FY 2017 Community Benefit Report

Seton Medical Center
Seton Coastside
A Part of Verity Health
Together in Health
# Table of Contents

- Introduction .................................................................................................................................................. 3
  - About Our Hospital ................................................................................................................................... 3
  - Community Served .................................................................................................................................... 3
- 2017 Community Health Needs Assessment (CHNA) Summary ................................................................. 4
- 2016 – 2018 Implementation Plan ............................................................................................................. 7
  - Introduction ............................................................................................................................................... 7
  - Priority Needs Not Being Addressed and the Reasons ............................................................................. 8
  - Programs, Resources and Anticipated Impact ......................................................................................... 8
- Attachments ................................................................................................................................................... 15
Introduction

About Our Hospital

**Seton Medical Center** - Seton Medical Center has been serving the health care needs of San Francisco and northern San Mateo County since its founding as Mary’s Help Hospital in 1893. The current hospital was built in 1965 and stands on a 33-acre campus.

Today, Seton Medical Center continues the tradition of patient-centric, quality health care to our entire community. Recognized for its stroke treatment, cardio-vascular excellence, including STEMI certification, Seton offers a comprehensive range of medical specialties on both an inpatient and outpatient basis, as well as emergency services.

Seton has a long tradition and a deep commitment to providing quality care to the communities we serve.

**Seton Coastsie** - Seton Coastsie provides skilled nursing care to 116 inpatient residents year-round, in addition to meeting the healthcare needs of our patients, and the surrounding coastal community. Our dedicated staff of interdisciplinary healthcare team professionals, provide excellent, and comprehensive healthcare. Seton Coastsie operates the only 24-hour standby Emergency Department from Daly City to Santa Cruz, which is well-equipped and staffed to serve the needs of our community.

Our key medical services include physical, occupational and speech therapies, radiology, mammography and laboratory.

Community Served

Seton Medical Center’s service area includes, but is not limited to, the cities of South San Francisco, Daly City, Colma, Brisbane, San Bruno, Pacifica, Montara, Moss Beach, Half Moon Bay and certain areas of San Francisco. Seton serves the North County/Coastal service area in which the U.S. Census counted a population of 284,838 in 2013. Fewer than one quarter (20%) of the residents in service area are under the age of 18, while one third (37%) are between the ages of 18 and 44. Fourteen percent are 65 years or older. The North County/Coastal service area cities have a diverse race/ethnic profile. The two largest racial subpopulations in the service area are White (41%) and Asian (39%). Across all racial groups, more than a quarter (26%) reported being of Hispanic/ Latino descent (the US Census Bureau does not consider Hispanic/ Latino to be a racial category). Data also indicate that nearly 8% of residents in the service area are living in poverty (100% of Federal Poverty Level, or FPL), similar to the proportion across San Mateo County as a whole. Nearly one in five North County/Coastal service area residents (19%) live below 200% of the FPL, and more than two in five (44%) households are overburdened by housing costs (i.e., housing costs exceed 30% of total household income).
2017 Community Health Needs Assessment (CHNA) Summary

Seton Medical Center (Seton) conducted a Community Health Needs Assessment (CHNA) in 2015-2016 to meet the federal requirements of the Patient Protection and Affordable Care Act (ACA), and to inform Seton’s investments into the health of its service area in the northern and coastal regions of North San Mateo County (SMC). The CHNA was approved by Seton Medical Center’s Board of Directors on June 14, 2016, and in accordance with federal requirements, it is widely available to the public on Seton’s website at www.seton.verity.org.

Seton conducted the CHNA in partnership with the Healthy Community Collaborative of San Mateo County (HCC), which consists of representatives from nonprofit hospitals, the County Health Department and Human Services, public agencies, and community-based organizations. The HCC was formed to identify and address the shared health needs of the community. The goals of the 2016 CHNA were to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. Secondary data on health indicators in Seton’s service area were analyzed along with the results of focus groups that were held with community members and health experts. An initial set of health needs were identified and then Seton’s Community Benefit Advisory Council ranked each health need using multiple criteria, including:

1. Community’s prioritization of the need (number of times ranked as top need by community respondents)
2. Expert’s prioritization of the need (urgency of need in the eyes of Community Benefit Advisory Members)
3. Seton Medical Center’s capacity to impact the need

The 16 community health needs identified through the CHNA process are described below, in order of prioritization.

