appointments for those patients.
	Ninety-seven percent of patients arrived on time and prepared for appointments.
	Patients waited a median of 86 days from referral to first appointment and 109 days from referral to procedure.
Hospital's Contribution / Program Expense	2022 Community Health Improvements Grants Program 12-month grant period: Jan. – Dec. 2022 \$20,000
	FY 2023 Plan
Program Goal / Anticipated Impact	OA receives referrals from community clinics and coordinates specialty care to prevent negative outcomes of untreated conditions.
Planned Activities	 Plan to continue all activities in the second half of the grant period: July 2022 - December 2022 Submit Final Report to Sequoia Hospital Dignity Health, due February 28, 2023

LiveWell	
Significant Health Needs Addressed	Healthy lifestyles (Chronic Diseases & Preventive Practices)
Program Description	The LiveWell program helps residents of San Mateo County achieve their goals for health and wellness. The LiveWell program focuses on healthy behaviors, disease prevention and management, and injury prevention. Activities/Programs include: • Health Screenings • Evidence-based prevention program(s) • Community health education and support groups • Health advocacy
Population Served	Residents of San Mateo County
Program Goal / Anticipated Impact	 Early detection and lifestyle changes or surveillance, to reduce the risk of disease, or to detect it early enough to treat it most effectively. Provide evidence based programs that offer proven ways to promote and prevent disease among older adults. To positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health. Give patients and their families direct, customized assistance in navigating the health care system. Support and improve community health and enhance health policy initiatives.
	FY 2022 Report
Activities Summary	Health Screenings A hospital community health nurse & educator (.20FTE) provided free blood pressure screenings at 7 community sites. Services included monitoring screening results, one-on-one counseling and referrals to physicians for abnormal results. In partnership with BACHAC, hosted a Men's Health Symposium which included a prostate exam (PSA blood test and digital rectal exam). Community health education and support groups Hired a community health nurse & educator (.80 FTE) in December 2022 to work on developing and implementing educational programs around social and environmental determinants of health outcomes, and advocacy.
	A hospital community health nurse & educator provided community health education sessions. Topics included

Stroke Awareness Class

Evidence-based prevention program(s)

The Diabetes Empowerment Education Program (D.E.E.P.) and Matter of Balance (MOB) programs were placed on hold due to staffing limitations and COVID-19 in-person restrictions.

Health Advocacy

Served on the following committee(s)/council(s)/coalition(s)

- The San Mateo County Paratransit Coordinating Council (PCC) member an organization dedicated to improving the quality and availability of paratransit services in San Mateo County.
- Fall Prevention Coalition of San Mateo County steering committee member informs, collaborates, and raises awareness to prevent falls among older adults living in our community.
- San Mateo County Breastfeeding Advisory Committee member –
 promotes and supports breastfeeding as the optimal infant feeding
 method through pre- and post-natal education, advocacy, and
 community outreach
- Tobacco Education Coalition member advocating policy change to support a tobacco-free San Mateo County.
- San Mateo County Human Trafficking Initiative committee member –
 works to equip individuals, empower communities and engage
 non-profits with best practices to sustain in the fight against human
 trafficking.

Performance / Impact

July 1, 2021 - June 30, 2022 results:

Health Screenings

- Blood pressure screenings
 - 545 blood pressure screenings provided
 - 172 referrals made to primary care physician
 - 182 participants receiving one-on-one counseling
 - 63% or participants surveyed shared their results with their physician
 - 21% of participants surveyed said their physician made a change to their medications, diet and/or exercise plan based on screening results
 - 100% of participants surveyed rated the service as above average or excellent
- Annual prostate screening exam
 - 11 Prostate screening exams provided
 - 1 referral made to primary care physician

Community health education and support groups

Health Topic	Overall Participant Satisfaction	Overall Knowledge gain
Mobility as Medicine	85%	no data
Stress Mgmt: Mind-Body-Spirit	94%	100%
Cholesterol Facts and Fixes	100%	100%
Diabetes/Prediabetes Awareness	98%	100%

