

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
A. Activities Since Previous CHNA(s)		
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)	Sec. 2
B. Process & Methods		
Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Sec. 3
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Sec. 3
Defines the community it serves, which: <ul style="list-style-type: none"> • 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. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May <i>not</i> exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. 	(b)(i) (b)(3) (b)(6)(i)(A)	Sec. 2
Describes how the community was determined.	(b)(6)(i)(A)	Sec. 2
Describes demographics and other descriptors of the hospital service area.		Sec. 2
Health Needs Data Collection		
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)	Sec. 3 App. 2
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Sec. 4
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)	Sec. 3 App. 5
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Sec. 3 App. 5
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)	Sec. 3 & 4 App. 5
b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report	(b)(5)(i)(B)	Sec. 3 App. 5

Federal Requirements Checklist		Regulation Section Number	Report Reference
	includes the names of any organizations - names or other identifiers not required.)		
	I. Medically underserved populations	(b)(5)(i)(B)	Sec. 3 App. 5
	II. Low-income populations	(b)(5)(i)(B)	Sec. 3 App. 5
	III. Minority populations	(b)(5)(i)(B)	Sec. 3 App. 5
	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)	Sec. 3
	Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Sec. 3 & 4
	Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Sec. 3
	Summarizes the nature and extent of the organizations’ input.	(b)(6)(F)(iii)	Sec. 4 App. 7
C. CHNA Needs Description & Prioritization			
	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)	Sec. 4
	Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Exec Sum Sec. 4
	Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Sec. 4 App. 6
	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)	App. 8
D. Finalizing the CHNA			
	CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Exec Sum
	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)	June 2016
	a. May not be a copy marked “Draft”.	(b)(7)(ii)	
	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)	
	c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	

Federal Requirements Checklist		Regulation Section Number	Report Reference
	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)	
	e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
	f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

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

1. California Climate Change Center. 2009. *The Impacts of Sea-Level Rise on the California Coast*.
2. California Department of Education (CDE). 2012-2013.
3. California Department of Education (CDE). 2013.
4. California Department of Education (CDE). 2015. *California Assessment of Student Performance and Progress, 2015 Test Results for English Language Arts/Literacy*. Accessed January 2016, <http://caaspp.cde.ca.gov>
5. California Department of Education (CDE). 2015. *Cohort Outcome Data for the Class of 2013-14, 2012-13, 2011-12*. Accessed January 2016, <http://data1.cde.ca.gov/dataquest>
6. California Department of Education, FITNESSGRAM®; Physical Fitness Testing. 2013-2014.
7. California Department of Finance. 2014. *Projections of Population and Births, Report P-3*.
8. California Department of Public Health (CDPH). 2005-2012. *Tracking*.
9. California Department of Public Health (CDPH). 2009. *Vital Statistics*.
10. California Department of Public Health (CDPH). 2010-2012. *Death Public Use Data*. University of Missouri, Center for Applied Research and Environmental Systems.
11. California Department of Public Health (CDPH). 2011. *Birth Cohort File (BCF)*, <http://www.ipodr.org>. Accessed multiple times in 2015.
12. California Department of Public Health (CDPH). 2011. *Birth Profiles by ZIP Code*.
13. California Department of Public Health (CDPH). 2012. *Breastfeeding Statistics*.
14. California Department of Public Health (CDPH). 2012. *County Health Profiles*.
15. California Department of Public Health (CDPH). 2013. *Ten Leading Causes of Death, California Counties and Selected City Health Departments, 2013, Table 5-20*.
16. California Department of Public Health (CDPH). 2014. *EpiCenter: California Injury Data Online*.
17. California Department of Public Health (CDPH) STD Control Branch. 2014. *Gonorrhea Tables*. <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Gonorrhea-Tables.pdf>, Accessed January 2016.
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20. California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2011.
21. Center for Health Statistics & Informatics. 2013. *Vital Statistics Query System*, Death Records.
22. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010.
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25. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-2012.

26. Centers for Disease Control & Prevention (CDC). 2006-10. *National Vital Statistics System* via CDC WONDER (Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research).
27. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2005-2009.
28. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
29. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
30. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2010.
31. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2012.
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36. Centers for Disease Control and Prevention, National Vital Statistics System. University of Wisconsin Population Health Institute, County Health Rankings. 2008-2010.
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39. Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2011-2012
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<http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>. Accessed multiple times in 2015.
43. Dartmouth College Institute for Health Policy & Clinical Practice. Dartmouth Atlas of Health Care. 2012.
44. Environmental Protection Agency, EPA Smart Location Database. 2011.