1. **Obesity/Diabetes (including fitness, nutrition).** There is a higher rate of diabetes among adults in the county compared to the HP2020 target. Blacks and low-income county residents disproportionately report having been diagnosed with diabetes. Diabetes is the eighth leading cause of death in the county. The rate of youth who are overweight in the North County/Coastal service area is higher in the county compared to California. Childhood obesity disproportionately affects Latino and Black children in the county. The percentage of county adults who exhibit healthy behaviors has dropped over time.

2. **Access & Delivery.** Latino residents and residents of “some other race” in the North County/Coastal service area are more likely to be uninsured than state residents. The proportion of county residents who report visiting a doctor for a routine checkup has been trending downward. Providers reported that more individuals are enrolled in health insurance, although they continue to use the ER or community clinics. Community members indicated that patients need help navigating the healthcare system.
3. **Behavioral Health.** The percentage of North County/Coastal service area adults who self-report excessive consumption of alcohol is higher than the state. In SMC, the percentage of adults who report mental and emotional problems is rising, and binge drinking among young adult males is trending up. In addition, suicide is one of the top 10 leading causes of death in the county. Community members expressed concern about a lack of resources, and youth focus group participants in South San Francisco indicated that substance abuse is a more pressing issue in their community than any other health need. The stigma associated with behavioral health continues to exist.

4. **Heart Disease & Stroke.** Mortality rates for heart disease and stroke in the North County/Coastal service area are higher than HP2020 targets. Diseases of the heart are the leading cause of death in the county, and stroke is the fourth leading cause of death. Rising percentages of county adults report high cholesterol.

5. **Cancer.** Rates of breast cancer incidence and prostate cancer incidence in the North County/Coastal service area are higher than the state. In addition, the rate of colorectal cancer incidence in the North County/Coastal service area is higher than the Healthy People 2020 (HP2020) target. Certain ethnic groups (i.e., Blacks and Whites) in the service area are most affected by cancer and have incidence rates that fail or equal the state or HP2020 target. Cancer is the second leading cause of death in the county.

6. **Respiratory Conditions.** Adult asthma prevalence among adults in the North County/Coastal service area is higher than the state and in SMC has increased substantially over time. Respiratory conditions are the fifth leading cause of death in the county. Community members expressed concern about asthma, naming drivers of the disease such as mold and mildew, airborne particles, secondhand smoke, and smog from traffic.

7. **Economic Security (income, housing).** Ethnic disparities are seen in poverty and educational attainment, a major driver of economic security. Low-income county residents have poorer access to basic needs and have more trouble affording healthcare costs than those residents with higher incomes. Housing is less affordable in SMC than in the rest of the Bay Area, and housing prices are again on the rise.

8. **Oral & Dental Health.** The percentage of county adults who report having visited a dentist for a routine checkup in the past year has decreased from 1998 to 2013, and the percentage of adults in the county who lack dental insurance has increased. Low-income residents are disproportionately affected.

9. **Communicable Diseases (not STIs).** There has been a rise in the incidence rate of tuberculosis in the county over the past decade, and it remains higher than the state average. Pneumonia and influenza combined comprise the seventh leading cause of death in the county. Incidence rates of chlamydia, gonorrhea, and syphilis in the county are rising. New cases of gonorrhea, syphilis, and HIV in the county disproportionately occur among men who have sex with men (MSM).