Hospital's Contribution / Program Expense	1.0 FTE					
FY 2023 Plan						
Program Goal / Anticipated Impact	 Early detection and lifestyle changes or surveillance, to reduce the risk of disease, or to detect it early enough to treat it most effectively. Offer evidence based programs that offer proven ways to promote and prevent disease among older adults. To positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health. Give patients and their families direct, customized assistance in navigating the health care system. Support and improve community health and enhance health policy initiatives. 					
Planned Activities	Health Screenings A community health nurse & educator will provide free blood pressure screenings at 7 community sites. Services include monitoring screening results, one-on-one counseling and referrals to physicians for abnormal results. In partnership with BACHAC, host a Men's Health Symposium which					

includes a prostate exam (PSA blood test and digital rectal exam).

Community health education and support groups A community health nurse & educator will provide community health education sessions that focus on healthy behaviors, disease prevention and management, and injury prevention.

Evidence-based prevention program(s)

A community health nurse & educator will provide the Diabetes Empowerment Education Program (D.E.E.P.) and Matter of Balance (MOB) in communities identified in the 2022 Community Health Needs Assessment Community Needs Index.

Health Advocacy

Continue to serve on the following committee(s)/council(s)/coalition(s)

- The San Mateo County Paratransit Coordinating Council (PCC) member an organization dedicated to improving the quality and availability of paratransit services in San Mateo County.
- Fall Prevention Coalition of San Mateo County steering committee member informs, collaborates, and raises awareness to prevent falls among older adults living in our community.
- San Mateo County Breastfeeding Advisory committee member –
 promotes and supports breastfeeding as the optimal infant feeding
 method through pre- and post-natal education, advocacy, and community
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- Tobacco Education Coalition member advocating policy change to support a tobacco-free San Mateo County.
- San Mateo County Human Trafficking Initiative committee member –
 works to equip individuals, empower communities and engage
 non-profits with best practices to sustain in the fight against human
 trafficking.

Health Advocacy	y Outreach Program			
Significant Health Needs Addressed	Housing and homelessness			
Program Description	2022 Community Health Improvements Grants Program 12-month grant period: Jan. – Dec. 2022 Lead Organization: LifeMoves Project Name: Homeless Outreach Team (HOT) Project The HOT provides critically needed support services to people who are homeless in San Mateo County (SMC) with the goal of promoting sustainable life choices, reducing hospital and emergency room visits, and ultimately transitioning out of homelessness. Services offered under this program include connecting the target population to medical and behavioral health services, shelter and housing resources, benefits enrollment, support in following up on medical appointments, transportation, food, hygiene and safety, and employment search assistance.			
Population Served	The project's target population is unsheltered, medically fragile homeless individuals within the Dignity Health Sequoia Hospital service area, including Redwood City (94061, 94062, and 94063) and Menlo Park (94025).			
Program Goal / Anticipated Impact	The LifeMoves Homeless Outreach Team (HOT) will provide outreach support and aid to unsheltered homeless individuals throughout San Mateo County, including individuals being discharged into homelessness from Sequoia Hospital or surrounding medical facilities. Under the Project, a HOT member will (1) respond to calls from partners and collaborators, including medical social workers at Sequoia Hospital, (2) contact the identified homeless individual, and then (3) work to connect them to community resources, such as shelter and/or housing resources, with the goals of getting them into shelter, and reducing hospital and emergency room visits. HOT members aim to respond to calls from Project partners within 24 hours (excluding weekends).			
	FY 2022 Report			
Activities Summary	HOT staff will contact and engage with at least 25 unsheltered homeless individuals. Staff will provide them with information on available medical, behavioral health, housing, and other services available in SMC. HOT staff will respond to calls from project partners within 24 hours. HOT staff will then work to contact and engage with the identified unsheltered individual as soon as possible. HOT staff will connect client to CES either by phone or, where possible, in person so that client can be assessed for shelter bed or other housing options in SMC.			
	HOT staff will work with 100% of clients wishing to be connected to other services to create a case plan after completing an intake assessment. HOT staff will provide ongoing case management and support connections to available services.			

