



2016

**Community  
Health Needs  
Assessment**



Lucile Packard  
Children's Hospital  
**Stanford**

## Acknowledgments

Lucile Packard Children's Hospital Stanford would like to acknowledge the contributions of many individuals and organizations to this community health assessment:

### **Santa Clara County Community Benefit Coalition:**

- El Camino Hospital, Barbara Avery, Director of Community Benefit
- Hospital Council of Northern and Central California
  - Jo Coffaro, Regional Vice President
  - Jeanette Murphy, Regional Office Coordinator
- Kaiser Permanente, South Bay Area
  - Amy Aken, Community Benefit Specialist
  - Stephan Wahl, Community Health and Benefit Manager
- Lucile Packard Children's Hospital Stanford, Joey Vaughan, Manager of Community Benefits
- O'Connor Hospital (Verity Health System), Kel Kanady, Community Relations & Marketing Manager
- Santa Clara County Public Health Department, Anandi Sujeer, Manager, Epidemiology & Vital Records
- Stanford Health Care, Sharon Keating-Beauregard, Executive Director of Community Partnerships (Coalition Chair)
- Saint Louise Regional Hospital, Sister Rachela Silvestri, Director of Community Health

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

- County of San Mateo Human Services Agency, Selina Toy Lee, Director of Collaborative Community Outcomes
- 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 Stanford, Joey Vaughan, Manager of Community Benefits
- Peninsula Health Care District, Ashley McDevitt, Community Outreach Coordinator
- San Mateo County Health System
  - Sara T. (ST) Mayer, Director of Health Policy and Planning
  - Scott Morrow, MD, MPH, San Mateo County Health Officer (HCC Co-Chair)
- Sequoia Hospital (Dignity Health System), Marie Violet, Director, Health and Wellness Services (HCC Co-Chair)
- Seton Medical Center (Verity Health System), Tina Ahn, Chief Development Officer & Corporate Responsibility Officer
- Stanford Health Care, Sharon Keating-Beauregard, Executive Director of Community Partnerships
- Sutter Health Peninsula Coastal Region, Janet Lederer, Vice President, Education Division



# Table of Contents

<b>ACKNOWLEDGMENTS</b>	<b>2</b>
<b>1. EXECUTIVE SUMMARY</b>	<b>5</b>
Introduction & Goals	5
Background	5
Methods	6
Prioritized Health Needs	7
About the Consultants	9
Accessing the Complete CHNA Report	9
<b>2. COMMUNITY DESCRIPTION</b>	<b>10</b>
About Our Hospital	10
About Our Hospital’s Community Benefits Program	10
Community Served	14
<b>3. PROCESS &amp; METHODS OF THE 2016 CHNA</b>	<b>16</b>
Primary Qualitative Data (Community Input)	16
Secondary Quantitative Data Collection	20
Information Gaps & Limitations	20
<b>4. IDENTIFICATION &amp; PRIORITIZATION OF 2016 COMMUNITY HEALTH NEEDS</b>	<b>21</b>
Overview of Identification & Prioritization Process	21
Identification of 2016 Community Health Needs	21
Synthesis of Health Needs Data	22
Summarized Descriptions of Top 16 Community Health Needs in 2016	22
Hospital Prioritization of Top 16 Community Health Needs	27
<b>5. CONCLUSION</b>	<b>29</b>
<b>6. APPENDICES</b>	<b>29</b>



# 1. Executive Summary

## Introduction & Goals

Lucile Packard Children's Hospital Stanford is a world-class, nonprofit hospital devoted entirely to the care of babies, children, adolescents and expectant mothers. The hospital is located on the Stanford University campus in Palo Alto, California. Lucile Packard Children's Hospital Stanford conducted this community health needs assessment (CHNA) in 2015–2016 to meet the new federal requirements of the Affordable Care Act (ACA) and to inform Lucile Packard Children's Hospital Stanford's investments in the health of the community's children. This CHNA was approved by Packard Children's Board of Directors on June 1, 2016, and in accordance with federal requirements, this report is widely available to the public on Lucile Packard Children's Hospital Stanford's website at [www.stanfordchildrens.org](http://www.stanfordchildrens.org).

We conducted this CHNA in partnership with existing health collaboratives in San Mateo (SMC) and Santa Clara (SCC) counties. The Healthy Community Collaborative of San Mateo County (HCC) and the Santa Clara County Community Benefit Coalition (CBC) consist of representatives from nonprofit hospitals, County Health Department and Human Services, public agencies, and community-based organizations, and were created to identify and address the shared health needs of the community.

The goals of the 2016 CHNA are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With these data, Lucile Packard Children's Hospital Stanford will develop strategies to tackle critical health needs and improve the health and well-being of community members. The assessment findings can also serve as a guideline for policy and advocacy efforts, and to ensure Lucile Packard Children's Hospital Stanford's alignment with countywide priority health initiatives.

The 2016 CHNA report uses the findings of the 2013 CHNA and other previous CHNAs. The 2016 report documents how the current CHNA was conducted and describes the related findings.

## Background

In addition to helping surface community health priorities, Lucile Packard Children's Hospital Stanford will use the 2016 CHNA to fulfill key state and federal mandates, as described below.

California Legislative Senate Bill 697, enacted in 1994, stipulates that private nonprofit hospitals must submit an annual report to the Office of Statewide Health Planning and Development (OSHPD) that shall include, but shall not be limited to, a description of the activities the hospital has undertaken to address identified community needs within its mission and financial capacity. Additionally, hospitals shall describe the process by which they involved the community (community groups and local government officials) in helping to identify and prioritize community needs to be addressed. This community needs assessment shall be updated at least once every three years.

The CHNA also helps fulfill Lucile Packard Children's Hospital Stanford's requirement for the Internal Revenue Service (IRS). The Patient Protection and Affordable Care Act of 2010 (ACA), enacted by Congress on March 23, 2010, stipulates that nonprofit hospital organizations complete a community health needs assessment (CHNA) every three years. The CHNA must include input from the community and experts in public health and local health departments. Community input must include representatives of high-need populations, including minority groups, low-income individuals and medically underserved populations. Hospitals must make the CHNA report widely available to the public and "must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA" (Affordable Care Act, 2010).

## Data Collection Methods

To gather information for its local planning needs and to meet state and federal mandates, Lucile Packard Children’s Hospital Stanford took the following approach to complete the 2016 CHNA.

For the purposes of this assessment, Lucile Packard Children’s Hospital Stanford did not limit the definition of “community health” to traditional measures of health. In addition to indicators about the physical health of the county’s residents, we included indicators related to the broader social and environmental determinants of health, such as access to health care, technology, affordable housing, child care, education and employment. This definition reflects Lucile Packard Children’s Hospital Stanford’s view that many factors impact community health. We cannot adequately understand or address community health without consideration of those wider factors.

To assess the health trends most affecting children and families, Lucile Packard Children’s Hospital Stanford partnered with Applied Survey Research (ASR) to obtain secondary data from a variety of sources (see Appendix 3: Secondary Data Sources for a complete list). ASR obtained primary data through direct community input: (a) key informant interviews with local health experts, (b) focus groups with community leaders and representatives, and (c) resident focus groups.

To gauge the relative priority of various health needs, ASR asked focus group members to generate a list of pressing health needs and then vote on those they felt were top priority. Key informants were asked to list their community’s priority needs. ASR then tabulated how many focus groups prioritized each health need and how many key informants described each health need as a priority.

In the fall of 2015, ASR synthesized qualitative and secondary data to create a list of health needs for Lucile Packard Children’s Hospital Stanford, and then filtered them against a set of criteria to reveal those that could be considered top health needs. To qualify as a top health need, each once had to meet the following criteria:

### Terminology

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

**Health risk:** A behavioral, environmental, social, economic or clinical care factor that impacts health

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

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

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

1. Meets the definition of a “health need,” which is a poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome;
2. Is supported by more than one source of data;
3. Misses a state or national (Healthy People 2020, or HP2020) benchmark; and
4. Affects children and families (e.g., not a need that primarily affects older adults).

## Prioritized Health Needs for Lucile Packard Children's Hospital Stanford

Once the top health needs were identified, Lucile Packard Children's Hospital Stanford's Community Benefit Advisory Council met in April 2016 and ranked them using multiple criteria. The 14 needs are listed below in order of priority.

1. **Obesity** – Obesity rates among children in both counties are higher than the state averages. In the northern part of SMC, rates of overweight youth in fifth, seventh and ninth grades are slightly higher than the state averages. Hispanic and black youth in SMC are more likely to be overweight, obese and physically inactive than their peers. Drivers of obesity include poor nutrition, lack of exercise, and environmental factors such as a low availability of fresh food and a high prevalence of fast food establishments.
2. **Behavioral Health** – A higher percentage of SMC students in middle school and high school report depressive symptoms, compared with their counterparts across the state. Furthermore, school staff in that county are much more likely than staff statewide to say that student mental health is a moderate to severe problem. In SCC, the community expressed concern about increasing methamphetamine use among youth. Respondents in both counties reported there is a limited supply of mental health care providers and substance abuse treatment options, inadequate insurance coverage for behavioral health among those who are insured, and the stigma related to mental health persists.
3. **Birth Outcomes** – In general, both counties fare well on overall birth outcomes, but an issue lies in the significant disparities among ethnic groups. For instance, in both counties, blacks are more likely than other groups to have less access to early prenatal care, and more likely to have low-birth-weight babies, pre-term births and cases of infant mortality.
4. **Health Care Access & Delivery** – According to 2014 data, the proportion of children aged 0–17 in SMC and SCC who had been without health insurance coverage (5 percent and 4 percent, respectively) is lower than in the state (8 percent). However, Latinos are much more likely than other ethnic groups to be uninsured. Low-income children were much less likely (75 percent) than higher income children to have had a routine well-child visit. Health experts and community members both expressed concerns about various aspects of access, such as the lack of primary and specialty practitioners, long wait times for appointments, and the increasing cost of care. The community also expressed concern about patients' ability to navigate the health care system, especially those patients who are immigrants or linguistically isolated.
5. **Oral/Dental Health** – Tooth decay is the single most common chronic childhood disease. It is preventable with early detection and treatment and ongoing regular checkups. For low-income children in both counties, access to a pediatric dentist is limited by the cost of dental care and the fact that there are reportedly few dentists who accept Denti-Cal. According to 2013–14 data from the California Health Interview Survey, nearly one-third of children in SCC aged 2 to 11 years did not visit a dentist, dental hygienist or dental clinic within the past year, and that rate rises to 52 percent for Latino children. SCC's dental utilization rates are poorer than the statewide averages (19 percent). (Utilization rates were unavailable for SMC children due to small survey sample size.)
6. **Respiratory Conditions** – Asthma is slightly less prevalent in the two counties than it is statewide, but the rate of asthma hospitalizations among SMC children aged 1 to 19 years is slightly higher than the state. Disparities exist among blacks, younger adults and low-income residents. Pediatric weight, an issue for children of color in both counties, is a known risk factor. Community members also expressed concern about asthma,

naming drivers such as mold, mildew, airborne particles, second-hand smoke and smog from traffic.

7. **Sexual Health** – The teen birth rate has been declining in both counties and the state, but births to Latina teens in SMC increased from 2012 (18.7 per 1000) to 2013 (26.4).<sup>1</sup> In fact, Latinas were consistently more likely than other women in the county and state to become teen mothers. In SCC, Latina teens are 10 times more likely to become mothers than their Caucasian counterparts. Overall, youth in San Mateo and Santa Clara counties have lower rates of gonorrhea and chlamydia than those statewide, and rates of chlamydia are declining gradually.<sup>2</sup> However, disparities exist by ethnicity, with Asian/Pacific Islander (API) youth in SMC having higher rates of chlamydia than API youth statewide. Similarly, Latino youth in SCC have higher rates of both chlamydia and gonorrhea than their counterparts statewide.
8. **Violence & Abuse** – Although almost all county-level measures of abuse and violence are gradually improving, there are marked disparities in the prevalence of violence and abuse among different ethnic groups. For instance, black children are five times more likely than white children to be the subject of a child abuse allegation in the two counties.<sup>3</sup> In SMC, black youth are twice as likely as blacks statewide to be arrested for a felony, and in SCC, Hispanic youth are twice as likely as their counterparts statewide to have a felony arrest.
9. **Economic Security** – Economic security is a need in SCC and SMC because of the ethnic disparities seen in rates of child poverty; black and Latino children are five times more likely than white

children to be living below the federal poverty line (about \$24,000 for a family of four). Low family income is compounded by the exorbitant cost of housing in the two counties (see the description for Housing and Homeless, below), greatly affecting families' ability to meet the basic food, health and housing needs of their children. For these reasons, poverty is consistently shown to be one of the strongest predictors of child health and developmental outcomes.

10. **Housing & Homelessness** – According to the California Association of Realtors, only 16 percent of SMC and 22 percent of SCC families can afford to buy a median priced home in 2016, compared with 34 percent of families statewide.<sup>4</sup> There are ethnic disparities, with blacks and Latinos impacted more than other ethnic groups by the cost of housing. The lack of safe, stable, affordable housing is related to poor physical and mental health outcomes for children and families; indeed, community focus group participants mentioned housing and homelessness as top concerns.
11. **Learning Disabilities (SCC only)** – In SCC, the proportion of county public school children who receive special education services is increasing and is slightly greater than the state proportion. The community expressed concern about the lack of diagnoses of learning disabilities and special needs, especially in immigrant and homeless populations.
12. **Transportation & Traffic (SMC only)** – An indicator of traffic volume, the total vehicle miles traveled in SMC has been increasing and correlates with motor vehicle crashes and vehicle exhaust, two factors in poor health outcomes. Latinos and blacks in the county are more likely to be the victims of pedestrian and motor vehicle crashes than those of other ethnic groups. Community members expressed concerns about

1 <http://www.kidsdata.org/topic/315/teenbirths-race/trend#fmt=1194&loc=2,59,4&tf=13,73&ch=7,507,9&pdist=73>

2 <http://www.kidsdata.org/topic/214/stds/trend#fmt=2338&loc=4,59&tf=3,79&ch=443&pdist=108>

3 <http://www.kidsdata.org/topic/3/childabuse-reports-race/table#fmt=1217&loc=2,4,59&tf=79&ch=7,11,8,10,9&sortColumnId=0&sortType=asc>

4 <http://www.car.org/marketdata/data/haitraditional/>



the impacts of excessive traffic, including stress from commuting, poor air quality from vehicular exhaust, and motor vehicle accidents resulting from speeding.

**13. Unintentional Injuries** – Across the nation, unintentional injuries, such as drownings and automobile accidents, are the leading cause of death in children aged 19 and younger. In San Mateo and Santa Clara counties, hospitalization rates for unintentional injuries are lower than the statewide averages, although rates are substantially higher in SCC than in SMC.<sup>5</sup>



**14. Climate Change** – Evidence shows that the San Francisco–Oakland–San Jose region is ranked 16th for high ozone days out of 228 metropolitan areas, ranked eighth for 24-hour particle pollution out of 186 metropolitan areas, and ranked sixth for annual particle pollution out of 171 metropolitan areas. Poor air quality can aggravate asthma and other respiratory conditions, while high levels of ground-level ozone can damage plants and ecosystems on which human health depends. Furthermore, it is predicted that SMC will be the California county most affected by rising sea levels.<sup>6</sup>

## About the Consultants

Lucile Packard Children’s Hospital Stanford contracted with Applied Survey Research (ASR) to conduct the 2016 Community Health Needs Assessment. ASR conducted primary research, synthesized primary and secondary data, facilitated the process of identification and prioritization of

community health needs and assets, documented the process, and prepared the CHNA report.

ASR is a local nonprofit social research firm that is well known for its expertise in community assessments. In 2007, the firm won a national award from the Community Indicator Consortium and the Brookings Institution for having the best community assessment project in the country. ASR accomplishes successful assessments by using mixed research methods to help understand the needs and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders. Visit [www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org) for more information.

## Accessing the Complete CHNA Report

This executive summary and the full CHNA report can be found on the Lucile Packard Children’s Hospital Stanford website at [www.stanfordchildrens.org](http://www.stanfordchildrens.org).

<sup>5</sup> <http://www.kidsdata.org/topic/300/unintentionalinjury-hospitalizationrate-age/table#fmt=2321&loc=2,4,59&t-f=73&ch=962,711,967,964,966&sortColumnId=0&sortType=asc>

<sup>6</sup> Heberger, Matthew, et al. The Impacts of Sea-Level Rise on the California Coast. Berkeley, CA: California Climate Change Center, 2009. Accessed May 17, 2016. <http://pacinst.org/wp-content/uploads/sites/21/2014/04/sea-level-rise.pdf>

## 2. Community Description

### About Lucile Packard Children's Hospital Stanford

Opened in 1991, Lucile Packard Children's Hospital Stanford is the heart and soul of Stanford Children's Health. Nationally ranked and internationally recognized, our 302-bed hospital is devoted entirely to pediatrics and obstetrics. Our six centers of excellence provide comprehensive services and extensive expertise in key obstetric and pediatric fields: brain and behavior, cancer, heart, pregnancy and newborn, pulmonary, and transplant. We provide an additional wide range of multidisciplinary services for babies, children, adolescents and pregnant women.

Lucile Packard Children's Hospital Stanford is located on the Stanford University campus in the heart of Silicon Valley. Our growing network reaches far beyond the hospital walls throughout the San Francisco Bay Area and the greater Pacific Northwest. Although our focus is on providing exceptional Community Benefit to the communities in our primary hospital service area, we are committed to expanding our Community Benefit programs and activities throughout our network service area, and to maintaining and improving community health in every community we work.

Our Community Benefit work is focused on reaching two of the most vulnerable populations in our service area — underserved children and pregnant women. Stanford University lies in one of the wealthiest regions in the country, but recent data show that 11.56 percent of children in our community are living in households below the Federal Poverty Level and 36.82 percent are eligible for free or reduced price lunch. These indicators, combined with the high cost of living and housing cost burden, affect the health status of children and families in our community. Whether through funding insurance premiums for uninsured kids or providing free school lunch for children and their families, Lucile Packard Children's

Hospital Stanford is dedicated to meeting the health needs of our community's most vulnerable.

