



2016 Community Health Needs Assessment

Kaiser Foundation Hospital – Redwood City
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Approved by KFH Board of Directors
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KAISER PERMANENTE NORTHERN CALIFORNIA REGION
COMMUNITY BENEFIT
CHNA REPORT FOR KFH-REDWOOD CITY

ACKNOWLEDGEMENTS

Healthy Community Collaborative of San Mateo County (HCC) Members

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I. EXECUTIVE SUMMARY

A. Community Health Needs Assessment (CHNA) Background

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process, completed in 2016 and described in this report, was conducted in compliance with current federal requirements. This 2016 assessment is the second such assessment conducted since the ACA was enacted and builds upon the information and understanding that resulted from the 2013 CHNA. This assessment includes feedback from the community and experts in public health, clinical care, and others. This CHNA serves as the basis for implementation strategies that are required to be filed with the IRS that are required to be filed with the IRS as part of the hospital organization’s 2016 Form 990, Schedule H, four and a half months into the next taxable year (May 15, 2017 for Kaiser Foundation Hospitals).

B. Summary of Prioritized Needs

The Healthy Community Collaborative of San Mateo County (HCC)¹, which consists of representatives from nonprofit hospitals, County Health Department and Human Services, public agencies, and community based organizations, worked together to fulfill the primary and secondary data requirements of the CHNA. This allowed non-profit hospitals in the area to take advantage of

¹ The members of the HCC are listed in the Acknowledgements section on page ii of this report.

economies of scale and to avoid overburdening the community with multiple requests for information.

Community input was obtained during the spring of 2015 via key informant interviews with local health experts, focus groups with community leaders and representatives, and focus groups with community residents. Secondary data were obtained from a variety of sources – see Appendix A for a complete list.

Based on community input and secondary data, KFH-Redwood City worked with KFH-South San Francisco and the rest of the HCC to understand health needs in their shared service areas. Because the ultimate intention of the CHNA is to identify strategies to meet the needs, after the full set of community health needs were identified, representatives of the KP-San Mateo and KP-South Bay areas grouped certain needs where possible strategies would overlap to reduce the size of the list. Finally, the KP-San Mateo and KP-South Bay representatives prioritized the list of health needs via a multiple-criteria scoring system. These needs are listed below in priority order, from highest to lowest.

Please note that data indicators in the descriptions below were gathered from the KFH-Redwood City service area where available. Where service area was not available, county data were used including data from local public health departments. If indicators for KFH-Redwood City performed poorly against a benchmark or target, it met the first criteria for being defined as a health need. If no data were available for the service area, county data were used to compare to the state benchmarks and HP2020 targets (See Section VI for more information).

Community Health Needs Identified for KFH-Redwood City (KFH-RC), in Order of Priority

Health need	Why is it important?	What do the data say?
<p>1. Behavioral health</p>	<p>Behavioral health covers the full range of mental and emotional well-being, from the basics of how one copes with day-to-day challenges of life, to the treatment of mental illnesses, substance abuse disorders, and other addictive behaviors. Good behavioral health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. It is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.</p>	<p>The percentage of adults who report mental and emotional problems has risen and binge drinking among young adult males is trending up. Suicide is one of the top 10 leading causes of death in the county. In KFH-RC, self-reported excessive consumption of alcohol and alcohol expenditures are higher than the state. In addition, Blacks in KFH-RC disproportionately reported needing mental health care. Several key informants noted that the level of stigma associates with behavioral health issues may make it harder for individuals with such issues to seek and obtain help.</p>
<p>2. Healthy eating, active living</p>	<p>Healthy diets and achievement and maintenance of healthy body weights reduce the risk of chronic diseases and promote health. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support</p>	<p>The percentage of county adults who exhibit healthy behaviors has dropped over time. Adults who are low-income, Black, and Latino report fair or poor access to affordable fresh produce more often than those of other ethnicities in the county. There is also a higher rate of</p>

Health need	Why is it important?	What do the data say?
	<p>these behaviors in settings such as schools, worksites, health care organizations, and communities. Creating and supporting healthy food and physical environments allows people to make healthier choices and live healthier lives.</p>	<p>diabetes among adults in the county compared to the Healthy People 2020 target. In KFH-RC, the percentage of Medicare enrollees managing their diabetes is slightly lower than the state. Blacks and low-income county residents disproportionately report having been diagnosed with diabetes. Many focus group participants felt the lack of nutrition education was an issue in the community.</p>
<p>3. Economic security</p>	<p>Research has increasingly shown how strongly social and economic conditions determine population health and differences in health among subgroups, much more so than medical care. For example, research shows that poverty in childhood has long-lasting effects limiting life expectancy and worsening health for the rest of the child's life, even if social conditions subsequently improve.</p>	<p>The percent of county adults living below 200% of the Federal Poverty Level (FPL) is rising, and ethnic disparities are seen in educational attainment, a major driver of economic security. In KFH-RC, the percentages of the population living below 200% of the FPL and percentage of children living below 100% of the FPL are lower than the state. Low-income county residents have poorer access to basic needs and have more trouble affording healthcare costs. Residents indicated that economic disparities continue to grow in the county and are stressful to families.</p>
<p>4. Healthcare access & delivery</p>	<p>Access to comprehensive, quality health care services including specialty care for oral health, is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Components of access to care include: insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include: quality, transparency, and cultural competence. Limited access to health care and compromised healthcare delivery impact people's ability to reach their full potential, negatively affecting their quality of life.</p>	<p>The proportion of county residents who report visiting a doctor for a routine check-up has been trending downward. Residents giving the lowest ratings to healthcare access in the county were low-income, Latino, and those without a postsecondary education. In KFH-RC, the percentages of uninsured individuals are higher than the state among Hispanic/Latino, Native Hawaiian/Pacific Islander Native American/Alaskan Native and those of "Some Other Race." In addition, the percentages of Hispanic/ Latino youth (2-13) in the service area who did not have a recent dental exam are much higher than the state. The community expressed that certain populations, such as those with language/literacy barriers, have more</p>