	Where HOT staff believe the identified unsheltered individual presents a safety risk to self or others, HOT staff will coordinate with RWC PD.				
Performance / Impact	In the first half of the grant period:				
	HOT staff engaged with 67 unsheltered homeless individuals in zip codes 94002, 94019, 94025, 94061, 94062, 94063, 94403, or 94404 between January 1 and June 30, 2022. Information was provided to each person on the available resources within SMC.				
	Staff responded to calls from project partners within 24 hours. HOT staff worked to contact and engage with the identified unsheltered individual as soon as possible, although this outcome remained a significant challenge given the ongoing anxiety around COVID-19.				
	HOT staff members linked clients to CES for assessment for a SMC shelter bed or other housing option.				
	HOT staff was able to meet the requests of all clients wanting access to additional services following an intake.				
	HOT continues to collaborate regularly with partners at the RWC PD as needed to address the safety and welfare concerns for those who are unsheltered in the community.				
Hospital's Contribution / Program Expense	2022 Community Health Improvements Grants Program 12-month grant period: Jan. – Dec. 2022 \$20,000				
FY 2023 Plan					
Program Goal / Anticipated Impact	The LifeMoves Homeless Outreach Team (HOT) will provide outreach support and aid to unsheltered homeless individuals throughout San Mateo County, including individuals being discharged into homelessness from Sequoia Hospital or surrounding medical facilities. Under the Project, a HOT member will (1) respond to calls from partners and collaborators, including medical social workers at Sequoia Hospital, (2) contact the identified homeless individual, and then (3) work to connect them to community resources, such as shelter and/or housing resources, with the goals of getting them into shelter, and reducing hospital and emergency room visits. HOT members aim to respond to calls from Project partners within 24 hours (excluding weekends).				
Planned Activities	 Plan to continue all activities in the second half of the grant period: July 2022 - December 2022 Submit Final Report to Sequoia Hospital Dignity Health, due February 28, 2023 				

WHY (Whole Hea	alth Initiative for Youth)
Significant Health Needs Addressed	Mental Health
Program Description	2022 Community Health Improvements Grants Program 12-month grant period: Jan. – Dec. 2022 Lead Organization: Friends for Youth Project Name: WHY (Whole Health Initiative for Youth) WHY Initiative is a multi-agency partnership that strives to improve youth mental health by providing accessible programs, education, and resources to youth and those who support them. Core partners include Friends for Youth as the lead agency, One Life Counseling Center, Siena Youth Center, and Redwood City PAL, as well as a larger network of school and community partners.
Population Served	WHY Initiative serves youth ages 7-25, their parents/guardians, volunteers, and staff. Families served are from very low to extremely low-income households in Redwood City, North Fair Oaks, and surrounding communities. Partners serve primarily Latinx and Spanish-speaking families, as well as smaller populations of Pacific Islander and African American families. Families are facing challenges exacerbated by the pandemic such as housing instability, lack of transportation, lack of childcare, language barriers, immigration status challenges, behavioral health issues, domestic violence, limited access to youth resources, and lack of employment.
	WHY Initiative serves youth attending local schools who primarily reside in North Fair Oaks and Redwood City. FFY serves the greater Peninsula but for this project will serve zip codes: 94063, 94061, 94062, 94027, 94070, 94025, 94002, 94303. Siena Youth Center primarily serves the North Fair Oaks area: zip codes 94025, 94027 and 94063. PAL is based in East Redwood City and primarily serves 94063, 94061, and 94062. One Life serves Redwood City, North Fair Oaks, San Mateo, East Palo Alto, and San Carlos areas and for this project will serve zip codes: 94063, 94061, 94062, 94027, 94070, 94025, and 94303.
Program Goal / Anticipated Impact	Improved access to mental health and wellness services through increased instances of co-located services, successful warm handoffs, and program enhancements.
	Improved community awareness around mental health and wellness and how to access resources.
	Improved quality of participants' social emotional health and support network.
	FY 2022 Report
Activities Summary	Wellness Programs: Friends for Youth (FFY), Siena Youth Center (SYC), and Redwood City PAL will offer prevention programs that are designed to support youth's