As a nonprofit organization, Lucile Packard Children's Hospital Stanford is dedicated to improving the health of our community. As part of that commitment, we provide direct services to some of our communities' most vulnerable members and we partner with government and local community-based organizations on programs and funding. The following program guidelines drive our community work:

- Meaningful and sustainable community investment
- Services that meet the needs of vulnerable populations
- Partnering to build stronger, healthier communities
- Continued advocacy for children's health issues

At Lucile Packard Children's Hospital Stanford we believe that every family is deserving of quality, nurturing care. As part of that commitment we provide financial assistance to families who qualify. We're proud to be part of the safety net that provides care to our community's most vulnerable.

### About Our Hospital's Community Benefits Program: 2014–2016 Implemented Strategies and Evaluation Findings

Lucile Packard Children's Hospital Stanford's most recent previous CHNA was conducted between September 2012 and January 2013. The assessment was approved by the full Board of Directors on June 5, 2013, and made widely available to the public at [www.stanfordchildrens.org](http://www.stanfordchildrens.org).

The 2013 CHNA, which identified significant community health needs, formed the foundation for Lucile Packard Children's Hospital Stanford's implementation strategies for fiscal years 2014–2016.

Those strategies were initiated in Lucile Packard Children’s Hospital Stanford’s fiscal year 2014 which began September 1, 2013. In December 2014, the IRS published its final regulations, which require that hospitals evaluate the impact of any actions taken since the immediately preceding CHNA, to address the significant health needs identified in the prior CHNA.

The following are highlights of Lucile Packard Children’s Hospital Stanford’s community benefit strategies and their implementation. Due to time constraints that require adoption and public posting of this report by the end of the fiscal year, evaluation results for fiscal year 2016 are not yet fully available. For more information, please see [www.communitybenefit.stanfordchildrens.org](http://www.communitybenefit.stanfordchildrens.org).

#### **FY14 & FY15 COMMUNITY BENEFIT (CB) INVESTMENT HIGHLIGHTS**

- Over \$414 million in community benefit, excluding uncompensated Medicare
- Over \$5 million in charity care
- Nearly \$21 million to train the next generation of physicians and other health care professionals
- Nearly \$2.4 million in programs that benefit the larger community; such as support for community emergency management programs and advocacy for children’s health issues

#### **COMMUNITY INVESTMENT GRANTS**

Lucile Packard Children’s Hospital Stanford seeks to meet community benefit standards through multiple initiatives specifically addressing identified community health needs. These initiatives range from services and activities conducted by the hospital organization itself to programs funded by the hospital and conducted by community nonprofits and government agencies in the community we serve. The results section of this evaluation specifically addresses Lucile Packard Children’s Hospital Stanford’s funding of externally conducted programs.

Lucile Packard Children’s Hospital conducts a yearly grant program that funds nonprofit organizations and government agencies working on shared unmet health needs. Our Community Investment Grant program allows Lucile Packard Children’s Hospital Stanford to provide support for community-based organizations with programs or services that align with our Community Health Initiatives.

Our FY2014 – FY2016 Community Investment Grant recipients are listed in Table 1.

#### **EVALUATION OF GRANTS PROGRAM OVERALL**

Beginning in April 2014, Lucile Packard Children’s Hospital Stanford began a robust evaluation of the Community Investment Grants program overall. The evaluation sought to understand how well the current grants program and portfolio were responding to the CHNA-identified community health needs. Results found that the program was meeting the intent of recent state and federal regulation and is responding to changing and expanding IRS requirements. The evaluation also identified opportunities for further data collection about activities and impacts of the programs funded.

#### **SPECIFIC STRATEGIES, INITIATIVES & RESULTS**

##### **Health Initiative 1: Improve Access to Care**

Goal: Improve access to a comprehensive medical home for children and youth ages 0–25, and for pregnant women in Santa Clara (SCC) and San Mateo (SMC) counties. This health initiative aims to address the “Access to Care” health need identified by the 2012–2013 Community Health Needs Assessment. Interventions include improved care coordination between health care organizations and systems as well as sustainable adoption and implementation of the medical home model.

Table 1

FISCAL YEAR 2014	FISCAL YEAR 2015	FISCAL YEAR 2016
<ul style="list-style-type: none"> <li>• Gardner Packard Children’s Health Center</li> <li>• Health Improvement Partnership of Santa Cruz</li> <li>• Health Plan of San Mateo – Healthy Kids</li> <li>• MayView Community Health Center</li> <li>• Palo Alto Family YMCA</li> <li>• Puente</li> <li>• Ravenswood Family Health Center</li> <li>• San Mateo and Santa Clara Community Benefit Coalitions</li> <li>• San Mateo County Health System</li> <li>• Santa Clara County K–12 School Districts – HealthTeacher</li> <li>• The Albert Schweitzer Fellowship</li> </ul>	<ul style="list-style-type: none"> <li>• Gardner Packard Children’s Health Center</li> <li>• Health Improvement Partnership of Santa Cruz</li> <li>• Health Plan of San Mateo – Healthy Kids</li> <li>• Healthy Kids of Santa Cruz County</li> <li>• MayView Community Health Center</li> <li>• Palo Alto Family YMCA</li> <li>• Peninsula Family Advocacy Program</li> <li>• Puente</li> <li>• Ravenswood Family Health Center</li> <li>• San Mateo and Santa Clara Community Benefit Coalitions</li> <li>• San Mateo County Health System</li> <li>• Santa Clara County K–12 School Districts – HealthTeacher</li> <li>• The Albert Schweitzer Fellowship</li> </ul>	<ul style="list-style-type: none"> <li>• Challenge Success</li> <li>• Family Voices</li> <li>• Gardner Packard Children’s Health Center</li> <li>• Go for Health/5210+</li> <li>• Health Improvement Partnership of Santa Cruz</li> <li>• Healthy Kids of Santa Cruz County</li> <li>• MayView Community Health Center</li> <li>• Palo Alto Family YMCA</li> <li>• Peninsula Family Advocacy Program</li> <li>• Puente</li> <li>• Ravenswood Family Health Center</li> <li>• San Mateo and Santa Clara Community Benefit Coalitions</li> <li>• San Mateo County Health System</li> </ul>

**Strategies:**

- Increase supply of providers in community clinics
- Support Lucile Packard Children’s Hospital Stanford’s Mobile Adolescent Health Services Teen Van
- Fund pediatric primary and dental services at Ravenswood Family Health Center
- Support Gardner Packard Children’s Health Center’s pediatric primary care clinic
- Fund coastside health services through Puente
- Fund primary care services at MayView Community Health Center
- Fund Care-A-Van for Kids
- Provide appropriate financial assistance for uninsured and underinsured patients
- Train the next generation of health care providers

**Results:**

Table 2 lists the combined FY2014 and 2015 results for each program for which we have data.

**Health Initiative 2: Prevent and Treat Pediatric Obesity**

Goal: Reduce the prevalence and severity of overweight and obese children by addressing the social determinants of health, as well as offering evidence-based clinical treatment programs to children and families of the community, and by engaging in advocacy efforts.

**Strategies:**

- Fund Lucile Packard Children’s Hospital Stanford Pediatric Weight Control Program for families with children ages 8 to 15, offering scholarships to families who qualify

Table 2

FUNDED GRANTEE	TOTAL INVESTMENT	INDIVIDUALS SERVED
Mobile Adolescent Health Services Program – Teen Van: Teen patients received medical provider visits, individual and group dietitian visits, and/or social worker visits in multiple locations throughout the Bay Area.	\$1,265,496	704
Healthy Kids Insurance Coverage Support: San Mateo and Santa Cruz Counties	\$200,000	200
Ravenswood Family Health Center	\$738,000	16,426
Gardner Packard Children’s Health Center	\$3,350,000	n/a
MayView Community Health Center	\$100,000	12,623
Peninsula Family Advocacy Program	\$60,000+	n/a
Puente	\$120,000	1,974
Care-A-Van for Kids	\$452,445	1,794

- Continue participation with strategic community collaboratives addressing prevention of pediatric obesity
- Fund Go for Health! community collaborative and 5210+ health education programs
- Seek additional partnership opportunities to reduce obesity rates and promote healthy lifestyles among children and youth

**Results:** Table 3

### Health Initiative 3: Improve the Social, Emotional and Mental Health of Children and Youth

Goal: Partner with and link health care providers with mental health providers, school professionals and community agencies to increase the emotional and social well-being of children and youth ages 0 to 25.

#### Strategies:

- Fund Project Safety Net and HEARD Alliance projects
- Fund the Mental Health Dissemination and Innovation Initiative
- Sustain Suspected Child Abuse and Neglect Team activities and advocacy
- Fund Reach & Rise youth mentoring program through the YMCA
- Fund Peer Health Exchange health education program
- Fund Project Cornerstone community programs
- Seek additional engagement and partnership opportunities to support the social, emotional and mental health needs of our community

**Results:** Table 4 (next page)

Table 3

FUNDED GRANTEE	TOTAL INVESTMENT	INDIVIDUALS SERVED
Pediatric Weight Control Program	\$71,000	FY14 Scholarships awarded: 48 FY15 Individuals served: 70
HealthTeacher & GoNoodle	\$149,000	83,236

Table 4

FUNDED GRANTEE	TOTAL INVESTMENT	INDIVIDUALS SERVED
Project Safety Net & Health Care Alliance for Response to Adolescent Depression (HEARD)	\$255,280	n/a
The Mental Health Dissemination and Innovation Initiative	\$281,150	n/a
Suspected Child Abuse and Neglect Team (SCAN)	\$139,659	n/a
Reach & Rise	\$20,000	181

## Community Served

Lucile Packard Children’s Hospital Stanford is located on the Stanford University campus in Palo Alto, California. Palo Alto is located on the northern end of Santa Clara County (SCC), bordering the San Mateo County (SMC) cities of East Palo Alto to the east and Menlo Park to the north. In addition to our main facility in Palo Alto, Lucile Packard Children’s Hospital Stanford also operates licensed beds in satellite units at two local area hospitals: a special-care nursery at Washington Hospital in Fremont (nine beds), a special-care nursery at Sequoia Hospital in Redwood City (six beds), and adolescent and general pediatrics inpatient units at El Camino Hospital in Mountain View (30 beds).

Because of our international reputation for outstanding care to babies, children, adolescents and expectant mothers, we serve patients and their families around the entire San Francisco Bay Area. In the 10-county Northern California area, Lucile Packard Children’s Hospital Stanford ranks first for pediatrics, with 12 percent market share, and fifth for obstetrics, with 4 percent market share (OSHPD 2014).

However, since our 2015 discharge data show that over half (51 percent) of Lucile Packard Children’s Hospital Stanford’s inpatient pediatric cases (excluding normal newborns) and 85 percent of obstetrics cases come from SCC and SMC, the primary community we serve can be defined as SCC and SMC. Lucile Packard Children’s Hospital Stanford

ranks first in market share (28 percent) for pediatrics and third for obstetrics (11 percent) in our primary service area.

## SAN MATEO COUNTY

San Mateo County (SMC), located on the San Francisco Peninsula, is made up of 20 cities and towns, bordered by the City and County of San Francisco to the north and Santa Clara County to the south. SMC is a mix of urban and suburban industrial, small business and residential use. The coastal area is a mix of suburban and rural areas with significant agricultural, fishing, small business and tourism land use. According to the U.S. Census, the estimated population of the county in 2014 was 739,837. SMC’s population is expected to increase by 14 percent between 2010 and 2050.

SMC is among the richest counties in terms of ethnic diversity. More than half (56 percent) of the SMC population is white, which is expected to decrease over the next four decades by nearly 50 percent. Currently, one-quarter of the population (26 percent) is Asian and 3 percent are black/African-American. Approximately 8 percent selected “some other race” and 5 percent selected “more than one race.” In SMC the largest subgroups of Asian residents are Chinese and Filipino (both 38 percent of the Asian population), followed by the Asian Indian group (28 percent). More than a quarter (27 percent) reported being of Latino ethnicity (distinct from race). One-third (34 percent) of the county population is foreign-born, and nearly half

(46 percent) of those aged 5 and older speak a language other than English at home. In SMC, approximately 34 percent of the population was born outside of the United States. By the year 2050, the ethnic makeup of the county is projected to be 38 percent Hispanic, 32 percent Asian/Pacific Islander, 22 percent white, 5 percent black/African-American and 4 percent other/multi-race.

Less than one-quarter (24 percent) of the residents in San Mateo County are under the age of 20, while 35 percent are between the ages of 20 and 44, and the rest (41 percent) of the residents are over the age of 44. Those aged 60 and older will increase from 20 percent (in 2014) to 31 percent. Asian/Pacific Islander and Hispanic seniors will comprise the largest proportion of seniors in SMC in 2050. At the other end of the age spectrum, the ethnic makeup of children aged 14 and younger is projected to be Hispanic, Asian/Pacific Islander, white, black/African American and multirace in 2050.

The U.S. Census Bureau estimates that in 2014, the median income for SMC residents was \$91,421. While this median income is the third highest in California,<sup>7</sup> one in 10 children aged 18 and younger live below the Federal Poverty Level (FPL), and 8 percent of all of SMC individuals live below FPL.

There are race/ethnic disparities in the percentage of children living below 100 percent of FPL. Black and Latino children in both SMC and SCC are almost five times more likely than white children to live in poverty.

However, because FPL does not take into consideration local conditions such as cost of living, agencies use other measures of economic security to provide a more realistic measure of poverty in SCC. According to the 2014 Family Self-Sufficiency Standard (FSSS),<sup>8</sup> a single parent with two children<sup>9</sup> living in SMC must earn approximately \$97,200 annually to meet the family's basic needs, the equivalent of five full-time minimum-wage jobs in SMC.

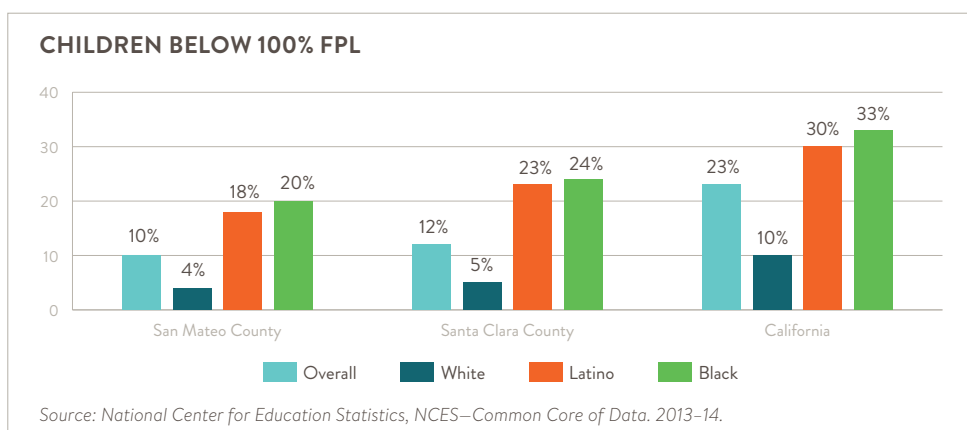
## SANTA CLARA COUNTY

With 1.8 million residents, Santa Clara County (SCC) is the sixth most populated of California's 58 counties, and the most populated county in the Bay Area. More than half of the residents live in San Jose. SCC's population is projected to grow from the current level to more than 2.2 million by 2030.

The North County area is extensively urbanized. Thirteen of the county's 15 cities and more than 88 percent of the county's residents live in the North

County. Gilroy and Morgan Hill, with approximately 5 percent of the county's population, are located in the South County, which remains predominantly rural with low-density residential developments scattered though the valley and foothill areas. More than half of the county's population lives in San Jose.

According to U.S. Census 2014 estimates, approximately 37 percent of the population in SCC



7 University of Wisconsin Population Health Institute. Median Household Income. Madison, WI: County Health Rankings, 2016. Accessed May 18, 2016. <http://www.countyhealthrankings.org/app/california/2014/measure/factors/63/data>

8 Developed by the Insight Center for Community Economic Development, the FESSS is a comprehensive measure of how much it costs for working families to live, adjusted for regional differences in prices and the ages of the children in the household.

9 One infant and one preschool-aged child.

was born outside of the United States, outpacing the rate for California by nearly 10 percent. Of those who report one race, nearly half (49 percent) are white alone, 33 percent are Asian, and 3 percent are black/African-American. Approximately 10 percent selected “some other race” and 5 percent selected “more than one race.” The predominant sub-groups of the Asian population are Chinese (27 percent), Vietnamese (22 percent), Asian Indian (22 percent) and Filipino (15 percent). More than one in four residents (27 percent) reported a Hispanic/Latino ethnicity (distinct from race).<sup>10</sup> SCC residents in total speak more than 100 languages and dialects.

Latinos represent the fastest-growing demographic. According to the 2012 Silicon Valley Latino Report Card, 82 percent of Latinos (both native-born and foreign-born) in Silicon Valley are from Mexico, with another 8.5 percent from Central America. The Vietnamese population is another demographic that is growing rapidly in SCC. While there are currently more Chinese (27 percent) in SCC than Vietnamese (22 percent), the Vietnamese population has grown very quickly in the last few decades, from 11,717 in 1980 to 134,525 in 2010. The population is the second largest of any county in the United States, surpassed only by Orange County, California. San Jose has the largest Vietnamese population of any U.S. city.

The SCC median income in 2014 was \$93,854 – the highest in California. However, like SMC, one in 10 SCC children and 14 percent of adults were living below FPL in 2014.<sup>11</sup> In addition, more Hispanic/Latino and black/African-American children are living in poverty compared with children of other racial or ethnic groups and the county overall. In SCC, a single parent with two children<sup>12</sup> must earn approximately \$90,700 annually to meet the family’s basic needs, the equivalent of four full-time SCC minimum-wage jobs.

### 3. Process & Methods of the 2016 CHNA

The data collection process for this Community Health Needs Assessment (CHNA) for Lucile Packard Children’s Hospital Stanford took place over a four-month period in 2015 as illustrated below.



#### **March – June 2015:**

Secondary data collection;  
Primary data collection



#### **July – November 2015:**

Data synthesis; Health  
needs list



#### **November 2015 – April**

**2016:** Prioritization; Report  
writing

Data collection is further described below.

#### **Primary Qualitative Data (Community Input)**

In cooperation with health collaboratives in San Mateo and Santa Clara counties (of which Lucile Packard Children’s Hospital Stanford is a member), ASR collected qualitative data to gather a nuanced, multifaceted view of the most pressing health needs in the two counties. Lucile Packard Children’s Hospital Stanford is using the resulting data gathered from both counties for this report, as our service area covers the counties of San Mateo and Santa Clara.