10. **Violence & Abuse.** Although by almost all statistical measures, violence, crime, and abuse are trending down in the county, community perceptions have not changed over time. The rate of child abuse among Black families in the county is much higher than the state rate. In addition, human trafficking is an emerging issue in the county.
11. **Transportation & Traffic.** The total number of road miles per acre of land (road network density) in the North County/Coastal service area is higher than the county and state overall. Most residents drive to work alone rather than carpooling, taking public transit, or using another mode of transportation. Total vehicle miles of travel in the county have been rising and correlate with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. A lack of transportation disproportionately affects low-income, less-educated, Latino, and Black respondents.

12. **Alzheimer’s.** The proportion of older adult residents is increasing in SMC, and the mortality rate from Alzheimer’s is higher in SMC compared to California. Alzheimer’s disease is the third leading cause of death in the county.

13. **Air Quality/Climate Change.** SMC is among the top U.S. metropolitan areas with the highest short-term particle pollution and one of the areas most polluted by ground-level ozone. 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. Finally, SMC will be the California county most affected by rising sea level.¹

14. **Unintentional Injuries (Falls).** The community expressed concerned about older adults who are injured due to falls, especially because of the county’s increasing proportion of older adult residents. The county’s rate of adult deaths due to drowning is higher than the state’s rate. Deaths from pedestrian and motor vehicle accidents in the county show ethnic disparities.

15. **Birth Outcomes.** Birth outcomes data for SMC are generally good, but disparities exist based on ethnicity. For example, Black and Asian/Pacific Islander women are more likely to have low birthweight babies (15% and 9%) than women of other ethnicities in the county (between 5% and 8%). Black women in the county also disproportionately experience pre-term births and infant mortality compared to county residents overall.

16. **Arthritis.** The adult arthritis prevalence rate in SMC is slightly higher than the state average, and the county has an increasing proportion of older adult residents.

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2016 – 2018 Implementation Plan

Introduction

In this Implementation Plan, Seton describes the strategies and resources it will use to tackle the highest priority health needs in our service area, as identified through the CHNA process. As such, this plan fulfills federal Internal Revenue Service (IRS) requirements that non-profit hospitals prepare a written plan at least once every three years that addresses each of the community health needs that were identified through the CHNA.

In all, 16 needs were identified in the CHNA, and were prioritized by the Community Benefit Advisory Committee in the following rank order:

Seton will address the top five prioritized needs listed above:

1. Obesity/Diabetes (including fitness, nutrition)
2. Access & Delivery
3. Behavioral Health
4. Heart Disease & Stroke
5. Cancer
Priority Needs Not Being Addressed and the Reasons

Seton will not address the remaining 11 health needs above because the Community Benefit Advisory Council reviewed the priorities and determined that the five listed above were of highest concern for North County residents; the 11 needs ranked much lower on the Seton’s selection criteria.

The Community Benefit Advisory Council consisted of the following health experts.

1. President and CEO, Seton Medical Center
2. Medical Directors, Radiation Oncology and Radiology, Seton Medical Center
3. Chief Operating Officer/Chief Nursing Officer, Seton Medical Center
4. Representative from American Cancer Society
5. Consultant who oversees the accreditation with the American College of Surgeons
6. Stroke STEMI Coordinator, Seton Medical Center
7. Director, Radiology, Seton Medical Center
8. Nurse Manager, Oncology Services, Seton Medical Center
9. Director, Business Development, Seton Medical Center
10. Financial Analyst, Seton Medical Center
11. Chaplain, Seton Medical Center