socio-emotional well-being. FFY will provide 1-to-1 mentoring to 130 youth including 40 new mentees, 60 alumni, and 30 youth on the waitlist. This includes at least 10 referrals from WHY partners. During COVID-19, FFY

launched a virtual mentoring platform and have now introduced a hybrid program where mentorships can meet in-person following our safety protocols. Additionally, FFY will offer group mentoring to 150 students in 5th through 10th grades at five Redwood City School District campuses, Sequoia High School, and at PAL and SYC. Every week, mentoring groups will engage in the fourth iteration of FFY's socio-emotional learning curriculum, Building Superheroes. This curriculum has been co-created by youth advisors.

Redwood City PALwill provide their Community Care and Enrichment after school program for about 300 youth (grades pre-K-8th) at their facility as well as at Hoover Elementary School. Youth can receive homework help, and participate in art, science, fitness, digital literacy, college prep, and music production opportunities. PAL is also launching a theater program in partnership with Dragon Theater, a robotics program, and drumming classes. High school students can join PAL's Podcast Program which empowers older youth to plan and produce podcast episodes from start to finish. They interview their peers and community partners on topics such as mental health and racial equity. PAL will also lead the Poderismo Basketball League at SYC for ages 14-24, providing mentorship and resources for young adults. PAL has hired high school and transition-age-youth to be Youth Mentors who help plan and run youth activities.

Siena Youth Center (SYC) will provide after school programs to 125 youth (grades 1st-8th). SYC staff and high school leaders will offer homework help, tutoring, fitness, art, advocacy, and wellness classes. Every evening SYC will provide family activities open to the community including running, Zumba, community action meetings, trainings, and PAL's Poderismo Basketball program. SYC will host our second Mental Health Week where One Life, Adolescent Counseling Services (ACS), and StarVista will provide mental health training for youth and parents, and ACS on-site therapists will facilitate mental health screenings.

This year 20 middle school youth will join the Junior Volunteer Program, a leadership program that prepares them for SYC's North Fair Oaks Youth Initiative in high school. Youth in both programs will facilitate classes for younger youth and receive weekly training from SYC and WHY partners. Youth and parent health equity ambassadors will continue to help implement wellness events such as the six vaccine clinics they helped coordinate this year.

To develop equitable leadership pathways for BIPOC youth, WHY partners will collaborate to launch a paid internship program. Transition-age-youth (18-24) from our community will be placed at each partner agency and gain experience in direct service, marketing, administration, and other job skills. For the pilot program, we aim to hire four interns (one at each organization) who will earn \$18 per hour for 20 hours per week. WHY partners will provide workforce development training and mentorship to these youth for one year (six months during this grant cycle).

Education:

One Life therapists will provide 2 bilingual trainings on immigrant mental health, one for youth and one for parents. First generation youth spoke highly of this training last year and would like their parents to receive the same training. Based on partner requests, One Life also plans to increase consultation hours to 12 hours this year. This includes consultation on case management and

incorporating social-emotional learning practices into our programs. WHY Initiative partners will host the Redwood City & North Fair Oaks Health Fair again in 2022. Based on 2021 impact numbers, approximately 300 families will connect to partners and service providers and receive resource guides and youth care packages.