In SMC and SCC, ASR used three strategies for collecting community input: interviews with health experts, focus groups with community leaders and stakeholders, and focus groups with residents. To provide a voice to the community, and to meet IRS regulations, the focus groups targeted residents who were medically underserved, in poverty and of

<sup>10</sup> U.S. Census Bureau. 2010–2014 American Community Survey 5-Year Estimates. Washington, DC: U.S. Census Bureau, 2015.

<sup>11</sup> In 2014, the national FPL for a family of four was \$23,850.

<sup>12</sup> One infant and one preschool-aged child.



minority populations. The research in both SMC and SCC was focused on two core questions:

- What are the top or “priority” health needs in the community that are not being well met now (compared with 2013)?
- What are the issues around access to health care and how has the Affordable Care Act impacted access to health care for the community?

See Appendix 5: List of Community Leaders & Their Credentials for the titles and expertise of key stakeholders along with dates and modes of consultation. See Appendix 7: Focus Group & Key Informant Interview Protocols for detailed protocols and questions.

### KEY INFORMANT INTERVIEWS

ASR interviewed various professionals in SCC and SMC who either work in the health field or improve health and quality of life conditions by serving those from IRS-identified, high-need populations as well as community leaders and/or representatives. Interviews occurred in person or by telephone for approximately one hour. In both counties, ASR asked informants to identify the top needs of their constituencies and to give their perceptions about how access to health care has changed in the post-ACA environment. These interviews took place in the spring of 2015.

#### San Mateo County

In SMC, ASR conducted 29 key informant interviews. In addition to the core questions about health priorities and access described above, ASR asked informants to discuss how the built/physical environment in SMC impacts health and how technology may be used to improve health.

#### Santa Clara County

ASR interviewed five SCC experts from various organizations in the health sector. In addition to the core questions about health priorities and access, ASR asked them to identify barriers to good health and to share which solutions may improve health (including existing resources and policy changes).

### COMMUNITY HEALTH NEEDS RANKING SURVEY (SANTA CLARA COUNTY ONLY)

ASR invited 65 community leaders with expertise in serving the community to participate in an online survey in July 2015. The survey asked participants to rank a list of health needs in SCC and invited them to add other needs to the list. Forty-nine leaders responded to the survey, reflecting a wide range of expertise. Participants’ organizations included behavioral health agencies, agencies that help families with basic needs, school systems and other nonprofit organizations. ASR combined the results of the survey with input gathered through focus groups and key informant interviews to determine the community’s priorities.

### FOCUS GROUPS WITH PROFESSIONALS AND RESIDENTS

Focus group discussions in SCC and SMC included 10 people on average and lasted one hour. Nonprofit hosts, including the Community Health Partnership in San Jose (which serves the uninsured) and Maple Street Shelter in Redwood City (which serves those experiencing homelessness) recruited residents. For input from health experts and those who represent the target populations, HCC and CBC members recruited focus group hosts and professional participants for the groups based on their knowledge of the community.

#### San Mateo County

ASR held six focus groups in SMC with residents from organizations that serve the focus population (additional groups that focused on older adults were conducted by the HCC but are not included here). In addition to the two core topics about health priorities and access, SMC community members engaged in a discussion on these topics:

- How often do community members use technologies for health activities?
- How has the physical environment impacted health in SMC?
- How much of a priority is health in your life?

Table 5

POPULATION FOCUS	RESPONDENT TYPE (RESIDENT/ PROFESSIONAL)	FOCUS GROUP HOST/PARTNER	DATE	NUMBER OF PARTICIPANTS
Youth	Resident	Carlmont High School	03/31/15	11
Youth with behavioral health issues	Resident	El Centro de Libertad	04/21/15	4
LGBTQ	Resident	PRIDE Initiative at Congregational Church of San Mateo	05/13/15	8
Tongan/Samoan	Resident	Pacific Islander Initiative at Peninsula Conflict Resolution Center	05/20/15	8
Medically underserved	Resident	Ravenswood Health Center	05/27/15	10
Coastside residents	Resident	Boys & Girls Club of Half Moon Bay	05/27/15	5

Table 5 presents the details of each focus group conducted.

A total of 46 community members participated in the focus group discussions in SMC. ASR asked all participants to complete an anonymous demographic survey, the results of which are reflected below. All participants filled out a survey.

- **Ethnicity:** 39 percent white, 28 percent Asian or Pacific Islander, 15 percent Latino, 11 percent black; remainder reported being of multiple ethnicities.
- **Age:** 33 percent under 20 years old, 13 percent 20–29 years old, 11 percent 30–39 years old, 22 percent 40–49 years old, 15 percent 50 years and older, 6 percent age unknown.
- **Insurance:** 4 percent uninsured; 42 percent Medi-Cal, Medicare, or another public health insurance program; 53 percent privately insured.
- **Residence:** 24 percent East Palo Alto, 13 percent San Mateo, 11 percent Half Moon Bay, 9 percent San Carlos, 7 percent Redwood City, 7 percent Belmont, 7 percent Millbrae; 5 percent or fewer in San Jose, San Bruno, Pacifica, Foster City, Daly

City, East Oakland, Mountain View and other locations not identified.

- **Income:** 54 percent annual household income of under \$45,000 per year, which is below the 2014 California Self-Sufficiency Standard for San Mateo County for two adults with no children (\$47,364); 35 percent under \$25,000 per year, which is below FPL for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared with other areas of California.

### Santa Clara County

Seven focus groups were held in Santa Clara County between May and October 2015. (Additional groups that focused on older adults were conducted by the county collaborative but are not included here.) Half of the groups were held with professionals from organizations that serve the focus population, and half were held with residents themselves. Thirty-four professionals and 36 non-professional residents participated in a focus group. Three out of four focus groups with residents were conducted in languages other than English. In addition to answering the core questions about health priorities and access, ASR

Table 6

POPULATION FOCUS	RESPONDENT TYPE (RESIDENT/ PROFESSIONAL)	FOCUS GROUP HOST/ PARTNER	DATE	NUMBER OF PARTICIPANTS
New and pregnant mothers (Spanish)	Resident	Columbia Neighborhood Center (Sunnyvale)	5/5/15	6
High school youth	Resident	Los Altos High School (Los Altos)	5/12/15	12
Medically underserved (Spanish)	Resident	Community Health Partnership (San Jose)	5/13/15	8
Medically underserved	Professional	Community Health Partnership	5/15/15	8
Mental health/ substance use	Professional	Behavioral Health Contractors' Association of Santa Clara County	5/28/15	12
South County residents	Professional	Community Solutions	9/18/15	14
Vietnamese adults (Vietnamese)	Resident	Asian Americans for Community Involvement (San Jose)	10/4/15	10

asked SCC focus group participants to share their suggestions for improvement of health, including how new or existing resources could best help and whether policies could be developed to impact the need.

Thirty-six residents participated in the focus group discussions in SCC. Twenty-six participants completed an anonymous demographic survey, the results of which are reflected in Table 6.

- **Race:** 69 percent Hispanic/Latino, 28 percent Vietnamese, 3 percent white.
- **Age:** 33 percent under 20 years old, 3 percent 20–29 years old, 14 percent 30–39 years old, 11 percent 40–49 years old, 8 percent 50–59 years and old, 31 percent age unknown.
- **Insurance:** 14 percent uninsured; 83 percent Medi-Cal, Medicare or Health Kids/Healthy Families public health insurance programs; 3 percent private insurance.

- **Residence:** Mountain View was the most common (12). Other cities of residence: San Jose (8), Sunnyvale (5) and Santa Clara (1).
- **Income:** Of those who responded to the survey question, 75 percent annual household income of under \$45,000 per year, which is below the 2014 California Self-Sufficiency Standard for Santa Clara for two adults with no children (\$45,802); 70 percent under \$25,000 per year, which is below FPL for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared with other areas of California.

### ANALYSIS OF QUALITATIVE INPUT

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

The focus group and key informant interview protocols asked participants about the top health needs in their community that are the least well met. Focus group members were then asked to vote on which needs were the greatest priority. The three needs that received the most votes from a focus group's participants became the top priority needs for that focus group. Meanwhile, ASR asked key informants to list their community's top priority health needs. ASR then tabulated how many times each health need was ranked or listed as a priority by focus groups and key informants.

## Secondary Quantitative Data Collection

In both SCC and SMC, ASR collected secondary data from the publicly available Community Commons data platform. This data platform includes over 150 indicators and serves as a common foundation for statistical data gathering on community health. In addition, ASR reviewed the most recent and comprehensive Santa Clara County Public Health Department reports. In SMC, ASR also reviewed secondary data from the Healthy Community Collaborative 2013 Community Health Needs Assessment (CHNA). Other data sources are listed in Appendix 3.

ASR compiled the statistical data and provided comparisons against Healthy People 2020 benchmarks. Healthy People is an endeavor of the U.S. Department of Health and Human Services that has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets objectives or targets for improvement for the nation. The most recent set of objectives are for the year 2020 (HP2020) and were updated in 2012 to reflect the most accurate population data available.<sup>13</sup> If HP2020 benchmarks were not available, statewide averages and rates were used as benchmarks.

## Information Gaps & Limitations

Lucile Packard Children's Hospital Stanford is limited in its ability to assess some of the identified community health needs due to a lack of secondary data. There are also limitations in the data to assess the needs of special populations, including LGBTQ individuals and undocumented immigrants. Due to the small numbers of these community members, many data are statistically unstable and do not lend themselves to predictability.

Quantitative data about SCC and SMC are particularly scarce for the following issues:

- Mental health, including mental health disorders, bullying and suicide among LGBTQ youth
- Oral/dental health (particularly rates of dental caries)
- Substance abuse (particularly use of illegal drugs and misuse of prescription medications)
- Tobacco use through e-cigarettes and vaporizers
- Consumption of sugar-sweetened beverages in SMC
- Diabetes among children in SCC
- Breastfeeding practices at home in SCC
- Community violence (especially officer-involved shootings) in SCC
- Health needs of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in survey data)

Another limitation is related to the local and national Behavioral Risk Factor Surveillance System (BRFSS). In 2011, BRFSS data collection, structure and weighting methodology were changed to allow for data collection by cellphones. Because the Centers for Disease Control and Prevention (CDC) changed the methods for the BRFSS, trend comparisons for both national and locally implemented BRFSS surveys (such as the 2014 Santa Clara County Public Health Department BRFSS) are not feasible.

<sup>13</sup> <http://www.healthypeople.gov>

## 4. Identification & Prioritization of 2016 Community Health Needs

### Overview of Identification & Prioritization Process

To identify Lucile Packard Children's Hospital Stanford's health needs, the 2016 CHNA followed a series of steps and decision points shown at right.

An overview of each of the planning steps is provided below.

### Identification of 2016 Community Health Needs

As described in Section 3, the CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. These persons included local public health departments, those who are medically underserved, low-income individuals, minority populations, and professionals whose organizations serve or represent the interests of those populations. In addition to this primary qualitative input, quantitative data was analyzed to identify poor health outcomes, health disparities and health trends.

Focus group participants and key informants provided their perspectives about the health of the community, as well as the social determinants or drivers of health that are of greatest concern. These community members were frank and forthcoming about their personal experiences with health challenges and their perceptions about the needs of their families and community. Collectively, they identified a diverse set of health conditions and demonstrated a clear understanding of the health behaviors and other drivers (e.g., environmental) that affect health outcomes. They spoke about prevention, access to care, clinical practices that work and do not work, and their overall perceptions of the community's health.

**Gathered & reviewed data on more than 120 health indicators using:**

- Healthy People 2020 objectives
- Online data platforms such as Kidsdata.org, Community Commons and other widely accepted statistical data sources
- Qualitative data from focus groups and key informant interview

**Identified 14 top health needs based on the following criteria:**

- Must fit the definition of a health need
- Must be indicated by more than one data source
- Must fail a benchmark (HP2020 or state average)
- Must be a health need that primarily affects children and families

**Used additional criteria to prioritize health needs for Lucile Packard Children's Hospital Stanford:**

- Magnitude or scale of the need
- Clear disparities or inequities
- Multiplier effect
- Existing expertise

**Created a List of 14 Prioritized, Rank-ordered Health Needs**

## Synthesis of Top Health Needs Data

ASR synthesized data on a variety of health issues, including data from the report “2013 Community Health Needs Assessment Health & Quality of Life in San Mateo County,” as well as other secondary data and qualitative data from focus groups and key informant interviews. At the direction of Lucile Packard Children’s Hospital Stanford, ASR then used a spreadsheet known as the “data culling tool” to list data on each health issue and evaluate whether the issue qualified as a health need. To be categorized as a community health need, all four of the following criteria had to be met:

- The issue must fit the definition of a “health need.”
- The issue is suggested or confirmed by more than one source of secondary and/or primary data.
- At least two or more related indicators perform poorly against the HP2020 benchmark or, if no HP2020 benchmark exists, against the state average.
- The health need primarily affects children and families (e.g., not being a need that primarily affects older adults).

A total of 14 health conditions or drivers fit all four criteria and were thus considered community health needs. The list of needs is found below.

## Summarized Descriptions of Top 14 Community Health Needs in 2016

### BEHAVIORAL HEALTH

This health need includes social-emotional health and substance abuse. In SMC, the percentage of students in middle school and high school with depressive symptoms in the past 12 months was slightly higher (ranging from 26 percent to 40 percent depending on grade level) than the state as a whole (ranging from 28 percent to 37 percent depending on grade level). In SCC, the rate was 28 percent overall of seventh, ninth and 11th graders. According to

KidsData.org, almost half (46 percent) of SMC school staff reported student mental health was a moderate to severe problem, compared with the state average of 35 percent.<sup>14</sup>

Suicide was the 10th leading cause of death in SMC in 2013. In both counties, more than one in 10 of ninth- and 11th-grade students seriously considered suicide. In 2013, there were four suicides among youth aged 5 to 24 years in SMC and 26 suicides in SCC.

With regard to alcohol and substance use, the level of binge drinking among young adult males in SMC rose between 1998 and 2013. In SCC, the community expressed concern about the documented high rates of youth marijuana use and the rising youth methamphetamine use.

During community input sessions, participants in SMC expressed concerns about the behavioral health of teens, the limited supply of mental health care providers and substance abuse treatment options, as well as inadequate insurance coverage for behavioral health benefits among those who are insured. Community members reported there were too few counselors, especially school-based counselors, to handle well-being–related issues. One key informant noted that there were long wait times for the available therapists. Community members also felt that there is no treatment available for suicidal youth. Community members expressed concerns about youth well-being, especially stress, and the need for more mental health education for providers, youth and parents.

### BIRTH OUTCOMES

Overall, birth outcomes in SMC and SCC meet Healthy People 2020 (HP2020) targets and are similar to the state averages. However, birth outcomes remain a health need due to the fact that black, Asian/Pacific Islander and residents of races marked “other” disproportionately experience

<sup>14</sup> <http://www.kidsdata.org/topic/1823/student-depression-problem-staff-reported/table#fmt=2290&loc=2,4,59&tf=81&ch=1143,1144,1145,1146,1147,1148,1171,1172,1173,1174&sortColumnId=0&sortType=asc>

worse outcomes than county residents of differing ethnicities.

For instance, black women in SMC (21 percent) and SCC (29 percent) are more likely to have inadequate prenatal care than women of other ethnicities, and than women in the state overall (20 percent). Inadequate access to prenatal care is highly correlated with birth outcomes, and as such, likely contributes to the prevalence of lower-birth-weight babies in the two counties: In SMC, black (15 percent) mothers and Asian/Pacific Islander (9 percent) mothers are more likely than other mothers in the county (6.7 percent) and state (6.8 percent) to deliver low-birth-weight babies. The same pattern is true in SCC, where black (8 percent) mothers and mothers of races marked “other” (9 percent) are more likely to have low-birth-weight babies. Certain geographic pockets of the county are more affected than others, such as Alviso, parts of Milpitas, Sunnyvale and Gilroy. Ethnic disparities are also seen in the rates of pre-term births, and infant mortality rates for black infants in SMC (17.5 per 1,000) and SCC (7.8 per 1,000) are higher than the HP2020 objective (6.0).

Poor birth outcomes are impacted by social determinants of health, such as food insecurity experienced by pregnant mothers and by inadequate access to early prenatal care.

### **CLIMATE CHANGE (SMC ONLY)**

Evidence shows that SMC is among the top U.S. metropolitan areas with the highest short-term particle pollution and most polluted by ground-level ozone. Poor air quality can aggravate asthma and other respiratory conditions, while high levels of ground-level ozone can damage plants and ecosystems upon which human health depends. Additionally, carbon emissions in the county have risen slightly over time. These emissions can affect climate change, which in turn impacts food security and water resources that are key to human health. Although water consumption is trending down countywide, which is especially crucial during drought years, more affluent communities use

disproportionately more water than less affluent communities. Finally, SMC will be the California county most affected by rising sea level.<sup>15</sup> Community input included apprehension that air pollution from increased traffic is negatively impacting health. The community also expressed concern over access to parks in the county, noting that higher-density urban areas have fewer green spaces.

Climate change impacts children’s health in numerous ways. For example, there is increased risk for chronic asthma and other respiratory conditions, and their immature immune systems make them more susceptible to various diseases.

### **ECONOMIC SECURITY**

Economic security is a need in SCC and SMC because of the ethnic disparities seen in child poverty: Black and Latino children are five times more likely than white children to be living below the federal poverty line (about \$24,000 for a family of four). Low family income is compounded by the exorbitant cost of housing in the two counties (see the description for Housing and Homeless, below).

In both counties, the community expressed concerns that economic disparities continue to grow and that some simply cannot afford to continue to live in SMC. The community expressed concern that low wages, income inequality, and the concomitant impacts on families’ abilities to meet basic food, housing and health needs are all drivers of poor health. Their perceptions are borne out in the broader research, in which poverty is consistently shown to be one of the strongest predictors of child health and developmental outcomes. A 2011 Children’s Health Watch study found that children of families that are behind on their mortgage or rent are more likely to be in poor health and have an increased risk of developmental delays than children whose families are stably housed.<sup>16</sup>

<sup>15</sup> California Climate Change Center. 2009. The Impacts of Sea-Level Rise on the California Coast.

<sup>16</sup> Children’s Health Watch. Behind closed doors: The hidden health impacts of being behind on rent. 2011.

## HEALTH CARE ACCESS & DELIVERY

According to 2014 data, the proportion of children aged 0–17 in SMC and SCC who had been without health insurance coverage (5 percent and 4 percent, respectively) was lower than in the state (8 percent). However, Latinos are much more likely than other ethnic groups to be uninsured.