Health need	Why is it important?	What do the data say?
		difficulty accessing care and need advocates.
5. Cancer	Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. It is the second most common cause of death in the United States. Behavioral and environmental factors play a large role in reducing the nation's cancer burden, along with the availability and accessibility of high-quality screening.	Cancer is the second leading cause of death in the county. Rates of colorectal cancer incidence and breast cancer mortality are higher than the Healthy People 2020 targets. Certain ethnic groups in the county experience disparities, such as Asian men and Black men and women, who have disproportionately higher rates of colorectal cancer incidence. In KFH-RC, Blacks also have a higher cancer mortality rate than the HP2020 target. Community members were particularly concerned about smoking as a cause of cancer.
6. Cardiovascular disease	Nationally, more than 1 in 3 adults (81.1 million) live with one or more types of cardiovascular disease. In addition to being the first and third leading causes of death respectively, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. It is imperative to address risk factors early in life to prevent complications of chronic cardiovascular disease.	County mortality rates for these cardiovascular diseases are higher than Healthy People 2020 targets. Heart disease is the leading cause of death in the county, and stroke is the fourth leading cause of death. However, in KFH-RC, heart disease prevalence is lower than the state. There are rising percentages of county adults reporting high cholesterol and hypertension. Community members identified the drivers of heart disease and stroke (e.g., poor diet, lack of fitness) as a concern.
7. Communicable diseases	Communicable diseases are diseases that are primarily transmitted through direct contact with an infected individual or their discharge (such as blood or semen). Infectious diseases remain a major cause of illness, disability, and death. People in the United States continue to get diseases that are vaccine preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial	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 are 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 are disproportionately occurring among men who have sex with men (MSM). Community members expressed concerns about overcrowding in homes/apartments

Health need	Why is it important?	What do the data say?
	<p>spending on the related consequences of infection.</p>	<p>as communicable diseases spread faster in crowded environments.</p>
<p>8. Transportation and traffic</p>	<p>A lack of transportation can be a health problem when it prevents residents from accessing healthcare; this problem disproportionately impacts minority, low-income, and less-educated populations.</p>	<p>Total vehicle miles of travel in the county have been rising and are correlated with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. In KFH-RC, road network density is higher than the county and state overall. Low-income, less-educated, Latino, and Black respondents were disproportionately affected by a lack of transportation. Community members noted that drivers feel stress from excessive traffic and long hours spent commuting.</p>
<p>9. Violence and abuse</p>	<p>Violence and abuse contribute to poorer physical health for victims, perpetrators, and community members. In addition to direct physical injury, victims of violence are at increased risk of depression, substance abuse disorders, anxiety, reproductive health problems, and suicidal behavior. Crime in a neighborhood causes fear, stress, unsafe feelings, and poor mental health. Witnessing and experiencing violence in a community can cause long term behavioral and emotional problems in youth.</p>	<p>Although by almost all statistical measures, violence (including violent crime) and abuse are trending down in the county, the community's perceptions have not changed over time. In the Redwood City service area, Black and Native Hawaiians/Pacific Islanders have a higher homicide mortality rate than the county, state and HP2020 target. The rate of child abuse among Black families in the county is much higher than the state rate. In addition, an emerging issue is human trafficking. Key informants expressed specific concerns surrounding child abuse and elder abuse.</p>
<p>10. Respiratory conditions</p>	<p>Asthma is a chronic respiratory disease characterized by episodes of reversible breathing problems due to inflammation and airway narrowing and obstruction. These episodes can range in severity from mild to life-threatening. Risk factors for asthma currently being investigated include having a parent with asthma; sensitization to irritants and allergens; respiratory infections in childhood; and overweight. Asthma is considered a significant public</p>	<p>Adult asthma prevalence has increased substantially over time and now exceeds the Healthy People 2020 objective. Respiratory conditions are the fifth leading cause of death in the county. In the Redwood City service area, asthma prevalence among adults is higher than the state figure. Key informants were particularly concerned about asthma in the homeless population and older adult population.</p>

Health need	Why is it important?	What do the data say?
	<p>health burden and its prevalence has been rising since 1980.</p>	
<p>11. Birth outcomes</p>	<p>The topic area of birth outcomes addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families. Data indicators that measure progress in this area include low birth-weight, infant mortality, and access to prenatal care. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.</p>	<p>Black and Asian/Pacific Islander women are more likely to have low birthweight babies than women of other ethnicities in the county. Black women in the county also disproportionately experience pre-term births and infant mortality. The rate of teen births in the county is less than half that of the state. In addition, rates of teen births are also lower than the state in KFH-RC.</p>
<p>12. Dementia and Alzheimer's disease</p>	<p>Alzheimer's Disease is the most common form of dementia. In 2013, as many as 5 million Americans were living with Alzheimer's disease. By 2050, this number is projected to rise to 14 million, a nearly three-fold increase. Although age is the best known risk factor for Alzheimer's disease, researchers are studying whether education, diet, and environment play a role in developing Alzheimer's disease. Scientists are finding more evidence that some of the risk factors for heart disease and stroke, such as high blood pressure, high cholesterol, and low levels of the vitamin folate</p>	<p>There is an increasing proportion of older adult residents and there is a higher mortality rate from Alzheimer's in the county compared to California. Alzheimer's disease is the third leading cause of death in the county. One key informant expressed concern about alcohol abuse-related dementia.</p>

Health need	Why is it important?	What do the data say?
	may also increase the risk of Alzheimer's disease.	
13. Climate change	Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Globally, almost 25% of all deaths and the total disease burden can be attributed to environmental factors, including exposure to hazardous substances in the air, water, soil, and food, the built environment, natural and technological disasters, and physical hazards. An emerging issue in environmental health is climate health, which is projected to impact sea level, patterns of infectious disease, air quality, and the severity of natural disasters such as floods, droughts, and storms.	The county 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. Additionally, county carbon emissions have been rising over time. Given the anticipated rise in global temperatures, access to air conditioning is of growing concern. The percentage of housing units with <u>no</u> air conditioning is much higher in KFH-RC than in the state overall. Community members expressed concern about the drought and its impact on food supply.
14. Unintentional injuries	Unintentional injuries are defined as those not purposely inflicted, and they are most often the result of accidents. The most common unintentional injuries result from motor vehicle crashes, falls, poisonings, suffocations, and drowning. Although most unintentional injuries are predictable and preventable, they are a major cause of premature death and lifelong disability. More individuals ages 15-44 die as a result of unintentional injuries than from any other cause. Unintentional injury is the fifth leading cause of death for all ages both in the U.S. and California.	Unintentional injuries are the sixth leading cause of death in the county. The community is concerned with the rate of 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 child deaths due to drowning is higher than the state's rate for the same age group. Deaths from pedestrian and motor vehicle accidents in the county show ethnic disparities. Community members expressed concern about motor vehicle accidents involving pedestrians or bicyclists due to a lack of sidewalks or bike lanes.