45. Federal Bureau of Investigation, FBI Uniform Crime Reports. 2010-2012.
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47. Insight Center for Community Economic Development. 2014. *Self-Sufficiency Standard Tool for California*. <http://www.insightcced.org/tools-metrics/>. Accessed January 2016.
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50. National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). 2014.
51. New America Foundation, Federal Education Budget Project. 2011.
52. Nielsen, Nielsen Site Reports. 2014.
53. Professional Research Consultants, Inc. (PRC). 2012 (draft). *San Mateo County Health & Quality of Life Study*, dated November 15, 2012. Not available to the public.
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74. US Department of Health & Human Services, Administration for Children and Families. 2014.
75. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
76. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
77. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013.
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79. US Department of Housing and Urban Development. 2013.
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82. US Drought Monitor. 2012-2014
83. University of California Center for Health Policy Research, California Health Interview Survey. 2009.
84. University of California Center for Health Policy Research, California Health Interview Survey. 2012.
85. University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
86. University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013.
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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)	

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
	2012	
Cancer mortality (all cancers)	California Department of Public Health (CDPH) 2013	
Carbon emissions	San Mateo County Health System 2013	162, Exec Sum 51
Cerebrovascular disease mortality	California Department of Public Health (CDPH) 2013 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	

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
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	
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	

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
	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
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

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
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
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	San Mateo County Health System 2013 (PRC)	158

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
than spouse/partner to limit expenses, self-report	2012)	
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	
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

INDICATOR	DATA SOURCE	PAGE (IF APPROPRIATE)
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	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER)	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
1	City Government	City of Daly City Library and Recreation Department	Representative	Recreator III	Minority (Filipino)	3	Focus group	Tue 9/1
2	City Parks & Recreation	Redwood City Parks, Recreation and Community Services	Director	Chronic conditions (older adults), youth	Representative	3	Interview	Thu 04/09
3	City Parks & Recreation	South San Francisco Parks/Rec Dept.	Director	Older adults, youth	Representative	3	Interview	Tue 03/17

* 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	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
4	County Board of Directors & Commissioners	LGBTQ Commission	Co-Chair	Minority (LGBTQ)	Representative	3	Interview	Thu 05/28
5	County Board of Directors & Commissioners	San Mateo County Board of Supervisors	President, Board of Supervisors	Government policies regarding health	Leader	2	Interview	Tue 04/07
6	County Government	County of San Mateo	Deputy County Manager	Local health agency (human services), victims of human trafficking	Leader	2	Interview	Fri 05/29
7	County Government	San Mateo County Health & Hospital System	Director of Children & Family Services	Local human services agency, underserved populations	Representative	3	Interview	Fri 03/20
8	County Government	SMC Human Services Agency	Executive Director	Underserved populations (access & delivery)	Leader	3	Interview	Fri 03/20
9	County Health	Daly City Youth Health Center (part of San Mateo Medical Center)	FNP	Youth	Representative	3	Interview	Thu 03/05
10	County Health	San Mateo County Health & Hospital System	Chief Executive Officer	Local health agency, Medicaid, Health Plan, Medically underserved	Representative	2	Interview	Thu 04/16

#	SECTOR	ORGANIZATION	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
11	County Health	San Mateo County Health Department	County Health Officer	Public health	Leader	1	Interview	Fri 03/27
12	County Health	SMC Health System (BHRS)	Director of Behavioral Health	Behavioral health	Representative	3	Interview	Thu 03/26
13	County Health	SMC Health System; Aging and Adult Services	Director	Chronic disease (older adults)	Representative	3	Interview	Wed 04/08
14	Faith-Based	American Methodist Episcopal Zion Church	Pastor	Faith community	Representative	3	Interview	Mon 03/30
15	Faith-Based	Congregational Church of San Mateo	Senior Minister	Underserved, low- income	Representative	3	Interview	Tue 04/14
16	For-Profit Business	Home Safety Services	Founder & President	Older adults	Representative	3	Focus group	Wed 3/11
17	For-Profit Business	Oracle Philippines	Member	BSO Analyst	Minority (Filipino)	3	Focus group	Tue 9/1
18	For-Profit Business	Synergy HomeCare	Director, Marketing	Older adults	Representative	3	Focus group	Wed 3/11
19	Nonprofit	Adolescent Counseling Services	Executive Director	Behavioral health (youth)	Representative	3	Interview	Tue 03/17