Health care insurance is the gateway to care, but having a medical home and routine visits are the mechanisms by which prevention and early detection of health issues occur. Local data is not available about the extent to which children have access to a medical home, but more than half of children statewide lack a medical home.

In SCC in 2014, 96 percent of children aged 0–11 had a routine checkup in the past year, and in SMC, 94 percent of children under 18 had a routine checkup in the past year (2013). However, low-income children were much less likely than higher income children to have had a routine well-child visit; according to the Healthcare Effectiveness Data and Information Set (HEDIS), in 2014 only 75 percent of children ages 3 to 6 enrolled in Santa Clara Family Health Plan, Anthem Blue Cross Partnership Plan and Health Plan of San Mateo had a routine well-child visit.

In terms of barriers to care for children and families, health experts and community members in the two counties expressed concerns about issues such as the affordability of insurance for those who do not qualify for Covered California subsidies, a shortage of primary and specialty practitioners who will take their insurance, the increasing cost of care, insured individuals' use of emergency rooms or community clinics due to cost, long wait times for appointments, challenges getting routine checkups, and transportation. The community also expressed concern about patients' ability to navigate the health care system, especially those patients who are immigrants or linguistically isolated.

## HOUSING & HOMELESSNESS

According to the California Association of Realtors, only 16 percent of SMC and 22 percent of SCC

families can afford to buy a median priced home in 2016, compared with 34 percent of families statewide.<sup>17</sup> The lack of safe, stable, affordable housing is related to poor physical and mental health outcomes for children and families; indeed, community focus group participants mentioned housing and homelessness as top concerns.

In SMC, median housing prices nearly doubled between 2011 and 2015. Low-income individuals and non-whites in SMC are disproportionately impacted by the high cost of housing. Blacks and Latinos are disproportionately represented in the SMC homeless population.

Rent and median home values make SCC one of the most expensive places to live throughout California. Data indicate that black and Latino mortgage holders spend a greater percentage of household income on housing than their white counterparts. Homelessness has increased in Gilroy, Mountain View and Palo Alto. Fortunately, in SCC, the number of homeless families with children is the lowest it has been in over 10 years.

Community members expressed concern about overcrowded housing. Overcrowded housing can cause stress and facilitates the spread of infectious diseases. In addition, community members were also concerned about poor housing conditions, such as lack of insulation, pest infestations and mold problems. When the lack of sufficient housing leads to homelessness, residents are at even greater risk for infectious diseases, malnutrition and other health problems.

## LEARNING DISABILITIES (SCC ONLY)

This health need includes attention deficit disorder (ADD), attention deficit-hyperactivity disorder (ADHD) and autism.

The proportion of county public school children who are receiving special education services is increasing and is slightly greater than the state proportion. Learning disabilities are the most

<sup>17</sup> <http://www.car.org/marketdata/data/haitraditional/>



common type of disability among those receiving special education. Children with ADHD are at increased risk for antisocial disorders, drug abuse and other risky behaviors. While data are lacking about the prevalence of specific learning disabilities, the community expressed concern about the lack of diagnoses of learning disabilities and special needs, specifically among those experiencing homelessness and immigrant children (especially those who enter the country unaccompanied).

## OBESITY

Compared with state averages, in SMC there are slightly higher rates of overweight and obese 2- to 4-year-olds countywide, and slightly higher rates of overweight youth in fifth, seventh and ninth grades (North County). There are ethnic and racial disproportionalities in SMC, with black and Latino youth more likely to be obese or overweight and to be physically inactive than other youth overall.

Similar to SMC, in SCC, the proportion of obese children younger than 6 years is higher than the state and HP2020 targets. SCC's Latino and black adolescents are more likely to be overweight and obese, and these rates fail HP2020 targets.

Drivers of obesity include poor nutrition, lack of exercise and environmental factors such as low availability of fresh food and high prevalence of fast food establishments.

## ORAL/DENTAL HEALTH

Tooth decay is the single most common chronic childhood disease – five times more common than asthma, four times more common than early childhood obesity, and 20 times more common than diabetes.<sup>18</sup> Local data is not available, but nationwide, the prevalence of decay has been rated as high as 42 percent of children aged 2 to 11 years.<sup>19</sup> According to the American Academy of Pediatric Dentistry, children with prolonged exposure to sugary liquids

such as milk, breast milk, formula, fruit juice and other sweet liquids are more likely to experience early childhood tooth decay. Dental decay in young children is largely preventable with early detection and treatment and ongoing regular checkups.

According to 2013–14 data from the California Health Interview Survey, nearly one-third of children in SCC aged 2 to 11 years did not visit a dentist, dental hygienist or dental clinic within the past year, and that rate rises to 52 percent for Latino children. SCC's dental utilization rates are poorer than the statewide averages (18.5 percent). (Utilization rates were unavailable for SMC children due to small survey sample size.)

The community expressed concern about the lack of access to dental care due to the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have insurance. The community also reported that some dental insurance benefits are not sufficient for services beyond cleaning and extraction.

## RESPIRATORY CONDITIONS

In 2011–12, asthma among children was slightly less prevalent in the two counties than it was statewide; the percent of children ages 1–17 who were reported to have asthma was 14.3 percent in SCC and 11.4 percent in SMC, compared with 15.4 percent statewide.<sup>20</sup> Asthma hospitalizations for children 0–17 in both SMC and SCC have been steadily decreasing and are consistently below the rate for the entire state. In 2014, the state of California saw a rate of 10.9 (per 10,000 residents) asthma hospitalizations for children 0–17, while in SMC it was 6.3 and in SCC it was 7.2. However, disparities exist among blacks, younger adults and low-income residents.

Asthma is seen more often in children who are overweight. In both SMC and SCC there are higher rates of children who are overweight and obese (please refer to that health needs statement, above).

<sup>18</sup> <http://www.mychildrensteeth.org/assets/2/7/ECCstats.pdf>

<sup>19</sup> <http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/DentalCariesChildren2to11.htm>

<sup>20</sup> <http://www.kidsdata.org/topic/238/asthma/table#fmt=97&loc=2,4,59&tf=77&sortType=asc>

Asthma can also be aggravated by poor air quality. In fact, the San Francisco–Oakland–San Jose region is ranked 16th for high ozone days out of 228 metropolitan areas, ranked eighth for 24-hour particle pollution out of 186 metropolitan areas, and ranked sixth for annual particle pollution out of 171 metropolitan areas.

This health need may also be impacted by health behaviors such as percentage of youth who use tobacco.

The community members expressed concern about asthma, naming drivers of the disease such as mold and mildew, airborne particles, second-hand smoke and smog from traffic.

## SEXUAL HEALTH

The teen birth rate has been declining in both counties and the state, but births to Latina teens in SMC have increased, from 18.7 per 1,000 in 2012 to 26.4 per 1000 in 2013.<sup>21</sup> In fact, Latinas were consistently more likely than other women in the county and statewide to become teen mothers. For instance, 86 percent of adolescent births in SMC and 83 percent of adolescent births in SCC were to mothers who reported a Hispanic ethnicity, as compared with their counterparts statewide (75 percent). This occurrence translates to higher birth rates for Latinas; in 2013, the teen birth rate SMC was 26.4 per 1,000 Hispanic teens, compared with African American (6.9), Asian (1.1) and white (0.8) teens. In SCC, similar disparities are seen, with 31.3 births per 1,000 Hispanic teens, compared with African American (4.5), white (3.8) and Asian (1.9) teens.<sup>22</sup>

Overall, youth in San Mateo and Santa Clara counties have lower rates of gonorrhea and chlamydia than the statewide average, and rates of chlamydia are declining gradually.<sup>23</sup> However, disparities exist by

ethnicity. According to KidsData.org, the rate of chlamydia among SMC's Asian/Pacific Islander youth is higher than the statewide rate (337.0 compared with 217.7, respectively).<sup>24</sup> In SCC, Latino youth have higher rates of gonorrhea (80.8) and chlamydia (713.0) compared with Latino youth statewide (79.1 and 676.2, respectively).

In SMC, the community expressed concern about STIs among teens and indicated a need for teen- and LGBTQ-specific sexual education and health care. Community participants in SCC suggested that STIs are perceived as primarily affecting youth, LGBTQ and single people, which may drive low screening rates for those who think they are low risk. LGBTQ community members cited fear of diagnosis and a lack of time as reasons they had not been tested for STIs.

HIV prevalence among children in the two counties is low. As of the end of 2012, SCC reported 13 children under age 19 living with HIV/AIDS,<sup>25</sup> and as of the end of 2014, SMC reported three children under the age of 19 living with HIV/AIDS.<sup>26</sup>

## TRANSPORTATION & TRAFFIC (SMC ONLY)

As an indicator of traffic volume, the total vehicle miles traveled in SMC has been rising and is correlated with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. Latinos and blacks in the county are more likely to be the victims of pedestrian and motor vehicle crashes than those of other ethnic groups. Most county residents drive to work alone rather than use an alternative mode of transportation. Low-income residents, Latinos and blacks are more likely than other groups to cite transportation as a barrier to seeing a doctor. The coastside communities have less access to public transit than the rest of the county. Community members expressed concerns about the impacts of

21 <http://www.kidsdata.org/topic/315/teenbirths-race/trend#fmt=1194&loc=2,59,4&tf=13,73&ch=7,507,9&pdist=73>

22 <http://www.cdph.ca.gov/data/statistics/Pages/CountyHealthProfiles.aspx>

23 <http://www.kidsdata.org/topic/214/stds/trend#fmt=2338&loc=4,59&tf=3,79&ch=443&pdist=108>

24 <http://www.kidsdata.org/topic/1830/stds-race/table#fmt=2341&loc=2,4,59&tf=79&ch=7,8,10,9,443,444&sort-ColumnId=0&sortType=asc>

25 [https://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/HIV/SCC\\_HIV\\_2012\\_Report\\_Jan10\\_2014.pdf](https://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/HIV/SCC_HIV_2012_Report_Jan10_2014.pdf)

26 [http://smchealth.org/sites/default/files/docs/PHS/STD-HIV/2014\\_ST-DHIV\\_AR.pdf](http://smchealth.org/sites/default/files/docs/PHS/STD-HIV/2014_ST-DHIV_AR.pdf)

excessive traffic, including stress from commuting, poor air quality from vehicular exhaust, and motor vehicle accidents resulting from speeding.

## UNINTENTIONAL INJURIES

Across the nation, unintentional injuries are the leading cause of death in children aged 19 and younger, but most child injuries can be prevented. Drownings are a leading cause of injury death for young children aged 1 to 14 years, and three children die every day as a result of drowning. More children aged 5 to 19 years die from crash-related injuries than from any other type of injury. Parents and caregivers can play a life-saving role in protecting children from injuries.<sup>27</sup>

In San Mateo and Santa Clara counties, hospitalization rates for unintentional injuries are better than the statewide averages, although rates are substantially higher in SCC than in SMC.<sup>28</sup>

## VIOLENCE & ABUSE

Although almost all county-level measures of abuse and violence are gradually improving, there are marked disparities in the prevalence of violence and abuse among different ethnic groups. For instance, while the rate of child abuse reports is higher in the state than in SCC and SMC (56.4 compared with 30.9 and 27.2, respectively), black children are five times more likely than white children to be the subject of a child abuse allegation in both counties.<sup>29</sup> Furthermore, after many years of gradual decline, the rate of substantiated cases of abuse is increasing over the last four years in SCC black children, while it is not increasing for any other ethnic group in either county or in the state.<sup>30</sup>

Youth of certain ethnic groups are more likely to be involved in crime than other groups. In California overall, the juvenile felony arrest rate for African American or black youth is 28.7 percent but in SMC it is much higher at 46.2 percent. In California overall the juvenile felony arrest rate for Hispanic/Latinos is 6.9 percent but in SCC it is much higher at 12.5 percent.<sup>31</sup>

Perhaps as a reflection of the disparities noted above, the community's concern about violence remains high. In fact, the percentage of surveyed SMC residents who believe the problem of crime in their neighborhood has gotten worse increased between 1994 and 2013. Some community members expressed concern about the increased potential for violence, child abuse and trauma associated with overcrowded living conditions. The community identified certain county populations as particularly vulnerable to violence and abuse, including LGBTQ individuals and victims of sexual trafficking. In 2013, community input indicated that abuse and violence are affected by the following factors: financial stress, cultural or societal acceptance of violence, poor family models, unaddressed mental and/or behavioral health issues among perpetrators, the cost and/or lack of activity options for youth, and linguistic isolation.

## Hospital Prioritization of Top 14 Community Health Needs

To rank the 14 health needs in order of priority, Lucile Packard Children's Hospital Stanford chose a second set of criteria. The criteria were:

- Magnitude/scale of the need: The magnitude refers to the number of people affected by the health need.
- Clear disparities or inequities: This refers to differences in health outcomes by subgroups.

<sup>27</sup> <http://www.cdc.gov/safechild/>

<sup>28</sup> <http://www.kidsdata.org/topic/300/unintentionalinjury-hospitalizationrate-age/table#fmt=2321&loc=2,4,59&tf=73&ch=962,711,967,964,966&sortColumnId=0&sortType=asc>

<sup>29</sup> <http://www.kidsdata.org/topic/3/childabuse-reports-race/table#fmt=1217&loc=2,4,59&tf=79&ch=7,11,8,10,9&sortColumnId=0&sortType=asc>

<sup>30</sup> <http://www.kidsdata.org/topic/7/childabuse-cases-race/trend#fmt=2323&loc=2,4,59&tf=3,79&ch=7,10,9&pdist=73>

<sup>31</sup> California Dept. of Justice, Criminal Justice Statistics Center, Monthly Arrest and Citation Register (MACR) Data Files. <http://www.kidsdata.org/topic/166/juvenilearrest-rate-race/table#fmt=2334&loc=2,4,59&tf=79&ch=7,10,9,127&sortColumnId=0&sortType=asc>

Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender or other factors.

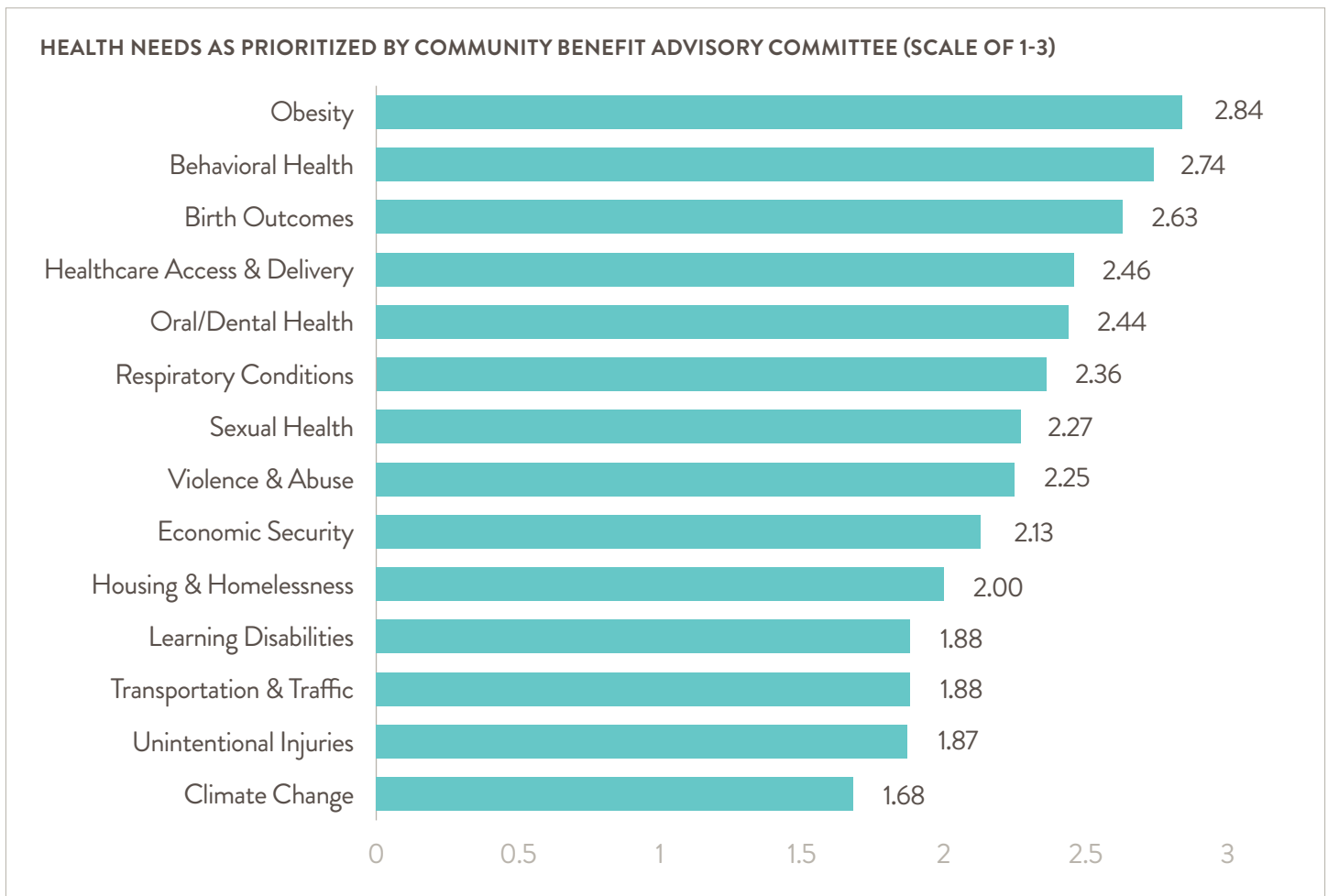
- Multiplier effect: A successful solution to the health need has the potential to solve multiple problems. For example, if rates of obesity go down, diabetes rates could also go down.
- Existing expertise: This means that Lucile Packard Children’s Hospital Stanford possesses existing expertise in this particular area that can be brought to bear in addressing the health need.

ASR then created a survey that listed each of the health needs in alphabetical order, and contained a column for each criterion, so that each could be scored independently, using a scale of 1 to 3:

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

In April 2016, Lucile Packard Children’s Hospital Stanford convened its Community Benefits Advisory Council (CBAC) to review the data on the 14 top health needs, and score each of the health needs.

The health needs are ordered by prioritization score in the table below. The prioritization scores for each health need range between 1.68 and 2.84, with 1 being the lowest score possible and 3 being the highest score possible. The specific scores for each of the four criteria used to generate the overall community health needs prioritization scores may be viewed in Appendix 6: 2016 Health Needs Prioritization Scores: Breakdown by Criteria.