Mental Health Services:

One Life aims to increase access to mental health services by providing Spanish-speaking multicultural therapists for PAL, SYC, and FFY families. This summer, One Life therapists were on-site at PAL to provide therapy, outreach, consultation. Their efforts to integrate into programming helped decrease mental health stigma and increase referrals to therapy. They plan to offer 12 hours of on-site therapy at PAL for all WHY partners' families and will be flexible to meet youth on-site at SYC and FFY. These hours will primarily serve youth and families but will also be available for staff. Staff often face similar obstacles to accessing therapy, and their wellness is essential to providing quality programming and preventing burnout and high turnover. Additionally, One Life will offer a six-week bilingual parent support group at PAL and at SYC to facilitate dialogue around youth mental health, academics, and positive parenting. The co-location of mental health services helps partners foster stigma-free communities with more equitable access to resources. It also addresses barriers to access such as lack of transportation, limited awareness of resources, and a lack of Spanish-speaking and Latinx therapists.

Performance / Impact

In the first half of the grant period:

Community members participating in each WHY program have improved access to mental health and wellness services due to our collaborative programming. So far, 7 youth at SYC have received formal counseling. 35 youth from SYC and PAL have received mentorship from the FFY site-based group program. 3 youth at SYC have started the 1-to-1 FFY mentorship program, and 4 youth from SYC and PAL are in the process of being matched with a mentor.

Program enhancements include new programs and new partnerships. One Life will begin leading site-based peer counseling groups. WHY organizations partnered with Juventus to run an additional soccer series in January-February that served 42 youth from SYC, PAL, and FFY. A new partnership was formed with Sea Valor, a mental health oriented organization that takes people on sailing trips. After a successful WHY staff sailing retreat, each WHY partner plans to coordinate trips to bring community members sailing too.

So far, WHY has hosted 7 trainings on mental health and wellness for staff, community members, and youth. These trainings served 60 parents, 40 youth, and 22 staff. 93% of training participants reported feeling more knowledgeable of mental health and wellness after each training, and 86% of participants reported feeling more knowledgeable about local resources, and 84% feel more comfortable accessing these resources.

For the FFY site-based group program, 97.9% of youth report improved support and personal well-being, and 100% of them report feeling more supported. For the SYC program during the school year, 92% of youth report

	feeling happier and more positive since the program started. 93% of youth report that the SYC helps them feel more connected and supported to their community. For PAL's summer program, 100% of parents reported their youth felt happy in the program and 75% reported that the program was a socially-enriching experience.			
Hospital's Contribution / Program Expense	2022 Community Health Improvements Grants Program 12-month grant period: Jan. – Dec. 2022 \$52,724			
FY 2023 Plan				
Program Goal / Anticipated Impact	The WHY Initiative (Whole Health for Youth) is a collaborative of local agencies that strive to improve systems of support for marginalized youth in North Fair Oaks and Redwood City. Our mission is to improve youth mental health by providing accessible wellness programs, education, and resources to youth and those who support them. We provide coordinated services to youth and ensure that their parents, after school staff, and mentors are also knowledgeable about mental health and connected to resources.			
Planned Activities	 Plan to continue all activities in the second half of the grant period: July 2022 - December 2022 Submit Final Report to Sequoia Hospital Dignity Health, due February 28, 2023. 			

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Engagement in Community Health Coalitions

- Sequoia Union High School District (SUHSD) Wellness Advisory Council (WAC) executive committee member Students, parents, teachers, health professionals, counseling/administrative staff, and Board members work alongside community members and outside agencies to discuss all aspects of wellness.
- Friends and Family CPR program (Partnership with Sequoia Healthcare District) classes for expectant parents, and new parents.
- Health Career Academy at Sequoia High School Advisory committee member
- The San Mateo County Paratransit Coordinating Council (PCC) member an organization dedicated to improving the quality and availability of paratransit services in San Mateo County.
- Fall Prevention Coalition of San Mateo County steering committee member informs, collaborates, and raises awareness to prevent falls among older adults living in our community.
- San Mateo County Breastfeeding Advisory committee member promotes and supports breastfeeding as the optimal infant feeding method through pre- and post-natal education, advocacy, and community outreach
- Tobacco Education Coalition member advocating policy change to support a tobacco-free San Mateo County.
- San Mateo County Human Trafficking Initiative committee member works to equip individuals, empower communities and engage non-profits with best practices to sustain in the fight against human trafficking.