#	SECTOR	ORGANIZATION	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
20	Nonprofit	Alliance for Community Empowerment (ALLICE)	Representative	Member	Minority (Filipino), Domestic violence	1, 3	Focus group	Tue 9/1
21	Nonprofit	Asian American Recovery Services, North County Prevention Partnership	Representative	Project Supervisor	Minority (Filipino), Youth, Substance abuse	3	Focus group	Tue 9/1
22	Nonprofit	Catholic Charities	Division Dir, Refugee & Immigrant Svc	Minority (immigrants)	Representative	3	Interview	Thu 06/04
23	Nonprofit	Catholic Charities Adult Day Services	Case Management Coordinator	Older adults	Representative	3	Focus group	Wed 3/11
24	Nonprofit	Coastside Hope	Executive Director	Minority (immigrants), low-income	Representative	3	Interview	Wed 04/08
25	Nonprofit	Community Gatepath	Manager, Learning & Employment Campus	Older adults	Representative	3	Focus group	Wed 3/11
26	Nonprofit	Fil-Am Radio	Member	Account Executive	Minority (Filipino)	3	Focus group	Tue 9/1
27	Nonprofit	Filipino Mental Health Initiative, and Fred Finch	Representative	Member and Clinical Supervisor	Minority (Filipino), Marriage & family therapy	1, 3	Focus group	Tue 9/1

#	SECTOR	ORGANIZATION	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
		Youth Center						
28	Nonprofit	First 5	Executive Director	Children ages 0-5 years	Representative	3	Interview	Tue 04/07
29	Nonprofit	InnVision – Shelter Network	Director	Low-income (homeless)	Representative	3	Interview	Fri 04/17
30	Nonprofit	Lesley Senior Communities	Director, Resident Services	Older adults	Representative	3	Focus group	Wed 3/11
31	Nonprofit	Lincoln Street Center	Recreation Program Coordinator	Minority older adults (Chinese and Filipino)	Representative	3	Interview	Tue 3/17
32	Nonprofit	MidPen Resident Services Corp.	Program Director, Senior Services	Older adults	Representative	3	Focus group	Wed 3/11
33	Nonprofit	Mills-Peninsula Health Services African American Community Health Advisory Committee	Co-Founder and Community Benefit Outreach Coordinator	Minority (African Americans)	Representative	3	Interview	Tue 03/10
34	Nonprofit	Multicultural Institute	Dir., Day Laborer Program	Minority (Latino immigrants), low-income	Representative	3	Interview	Tue 04/07

#	SECTOR	ORGANIZATION	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
35	Nonprofit	Peninsula Family Service	Director, Older Adult Services	Low-income, minority, older adults	Representative	3	Interview	Wed 04/01
36	Nonprofit	Peninsula Family Services	Representative	Coordinator, Senior Peer Counseling	Minority (Filipino), Older adults	3	Focus group	Tue 9/1
37	Nonprofit	Peninsula Volunteers Meals on Wheels	Director, Meals on Wheels Program	Older adults	Representative	3	Focus group	Wed 3/11
38	Nonprofit	Pilipino Bayanihan Resource Center	Representative	Executive Director	Minority (Filipino)	3	Focus group	Tue 9/1
39	Nonprofit	Pilipino Bayanihan Resource Center	Representative	Treasurer	Minority (Filipino)	3	Focus group	Tue 9/1
40	Nonprofit	Pilipino Bayanihan Resource Center	Representative	Board Member	Minority (Filipino)	3	Focus group	Tue 9/1
41	Nonprofit	Pilipino Bayanihan Resource Center	Representative	Program Coordinator	Minority (Filipino)	3	Focus group	Tue 9/1
42	Nonprofit	Pilipino Bayanihan Resource	Representative	Board Member	Minority (Filipino)	3	Focus group	Tue 9/1

#	SECTOR	ORGANIZATION	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
		Center						
43	Nonprofit	Pilipino Bayanihan Resource Center	Representative	Vice President	Minority (Filipino)	3	Focus group	Tue 9/1
44	Nonprofit	Pilipino Bayanihan Resource Center	Representative	Board Member	Minority (Filipino)	3	Focus group	Tue 9/1
45	Nonprofit	Puente	Executive Director	Low-income, minority, underserved (Coastside)	Representative	3	Interview	Fri 03/27
46	Nonprofit	Ravenswood Family Health Center	Chief Executive Officer	Low-income, minority	Representative	3	Interview	Mon 03/30
	Nonprofit	Redwood City Fair Oaks Community Center	Human Services Manager	Low-income	Representative	3	Interview	Thu 5/21
47	Nonprofit	Samaritan House	Program Manager, Your House South	Low-income (homeless)	Representative	3	Interview	Tue 03/10
48	Nonprofit	Samaritan House	Operations Director	Homeless (underserved)	Representative	3	Interview	Tue 03/10