Programs, Resources, and Anticipated Impact

The table below summarizes Seton’s 2016-2018 strategy for addressing the five prioritized health needs: the programs that will be implemented, the approximate fiscal resources to be committed each year, and the anticipated impacts the programs will have. Any planned collaboration between Seton and other facilities or organizations are also noted.
<table>
<thead>
<tr>
<th>Seton Programs/Actions to address the Need</th>
<th>Approximate resources to be committed each year</th>
<th>Program/actions on the community members served</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual 2016</td>
<td>Actual 2017</td>
<td>Projected 2018</td>
</tr>
<tr>
<td>1. Obesity/Diabetes (including fitness, nutrition)</td>
<td>$86,795</td>
<td>$9,546</td>
<td>$60,000</td>
</tr>
<tr>
<td>Seton’s Diabetes Screening and Education Programs</td>
<td>FY16-17: Clinical Lab provided subsidized cholesterol and glucose screenings for community. Clinical lab staff attended community event and provided glucose and cholesterol screenings.</td>
<td>FY16-17: Staff nurses volunteer in community to provide blood pressure screenings.</td>
<td>Provided free glucose and cholesterol screenings to 90 individuals at two events and provided education about diabetes prevention and heart disease. Seton’s clinical lab also provided subsidized glucose screenings for the community one Sunday each month. We estimate 60 – 120 people served during the year who might not otherwise have access to such screenings. RNs provided blood pressure screenings and education about hypertension to 269 individuals at seven events. Seniors and other vulnerable populations receive education from qualified nursing staff.</td>
</tr>
</tbody>
</table>
Goal: Providing early detection, prevention, screening, education, management, and support services improves outcomes and reduces complications for diabetics and pre-diabetics.

Twenty two (22) classes held during this period with 37 hours of staff time to plan and implement. Topics include: Diabetes Medication, A1C Champion, Dental Care and Maintenance, Preventing Diabetes Complications, Holiday Eating, Diabetes & Your Feet, Motion is Lotion, Managing the Next Step, and Preventing Kidney Disease

2. Access & Delivery

<table>
<thead>
<tr>
<th>RotaCare Daly City and Coastside Clinic By the Bay</th>
<th>In Kind Services</th>
<th>$21,250</th>
<th>$50,000 in-kind or cash grant for operations</th>
<th>Providing access to urgent care for the uninsured improves health outcomes and reduces emergency department visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seton’s Health Benefit Resource Center</td>
<td>$77,205</td>
<td>$51,257</td>
<td>$100,000</td>
<td>This information and referral service links families to government-sponsored health benefits and social services, including Medi-Cal, Food Bank and Cal Fresh. The uninsured and underinsured enroll in health insurance and have other basic needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approximately 4,751 individuals provided with information and access to government-sponsored health benefits and social services. Many of the patients are served in our emergency room. Provides for continuity of care especially for</td>
</tr>
</tbody>
</table>

Seton estimates providing up to $75,000 per year in pro bono services for both clinics. Services include diagnostic testing: CT, MRI, Doppler vascular studies, Ultrasound, clinical lab tests and radiology. We provide services for 10-15 patients annually who would not otherwise have access to these diagnostic tests. Results are provided to the referring clinic for follow-up care.
### Behavioral Health

**GeroPsych**
- To Be Determined
- Unit planned for opening end of 2017.

### Heart Disease & Stroke

**Cardiac and Pulmonary Rehabilitation Program**
- 0
- $0
- $0
- Seton did not provide this service in FY16-17.

**Blood Pressure Screenings and Community Health Education and Outreach: WalkAbout TalkAbout**
- $39,480
- $2,924
- $50,000
- Reaches isolated community members with screening services
- Please see section 1. Obesity and Diabetes