## 5. Conclusion

Lucile Packard Children's Hospital Stanford worked with community health collaboratives to pool expertise, guidance and resources and meet the requirements of the federally required community health needs assessment. By gathering secondary data and carrying out new primary research as a team, Lucile Packard Children's Hospital Stanford and the members of the community collaboratives were able to collectively understand the community's perception of health needs, as well as which needs missed established benchmarks or were affirmed by multiple sources of data.

Our hospital then prioritized the health needs based on a set of defined criteria. After making this CHNA report publicly available in 2016, Lucile Packard Children's Hospital Stanford will develop individual implementation plans based on this data.

## 6. Appendices

1. IRS Checklist 2016
2. Glossary
3. Secondary Data Sources
4. Indicator List
5. List of Community Leaders & Their Credentials
6. 2016 Health Needs Prioritization Scores: Breakdown by Criteria
7. Focus Group & Key Informant Interview Protocols
8. Community Assets & Resources
9. Health Needs Profiles







APPENDICES

2016  
**Community  
Health Needs  
Assessment**



Lucile Packard  
Children's Hospital  
Stanford





# Table of Contents

<b>APPENDIX 1 – IRS CHECKLIST 2016</b>	<b>2</b>
<b>APPENDIX 2 – GLOSSARY</b>	<b>5</b>
<b>APPENDIX 3 – SECONDARY DATA SOURCES</b>	<b>6</b>
<b>APPENDIX 4 – INDICATOR LIST</b>	<b>8</b>
<b>APPENDIX 5 – LIST OF COMMUNITY LEADERS AND THEIR CREDENTIALS</b>	<b>14</b>
<b>APPENDIX 6 – 2016 HEALTH NEEDS PRIORITIZATION SCORES: BREAKDOWN BY CRITERIA</b>	<b>20</b>
<b>APPENDIX 7 – FOCUS GROUP &amp; KEY INFORMANT INTERVIEW PROTOCOLS</b>	<b>22</b>
Professionals (Providers) Focus Group Protocol	22
Residents (Non-Professionals) Focus Group Protocol	23
Key Informant Interview Protocol	25
<b>APPENDIX 8 – COMMUNITY ASSETS &amp; RESOURCES</b>	<b>27</b>
Obesity & Diabetes	27
Behavioral Health	32
Birth Outcomes	36
Healthcare Access & Delivery	37
Oral/Dental Health	42
Respiratory Conditions	43
Communicable Diseases (Not STIs)	44
Sexual Health	45
Violence & Abuse	46
Economic Security	48
Housing & Homelessness	49
Cancer	51
Learning Disabilities	52
Transportation & Traffic	53
Unintended Injuries/Falls	53
Climate Change	54

# Appendix 1

## IRS Checklist 2016

### SECTION §1.501(R)(3) OF THE INTERNAL REVENUE SERVICE CODE DESCRIBES THE REQUIREMENTS OF THE CHNA.

FEDERAL REQUIREMENTS CHECKLIST	REGULATION SECTION NUMBER	REPORT REFERENCE/ STATUS
<b>A. Activities Since Previous CHNA(s)</b>		
Describes the written comments received on the hospital’s most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Not available
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility’s prior CHNA(s).	(b)(6)(F)	Chapter 2 – Community Description
<b>B. Process &amp; Methods</b>		
<b>Background Information</b>		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Acknowledgements
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Executive Summary
Defines the community it serves, which: <ul style="list-style-type: none"> <li>• Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance.</li> <li>• May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions.</li> <li>• May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.</li> </ul>	(b)(i) (b)(3) (b)(6)(i)(A)	Chapter 2 – Community Description
Describes how the community was determined.	(b)(6)(i)(A)	Chapter 2 – Community Description
Describes demographics and other descriptors of the hospital service area.		Chapter 2 – Community Description
<b>Health Needs Data Collection</b>		
Describes data and other information used in the assessment:	(b)(6)(ii)	
a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Chapter 3 – Process and Methods
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Chapter 3 – Process and Methods

FEDERAL REQUIREMENTS CHECKLIST	REGULATION SECTION NUMBER	REPORT REFERENCE/ STATUS
CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Chapter 3 – Process and Methods
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	
a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Chapter 3 – Process and Methods
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Chapter 3 – Process and Methods
I. Medically underserved populations	(b)(5)(i)(B)	Chapter 3 – Process and Methods
II. Low-income populations	(b)(5)(i)(B)	Chapter 3 – Process and Methods
III. Minority populations	(b)(5)(i)(B)	Chapter 3 – Process and Methods
c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(ii)	Chapter 3 – Process and Methods
Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Chapter 3 – Process and Methods
Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Chapter 3 – Process and Methods
Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Chapter 3 – Process and Methods
<b>C. CHNA Needs Description &amp; Prioritization</b>		
Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Chapter 4 – Identification and Prioritization of Health Needs
Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Page #26-32 Chapter 4 – Identification and Prioritization of Health Needs
Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Pa Chapter 4 – Identification and Prioritization of Health Needs

FEDERAL REQUIREMENTS CHECKLIST	REGULATION SECTION NUMBER	REPORT REFERENCE/ STATUS
Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	Appendix 8
<b>D. Finalizing the CHNA</b>		
CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	2015-16
CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	June 2016
Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. “Widely available on a web site” is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	Date:
a. May not be a copy marked “Draft”.	(b)(7)(ii)	N/A
b. Posted conspicuously on website (either the hospital facility’s website or a conspicuously-located link to a web site established by another entity).	(b)(7)(i)(A)	N/A
c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	N/A
d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	N/A
e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	N/A
f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	N/A

Further IRS requirements available:

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

## Appendix 2

### Glossary

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

## Appendix 3

### Secondary Data Sources

Brosnan, M. (2016, February.) San Mateo County Human Trafficking Operations. Personal correspondence.

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

California Department of Education (CDE). (2015). *California Assessment of Student Performance and Progress, 2015 Test Results for English Language Arts/Literacy*. Retrieved from <http://caaspp.cde.ca.gov>.

California Department of Education (CDE). (2015). *Cohort Outcome Data for the Class of 2013-14, 2012-13, 2011-12*. Retrieved from <http://data1.cde.ca.gov/dataquest>.

California Department of Finance. (2014). *Projections of Population and Births, Report P-3*.

California Department of Public Health (CDPH). (2009). *Vital Statistics*. Retrieved from <http://www.cdph.ca.gov>.

California Department of Public Health (CDPH). (2010-2012). *Death Public Use Data*. Retrieved from <http://www.cdph.ca.gov>.

California Department of Public Health (CDPH). (2011). *Birth Cohort File (BCF)*. Retrieved from <http://www.ipodr.org>.

California Department of Public Health (CDPH). (2011). *Birth Profiles by ZIP Code*. Retrieved from <http://www.cdph.ca.gov>.

California Department of Public Health (CDPH). (2012). *Breastfeeding Statistics*. Retrieved from <http://www.cdph.ca.gov>.

California Department of Public Health (CDPH). (2012). *County Health Profiles*. Retrieved from <http://www.cdph.ca.gov>.

California Department of Public Health (CDPH). (2013). *EpiCenter: California Injury Data Online*. Retrieved from <http://epicenter.cdph.ca.gov>.

California Department of Public Health (CDPH). (2013). *Ten Leading Causes of Death, California Counties and Selected City Health Departments, 2013, Table 5-20*. Retrieved from <http://www.cdph.ca.gov>.

California Department of Public Health (CDPH). (2014). *EpiCenter: California Injury Data Online*. Retrieved from <http://epicenter.cdph.ca.gov>.

California Employment Development Department (EDD). (2015). *Monthly Labor Force Data for Counties (Report 400C), October 2015 – Revised*. Retrieved from <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>.

California Health Interview Survey (CHIS). (2009). *AskCHIS*. Retrieved from <http://healthpolicy.ucla.edu/chis>.

California Health Interview Survey (CHIS). (2014). *Indicators of the impact of the Affordable Care Act*. Retrieved from <http://www.chcf.org/aca-411>.

California Healthy Kids Survey (CHKS). (2014). *Emotional/Mental Health: Depression-Related Feelings (Student Reported)*. Retrieved from <http://chks.wested.org>.

Centers for Disease Control & Prevention (CDC). (2006-2010). *National Vital Statistics System via CDC WONDER (Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research)*. Retrieved from <http://wonder.cdc.gov>.

Centers for Disease Control & Prevention (CDC). (2009). *Behavioral Risk Factor Surveillance System (BRFSS)*. Retrieved from <http://www.cdc.gov/brfss>.

Centers for Disease Control and Prevention (CDC). (2015). *Enhanced HIV/AIDS Reporting System (eHARS)*. Retrieved from <http://www.cdc.gov/hiv/library/reports/surveillance>.

County of San Mateo and Applied Survey Research. (2014). *San Mateo County Veterans Needs Assessment 2014*. Retrieved from <http://hsa.smcgov.org/sites/hsa.smcgov.org/files/Veterans%20Needs%20Assessment%20published%20Dec2014.pdf>.

County of San Mateo Department of Housing. (2015). *San Mateo County Housing Indicators as of*

September 30, 2015. Retrieved from <http://housing.smcgov.org/housing-statistics>.

County of San Mateo Human Services Agency, Center on Homelessness; Kate Bristol Consulting and Philliber Research Associates. (2015). *San Mateo County Homeless Census and Survey, Final Report, July 2015*. Retrieved from <http://hsa.smcgov.org/sites/hsa.smcgov.org/files/2015%20SMC%20Homeless%20Count%20%20Final%20Report%20with%20Appendices.pdf>.

County of San Mateo Human Services Agency, Center on Homelessness; Kate Bristol Consulting and Philliber Research Associates. (2013). *San Mateo County Homeless Census and Survey, Final Report, May 2013*.

Insight Center for Community Economic Development. (2014). *Self-Sufficiency Standard Tool for California*. Retrieved from <http://www.insightccd.org/tools-metrics/>.

Joint Venture Silicon Valley. (2016). *Silicon Valley Index*. Retrieved from <http://www.siliconvalleyindex.org>.

Morrow, S. (2016, January 11.) San Mateo County Health Department. Personal correspondence.

Office of Statewide Health Planning and Development. (2009-2013). *2013 Emergency Department and Patient Discharge Data*. Retrieved from <http://www.oshpd.ca.gov>.

Parvani, S. (2016). Teens as young as 14 rescued from sexual exploitation during Super Bowl, FBI says. *Los Angeles Times*. Retrieved from <http://www.latimes.com/local/lanow/la-me-ln-super-bowl-prostitution-sweep-20160209-story.html>.

Patient Protection and Affordable Care Act (ACA). (2010). 79 Fed. Reg. 78954 (March 23, 2010) (26 C.F.R. pt. 1, 53, and 602).

Professional Research Consultants, Inc. (PRC). (2012). *San Mateo County Health & Quality of Life Study, draft November 15, 2012*. Not available to the public.

San Mateo County Health Coverage Unit. (2016). Personal correspondence about 2014 data.

San Mateo County Health System and the Healthy Community Collaborative of San Mateo County. (2013). *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County (SMC CNA)*. Retrieved from <http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>.

San Mateo Department of Public Health, Policy & Planning. (2014). *San Mateo County Sexually Transmitted Disease and HIV-AIDS Surveillance Annual Report, 2014*. Retrieved from [http://smchealth.org/sites/default/files/docs/PHS/STD-HIV/2014\\_STDHIV\\_AR.pdf](http://smchealth.org/sites/default/files/docs/PHS/STD-HIV/2014_STDHIV_AR.pdf).

Silberfarb, B. (2016). Spotlight on human trafficking: San Mateo County convicts first ever for the crime after alert hotel clerk notified police. *The Daily Journal*. Retrieved from <http://www.smdailyjournal.com/articles/news/2016-01-30/spotlight-on-human-trafficking-san-mateo-county-convicts-first-ever-for-the-crime-after-alert-hotel-clerk-notified-police/1776425157638.html>.

Sustainable San Mateo County. (2012). *Senior Health in San Mateo County – Current Status and Future Trends*. Retrieved from [http://www.sustainableanmateo.org/wp-content/uploads/2012/12/SeniorHealth\\_Chap2\\_BasicDemographicInformation.pdf](http://www.sustainableanmateo.org/wp-content/uploads/2012/12/SeniorHealth_Chap2_BasicDemographicInformation.pdf).

Sustainable San Mateo County. (2015). *Indicators for a Sustainable San Mateo County*. Retrieved from <http://www.sustainableanmateo.org/home/indicators-report/>.

United States Census Bureau. (2010-2014). *American Community Survey*. Retrieved from <http://www.census.gov/programs-surveys/acs>.

United States Census Bureau. (2013). *State & County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/06/06081.html>.

United States Department of Housing & Urban Development (HUD). (2013). *HUD Exchange: PIT and HIC Data Since 2007*.

## Appendix 4

### Indicator List

#### NOTES:

“San Mateo County Health System 2013” = San Mateo County Health System and Healthy Community Collaborative. (2013). *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County*. Retrieved from <http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>.

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

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



<b>INDICATOR</b>	<b>DATA SOURCE</b>	<b>PAGE (if appropriate)</b>
Cancer mortality (all cancers)	California Department of Public Health (CDPH) 2013	
Carbon emissions	San Mateo County Health System 2013	162, Exec Sum 51
Cerebrovascular disease mortality	California Department of Public Health (CDPH) 2013 and San Mateo County Health System 2013	286-287
Child abuse cases (substantiated)	San Mateo County Health System 2013	138
Child access to medical care	San Mateo County Health System 2013	Exec Sum 43
Child spends 2+ hours per day on screen time (TV, videos, video games), parent self-report	San Mateo County Health System 2013 (PRC 2012)	244
Child walked or biked to school in past year (at all), parent self-report	San Mateo County Health System 2013 (PRC 2012)	246
Chlamydia incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 and Morrow 2016	6-10
Chronic liver disease (cirrhosis) mortality	CDPH 2013	
Colorectal cancer incidence	San Mateo County Health System 2013	269; 278
Colorectal cancer mortality	San Mateo County Health System 2013	278
Could rely on public transportation if necessary, self-report	San Mateo County Health System 2013 (PRC 2012)	179
Crime problem in their neighborhood has gotten worse in past two years, self-report	San Mateo County Health System 2013 (PRC 2012)	194
Current drinker (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	340
Dental insurance coverage lacking, self-report	San Mateo County Health System 2013 (PRC 2012)	211
Depression symptoms lasting 2+ years, self-report	San Mateo County Health System 2013 (PRC 2012)	350
Diabetes mortality	Sustainable San Mateo County 2012 and California Department of Public Health (CDPH) 2013	
Diabetes prevalence (adults), self-report	San Mateo County Health System 2013 (PRC 2012)	296
Did not receive care because they could not get an appointment	California Healthy Kids Survey (CHKS) 2014	
Domestic violence calls for assistance	San Mateo County Health System 2013	137
Drive to work alone, self-report	San Mateo County Health System 2013 (PRC 2012)	177
Economic cost of falls	California Department of Public Health (CDPH) 2013 and Office of Statewide Health Planning and Development (OSHPD) 2009-2013 and CDPH EpiCenter 2013	
Educational attainment	U.S. Census Bureau American Community Survey (ACS) 2010-2014	
Educational attainment (low)	San Mateo County Health System 2013	118
Emergency Department visits related to falls	California Department of Public Health (CDPH) 2013	

INDICATOR	DATA SOURCE	PAGE (if appropriate)
English language arts/literacy standards (third grade)	California Department of Education 2015	
English language arts/literacy standards (third grade)	San Mateo County Health System 2013	107-108
Enteric disease incidence (campylo-bacteriosis)	San Mateo County Health System 2013	321
Entry-level home affordability	Sustainable San Mateo County 2015	
Exhibit 1+ cardiovascular risk factors, self-report	San Mateo County Health System 2013 (PRC 2012)	288
Exhibit healthy behaviors, self-report	San Mateo County Health System 2013 (PRC 2012)	195
Express difficulty in their lives, self-report	San Mateo County Health System 2013 (PRC 2012)	146
Falls mortality	Sustainable San Mateo County 2012 and California Department of Public Health (CDPH) 2013	
Family participated in food stamps in the past year	San Mateo County Health System 2013	133-134
Family received food from a food bank, etc. in the past year, self-report	San Mateo County Health System 2013 (PRC 2012)	133-134
Feel “not at all” connected to community, self-report	San Mateo County Health System 2013 (PRC 2012)	91
Feel sad or hopeless 2+ weeks (youth), self-report	California Healthy Kids Survey (CHKS) 2009-10	
Felt worried, tense, or anxious in past month (# days), self-report	San Mateo County Health System 2013 (PRC 2012)	351
First-time buyer housing affordability index	Sustainable San Mateo County 2015	
Flood event risk	California Climate Change Center (CCCC) 2009	
Flu shot in past year (adults 65+), self-report	San Mateo County Health System 2013 (PRC 2012)	257
Fruit/vegetable consumption, adequate (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	Exec Sum 21
Fruit/vegetable consumption, inadequate (youth), self-report	California Health Interview Survey (CHIS) 2009	
Gonorrhea incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 and Morrow 2016	11-15
Ground-level ozone (smog) pollution	San Mateo County Health System 2013	160-161
Have priest, minister, rabbi, or other person for spiritual support	San Mateo County Health System 2013 (PRC 2012)	147
Healthy People 2020 objectives	Office of Disease Prevention and Health Promotion 2015	
Heart disease mortality	California Department of Public Health (CDPH) 2013 and San Mateo County Health System 2013	286-287
High school dropout rate	California Department of Education (CDE) 2015	
High stress experienced daily, self-report	San Mateo County Health System 2013 (PRC 2012)	350