C. Summary of Needs Assessment Methodology and Process

In the fall of 2015, health needs were identified by synthesizing primary qualitative research and secondary data, and then filtering those needs against a set of criteria. After the full set of community health needs were identified for the HCC, representatives of the KP-San Mateo and KP-South Bay areas grouped certain needs where possible strategies would overlap to reduce the size of the list. Finally, the KP-San Mateo and KP-South Bay representatives prioritized the needs using a second set of criteria. The results of the prioritization are included in Section VI-B.

II. INTRODUCTION/BACKGROUND

A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 10 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Benefit

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. These are the vital signs of healthy communities. Good health for the entire community, which we call Total Community Health, requires equity and social and economic well-being.

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Community Health Needs Assessment (CHNA) Report

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals

must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at kp.org/chna.

The CHNA report must document how the assessment was done, including the community served, who was involved in the assessment, the process and methods used to conduct the assessment, and the community's health needs that were identified and prioritized as a result of the assessment. The report also includes a description of implemented strategies identified in the previous implementation strategy report. The 2016 CHNA meets both state (SB697) and federal (ACA) requirements.

D. Impact of the Affordable Care Act (ACA)

The intent of ACA is to increase number of insured and make it affordable through Medi-Cal expansion and healthcare exchanges implemented by participating states. While the ACA has expanded coverage to care for many people and families, there still exists a large population of people who remain uninsured as well as those who experience barriers to healthcare, including costs of healthcare premiums and services and getting access to timely, coordinated, culturally appropriate services.

The federal definition of community health needs includes the social determinants of health in addition to morbidity and mortality. This broad definition of health needs is indicative of the wider focus on both upstream and downstream factors that contribute to health. Such an expanded view presents opportunities for nonprofit hospitals to look beyond immediate presenting factors to identify and take action on the larger constellation of influences on health, including the social determinants of health. In addition to providing a national set of standards and definitions related to community health needs, the ACA has had an impact on upstream factors. For example, ACA created more incentives for health care providers to focus on prevention of disease by including lower or no co-payments for preventative screenings. Also, funding has been established to support community-based primary and secondary prevention efforts.

State and County Context

The last CHNA report conducted was in 2013, before the full implementation of the Affordable Care Act (ACA). Healthcare access was a top concern for the community and nonprofit hospitals and remains so in 2016.

Following the institution of the ACA in January 2014, Medi-Cal expanded in California to low-income adults who were not previously eligible for coverage. Specifically, adults earning less than 138% of the Federal Poverty Level (approximately \$15,856 annually for an individual) are now eligible for Medi-Cal. In 2014, Covered California, a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. In addition, Americans and legal residents with incomes between 139% and 400% of the Federal Poverty Level can benefit from subsidized premiums.²

Between 2013 and 2014 there was a 12% drop in the number of uninsured Californians aged 18-64 years old,³ according to data cited by the California Healthcare Foundation. The San Mateo County Health System reported that as of March 1, 2016 (based on 2014 census data), an estimated 62,000 county residents had enrolled in health insurance coverage, made possible through the ACA. This includes 28,000 enrolled in a plan offered through Covered California and 34,000 enrolled in the segment of Medi-Cal that expanded. An estimate of 50,000 adults remain uninsured in San Mateo County, approximating an uninsurance rate of 7%.⁴

² <http://www.healthforcalifornia.com/covered-california>

³ California Health Interview Survey (CHIS), 2014. Retrieved Nov. 1, 2015 from <http://www.chcf.org/aca-411/>

⁴ San Mateo County Health Coverage Unit, 2014 data.

The 2013 Health & Quality of Life Survey data reported in San Mateo County's 2013 CHNA affirmed ongoing gaps in health coverage, in that:⁵

- The proportion of adults younger than 65 who were without health insurance coverage for more than five years increased from 15% in 2001 to 30% in 2013. Groups who disproportionately lacked coverage in 2013 were low-income (34%) and less-educated (23%) populations.
- The proportion of adults lacking dental insurance coverage increased over time, from 27% in 1998 to 32% in 2013. Low-income individuals (62%), older adults (57%), and Latinos (40%) were disproportionately affected.

Access to mental health services also appears to have worsened over time, in that there was an increase in the proportion of adults who rated their access as only "fair" or "poor" (28% in 1998 to 36% in 2013).

Although 2013 survey data are informative in understanding initial changes in healthcare access, a clearer picture on what healthcare access looks like will be forthcoming in future CHNA reports. While health care access is important in achieving health, a broader view takes into consideration the influence of other factors including income, education, and where a person lives. These factors are shaped by the distribution of money, power, and resources at global, national and local levels, which are themselves influenced by policy choices. These underlying social and economic factors cluster and accumulate over one's life, and influence health inequities across different populations and places.⁶ According to the Robert Wood Johnson Foundation's approach of what creates good health, health outcomes are largely shaped by social and economic factors (40%), followed by health behaviors (30%), clinical care (20%) and the physical environment (10%).⁷ In order to address the bigger picture of what creates good health, health care systems are increasingly extending beyond the walls of medical offices to the places where people live, learn, work, and play.

E. Kaiser Permanente's Approach to Community Health Needs Assessment

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors; health behaviors; physical environment; clinical care; and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews and focus groups. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that

⁵ 2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County (hereafter "SMC CNA 2013"), <http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>

⁶ Santa Clara County Public Health Department, *2014 Santa Clara County Community Health Assessment*.

⁷ <http://www.countyhealthrankings.org/our-approach>

most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constituted a health need in their community. Once all of the community health needs were identified, they were all prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH-Redwood City will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, www.kp.org/chna.