### Cancer

**Screening Program**
- Event held
- Event held
- $25,000
- FY16-17: Breast Cancer Mammography Program held at Seton Medical Center.
- Seton’s Cancer Navigator provided education and information on screening to Seton staff and patients on October 29 and 30 to raise awareness for breast cancer. Fifty (50) individuals completed a questionnaire allowing us to gather information on risk factors.
<table>
<thead>
<tr>
<th><strong>Cancer Support Group</strong></th>
<th>Meeting room space</th>
<th>$300</th>
<th>Meeting room space</th>
<th>FY16-17: American Cancer Society’s Look Good Feel Good Program used donated space.</th>
<th>Two meetings were held by the American Cancer Society in space donated pro bono by the Hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. All of the Areas Above</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual Community Health Fair</strong></td>
<td>$0</td>
<td>$0</td>
<td>$75,000</td>
<td>FY16-17: We did not implement this event.</td>
<td>Three events were held with community physicians: Dr. Velyvis: Minimally Invasive Joint replacement Dr. Ryan: Cardiac Risk Factors Specific to the Daly City community and Asian Americans Dr. Rebong: Cataract and Laser-Assisted Cataract Surgery and Diabetes</td>
</tr>
<tr>
<td><strong>Community Lecture Series</strong></td>
<td>$0</td>
<td>$0</td>
<td>$35,000</td>
<td>FY 16-17: Physician lecture series with topics mirroring our 5 priority areas. Goal: Increases community awareness and education on specific health topics</td>
<td></td>
</tr>
<tr>
<td><strong>Free meeting space for community groups, valet services</strong></td>
<td>$</td>
<td>$38,060</td>
<td>$10,000</td>
<td>Contributes to the outcomes of the supported groups</td>
<td>Obsessive Compulsive Disorder meetings: approximately 10 individuals per session for two sessions Al-Anon: estimate20 people per month for approximately six months Nursing Moms: one-time use for up to 10 nursing mothers Peri-anesthesia Fall Symposium 2016 University of San Francisco for nursing program – 10 classes held for</td>
</tr>
</tbody>
</table>
### Cash and In-Kind Grants to Community

<table>
<thead>
<tr>
<th>Grants Provided</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Vincent de Paul’s Books for Hope: 4 barrels of donated books</td>
<td>$218,747</td>
<td>$31,393</td>
</tr>
<tr>
<td>ALLICE: donated food for community event</td>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td>Northern Peninsula Food Pantry and Dining Center of Daly City: 815 lbs of donated food</td>
<td>$731,580</td>
<td></td>
</tr>
<tr>
<td>St. Vincent de Paul: donated turkeys for Thanksgiving that served 300 people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holy Child and St. Martin Episcopal Church: $300 donation for the community elevator project.</td>
<td></td>
<td></td>
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<tr>
<td>Gifts of Love: providing linens and towels throughout the year for hospice services for Missionaries of Charity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gift Shop: Donation of space and proceeds to Jefferson Unified High School District Workability Program and The Arc – training ground for developmentally and intellectually disabled students and adults to gain retail skills and provide crafts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nursing Grad Program and Health Professions Education

<table>
<thead>
<tr>
<th>Grants Provided</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent RN graduates provided with clinical support and training who are then hired as part of the nursing</td>
<td>$100,000</td>
<td></td>
</tr>
</tbody>
</table>
### Implementation Strategy Report 2016-2018

#### Student Affiliation Programs
- **Student affiliation programs with local colleges and universities to train RNs**
  - Affiliation with University of San Francisco to provide training and preceptorships for new RNs at BSN, MSN and DPN level.

#### Other Services
- **$154,518**
  - **$125,000**
  - **Spiritual Care**
  - **Clothing for the ER**
  - Providing support to patients who request such services.
  - Clothing for patients, many who are homeless or indigent, in need of a change of clothing during their hospitalization.

#### Program Administration
- **$8,098**
  - **$16,000**
  - **$30,000**

#### Actual or Projected
- **$500,214**
  - **$1,162,742**
  - **$800,000**

#### Target
- **$431,887**
  - **$794,324**
  - **$794,324**
Attachments

2016 Community Health Needs Assessment (CHNA)

Proposed Grants Not Identified Above:

ALLICE – intimate and domestic violence prevention and awareness
Caritas – camp for low-income youth in San Mateo County
Coastside Adult Day Health Center – support for seniors in the Coastside community
Daly City Youth Health Center – health and wellness for youth in North County
Daly City Food Pantry: Second Harvest Food Bank- food for low-income and underserved
Gifts of Love – hospice care for homeless
Holy Child/St. Martin Church – support for health clinics and
Latina Breast Cancer Agency – wellness and prevention support for those served
Pacific Stroke Association – stroke awareness and education
Peninsula Family Services – support for those in need of housing and other services
Others to be determined