<b>INDICATOR</b>	<b>DATA SOURCE</b>	<b>PAGE (if appropriate)</b>
History of mental or emotional problems, self-report	San Mateo County Health System 2013 (PRC 2012)	349
HIV incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 and Centers for Disease Control and Prevention (CDC) eHARS 2015 and Morrow 2016	21-26
Homeless statistics	County of San Mateo Human Services Agency 2013 & 2015 and U.S. Department of Housing & Urban Development HUD Exchange 2007-2015	2 & 11
Hospitalizations due to falls (adults)	California Department of Public Health (CDPH) EpiCenter 2013	
Human trafficking statistics	Silberfarb 2016 and Parvini 2016 and Brosnan 2016	
Income, annual median	Sustainable San Mateo County 2015	
Infant mortality rate	Centers for Disease Control and Prevention (CDC) Wide-Ranging Online Data for Epidemiologic Research (WONDER) 2006-2010 and California Department of Public Health (CDPH) 2013	
Influenza/pneumonia mortality	San Mateo County Health System 2013 and California Department of Public Health (CDPH) 2013	261
Insurance coverage lacking (long-term), self-report	San Mateo County Health System 2013 (PRC 2012)	218
Juvenile felony arrests for violent offenses	San Mateo County Health System 2013	188
Lack of transportation prevented medical care in past year, self-report	San Mateo County Health System 2013 (PRC 2012)	223
Leading causes of death	California Department of Public Health (CDPH) 2013	
Lived with a friend/relative due to housing emergency any time in past two years, self-report	San Mateo County Health System 2013 (PRC 2012)	150-151
Low birthweight	California Department of Public Health (CDPH) 2011	
Lung cancer incidence	San Mateo County Health System 2013	273
Lung cancer mortality	San Mateo County Health System 2013	273
Meet all six basic fitness standards (% of 7th grade students)	San Mateo County Health System 2013	243
Motor vehicle crash mortality	California Department of Public Health (CDPH) 2010-12	
Neighborhood safety is fair/poor, self-report	San Mateo County Health System 2013 (PRC 2012)	192-3
Obese adults	San Mateo County Health System 2013	291-292
Obese Child Health & Disability Program		
2-4 year olds	San Mateo County Health System 2013	242
Older adult proportion of population (estimated)	San Mateo County Health System 2013	69, 256
Overweight adults	San Mateo County Health System 2013	291-292

INDICATOR	DATA SOURCE	PAGE (if appropriate)
Overweight Child Health & Disability Program 2-4 year olds	San Mateo County Health System 2013	242
Overweight Child Health & Disability program 5-19 year olds	San Mateo County Health System 2013	242
Parkinson’s disease mortality	Sustainable San Mateo County 2012	
Pedestrian mortality	California Department of Public Health (CDPH) 2010-2012	
Physical inactivity (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	201
Pneumonia vaccine ever (adults 65+), self-report	San Mateo County Health System 2013 (PRC 2012)	257
Population below 200% Federal Poverty Level (adults), self-report	San Mateo County Health System 2013 (PRC 2012)	88
Prenatal care inadequate	California Department of Public Health (CDPH) 2011	
Preschool enrollment [AKA early ed gaps]	San Mateo County Health System 2013	18, 36
Pre-term births	California Department of Public Health (CDPH) 2011	
Prostate cancer incidence	San Mateo County Health System 2013	283
Prostate cancer mortality	San Mateo County Health System 2013	283
Rent for 1-bedroom apartment, average	San Mateo County Health System 2013 and County of San Mateo Department of Housing 2015	for 2013: 154-155
Rent for 2-bedroom apartment, average	San Mateo County Health System 2013 and County of San Mateo Department of Housing 2015	for 2013: 154-155
Respiratory disease mortality	California Department of Public Health (CDPH) 2013 and San Mateo County Health System 2013	261
Salmonella incidence	San Mateo County Health System 2013	322
Self-Sufficiency Standard (California)	Insight Center for Community Economic Development 2014	
Sharing housing costs with someone other than spouse/partner to limit expenses, self-report	San Mateo County Health System 2013 (PRC 2012)	158
Short-term particle pollution	San Mateo County Health System 2013	160-161
Single-family home cost, median	County of San Mateo Department of Housing 2015 and San Mateo County Health System 2013	
Smoking (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	275
Sought help for a mental or emotional problem, self-report	San Mateo County Health System 2013 (PRC 2012)	353
Spirituality in their lives is very important, self-report	San Mateo County Health System 2013 (PRC 2012)	146
Substance abuse-related hospitalizations	San Mateo County Health System 2013	344
Suicide mortality	California Department of Public Health (CDPH) 2013 and San Mateo County Health System 2013	

<b>INDICATOR</b>	<b>DATA SOURCE</b>	<b>PAGE (if appropriate)</b>
Syphilis incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 and Morrow 2016	16-20
Teen birth rate	California Department of Public Health (CDPH) 2011 and Centers for Disease Control and Prevention (CDC) Wide-Ranging Online Data for Epidemiologic Research (WONDER) 2006-2010	
Tuberculosis incidence	San Mateo County Health System 2013	314-17
Unemployment rate	California Employment Development Department 2015 and Silicon Valley Index 2016	82
Uninsured residents	California Health Interview Survey (CHIS) 2014	
Unintentional drowning deaths	Office of Statewide Health Planning and Development (OSHPD) 2009-2013	
Unintended injury deaths	California Department of Public Health (CDPH) 2009	
Vaccine coverage with all required immunizations among children ages 2-4 years in licensed childcare (estimated)	San Mateo County Health System 2013	240
Vehicle miles of travel, total annual	San Mateo County Health System 2013	176
Veteran homeless population	County of San Mateo and Applied Survey Research 2014	ix
Veteran population	County of San Mateo and Applied Survey Research 2014	ix
Violent crime rate	San Mateo County Health System 2013	187
Visited a dentist for a routine check-up in the past year (adult), self-report	San Mateo County Health System 2013 (PRC 2012)	210
Visited a dentist for a routine check-up in the past year (child), parent self-report	San Mateo County Health System 2013 (PRC 2012)	210
Visited a doctor for a routine check-up in the past year, self-report	San Mateo County Health System 2013 (PRC 2012)	208
Water consumption	San Mateo County Health System 2013	164

## Appendix 5

### List of Community Leaders & Their Credentials

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

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

\* Target group represented:

1: Public health knowledge/expertise

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

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

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

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



#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
18	County Health	SMC Health System; Aging and Adult Services	Representative	Director	3	Chronic disease (older adults)	Interview	Wed 04/08
19	Nonprofit	Multicultural Institute	Representative	Dir., Day Laborer Program	3	Minority (Latino immigrants), low-income	Interview	Tue 04/07
20	County Health	San Mateo County Health Department	Leader	County Health Officer	1	Public health	Interview	Fri 03/27
21	County Government	San Mateo County Health & Hospital System	Representative	Director of Children & Family Services	3	Local human services agency, underserved populations	Interview	Fri 03/20
22	Faith-Based	Congregational Church of San Mateo	Representative	Senior Minister	3	Underserved, low-income	Interview	Tue 04/14
23	Nonprofit	Samaritan House	Representative	Operations Director	3	Homeless (underserved)	Interview	Tue 03/10
24	City Parks & Recreation	South San Francisco Parks/Rec Dept.	Representative	Director	3	Older adults, youth	Interview	Tue 03/17
25	Nonprofit	Adolescent Counseling Services	Representative	Executive Director	3	Behavioral health (youth)	Interview	Tue 03/17

#	SECTOR	ORGANIZATION	TARGET GROUP ROLE (LEADER/	TITLE	TARGET GROUP REPRESENTED*	EXPERTISE	CONSULTATION METHOD	DATE CONSULTED (2015)
26	County Government	SMC Human Services Agency	Leader	Executive Director	3	Underserved populations (access & delivery)	Interview	Fri 03/20
27	Nonprofit	Catholic Charities	Representative	Division Dir, Refugee & Immigrant Svc	3	Minority (immigrants)	Interview	Thu 06/04
28	Nonprofit	Coastside Hope	Representative	Executive Director	3	Minority (immigrants), low-income	Interview	Wed 04/08
29	Nonprofit	Lincoln Street Center	Representative	Recreation Program	3	Minority older adults (Chinese and Filipino)	Interview	Tue 3/17
30	Nonprofit	Second Harvest Food Bank	Representative	Office Manager	3	Older adults	Focus group	Wed 3/11
31	Nonprofit	Catholic Charities Adult Day Services	Representative	Case	3	Older adults	Focus group	Wed 3/11
32	Nonprofit	Peninsula Volunteers Meals on Wheels	Representative	Director, Meals on Wheels Program	3	Older adults	Focus group	Wed 3/11
33	Nonprofit	San Mateo Japanese-American Community Center	Representative	Executive Director	3	Older adults, minority (Japanese-Americans)	Focus group	Wed 3/11

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

## Appendix 6

### 2016 Health Needs Prioritization Scores: Breakdown by Criteria

HEALTH NEED	RANK (1 = HIGHEST PRIORITY)	OVERALL AVERAGE SCORE	AVERAGE SCORES OF PRIORITIZATION CRITERIA USED BY GROUP			
			MAGNITUDE OR SCALE	CLEAR DISPARITIES OR INEQUITIES	MULTIPLIER EFFECT	PACKARD EXPERTISE
Obesity and Diabetes	1	2.84	2.75	2.88	2.75	3.00
Behavioral health	2	2.74	2.63	2.75	2.88	2.71
Birth outcomes/ Pregnancy Related	3	2.63	2.00	2.88	2.75	2.88
Access & delivery	4	2.46	2.13	2.63	2.43	2.67
Oral & dental health	5	2.44	2.25	2.63	2.75	2.14
Respiratory conditions	6	2.36	2.13	2.63	2.25	2.43
Communicable Disease	7	2.35	2.25	2.38	2.50	2.29
Sexual health	8	2.27	2.25	2.38	2.75	1.71
Violence and abuse	9	2.25	2.00	2.38	2.75	1.86
Economic Security	10	2.13	2.50	2.88	1.88	1.29
Housing and Homelessness	11	2.00	2.50	2.50	1.86	1.14
Cancer	12	1.97	1.86	1.88	2.14	2.00
ADD/ADHD, Learning disabilities	13	1.88	2.00	1.86	2.00	1.67
Transportation and traffic	14	1.88	2.50	2.38	1.50	1.14
Unintentional injuries/falls	15	1.87	1.75	2.00	2.00	1.71
Climate Change	16	1.68	2.13	1.88	1.71	1.00

**DEFINITIONS:**

- A. **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- B. **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- C. **Multiplier effect:** A successful solution to the health need has the potential to solve multiple problems. For example, if rates of obesity go down, diabetes rates could also go down.
- D. **Existing expertise:** This means that our hospital(s) possess(es) existing expertise in this particular area, which can be brought to bear in addressing the health need.

## Appendix 7

# Focus Group & Key Informant Interview Protocols

## Professionals (Providers) Focus Group Protocol

### INTRODUCTORY REMARKS

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

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

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

complement each other's community outreach work.

### FOCUS GROUP QUESTIONS

#### 1. PRIORITIZING HEALTH NEEDS

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

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

#### 2. ACCESS TO HEALTHCARE

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

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

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

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

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

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

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

#### CONCLUDING REMARKS

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

## Residents (Non-Professionals) Focus Group Protocol

#### INTRODUCTORY REMARKS

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

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

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

#### FOCUS GROUP QUESTIONS

##### 1. PRIORITIZING HEALTH NEEDS

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

[Explain definition of “unmet” health needs]

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

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

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

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

## 3. INDIVIDUAL HEALTH – 10 MIN.

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

Please pick up your index card and pen; we would like you to write down, on a scale of one to five (one being lowest or no priority, five being highest priority), how much of a priority health is in your life. When you’re done, we’ll collect the cards and tally

the results, and then we’d like to talk a little more about this. (*Collect cards, tally on scale page.*)

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

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

## 4. ACCESS TO CARE – 10 MIN.

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

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



## 5. TECHNOLOGY – 10 MIN.

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

- a. Think about how often you use technology (like the web, smartphones, devices, and/or apps) for health services. By health services we mean things like...
- Accessing your health records
  - Making doctor appointments
  - Looking up health-related information on the web
  - Ordering medicines
  - Tracking/monitoring progress towards your health goals (like blood sugar levels, exercise, or weight)

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

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

Those who have, what have you used it for?

### CONCLUDING REMARKS

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

## Key Informant Interview Protocol

### INTRODUCTION

What the project is about:

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

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

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

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

### PREAMBLE

Our questions relate to four topics.

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

## INTERVIEW QUESTIONS

### 1. HEALTH NEEDS

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

- a. Which health needs do you believe are the most important to address among those you serve/your constituency – the needs that are not being met very well right now, in your opinion, here in San Mateo County?
- b. Are there any specific groups that have greater health needs, or special health needs? (*Probe if needed: Immigrants, youth, seniors, African Americans, LGBTQ, etc.*)

### 2. ACCESS TO HEALTHCARE – POST-ACA

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

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

### 3. IMPACT OF PHYSICAL ENVIRONMENT/ INFRASTRUCTURE

Our next question is related to the physical environment.

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

### 4. IMPACT OF NEW TECHNOLOGIES

Our final question is related to technology.

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

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

### CONCLUDING REMARKS

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

## Appendix 8

### Community Assets & Resources

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

#### OBESITY & DIABETES

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

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

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

[www.kp.org/thrivingschools](http://www.kp.org/thrivingschools)

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

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

###### Mills-Peninsula Health Services

- Through the African American Community Health Advisory Committee, offers educational events for diverse communities including the annual Soul Stroll for Health Walk and Resource Fair
- Supports the HEAL Project with grant funding (Health Environment, Agriculture and Learning Project)
- Offers "Fitness is My Witness" physical fitness program at AACHAC's partnering congregations
- Provides a series of nutrition and health programs to diverse communities
- Provides ongoing Blood pressure, Glucose, and Cholesterol screenings at AACHAC's partnering congregations
- Oversees an Anti-Bullying Campaign with middle and high school teens
- Supports San Mateo Police Activities League
- Partner with San Mateo YMCA to offer a series of basic nutrition classes

**Sequoia Healthcare District**

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

**Sequoia Hospital**

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

**Seton Medical Center/Seton Coastside**

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

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

- BANPAC (Bay Area Nutrition and Physical Activity Collaborative)
- Fair Oaks Intergenerational Center Breakfast Program
- Get Healthy San Mateo County
- Heal Project: Health Environment Agriculture Learning
- Local Parks and Recreation Departments
- Over Eaters Anonymous
- Police Athletic League
- Pre-to-3 Program
- SafeKids Coalition of Santa Clara and San Mateo Counties
- San Mateo County Streets Alive! Parks Alive!
- San Mateo Police Activities League
- Sheriff’s Activity League

**DIABETES: SAN MATEO COUNTY HOSPITALS’ INVESTMENTS/ASSETS****Kaiser Permanente San Mateo Service Area**

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

**Lucile Packard Children’s Hospital Stanford**

(See pediatric diabetes.)

- Indirectly through out prevention of pediatric obesity health initiative

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

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

### **Sequoia Healthcare District**

- Fund Food pharmacy for diabetes patients with Samaritan House

### **Sequoia Healthcare District**

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

### **Sequoia Hospital**

- Diabetes Treatment Center and Health & Wellness Center
- Community lectures and workshops
- Glucose Screening Clinics
- Health & Wellness Center

- Senior and Community Centers
- Support Group/Individual counseling
- Free meter instruction clinic at Samaritan House Free Clinic RWC
- Bilingual “LIVE WELL with DIABETES” Classes

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

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

### **Stanford Health Care**

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

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

- American Heart Association
- Boys and Girls Clubs

- Get Healthy San Mateo County
- Heal Project: Health Environment Agriculture Learning
- Local Parks and Recreation Departments
- Over Eaters Anonymous
- Police Athletic League
- San Mateo County Streets Alive! Parks Alive!
- Sheriff's Activity League

## **DIABETES & OBESITY: SANTA CLARA COUNTY**

### **Alliances, Initiatives, & Campaigns and General Resources**

- Bay Area Nutrition and Physical Activity Collaborative (BANPAC)
- California Food Policy Advocates
- Communities Putting Prevention to Work (CPPW) Obesity Prevention Program
- Community Alliance with Family Farmers (CAFF) Foundation: Expanding Farm to School (at Sunnyvale Elementary School District including Harvest of the Month in ASPs, integrating locally-sourced food in school meals and increasing procurement of locally-sourced produce)
- Community Transformation Grants (CDC)
- Healthy meeting guidelines / healthy vending machine guidelines
- Increasing healthy food and beverages and increased opportunities for physical activity
- Increasing number of cities in South County that offer increased opportunities for healthy eating/ active living as well as healthy food and beverage procurement policies
- Green Belt Alliance (collaborative)
- Pacific Institute (public health & environmental justice in land use and transportation planning)
- Partners in Health (PIH)
- SCC Diabetes Prevention Initiative

- Stanford Health Library in three community-based locations – librarians research treatment options/ other info on diabetes treatment /management
- Sunnyvale Collaborative (obesity focused)

### **Government Services**

- California WALKS Program
- Children's Health Plan (diabetic services)
- County of Santa Clara Parks and Recreation Department – Healthy Trails Program, bilingual outreach
- Healthy Kids weight management classes
- Nutrition education through Santa Clara County Public Health Department
- San Jose Department of Parks, Recreation, & Neighborhood Services exercise programs at 21 senior centers
- Santa Clara County Public Health Department Breastfeeding Program (education, training public educators, and lactation consultant)

### **School-Based Services**

- 5210 Health awareness Initiative at 9 elementary schools (includes information on nutrition and physical activity for students and parents)
- Alum Rock Union School District: Healthy Eating Active Living (ReThink Your Drink, water station at schools, health messaging on school campus)
- BAWSI Girls in Campbell (physical activity for 3rd-5th grade girls with athlete mentors at six schools)
- District School Wellness policies
- GoNoodle nutrition and fitness health curriculum lessons in numerous school districts
- Healthier Kids Foundation – 10 Steps to a Healthier You parent education series
- Kaiser Permanente Educational Theatre Program – obesity prevention programming and messaging to schools and in the community

- Nutrition education in the School Health Clinics of Santa Clara County
- Playworks at eight low-income elementary schools
- Santa Clara County Office of Education's Coordinated School Health Advisory Council
- Santa Clara County Office of Education's Coordinated School Health Advisory Council
- School nurses and health clerks in five school districts who manage care for diabetic students.