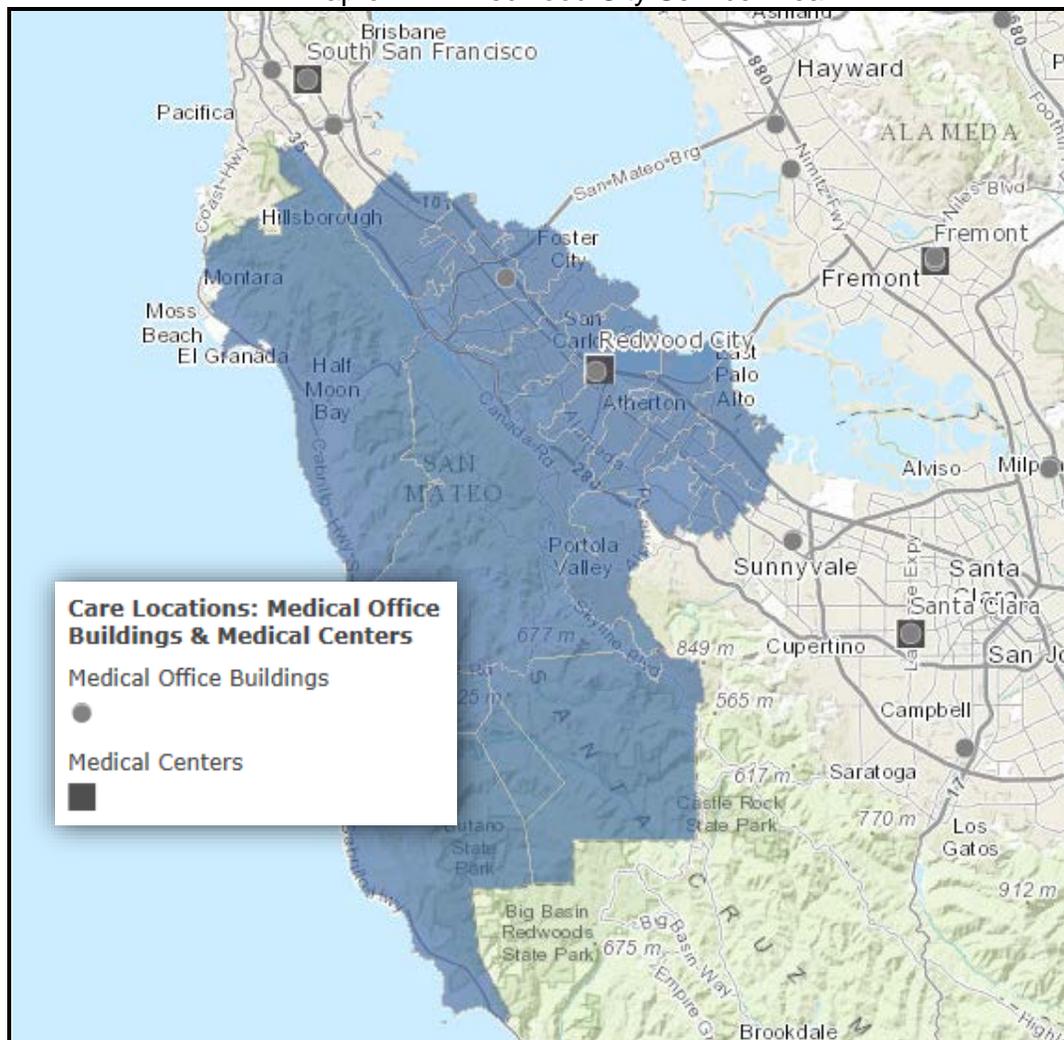
III. COMMUNITY SERVED

A. Kaiser Permanente's Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

i. Map of KFH-Redwood City Service Area



ii. Geographic description of the community served (towns, counties, and/or zip codes)

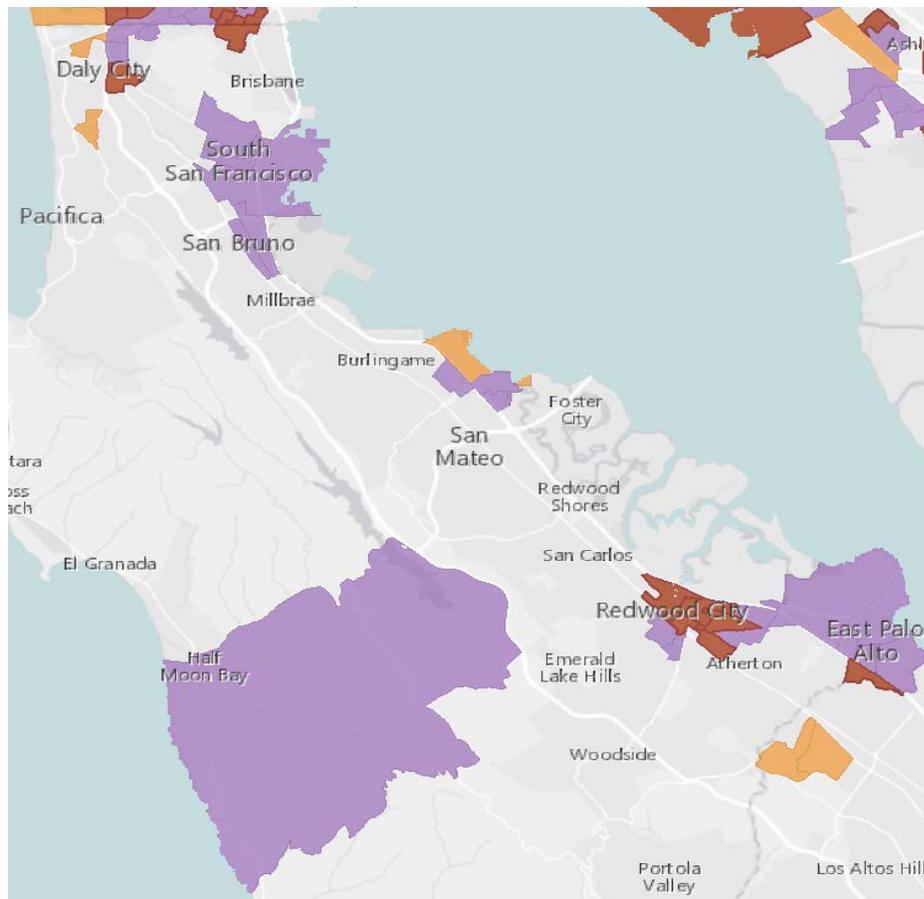
The KFH-Redwood City service area covers the central, south, and coastside sub-area portions of San Mateo County. Cities include but are not limited to Belmont, East Palo Alto, El Granada, Foster City, Half Moon Bay, Menlo Park (some portions), North Fair Oaks, Pescadero, Redwood City, and San Carlos. With the addition of a new medical office building in San Mateo, the service area has recently expanded and now includes the city of San Mateo.

iii. Demographic profile of community served

KFH Redwood City Demographic Data	
Total Population	529,908
White	66.41%
Black	2.65%
Asian	18.22%
Native American/ Alaskan Native	0.33%
Pacific Islander/ Native Hawaiian	1.33%
Some Other Race	6.55%
Multiple Races	4.53%
Hispanic/Latino	22.95%

KFH Redwood City Socio-economic Data	
Living in Poverty (<200% FPL)	19.38%
Children in Poverty	8.67%
Unemployed	4.9%
Uninsured	8.86%
No High School Diploma	9.7%

San Mateo County Vulnerability Footprint



The orange shading shows areas where the percentage of population living at-or-below 100% of the Federal Poverty Level (FPL) exceeds 16%. The purple shading shows areas where the percentage of the population with no high school diploma exceeds 18%. Educational attainment is determined for all non-institutionalized persons age 25 and older. Dark red areas indicate that the census tract is above these thresholds (worse) for both educational attainment and poverty.