Economic Value of Community Benefit

240 Sequoia Hospital					
Complete Summary - Classified Including Non					
Community Benefit (Medicare)					
For period from 7/1/2021 through 6/30/2022					
	Persons	Expense	Offsetting Revenue	Net Benefit	% of Expenses
Benefits for Vulnerable					
Financial Assistance	3,435	2,428,814	0	2,428,814	0.8%
Medicaid	5,014	20,680,484	8,026,841	12,653,643	4.2%
Means-Tested Programs	390	0	517,069	0	0.0%
Community Services					
A - Community Health Improvement Services	635	7,329	0	7,329	0.0%
C - Subsidized Health Services	35	16,902	0	16,902	0.0%
E - Cash and In-Kind Contributions	15	11,888,574	0	11,888,574	4.0%
G - Community Benefit Operations	0	1,884,598	0	1,884,598	0.6%
Totals for Community Services	685	13,797,403	0	13,797,403	4.6%
Totals for Vulnerable	9,524	36,906,701	8,543,910	28,362,791	9.4%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	1,332	35,981	13,380	22,601	0.0%
B - Health Professions Education	276	1,380,404	251,511	1,128,893	0.4%
Totals for Community Services	1,608	1,416,385	264,891	1,151,494	0.4%
Totals for Broader Community	1,608	1,416,385	264,891	1,151,494	0.4%
Totals - Community Benefit	11,132	38,323,086	8,808,801	29,514,285	9.8%
Medicare	17,992	127,495,935	82,604,033	44,891,902	15.0%
Totals with Medicare	29,124	165,819,021	91,412,834	74,406,187	24.8%

^{**}Consistent with IRS instructions and CHA guidance, Means-Tested Programs are reported at \$0 net benefit because offsetting revenue was greater than expense in FY22. Net gain for Means-Tested Programs is still included in all "Totals" calculations, however.

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

Hospital Board and Committee Rosters

SEQUOIA HOSPITAL COMMUNITY BOARD

Chair

Jan Barker

Community Member

Secretary

Mojdeh Talebian, MD

President, Medical Staff

Adam Harmon, MD

Sequoia Hospital

Members

Dorena Chan

Community Member

Sandra Ferrando

Community Member

Bill Graham

President, Sequoia Hospital

Connie Guerrero

Swinterton Builders

Sunil Pandya

Wells Fargo

(Amita) Niki Saxena, MD

Lisa Tealer

Executive Director Bay Area Community Health Advisory Council (BACHAC)

Tykia Warden

Executive Director of Development San Mateo County Community Colleges Foundation

SEQUOIA HOSPITAL COMMUNITY ADVISORY COMMITTEE (CAC)

Chair

Melissa Platte

Executive Director

Mental Health Association of San Mateo County

Members

Christopher Beth

Director, Redwood City Parks, Recreation and

Community Services Department

Susan Eldredge

Executive Director

Villages of San Mateo County

Laura Fanucchi

Associate Executive Director

HIPhousing

Sandra Ferrando

Sequoia Hospital Community Board Member

Ted Hannig

Attorney, Hannig Law Firm

Diane Howard

City of Redwood City Council Member

Susan Houston

Director, Older Adult Services

Peninsula Family Service

Karen F. Krueger

Executive Director of Philanthropy

Pathways Home Health & Hospice

Alisa Greene MacAvoy

RCSD Board of Trustee

Trustee At-Large

Francisco (Frankie) Sapp

Pronouns: he/his/him

Program Director

San Mateo County Pride Center

Lisa Tealer, (She/Her)

Sequoia Hospital Community Board Member

Executive Director

Bay Area Community Health Advisory

Council (BACHAC)

Sequoia Hospital Staff

Bill Graham

Liaison to Sequoia Hospital Community Board

President

David Cowell

Vice President of Mission Integration

Jennifer Svihus

President of Foundation

Marie Violet

Director, Health & Wellness

Tricia Coffey

Manager of Community Health Outreach