### Community-Based Organizations

- Breathe CA: Let's Get Moving to School (at five schools, increasing number of students who walk and bicycle to school)
- Children's Discovery Museum: Rainbow Market Project (new exhibit to support children and families in exploring healthy eating)
- Choices for Children: 5 Keys for Child Care (online training module for child care providers to improve feeding knowledge and behaviors)
- Community Service Agency Mountain View – provides nurse case management and social work case management to help older adults better manage diabetes
- FIRST 5 Family Resource Centers (nutrition and physical activity programming)
- Happy Hollow Park and Zoo Eat Like a Lemur Project (provide healthy foods in their cafe and showcase opportunities for increased physical activity around the park)
- Our City Forest fruit tree stewardship programs (benefits community by promoting growing one's own food and giving away food)
- Silicon Valley HealthCorps developing community and school-based gardens, and farm to school programs
- Somos Mayfair: In Our Hands, Family Wellness Initiative (foster daily exercise, guided by Promotores, in San Jose Mayfair neighborhood)
- Sunnyvale Community Services: Fresh From the Farm (provides low-income families fresh produce, nutrition education, farm and gardening experiences, and community-building activities)
- Various organizations: Early childhood feeding practices parenting classes (“5 Keys to Raising a Happy, Healthy Eater”)
- Various senior centers: Chronic disease self-management workshops
- Veggielution: Healthy Food Access and Engagement for Low-Income Families (hands-on learning, physical activity, fresh fruits and vegetables for individuals and families in low-income East San Jose neighborhoods)
- West Valley Community Services (includes the Raising a Healthy Eater Program)

### Hospitals and Community Clinics

In addition to health education and chronic disease clinical care provided to members, Hospitals and Community Clinics offer the following services available to the public:

- Asian Americans for Community Involvement Clinic – diabetic case management
- Gardner Clinic – Down with Diabetes program
- Indian Health Center of Santa Clara Valley
- Health Intervention Program including education, coaching, and fitness training
- Weight Management Program (health education)
- Diabetes Prevention Program for pre-diabetic adults including coaching and nutrition counseling
- Diabetes Prevention & Management Program for type 2 diabetics including medication management and nutrition counseling
- Kaiser Permanente Educational Theatre Program – obesity prevention programming and messaging to schools and in the community
- Kaiser Permanente Farmer's Markets (open to the community)

- Lucile Packard Children’s Hospital Stanford’s Mobile Adolescent Health Services for homeless and/or uninsured teens – In addition to acute care and injury prevention, the Teen Van provides primary care services and nutrition counseling
- Lucile Packard Children’s Hospital Stanford Pediatric Weight Control Program – tuition scholarships for low-income families
- Mayview Clinic in Mountain View – diabetic case management
- O’Connor Hospital Health Benefits Resource Center, insurance and CalFresh coverage for uninsured at hospital and in the community
- O’Connor Hospital – diabetes support group
- RotaCare Clinic in Mountain View diabetic case management
- Stanford Health Care Diabetes Care Program
- Stanford Hospital and Clinics Strong for Life – free exercise classes at senior centers
- Stanford Transplant Diabetes Program
- Stanford University Pacific Free Clinic: Access to Preventive Health Care for the Uninsured (health education, pharmacy program including protocols and dispensing of medications, adult immunization program for uninsured adults in San Jose area)
- The Health Trust
- Medical Nutritional Therapy for type 2 diabetics
- Diabetes Self-Management Program (available in multiple languages)
- Better Choices, Better Health chronic disease self-management workshops (online or small group, available in multiple languages)
- Timpany Center Diabetes Prevention Study
- Valley Health Center on Bascom and in Sunnyvale – diabetic case management
- YMCA National Diabetes Prevention Program (health education)

## BEHAVIORAL HEALTH

### SAN MATEO COUNTY HOSPITALS’ INVESTMENTS/ASSETS

#### Kaiser Permanente San Mateo Service Area

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

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

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



which is seeking to build developmental assets in youth

- Partnership with Reach & Rise program of the YMCA: funding for youth mentoring program
- Indirectly through access to care initiatives

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

- Provides help for people with substance abuse problems through its self-help, recovery, and healing programs
- Supports mental health concerns through grant funding of nonprofit organizations including Rape Trauma Services, Pyramid Alternatives, El Centro de Libertad, Women's Recovery Services and senior mental health programs
- Grants to Pyramid Alternatives, El Centro de Libertad, Sitike Counseling Center, and Women's Recovery Association
- Provides physician psychiatry training
- Provides support for addiction recovery
- Supports Caminar
- Supports Mental Health programs such as:
  - National Alliance on Mental Illness/San Mateo County
  - Notre Dame de Namur University, Art Therapy Psychology Department
- StarVista
- Sitike Counseling Center

### **Peninsula Healthcare District**

- Fund Bridges to Wellness Program at Caminar for Mental Health
- Fund Crisis Center/Suicide Prevention Programs at StarVista
- Fund Collaborative Counseling Program at Acknowledge Alliance
- Fund Entre Familia Program at Latino Commission

- Fund Healthy Schools Initiative and ATOD education programs in schools
- Fund Healthy Schools Initiative and School Counseling Services
- Fund Family Centered Mental Health program at CORA
- Fund Family and Children's Support Project at InnVision Shelter Network
- Fund Insights Program at StarVista
- Fund Senior Peer Counseling Program at Peninsula Family Services
- Fund Whole Health for Youth Counseling Services at Friends for Youth
- Fund Youth Mental Health First Aid Training

### **Sequoia Healthcare District**

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

### **Sequoia Hospital**

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

**Seton Medical Center/Seton Coastside**

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

**Stanford Health Care**

- Psychiatry and Behavioral Sciences – inpatient and outpatient clinics

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

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

**SANTA CLARA COUNTY****Alliances, Initiatives, & Campaigns and General Resources**

- Community Transformation Grants funding for school-based mental health and wellness in South County, including education for staff at youth-serving organizations on social/emotional assets in youth and young adults
- GoNoodle: online health curriculum for all K-12 public schools in Santa Clara County.
- HEARD (Health Care Alliance for Response to Adolescent Depression) is a community alliance of healthcare professionals, including primary care and mental health providers working in various settings including clinics, hospitals, private practices, schools, government, and private organizations.
- Network of Care provider directory
- Project Safety Net (Palo Alto)

**Santa Clara County Services**

- Behavioral Health Department Central Wellness & Benefits Center
- Behavioral Health Department South County Self-Help Center (Gilroy)
- Behavioral Health Department Zephyr Self-Help Center (San Jose)
- Department of Alcohol & Drug Services Gateway program
- Department of Family & Children Services
- Early Head Start Program provides access to mental health services for families of children 0-5
- Santa Clara County Behavioral Health Department (suicide and crisis services)
- Valley Health Center and all ambulatory clinics

**School-Based Services**

- ASPIRE youth mental health program

- Counseling at Mountain View Whisman School District (CHAC)
- Counseling services at all Cupertino Union School District Schools
- Counseling services at all high schools in Campbell School District (EMQ Families First)
- Counseling services at all Santa Clara Unified School District schools
- Counseling services at all Sunnyvale School District schools (CHAC)
- Counseling services at Mountain View Los Altos School District (CHAC)
- Counseling Services at Palo Alto School District – counseling and substance abuse treatment
- Mental Health Department Prevention & Early Intervention programs
- OATS older adult mental health program
- Palo Alto Unified School District Sources of Strength

### Hospitals and Community Clinics

- Asian Americans for Community Involvement (AACI) – center for victims of torture and trauma
- Gardner Family Health Center
- Gardner Health Centro de Bienestar
- Lucile Packard Children’s Hospital Stanford Mobile Adolescent Health Services for homeless and/or uninsured teens; services include risk behavior reduction counseling and substance abuse counseling and referrals
- Lucile Packard Children’s Hospital Stanford Teen Van at Mountain View Los Altos School District (counseling services)
- Mobile Adolescent Health Services
- RotaCare Clinic Mountain View – counseling services for uninsured patients
- San Jose Foothill Family Clinic
- Santa Clara Valley Medical Center Sunnyvale Behavioral Health Center
- Stanford Psychiatry and Behavioral Sciences inpatient and outpatient clinics

### Community-Based Organizations:

- 12-step recovery programs
- Alum Rock Counseling Center –Ocala MS Mentoring & Support Services Program (drug, violence, and risk prevention curriculum and emotional health services for at-risk students)
- Asian Americans for Community Involvement (AACI) Project PLUS (14-week life skills development program, providing prevention services for high-risk students at two high schools)
- Bill Wilson Center
- Billy DeFrank LGBT Community Center
- Casa de Clara, a Catholic volunteer group, offers services to women and children in downtown San Jose including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling
- Catholic Charities OASIS program provides case management, medication support and counseling
- Chamberlain’s Mental Health
- Community Health Awareness Council
- Community Solutions
- Discovery Counseling Center (Morgan Hill)
- Eastern European Services Agency
- Eating Disorder Resource Center of Silicon Valley
- EMQ Families First
- InnVision counseling
- Jewish Family & Children’s Services
- Josefa Chaboya de Narvaez Mental Health
- Law Foundation of Silicon Valley Mental Health Advocacy Project – legal services for people with mental health or developmental disabilities

- Mekong Community Center
- Momentum for Mental Health (includes psychiatric care, medication management, and medications)
- Momentum-Alliance for Community Care
- NAMI (National Alliance on Mental Illness) Peer Pals program
- Peninsula Healthcare Connection – psychiatric care and medication management for primarily homeless individuals
- Peninsula Healthcare New Directions
- Rebekah’s Children’s Services (Gilroy)

## **BIRTH OUTCOMES**

### **SAN MATEO COUNTY HOSPITALS’ INVESTMENTS/ASSETS**

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

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

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

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

### **Sequoia Hospital**

- Prenatal classes

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

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

## **SANTA CLARA COUNTY**

### **Government Services** (City or Santa Clara County or California)

- First 5 Santa Clara County New Parent Kits
- Santa Clara County Department of Public Health Black Infant Health (BIH) Program
- Santa Clara County Public Health Department Nurse-Family Partnership Program home visitation model

### **Community-Based Organizations**

- Informed Choices (Gilroy)
- March of Dimes
- Real Options – prenatal care

### **School-Based Services**

- Continuation schools (parenting classes)

## Hospitals and Clinics

- O'Connor Hospital Health Benefits Resource Center's Baby Gateway Program, providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
- Packard Teen Van
- Planned Parenthood
- Valley Med high-risk OB clinic

## HEALTHCARE ACCESS & DELIVERY

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### Kaiser Permanente San Mateo Service Area

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

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

- Major supporter of government plans and a safety net providers
- Reimbursement to the County for OB-GYN physician services for low-income women in SMC who deliver at LPCHS
- Partnership with Ravenswood Family Health Center: funding to support pediatrician costs, children's dental care, and prenatal nutrition counseling

- Mobile Adolescent Health Services: primary treatment and preventative care to homeless and uninsured teens
- Care-A-Van for Kids: transportation of low-income patients who live outside of a 25 mile radius of LPCHS (costal-regions of SMC)
- Medical-legal advocacy services through a partnership with the Peninsula Family Advocacy Program

#### Mills-Peninsula Health Services

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

- Community Gatepath

### **Peninsula Health Care District**

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

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

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

### **Sequoia Hospital**

- Samaritan House Free Clinic Redwood City:
- Provides mammography, lab, radiology and other out-patient services
- Enrollment Assistance for government funded program
- Free Taxi Vouchers for Sequoia discharged patients and out-patients who lack financial and transportation resources

- Serve on San Mateo County Paratransit Coordinating Council to provide oversight of Redi-wheels program
- Health Professionals Education:
  - Student training in Nursing; Paramedics; Clinical Chaplaincy; Pharmacy; Physical Therapy; Physician Assistants; Radiation Oncology; Radiology; Respiratory Therapy; Palliative Care
- Financial Assistance (Charity Care): free or discounted health care provided to persons who cannot afford to pay and who meet criteria for Dignity Health Patient Financial Assistance Policy
- Un-reimbursed costs of public health programs for low-income persons, such as Medi-Cal and Medicare
- Sequoia pays on-call physicians to serve indigent patients in the Emergency Department

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

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

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

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

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

- Bay Area Red Cross
- Belle Haven Clinic

- Chambers of Commerce
- Children’s Health Initiative
- Clinic By the Bay: Free medical care for the uninsured in Daly City and parts of San Francisco
- Coastside Hope
- Community Gatepath
- Daly City ACCESS: Healthy Aging Response Team
- Daly City Community Service Center
- Daly City Peninsula Partnership
- Daly City Youth Health Center
- Edgewood Center for Children and Families
- Family Caregiver Alliance (FCA)
- HIP Housing
- Home & Home
- InnVision Shelter Network
- MayView
- Mid-Peninsula Boys & Girls Club
- Mission Hospice & Home Care
- Pacifica Collaborative
- Peninsula Family Services
- Peninsula Library System
- Puente
- Puente de la Costa Sur
- Ravenswood Family Health center
- RotaCare Bay Area, Inc.
- Samaritan House
- San Mateo Co. Health Services
- San Mateo Medical Association Community Service Foundation
- Second Careers Employment Program
- The Latino Commission

## SANTA CLARA COUNTY

All nonprofit hospitals provide charity care and cover the cost of unreimbursed Medi-Cal for underinsured patients.

### Alliances, Initiatives, & Campaigns and General Resources

- Santa Clara County Public Health Department Nurse-Family Partnership Program helps young, low-income, expectant mothers have healthier pregnancies, become better parents, have emotionally and physically healthier children, and gain greater self-sufficiency (home visit model)
- Santa Clara Family Health Plan

### Santa Clara County Services

- Valley Health Plan
- Valley Homeless Healthcare Program

### School-Based Services

- School Health Centers

### Hospitals and Community Clinics

- O'Connor:
  - Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
  - Health Benefits Resource Center provides insurance and CalFresh enrollment assistance and referrals social services to low-income, underinsured or uninsured individuals
- Kaiser Permanente Graduate Medical Education and Residency program at School Health Clinics and Indian Health Center
  - Pediatric Center for Life provides comprehensive care and referrals to low-income children
- Kaiser Permanente Subsidized Health Insurance and Medical Care Services including:
  - Child Health Program
  - Healthy Families Program
  - Steps Health Plan for Adults
- Saint Louise:
  - Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
  - Health Benefits Resource Center provides MediCal application assistance
- Stanford Health Care:
  - Community Health Partnership:
    - Emergency department registration unit enrolls uninsured pediatrics patients in various assistance and insurance programs
    - Health Advocates subsidized program to help individuals research and enroll in health insurance programs
      - Emergency department registration unit enrolls uninsured pediatrics patients in assistance and insurance programs
      - Health Advocates subsidized program to help individuals research and enroll in health insurance programs
      - Information & Referral website and phone line: fields ~10,000 requests for info annually
      - Mayview (increase provider hours; establish formal referral system with free clinic to provide medical home for 50 free clinic clients annually)
      - Medical education: subsidized training for residents/interns
      - Medical Respite Program for the Homeless, a public/private partnership, provides beds and case management for those experiencing homelessness
      - Pacific Free Clinic (EMR & IT support)



- Pro bono services: labs and radiology Pacific Free Clinic
- Stanford Health Library: free and open to all; librarians do health-related research for individuals requesting help (e.g., research conditions and put together info packets for anyone requesting; medical info; info on where to get care, etc.; Health Insurance Counseling & Advocacy Program lectures for seniors; bilingual medical librarian at branch in East Palo Alto
- Stanford Lifeflight: subsidized air ambulance service
- Stanford University Community Health Advocacy Program: medical students do capacity building projects at community clinics (e.g., developed/built/staff trained on chronic disease registry-Mayview)
- Valley Medical Center Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
- Mayview Community Health Center: Quality Improvement Initiative (support for staffing, processes, tools, and infrastructure to improve both access and quality of care provided to disadvantaged patients).
- RotaCare Bay Area: A Way Home: Clinic Patient Navigator (to help low-income, uninsured residents find a medical home and connect patients to other local health-related services)
- Santa Clara County Public Health Department Nurse-Family Partnership Program home visitation model
- Santa Clara Family Health Foundation: Community Outreach Program (develop/sustain/refine relationships with nonprofit agencies to identify hard-to-reach uninsured children and refer parents to apply for health coverage)
- School Health Clinics of Santa Clara County: Quality Improvement Initiative (at safety net organizations, support for staffing, processes, tools and infrastructure that enable organizations to improve both access and quality of care provided to disadvantaged patients)

### Community-Based Organizations

- Asian Americans for Community Involvement Patient Navigator Program
- Community Health Partnership and related clinics
- FIRST 5 Santa Clara County: Funds Healthy Families Insurance Program
- Gardner Family Health Network: Public Benefit Screening and Enrollment (establish a Community Services Referral System that links patients to needed services by providing referrals and navigation support)
- Health insurers (Blue Cross, Aetna, etc.)
- Healthy Outcomes project
- InnVision Shelter Network: HealthCare for the Homeless (expanded services to include health support programs and increase patient utilization of scheduled medical visits)

### Transportation Services

- Avenidas
- Cal Train
- City Team Ministries
- Community Services Agency
- El Camino Hospital Roadrunners
- Heart of the Valley Escorted Transportation (nonprofit)
- Love Inc.
- Mountain View Community Shuttle
- Outreach & Escort, Inc.
- Santa Clara Valley Transit Authority (VTA)

## ORAL/DENTAL HEALTH

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### Kaiser Permanente

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

#### Lucile Packard Children's Hospital Stanford

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

#### Mills-Peninsula Health Services

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

#### Peninsula Healthcare District

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

#### Sequoia Healthcare District

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

#### Stanford Health Care

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

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

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

### SANTA CLARA COUNTY

#### Alliances, Initiatives, & Campaigns and General Resources

- California Dental Association Fund – Santa Clara Fluoridation Initiative
- Health Teacher program (oral health education for kids)
- Onsite Dental Foundation for HIV/AIDS patients

#### Government Services (City or Santa Clara County or California)

- Superior Court of CA Santa Clara County orthodontic care for foster youth

#### School-Based Services

- School nurses coordinate dental screenings at schools

#### Community-Based Organizations

- Healthier Kids Foundation (Kids)
- InnVision Shelter Network – Health Care for the Homeless (medical and dental care)
- SCC Dental Society

#### Hospitals and Community Clinics

- Alviso Health Center
- Children's Dental Center (Sunnyvale)
- Children's Dental Center in East San Jose (through The Health Trust)
- CompreCare Clinic
- Dental mobile unit site
- EHC Lifebuilders dental mobile unit site

- FIRST 5 Santa Clara County distributed New Parent Kit and additional oral healthcare kits
- Foothill Clinic (Gilroy)
- Gardner Dental Clinic (South County)
- Gardner Family Health Clinic (Alum Rock)
- Indian Health Center
- St. James Health Center
- ToothMobile (Head Start & Preschools)
- Valley Homeless Healthcare clinics – dental services and dental van

## RESPIRATORY CONDITIONS

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### Lucile Packard Children's Hospital Stanford

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

#### Sequoia Hospital

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

#### Seton Medical Center/Seton Coastside

- Lungevity Newsletter
- Pulmonary Maintenance program
- Pulmonary Rehabilitation Program

- Living Well with Asthma

### Stanford Health Care

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

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- American Lung Association

### SANTA CLARA COUNTY

#### Alliances, Initiatives, & Campaigns and General Resources

- Drug assistance programs through pharmaceutical companies
- Stanford Health Library: info and librarian assistant for treatment/management
- Tobacco Free Coalition Santa Clara County

#### School-Based Services

- Asthma case management by school nurses in five school districts

#### Community-Based Organizations

- Allergy & Asthma Associates of Santa Clara Valley Research Center
- Breathe California
- California Smokers Helpline
- Respiratory equipment companies
- Second-Hand Smoke Helpline
- Vietnamese Reach for Health Coalition

### Hospitals and Clinics

- El Camino Hospital Cardiac & Pulmonary Wellness Program
- O'Connor Hospital
- Saint Louise Pulmonary Rehabilitation Program
- Stanford Health Care
  - Center for Advanced Lung Disease
  - Chest Clinic
  - Pulmonary Rehabilitation Program

## COMMUNICABLE DISEASES (NOT STIS)

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### Lucile Packard Children's Hospital Stanford

- Partners with Stanford University to fund Office of Emergency Management

#### Mills-Peninsula Health Services

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

#### Sequoia Hospital

- Vaccination clinics

#### Seton Medical Center/Seton Coastside

- Vaccination Clinics

#### Stanford Health Care

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

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Health Connected
- San Mateo County Hepatitis B Initiative

### SANTA CLARA COUNTY

See Sexual Health for sexually transmitted infections assets and resources.