Over one quarter (28%) of the children in the KFH-Redwood City service area are eligible for Free & Reduced-Price lunch (NCES Common Core of Data 2013-14), while nearly one in ten children (9%) lives in a household with income below 100% of the Federal Poverty level (U.S. Census Bureau, American Community Survey, 2009-2013). Nearly one in 10 people (9.6%) in the KFH-Redwood City service area are uninsured (U.S. Census Bureau, American Community Survey, 2009-2013).

According to the 2013 Health & Quality of Life Survey commissioned by the HCC, the percentage of adults living below 200% of the Federal Poverty Level is increasing, from 13% in 2001 to 19% in 2013. The U.S. Census estimates that 20% live below 200% of the Federal Poverty Level in San Mateo County. Poverty is more prevalent amongst adults who are less-educated (those with a high school diploma or less), and who are Latino, Black, younger (aged 18-39), and who live in South County.

IV. WHO WAS INVOLVED IN THE ASSESSMENT

A. Identity of hospitals that collaborated on the assessment

Healthy Community Collaborative of San Mateo County (HCC) members in San Mateo County contracted with Applied Survey Research to conduct the Community Health Needs Assessment in 2016. The HCC is comprised of the following hospitals and medical centers:

- Dignity Health Sequoia Hospital
- Hospital Consortium of San Mateo County
- Kaiser Permanente, San Mateo Area
- Lucile Packard Children's Hospital Stanford
- Peninsula Health Care District
- Seton Medical Center and Seton Coastside, part of Verity Health System
- Stanford Health Care
- Sutter Health Mills-Peninsula Health Service

The Healthy Community Collaborative of San Mateo County (HCC)⁸, which consists of representatives from nonprofit hospitals, County Health Department and Human Services, public agencies, and community based organizations, worked together to fulfill the primary and secondary data requirements of the CHNA. This allowed non-profit hospitals in the area to take advantage of economies of scale and to avoid overburdening the community with multiple requests for information.

Based on community input and secondary data, KFH-South San Francisco worked with KFH-Redwood City and the rest of the HCC to understand health needs in their shared service areas. Because the ultimate intention of the CHNA is to identify strategies to meet the needs, after the full set of community health needs were identified, representatives of the KP-San Mateo and KP-South Bay areas grouped certain needs where possible strategies would overlap to reduce the size of the

⁸ The members of the HCC are listed in the Acknowledgements section on page ii of this report.

list. Finally, the KP-San Mateo and KP-South Bay representatives prioritized the list of health needs via a multiple-criteria scoring system.

B. Other partner organizations that collaborated on the assessment

The HCC also includes members outside of the hospitals. These organizations are the San Mateo County Health Department and the San Mateo County Human Services Agency.

C. Identity and qualifications of consultants used to conduct the assessment

The community health needs assessment was completed by Applied Survey Research (ASR), a nonprofit social research firm. For this assessment ASR conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the process of identification of community health needs and assets and of prioritization of community health needs, and documented the process and findings into a report.

ASR was uniquely suited to provide the Hospitals with consulting services relevant to conducting the CHNA. The team that participated in the work – Dr. Jennifer van Stelle, Angie Aguirre, Samantha Green, Chandrika Rao, Melanie Espino, Kristin Ko, Emmeline Taylor, Paige Combs, and sub-contractor Nancy Ducos – brought together diverse, complementary skill sets and various schools of thought (public health, anthropology, sociology, psychology, and education).

In addition to their research and academic credentials, the ASR team has a 35-year history of working with vulnerable and underserved populations including young children, teen mothers, seniors, low-income families, immigrant families, families who have experienced domestic violence and child maltreatment, the homeless, and children and families with disabilities.

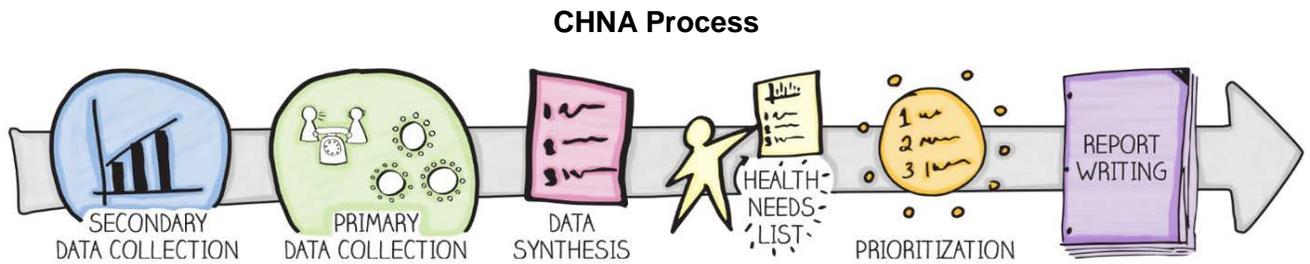
ASR's expertise in community assessments is well-recognized. ASR won a first place award in 2007 for having the best community assessment project in the country. They accomplish successful assessments by using mixed research methods to help understand the needs in question and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders.

Communities recently assessed by ASR include Arizona (six regions), Alaska (three regions), the San Francisco Bay Area including San Mateo, Santa Clara, Alameda, Contra Costa, Santa Cruz, and Monterey Counties, San Luis Obispo County, the Central Valley area including Stanislaus and San Joaquin Counties, Marin County, Nevada County, Pajaro Valley, and Solano and Napa Counties.

V. PROCESS AND METHODS USED TO CONDUCT THE CHNA

In 2013, our hospital identified community health needs in a process that met the IRS requirements of the CHNA. During this first CHNA study, the research focused on identifying health conditions, and secondarily the drivers of those conditions (including healthcare access). In the 2016 study, the HCC, including our hospital, built upon this work by using a combined list of identified needs from 2013 to ask about any additional important community needs, and delving deeper into questions about healthcare access, health priorities, the impact of the physical environment, and the use of new technologies to address health. We also specifically sought to understand how the Affordable Care Act implementation impacted residents' access to healthcare, including affordability of care.

The Healthy Community Collaborative of San Mateo County (HCC) members worked together to fulfill the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over four months and culminated in a report written for the HCC in spring of 2016.



A. Secondary data

- i. Sources and dates of secondary data used in the assessment

KFH-Redwood City used the Kaiser Permanente CHNA Data Platform (www.chna.org/kp) to review over 150 indicators from publically available data sources. Data on gender and race/ethnicity breakdowns were analyzed when available. For details on specific sources and dates of the data used, please see Appendix A.