#	SECTOR	ORGANIZATION	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
49	Nonprofit	San Mateo Japanese- American Community Center	Executive Director	Older adults, minority (Japanese- Americans)	Representative	3	Focus group	Wed 3/11
50	Nonprofit	Second Harvest Food Bank	Office Manager	Older adults	Representative	3	Focus group	Wed 3/11
51	Nonprofit	StarVista	Director of Clinical/ Community Svc.	Children/ youth	Representative	3	Interview	Fri 03/06
52	Private Practice	Sole practitioner	Member	Psychotherapist	Minority (Filipino), Behavioral health	1, 3	Focus group	Tue 9/1
53	N/A	Carlmont High School	N/A	Youth, medically underserved	Members (11)	3	Focus group	03/31/15
54	N/A	Fair Oaks Activity Center	N/A	Spanish-speaking minority (Latino), low-income	Members (11)	3	Focus group	04/02/15
55	N/A	Maple Street Shelter	N/A	Medically underserved, low- income, homeless	Members (8)	3	Focus group	04/09/15
56	N/A	El Centro de Libertad	N/A	Medically underserved, minority (Latino), low-income, youth	Members (4)	3	Focus group	04/21/15

#	SECTOR	ORGANIZATION	TITLE	EXPERTISE	TARGET GROUP ROLE (LEADER/ REPRESENTATIVE/ MEMBER	TARGET GROUP REPRESENTED*	CONSULTATION METHOD	DATE CONSULTED (2015)
57	N/A	PRIDE Initiative at Congregational Church of San Mateo	N/A	Medically underserved, minority (LGBTQI)	Members (8)	3	Focus group	05/13/15
58	N/A	Pacific Islander Initiative at Peninsula Conflict Resolution Center	N/A	Minority (Tongan/Samoan)	Members (8)	3	Focus group	05/20/15
59	N/A	Ravenswood Health Center	N/A	Medically underserved	Members (10)	3	Focus group	05/27/15
60	N/A	Boys & Girls Club of Half Moon Bay	N/A	Medically underserved, geographically isolated (Coastside)	Members (5)	3	Focus group	05/27/15
61	N/A	Daly City Youth Health Center	N/A	Youth, medically underserved	Members (9)	3	Focus group	08/25/15

Appendix 6. 2016 Health Needs Prioritization Scores: Breakdown by Criteria

HEALTH NEED	COMMUNITY PRIORITY RATING	YOUR EXPERT OPINION		SETON CAPACITY		TOTAL AVERAGE SCORE
	1= NO MENTIONS 2= SOME MENTIONS 3= PRIORITIZED	1= LOW NEED 2= MODERATE NEED 3= HIGH NEED		1= LOW POTENTIAL 2= MODERATE POTENTIAL 3= HIGH POTENTIAL		
		Total	Average	Total	Average	Average
Obesity/Diabetes (including fitness, nutrition)	2.7	21	3.00	21	3.00	2.90
Access & Delivery	3	20	2.86	18	2.57	2.81
Behavioral Health	3	18	2.57	17	2.43	2.67
Heart Disease & Stroke	2	20	2.86	20	2.86	2.57
Cancer	2	19	2.71	20	2.86	2.52
Respiratory Conditions	2	18	2.57	17	2.43	2.33
Economic Security (income, housing)	3	17	2.43	8	1.14	2.19
Oral & Dental Health	3	15	2.14	9	1.29	2.14
Communicable Diseases (not STIs)	2	16	2.29	15	2.14	2.14
Violence & Abuse	3	13	1.86	9	1.29	2.05
Transportation & Traffic	3	13	1.86	8	1.14	2.00
Alzheimer's	2	14	2.00	12	1.71	1.90
Air Quality/Climate Change	2	13	1.86	8	1.14	1.67
Unintended Injuries (Falls)	2	8	1.14	9	1.29	1.48
Birth Outcomes	1	13	1.86	10	1.43	1.43
Arthritis	1	9	1.29	11	1.57	1.29

Definitions:

- A. **Community's prioritization** of the need (number of times ranked as top need by community respondents)
- B. **Expert's prioritization** of the need (urgency of the need in the eyes of Community Benefit Advisory Members)
- C. **Seton Medical Center's capacity** to impact the 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...
 - o For the first time?
 - o After a lapse in insurance?
 - ii. For how many has the cost of insurance kept you from enrolling, or from getting better coverage?
- b. Now, some questions about the "coverage" (benefits) that you do have:
 - i. Do you have more or better insurance "coverage" than you had two years ago?
 - ii. Is the cost of getting medical care keeping you from getting care (like appointment co-pays, co-insurance, prescriptions)?
- c. Now a couple of questions about other ways your access to health care may have changed in the past two years.
 - i. Have you had to make a change in your primary care doctor in the past two years?
 - o If so, why?
 - ii. Are you more likely now, than you were two years ago, to visit a primary care doctor instead of ER or urgent care?