### Alliances, Initiatives, & Campaigns and General Resources

- ECH Chinese Health Initiative focused on hepatitis B awareness and screenings
- Santa Clara County Needle Exchange Program
- SCC Hepatitis B Free Initiative
- Vietnamese Reach for Health Coalition

### Government Services (City or Santa Clara County or California)

- Santa Clara County Pediatric TB Clinic
- Santa Clara County Public Health Department ESSENCE program
- Santa Clara County TB/Refugee Health Clinics

### School-Based Services

- Lucile Packard Teen Health Van (including STIs and HPV)
- School health clinics of Santa Clara County

### Hospitals and Clinics

- ECH Chinese Health Initiative–hepatitis B screenings and awareness
- Foothill Community Health
- Peninsula Healthcare Connection (clinic and homeless shelter)
- Stanford Health Care Infectious Disease Clinic
- Valley Homeless Healthcare Mobile Van

## SEXUAL HEALTH

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### Kaiser Permanente San Mateo Service Area

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

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

Packard Children's Health Initiative to improve the social and emotional health of youth

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

#### Peninsula Healthcare District

- Fund Preventative Health Program at Planned Parenthood Mar Monte

#### Sequoia Healthcare District

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

#### Stanford Health Care

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

### SANTA CLARA COUNTY

#### Government Services (City or Santa Clara County or California)

- Santa Clara County HIV Planning council
- Santa Clara County Needle Exchange Program

#### School-Based Services

- College health centers (public and private universities, community colleges)
- Lucile Packard Children's Hospital Stanford Teen Van
- School health clinics (San Jose High, Overfelt, Washington, Franklin-McKinley Neighborhoods)

#### Community-Based Organizations

- Asian American Recovery Services
- Billy DeFrank LGBT Community Center
- Community Health Awareness Council (CHAC) Outlet program
- Community Health Partnership – Transgender Health
- Planned Parenthood Mar Monte (including Foster Youth Healthcare Services & Coverage Access, which provides pregnancy prevention/education services to current and former foster youth throughout Santa Clara County)
- The Health Trust AIDS Services
- The Health Trust: Asian Americans for Community Involvement
- Valley Health Center PACE Clinic – HIV services

## Hospitals and Clinics

- Lucile Packard Children’s Hospital Mobile Adolescent Health Services for homeless and/or uninsured teens; services include counseling and treatment for HIV and STDs, family planning services, pregnancy testing, and risk behavior reduction counseling
- Stanford Health Care Positive Care Clinic (HIV and AIDS)

## VIOLENCE & ABUSE

### SAN MATEO COUNTY HOSPITALS’ INVESTMENTS/ASSETS

#### Kaiser Permanente San Mateo Service Area

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

#### Lucile Packard Children’s Hospital Stanford

- Beginning in FY 13, LPCHS is funding Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in SMC communities with high violence rates (East Palo Alto and East Menlo Park)
- SafeKids Coalition: as the leading cause of death of children ages 1-14, SafeKids works to prevent:
- Unintentional injury, particularly with a “Purple Crying” initiative to prevent Shaken Baby Syndrome

- Community Health Education Programs:
- To address drivers of Violence, including lack of coping skills, developmental delays, and mental health issues
- Topics are determined through community needs identified by our community partners or hospital staff
- Mental Health Dissemination Initiative

#### Mills-Peninsula Health Services

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

#### Sequoia Healthcare District

- Supports CORA

#### Sequoia Hospital

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

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- ALICE: Filipino organization domestic violence prevention education
- ASK Academy
- Community Overcoming Relationship Abuse: CORA
- El Centro de Libertad
- Freedom House
- Peace Development Fund

- Police Activities League
- Rape Trauma Services
- SCAN

## **SANTA CLARA COUNTY**

### **Alliances, Initiatives, & Campaigns and General Resources**

- South County United for Health Leadership Team focus on active and safe parks
- Violence Prevention Taskforce

### **Government Services** (City or Santa Clara County or California)

- City of Gilroy Gang Taskforce
- City of San Jose BEST-funded programs
- Domestic Violence Intervention Program for foster children through the Superior Court of California Santa Clara County
- San Jose Mayor's Gang Taskforce
- Santa Clara County Child Abuse Council
- Santa Clara County Domestic Violence Council
- Santa Clara County Juvenile Probation Department programs
- Santa Clara County Office of Human Relations
- Santa Clara County Office of Women's Policy
- Santa Clara County Public Health Department Anti-bullying Community Transformation Grants in South County school districts
- Santa Clara County Public Health Department Violence Prevention Program
- Healthy Teen Relationships Campaign (social marketing strategies and programming to prevent teen domestic violence) in South San Jose/ South County
- We All Play a Role in Safe and Peaceful Communities Campaign

### **School-Based Services**

- GoNoodle online lessons on bullying awareness

### **Community-Based Organizations**

- AACI: Victims & violence (torture/trauma center)
- Alum Rock Counseling Center CAPA program
- Asian Women's Home
- CHAC (Community Health Awareness Counseling) provided at all Sunnyvale School District schools, for Mountain View Whisman School District and Mountain View Los Altos School District
- Community Solutions Touch with Teens Program at school sites in South County
- Community Solutions: Healthy Communities Program (violence prevention and intervention services to high-conflict/ underserved children, youth, and families, Morgan Hill & Gilroy)
- Discovery: Community Solutions
- Domestic violence shelters
  - Asian Americans for Community Involvement
  - YWCA Support Network
  - Next Door Solutions
- EMQ Families First counseling for all high schools in the Campbell Union High School District
- EMQ Families First Crisis Intervention Program for northern Santa Clara County
- Girl Scouts of Northern California Got Choices program – prevention/ intervention program to reduce risky behaviors and support informed decision-making in high-risk, disconnected, gang-impacted and court-involved middle- and high-school girls
- ICAN (Vietnamese parenting class focusing on infant/child brain development)
- Next Door Solutions to Domestic Violence Healing Families Pilot Project – for those who

have either experienced or been exposed to domestic violence

- Peace Builders Program
- PlayWorks: Youth development program in elementary school that has positive impact on reducing violence
- Rebekah Children’s Services School-Based Violence and Substance Abuse Prevention Program (elementary school students in Gilroy Unified School District)
- SafeCare Home Visitation Services
- Sunday Friends violence prevention classes
- Various organizations: Triple P parenting program
- YMCA Silicon Valley / Project Cornerstone Creating Caring Schools to Reduce Violence program – partnership with 10 high-need schools and preschools

### Hospitals and Clinics

- Kaiser Permanente Educational Theatre Program that delivers violence prevention programming and messaging to schools and in the community
- Lucile Packard Children’s Hospital health education programs with topics including cyber bullying
- Lucile Packard Children’s Hospital residents’ community advocacy projects
- Lucile Packard Children’s Hospital Suspected Child Abuse and Neglect (SCAN) team, a collaboration between Packard Children’s and the Santa Clara Valley Medical Center – Center for Child Protection. The team consults on child abuse cases, reviews all CPS referrals and consultations, and provides inpatient and outpatient consultation services and education for residents, medical students, and staff.
- Lucile Packard Children’s Hospital Safe Kids Coalition

## ECONOMIC SECURITY

### SAN MATEO COUNTY HOSPITALS’ INVESTMENTS/ASSETS

#### Lucile Packard Children’s Hospital Stanford

- Indirectly through Advocacy initiative

#### Mills-Peninsula Health Services

- Provides Health Insurance counseling

### SANTA CLARA COUNTY

This need includes education, employment and poverty. Housing is a separate health need.

#### Alliances, Initiatives, & Campaigns and General Resources

- 2-1-1

#### Government Services (City or Santa Clara County or California)

- CalFresh
- City of San José employment resource center
- Connect Center CA (Pro-match and Nova job centers)
- Employment Development Department (in partnership with NOVA)
  - CONNECT Center
  - ProMatch career resource center
- Medi-Cal
- Veterans Administration employment center
- WIC
- Women, Infants, and Children (WIC) Nutrition Services
- Work 2 Future – a County of Santa Clara, City of San José, and SJSU collaborative program

#### School-Based Services

- Community colleges
- Salad bars (funded through SVLG–nutrition)



## Community-Based Organizations

- American Vets Career Center
- Community Service Agency (Mountain View, Sunnyvale, West Valley)
- Day Worker Center (Mountain View)
- Dress for Success, a nonprofit organization that provides interview suits and job development
- Food resources:
  - Loaves and Fishes
  - Meals on Wheels (The Health Trust and Sourcewise)
  - Salvation Army
  - St. Joseph’s Cathedral
  - St. Joseph’s Family Center – food bank and hot meals (Gilroy)
  - Sunnyvale Community Services
  - Second Harvest Food Bank
  - The Health Trust farmer’s market
  - Valley Medical Center farmers’ market
- Goodwill Silicon Valley
- Hope Services – employment for adults with developmental disabilities
- NOVA Workforce development
- Sacred Heart Community Services
- Salvation Army
- Unity Care – foster youth employment assistance

## Hospitals and Clinics

- Summer youth programs (Medical EMP and College Access)
- Stanford Medicine Summer Youth Program (introduces low income, minority students to careers in healthcare; college application assistance)

## HOUSING & HOMELESSNESS

### SAN MATEO COUNTY HOSPITALS’ INVESTMENTS/ASSETS

#### Lucile Packard Children’s Hospital Stanford

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

#### Mills-Peninsula Health Services

- Supports HIP Housing
- Rebuilding Together Peninsula

#### Sequoia Healthcare District

- Supports Life Moves

#### Sequoia Hospital

- Collaborates with InnVision Shelter Network Outreach team

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- HIP Housing
- Rebuilding Together Peninsula

## SANTA CLARA COUNTY

### Alliances, Initiatives, & Campaigns and General Resources

- “All the Way Home” Campaign to End Veteran Homelessness – City of San Jose, Santa Clara County and the Housing Authority have set a goal of housing all of the estimated 700 homeless veterans by 2017 (new)
- Community plan to end homelessness in Santa Clara County
- Destination Home
- MyHousing.org
- Santa Clara County Housing Task Force

- Santa Clara County Medical Respite for the Homeless
- VA Housing Initiative

### **Public/Santa Clara County Services**

- Abode Services – supportive housing – county paying for success initiative for chronic homelessness
- City of San Jose Housing Department and Homelessness Response Team
- County mental health housing through MHSA
- County Office of Supportive Housing
- Housing Authority of SCC
- Housing Trust
- Santa Clara County Valley Health and Hospital System – myhousing.org
- SJC Housing and Homelessness Services Department

### **Community-Based Organizations – Legal**

- Asian Law Center
- Family Advocacy Program (Legal Aid Society)
- Law Foundation of Silicon Valley Mental Health Advocacy Project – legal services for people with mental health or developmental disabilities
- Legal Aid
- Project Sentinel and other dispute resolution providers

### **Community-Based Organizations – Emergency & Transitional Housing**

- 211 (info/referral)
- Bill Wilson Center emergency shelter for youth
- Casa de Clara (Catholic volunteer group – services to women and children in downtown San Jose including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling)

- Catholic Charities Housing – affordable housing units
- Chinese Community Center of the Peninsula
- Community Services Agency emergency shelter
- Destination Home
- Downtown Streets Team
- EHC Life Builders Emergency Housing Consortium
- Foster youth group home providers
- Gilroy Compassion Center
- HomeFirst
- Housing Opportunities for Persons with AIDS
- InnVision the Way Home
- Love Inc.
- New Hope House
- Palo Alto Housing Corporation
- Rebuilding Together (repairs to keep people in homes)
- Sacred Heart Community Services emergency assistance
- Senior Housing Solutions
- St. Joseph emergency assistance
- Sunnyvale Community Services – housing and emergency assistance
- The Health Trust Housing for Health
- Unity Care – Foster youth housing
- West Valley Community Services emergency assistance

### **School-Based Services**

- College/university housing offices

## CANCER

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### Kaiser Permanente San Mateo Service Area

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

#### Lucile Packard Children's Hospital Stanford

- Indirectly through access to care initiatives

#### Mills-Peninsula Health Services

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

#### Peninsula Health Care District

- Fund Gabriella Pastor Program at Breast Cancer Connections

#### Sequoia Hospital

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

#### Seton Medical Center/Seton Coastside

- Health education and nutrition information provided through presentations at community centers and community programs

- Health education and nutrition information provided at health focused community events and fairs
- Seton Breast Health Center
- Support Groups
- Transportation services
- Clinical nutrition counseling

#### Stanford Health Care

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

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

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

### SANTA CLARA COUNTY

#### Community-Based Organizations

- American Cancer Society
- Bonnie J. Addario Lung Cancer Foundation
- Breast Cancer Connections

- Cancer CAREpoint
- Cancer Support Community
- Latinas Contra Cancer
- Leukemia & Lymphoma Society
- Vietnamese Reach for Health Coalition

### Hospitals and Community Clinics

In addition to hospitals and clinics that provide cancer care and outpatient chemotherapy, these cancer-specific resources can be found in the community:

- El Camino Hospital:
  - Free skin cancer screenings
  - Hepatitis B awareness campaign and screenings to prevent liver cancer in at-risk Asian population
  - Women’s services at RotaCare Clinics
- O’Connor Hospital cancer support groups
- Stanford
  - Blood and Bone Marrow Transplant Program
  - Cancer clinical trials info/referral website and phone line
  - Medicine Asian Liver Center
  - Stanford Cancer Institute
  - Stanford Cancer Supportive Care Program – 55 non-medical services for cancer patients, family and caregivers
- Valley Medical Center Sobrato Cancer Center

## LEARNING DISABILITIES

### SANTA CLARA COUNTY

#### Alliances, Initiatives, & Campaigns and General Resources

- First 5 Santa Clara (info, help finding CBOs)
- Santa Clara County Office of Education Inclusion Collaborative

### Government Services (City or Santa Clara County or California)

- San Andreas Regional Center – developmental assessments

### School-Based Services

- After-school academic tutoring (through school districts)
- Special Education services through public school districts and private schools

### Community-Based Organizations

- After-school tutoring services available through private agencies
- Applied Behavior Analysis for autism from various organizations:
- Morgan Center
- Pacific Autism Center for Education (PACE)
- Stepping Stones Triple P Curriculum
- Autism Society of San Francisco Bay Area – information regarding ways for families to get involved, gain knowledge and support, and meet other individuals affected by autism
- Behavioral health agencies with expertise in ADHD (various)
- Children’s Health Council community clinic
- EMQ Families First – serves children on the autism spectrum disorder and other developmental disabilities and their families at home, in school or in clinic.
- EvoLibri
- In-home behavioral therapy and bio-feedback from private practitioners
- Parents Helping Parents
- Social Thinking Center

### Hospitals and Clinics

- Lucile Packard Children’s Hospital Stanford Brain and Behavioral Center

## TRANSPORTATION & TRAFFIC

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### Lucile Packard Children's Hospital Stanford

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

#### Mills-Peninsula Health Services

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

#### Stanford Health Care

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

### SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

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

## UNINTENDED INJURIES/FALLS

### SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

#### Kaiser Permanente San Mateo Service Area

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

#### Mills-Peninsula Health Services

- Funds and participates in the Fall Prevention Task Force of San Mateo County

- Provides FallProof fall prevention classes
- Provides Seniors in Motion classes

#### Sequoia Hospital

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

#### Seton Medical Center/Seton Coastside

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

#### Stanford Health Care

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

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

- San Mateo County Fall Prevention Task Force

## **SANTA CLARA COUNTY**

### **Alliances, Initiatives, & Campaigns and General Resources**

- Safe Routes to School
- SafeKids Santa Clara County
- Santa Clara County Fall Prevention Task Force
- Santa Clara County Public Health Department Falls Prevention Collaborative
- SJSU Research Foundation Falls Prevention Collaborative
- The Health Trust Healthy Aging Partnership

### **Government Services** (City or Santa Clara County or California)

- City departments of transportation
- County poison control
- PHD Center for Chronic Disease and Injury Prevention

### **Community-Based Organizations**

- Matter of Balance fall prevention program for older adults
- Stepping On fall prevention program for older adults
- Strong for Life free group exercise program for seniors promoting strength, mobility, balance
- The Health Trust Agents for Change promoting older adult pedestrian safety
- YMCA (free camps and scholarships for swim lessons)

### **Hospitals and Clinics**

- Packard Safely Home car seat fitting station
- Stanford Healthcare:

- Farewell to Falls free, in-home program including home assessments, exercise program facilitated by occupational therapists, and pharmacist assistance
- Chronic Disease Self-Management workshops senior centers (pain management, management of conditions causing loss of balance)
- Provides Lifeline in-home emergency response service to seniors regardless of their ability to pay

## **CLIMATE CHANGE**

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

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

- Indirectly through Advocacy Initiative