The San Mateo County Health Department and other HCC members provided additional statistical data. ASR also collected the latest data on leading causes of death, unintentional injuries, income, education, economic self-sufficiency, and employment. Data from the UCLA data platform for the California Health Interview Survey (AskCHIS), and other online sources were also collected.

- ii. Methodology for collection, interpretation and analysis of secondary data

ASR used a spreadsheet to list indicator data. Data were collected primarily through the KP CHNA Data Platform (www.chna.org/kp) and public health department reports. (See Appendix B for a list of indicators on which data were gathered.) ASR retained the health need categories used in the Kaiser Permanente CHNA data platform export file (rubric) and integrated data indicators from other sources into the rubric.

ASR compared secondary data indicators to Healthy People 2020 targets and state averages/proportions in order to assess whether the indicators perform poorly against these benchmarks. Also, indicator data for racial/ethnic subgroups were reviewed in order to ascertain whether there are disparate outcomes and conditions for people in the community. Where possible, ASR used KFH-Redwood City service area data. If data were not available for this area, county data were used.

ASR presented this data and analysis of which indicators failed the benchmarks to the Hospitals. The Hospitals decided to retain health needs for which at least one data indicator performed poorly against a benchmark and later applied other criteria.

B. Community input

- i. Description of the community input process

The HCC contracted with Applied Survey Research (ASR) to conduct the primary research. Community input was provided by a broad range of community members through the use of key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix C.

In all, ASR gathered community input from 103 individuals through focus groups and individual interviews.

103 Community Members

38 Professionals
(1 focus group,
29 interviews)

65 Non-professional Residents
(8 focus groups)

In all, ASR consulted with 38 professional community representatives of various organizations and sectors through 29 key informant interviews and one focus group (which included nine participants). These representatives either work in the health field or improve health and quality of life conditions by serving those from IRS-identified high-need populations. In the list below, the number in parentheses indicates the number of participants from each sector.

- San Mateo County Public Health Department (1)
- San Mateo County Health & Hospital System (5)
- San Mateo County Supervisors or Commissioners (3)
- Other San Mateo County employees (3)
- Nonprofit agencies (22)
- Faith-based leaders (2)
- Business sector (2)

See Appendix C, Persons Representing the Broad Interests of the Community, for the titles and expertise of key stakeholders along with the date and mode of consultation (focus group or key informant interview).

a. Key Informant Interviews

ASR conducted primary research via key informant interviews with 29 San Mateo County experts from various organizations. Between March and June 2015, experts including the public health officers, community clinic managers, and clinicians were consulted. These experts had countywide experience and expertise.

Experts were interviewed in person or by telephone for approximately one hour. Informants were asked to identify the top needs of their constituencies, including specific groups or areas with greater or special needs; how access to healthcare has changed in the post-Affordable Care Act environment; the impact of the physical environment on health; and the effect of the use of new technologies for health-related activities.

b. Focus Group with Professionals

One focus group was conducted in March 2015 with professionals who served low income, older adults. The questions were the same as those used with key informants.

Details of Focus Group with Professionals

Focus	Focus Group Host/Partner	Date	Number of Participants
Low-income, older adults	Sequoia Wellness Center	03/11/15	9

Please see Appendix C for a full list of community leaders/stakeholders consulted and their credentials.

c. Resident Input

Resident focus groups were conducted between March and May 2015. The discussion centered around five sets of questions, which were modified appropriately for the audience. The discussion included questions about the community's top health needs, how community members prioritize their health, how access to healthcare has changed in the post-Affordable Care Act environment, the impact of the physical environment on health, and the effect of the use of new technologies for health-related activities

In order to provide a voice to the community they serve in San Mateo County, the HCC targeted participants who are medically underserved, in poverty, of a minority population, and/or who are socially, linguistically, or geographically isolated. ASR held eight focus groups with community members.

These resident groups met in various locations around the service area. Residents were recruited by nonprofit hosts such as Maple Street Shelter, which serves the homeless population.

Details of Focus Groups with Residents

Population Focus	Focus Group Host/Partner	Date	Number of Participants
Youth, medically underserved	Carlmont High School	03/31/15	11
Spanish-speaking minority (Latino), low-income	Fair Oaks Activity Center	04/02/15	11
Medically underserved, low-income, homeless	Maple Street Shelter	04/09/15	8
Medically underserved, minority (Latino), low-income, youth	El Centro de Libertad	04/21/15	4
Medically underserved, minority (LGBTQI)	PRIDE Initiative at Congregational Church of San Mateo	05/13/15	8
Minority (Tongan/Samoan)	Pacific Islander Initiative at Peninsula Conflict Resolution Center	05/20/15	8

Population Focus	Focus Group Host/Partner	Date	Number of Participants
Medically underserved	Ravenswood Health Center	05/27/15	10
Medically underserved, geographically isolated (Coastside)	Boys & Girls Club of Half Moon Bay	05/27/15	5

A total of 65 community members participated in the focus group discussions across the county. All participants were asked to complete an anonymous demographic survey, the results of which are below. All but one filled out a survey.

- 34% of respondents were White, 28% were Latino, 20% were Asian or Pacific Islander, 8% were black, and the rest reported being of multiple ethnicities.
- 25% of respondents were under 20 years old, and 12% were 70 years or older.
- 5% were uninsured, while 56% had benefits through Medi-Cal, Medicare, or another public health insurance program. The rest had private insurance.
- Residents lived in various areas of the county: East Palo Alto (19%), Redwood City (17%), San Mateo (13%), Half Moon Bay (8%), San Carlos (6%), and 5% or less in each of Belmont, Daly City, Foster City, Menlo Park, Millbrae, Mountain View, Pacifica, San Bruno, South San Francisco, and other locations that were not identified.
- 69% reported having an annual household income of under \$45,000 per year, which is below the 2014 California Self-Sufficiency Standard⁹ for San Mateo County for two adults with no children (\$47,364). The majority (56%) earned under \$25,000 per year, which is below Federal Poverty Level for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.

ii. Methodology for collection and interpretation

Each group and interview was recorded and summarized as a stand-alone piece of data. When all groups had been conducted, the team used qualitative research software tools to analyze the information. ASR then tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in key informant interviews. This tabulation was used in part to assess community health priorities.

See Appendix F for focus group and key informant interview protocols.

C. Written comments

KP provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This website will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, our hospital had not received written comments about previous CHNA reports. KFH-Redwood City will continue to track any submitted comments

⁹ The Insight Center for Community Economic Development. Retrieved July 2015 from www.insightccd.org

and ensure that relevant submissions will be considered and addressed by the appropriate hospital staff.