5. TECHNOLOGY — 10 MIN.

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

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

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

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

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

Those who have, what have you used it for?

CONCLUDING REMARKS

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

Key Informant Interview Protocol

INTRODUCTION

What the project is about:

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

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

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

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

PREAMBLE

Our questions relate to four topics.

1. Top health needs among those you serve
2. 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.

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

2. ACCESS TO 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.

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

Mills-Peninsula Health Services

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

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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:

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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

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 programming 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

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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

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.

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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

OBESITY, DIABETES, FITNESS & NUTRITION

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

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

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

Mills-Peninsula Health Services

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

Sequoia Healthcare District

- Fund several community programs including SAL,PAL and Boys and Girls Club

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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

HEART DISEASE & STROKE

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Mended Hearts
- Mills-Peninsula Hospital
- Sequoia Hospital
- Mills-Peninsula Stroke Center
- Kaiser Permanente Comprehensive Stroke Center

AIR QUALITY/CLIMATE CHANGE

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

- Indirectly through Advocacy Initiative

ALZHEIMER'S DISEASE

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- Coastside Adult Day Health Center
- Magnolia Senior Center
- Mission Villa Memory Care
- Network of Care
- Ombudsman Services of San Mateo County
- Senior Coastsiders
- Ron Robinson Senior Care Center
- Pacifica Senior Services
- Seniors at Home
- Mills-Peninsula Health Services (Sutter Health)

ARTHRITIS

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- Arthritis Foundation
- Rheumatoid Arthritis Clinic, UCSF Medical Center

BIRTH OUTCOMES

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

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

Mills-Peninsula Health Services

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

Sequoia Hospital

- Prenatal classes

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

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

COMMUNICABLE DISEASES

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

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, LPCH is funding Mental Health Dissemination and Innovation Initiative to combat the effects of early childhood trauma in SMC communities with high violence rates (East Palo Alto and East Menlo Park)
- Community Health Education Program:
 - To address drivers of substance abuse, including lack of coping skills and mental health issues.
 - Topics are determined through community needs identified by our community partners or hospital staff

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- 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

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

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

ORAL/DENTAL HEALTH

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente

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

Lucile Packard Children's Hospital Stanford

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

Mills-Peninsula Health Services

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

Peninsula Healthcare District

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

Sequoia Healthcare District

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

Stanford Health Care

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

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

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

RESPIRATORY CONDITIONS

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Lucile Packard Children's Hospital Stanford

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

Sequoia Hospital

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

Seton Medical Center/Seton Coastside

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

Stanford Health Care

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

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- American Lung Association

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

VIOLENCE & ABUSE

SAN MATEO COUNTY HOSPITALS' INVESTMENTS/ASSETS

Kaiser Permanente San Mateo Service Area

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

Lucile Packard Children's Hospital Stanford

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

Mills-Peninsula Health Services

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

Sequoia Healthcare District

- Supports CORA

Sequoia Hospital

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

SAN MATEO COUNTY COMMUNITY PARTNER INVESTMENTS/ASSETS

- ALICE: Filipino organization domestic violence prevention education

2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

- ASK Academy
- Community Overcoming Relationship Abuse: CORA
- El Centro de Libertad
- Freedom House
- Peace Development Fund
- Police Activities League
- Rape Trauma Services
- SCAN

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

Appendix 9. Health Needs Profiles

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

1. Air Quality/Climate Change
2. Alzheimer's Disease
3. Arthritis
4. Behavioral Health
5. Birth Outcomes
6. Cancer
7. Communicable Diseases
8. Economic Security
9. Healthcare Access & Delivery
10. Obesity, Diabetes, Fitness & Nutrition
11. Heart Disease and Stroke
12. Oral Health
13. Respiratory Conditions
14. Transportation & Traffic
15. Unintended Injuries
16. Violence & Abuse

Each health profile includes a section titled “How Do We Know There Is a Problem?” These sections contain data and statistics from various sources (see Appendix 4: Secondary Data Sources). The health profiles also each include a section titled “What Does the Community Say?” These sections contain comments from community members about the health needs that reflect their experiences and observations and, therefore, are not necessarily based on data or statistics but on their perceptions.

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