D. Data limitations and information gaps

The KP CHNA data platform includes approximately 150 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. The San Mateo County Health Department and other HCC members provided additional statistical data. For a complete list of secondary data sources and indicators, see Appendix A and Appendix B. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

A lack of secondary data limited ASR and the HCC in their ability to assess some of the identified community health needs. Quantitative data were particularly scarce for the following issues:

- Oral/dental health (particularly, rates of dental caries)
- Substance abuse (particularly, use of illegal drugs and misuse of prescription medication)
- Consumption of sugar-sweetened beverages
- Use of e-cigarettes and “vaping” devices
- Dementia
- Mental health
- Bullying
- Suicide among LGBTQ youth
- Health needs of undocumented immigrants

VI. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY’S HEALTH NEEDS

A. Identifying community health needs

i. Definition of “health need”

For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data. Other definitions of terms used in the report are as follows:

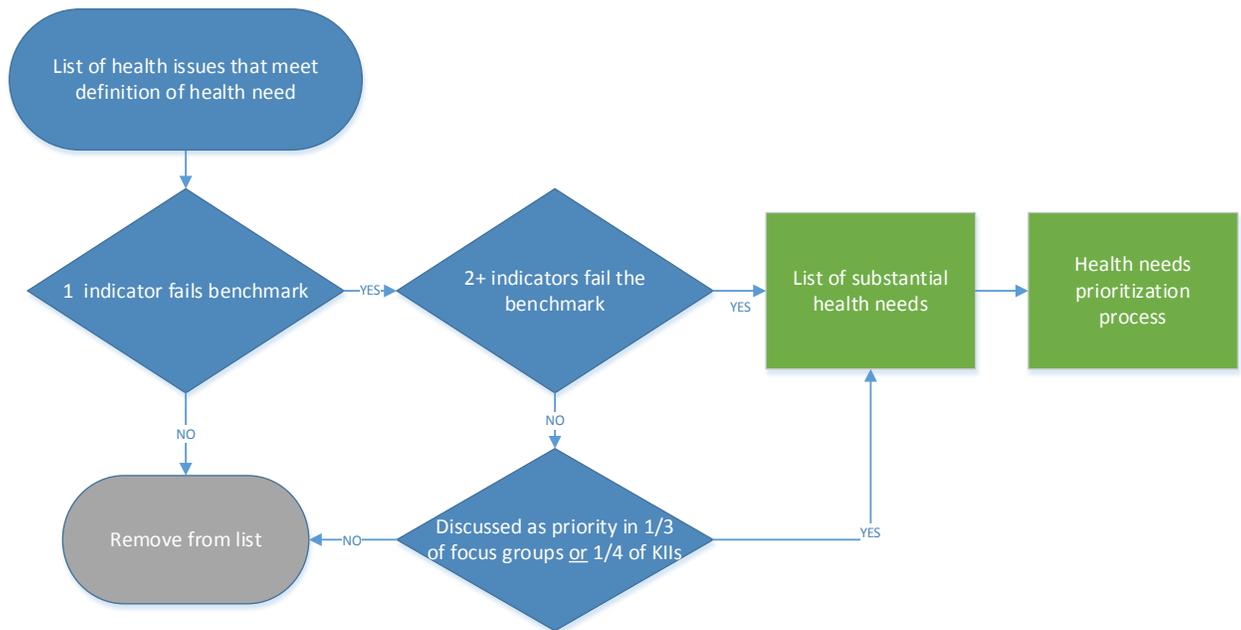
Definition	Example(s)
Health outcome : A snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality	Diabetes prevalence Diabetes mortality
Health condition : A disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome	Diabetes
Health driver : A behavioral, environmental, or clinical care factor, or a more upstream social or economic factor that impacts health	Poor nutrition Lack of screenings / diabetes management

Definition	Example(s)
	Access to healthy foods Access to fast food
Health indicator : A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly)	Percent of population with inadequate fruit and vegetable consumption Percent of diagnosed diabetics who have had a recent blood sugar test

ii. Criteria and analytical methods used to identify the community health needs

To identify the community's health needs, ASR gathered data on 150+ health indicators and gathered community input. (See Section V-A and V-B for details.) Following data collection, ASR followed the process shown in the diagram on the next page to identify which health needs were significant.

KFH-Redwood City Health Needs Identification Process



Because the ultimate intention of the CHNA is to identify strategies to meet the needs, after the full set of community health needs were identified, representatives of the KP-San Mateo and KP-South Bay areas grouped certain needs where possible strategies would overlap to reduce the size of the list. A total of 14 health conditions or drivers fit all criteria and were retained as community health needs. The list of needs, in priority order, is described later in this report.

B. Process and criteria used for prioritization of the health needs

The HCC sought the expertise of public health experts once again to understand how they would prioritize the full list of health needs. The HCC (which includes hospital representatives and public health experts) met to discuss the health needs and their impact on the community. During this meeting, public health experts from the San Mateo County Health Department, including Dr. Scott

Morrow, County Health Officer, prioritized the health needs from a public health perspective. The public health perspective is a broad view of health that focuses on creating conditions within a society so that all individuals can be healthy.

The San Mateo County Health Department prioritized these seven health needs based on a wealth of data on the causes of adverse health conditions in our community. They are:

- Healthcare access and delivery
- Climate change
- Emotional well-being (part of the “Behavioral health” health need for KFH-Redwood City)
- Fitness, diet, and nutrition (part of the “Healthy eating, active living” health need for KFH-Redwood City)
- Housing and homelessness (part of the “Economic security” health need for KFH-Redwood City)
- Income and employment (part of the “Economic security” health need for KFH-Redwood City)
- Violence and abuse

After the full set of community health needs were reviewed, representatives of the KP-San Mateo and KP-South Bay areas grouped certain needs where possible strategies would overlap to reduce the size of the list. Before beginning the prioritization process, HCC members representing KP-San Mateo and KP-South Bay areas chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Prevention opportunity:** This indicates that the health outcome may be improved by providing prevention or early intervention strategies.
- **Community priority:** The community prioritizes the issue over other issues on which it has expressed concern during the CHNA primary data collection process. ASR rated this criterion based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.

KP-South Bay and KP-San Mateo representatives then rated each of the health needs on each of the first three prioritization criteria during an in-person meeting in November 2015.

Scoring Criteria 1-3: The score levels for the prioritization criteria were:

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

A survey was then created, listing each of the health needs in alphabetical order and offering the three prioritization criteria for rating. Group members rated each of the health needs on each of the three prioritization criteria during an in-person meeting in November 2015. ASR assigned ratings to the fourth criterion based on how many key informants and focus groups prioritized the health need.

Combining the Scores: For each of the first three criteria, group members’ ratings were combined and averaged to obtain a combined score. Then, the mean was calculated based on the four criteria scores for an overall prioritization score for each health need.

List of Prioritized Needs: The prioritization scores for each health need ranged between 1.25 and 3.00 on a scale of 1-3, with 1 being the lowest priority possible and 3 being the highest priority possible. The health needs are rank-ordered by prioritization score in the following table. The specific scores for each of the four criteria used to generate the overall community health needs prioritization scores may be viewed in Appendix E.

Ranked List of Prioritized Needs

Rank	Health Need	Overall Average Priority Score
1	Behavioral health	3.00
1	Healthy eating, active living	3.00
3	Economic security	2.75
3	Healthcare access & delivery	2.75
5	Cancer	2.50
5	Cardiovascular	2.50
7	Communicable diseases	2.25
7	Transportation and traffic	2.25
7	Violence and abuse	2.25
10	Respiratory conditions	2.00
11	Birth outcomes	1.50
11	Alzheimer's disease and dementia	1.50
13	Climate change	1.25
13	Unintentional injuries	1.25

C. Prioritized description of all the community health needs identified through the CHNA

1. Behavioral health is a health need in San Mateo County, as demonstrated by a rise between 1998 and 2013 in the percentage of self-reported mental and emotional problems among county adults. Countywide, depression is more common among Latinos, low-income residents, and those with a high school diploma or less. Suicide was the tenth leading cause of death in the county. With regard to alcohol and substance use, the level of binge drinking among young adult males in the county rose between 1998 and 2013. In the KFH-Redwood City service area, self-reported excessive consumption of alcohol and alcohol expenditures are higher than the state. In addition, Blacks in the KFH-Redwood City service area disproportionately reported needing mental health care. The community feels there is a limited supply of mental healthcare providers and substance abuse treatment options, as well as inadequate insurance coverage for behavioral health care. There were concerns about behavioral health for populations of all ages, from teens to adults and older adults. Community members noted that the level of stigma associated with behavioral health issues may make it harder for individuals to seek and obtain

help, and that these individuals are often discriminated against in their communities and in healthcare settings.

- 2. Healthy eating, active living** is a health need in San Mateo County as illustrated by a rise between 1998 and 2013 in the percentage of adults who reported having been diagnosed with diabetes. The overall adult rate in the county, based on self-report, is higher than the Healthy People 2020 target, with Blacks and low-income residents disproportionately reporting having been diagnosed with diabetes. Diabetes is the eighth leading cause of death in the county. Risk factors for diabetes include diet and fitness, and weight. In the KFH-Redwood City service area, the percentage of Medicare enrollees managing their diabetes is slightly lower than the state. Community members noted that there is an increased need for education about chronic health conditions such as diabetes and access to appropriate care to manage them. In addition, the level of fruit and vegetable consumption among county residents could be improved, as it is not much better than the state average. Fitness among county adults improved between 2001 and 2013 but is still far from optimal. The percentage of surveyed adults in the county who are obese rose significantly between 1998 and 2013. Of greatest concern to the community were the complications that can result from diabetes, the magnitude of the problem (e.g., more people living with and dying from chronic conditions such as diabetes than from acute conditions), and the relative lack of doctors and caregivers available to treat chronic diseases such as diabetes.
- 3. Economic security** is a health need in San Mateo County as evidenced by rising percentages of adults living below 200% of the Federal Poverty Level (FPL), with Blacks and Latinos disproportionately more likely to have low incomes. The county's unemployment rate is lower than the state average, but non-Whites have higher unemployment rates than Whites in the area. In the KFH-Redwood City service area, the percentages of the population living below 200% of the FPL and percentage of children living below 100% of the FPL are lower than the state. While education indicators (high school exit exam performance, educational attainment) were better in the county as a whole than in the state, disparities are evident for Latinos, Blacks, and low-income residents. Community input reflected this, making the connection between low income status and poor health outcomes. Low-income county residents were felt to have less access to basic needs such as healthy food, housing, and healthcare. It was felt that those who are insured are still unable to afford co-pays or prescriptions. The community respondents felt that low-income neighborhoods have fewer sidewalks or bike lanes (leading to more accidents) and have fewer parks and safe places for recreation. There were concerns that economic disparities continue to grow and that some simply cannot afford to continue to live in the county.
- 4. Healthcare access and delivery** are health needs in San Mateo County as illustrated by the disproportionalities in healthcare access across different populations in the community. For example, low-income residents were the most likely of any county population to have been without health insurance coverage for more than five years. In addition, the proportion of county residents who reported visiting a doctor for a routine check-up has been trending down. Access to both dental insurance and mental health services is also getting worse in the county. Providers felt that more individuals are enrolled in health insurance, but do not use it and instead, continue to visit the ER or community clinics due to issues such as affordability, a dearth of primary and specialty practitioners who accept their insurance, and long wait times to obtain an appointment. In the KFH-Redwood City service area, the percentages of uninsured individuals are higher than the state among Hispanic/Latino, Native Hawaiian/Pacific Islander Native American/Alaskan Native and those of "Some Other Race." Residents and providers both indicated that patients need help navigating the healthcare system. Discrimination and lack of cultural competence were cited as health care delivery barriers that affect minority populations in the county. Oral health is also essential to overall health. There was a decrease in the percentage of surveyed adults who visited a dentist for a routine check-up in the past year and an increase in the percentage of surveyed adults who lack dental insurance. Low-income county residents more often lack dental insurance, are less likely to get a routine dental check-

up, and (if parents of a minor child) are less likely to bring their child for a routine dental check-up. The percentages of Hispanic/ Latino youth (2-13) in the KFH-Redwood City service area who did not have a recent dental exam are much higher than the state. The health need is likely being impacted by the cost of dental care in the county. Community feedback indicated that there are few dental providers in the county who take Denti-Cal insurance. Community members stated that even when dental insurance is available, it often does not cover anything but the basics (i.e., extractions). Thus, preventive dental care is lacking for many residents.

5. **Cancer** is a health need in San Mateo County because it was the county's second leading cause of death in 2013. In addition, the county has rising breast cancer incidence rates, and rates of colorectal cancer incidence and breast cancer mortality that are higher than Healthy People 2020 targets. Breast, colorectal, and lung cancer all disproportionately affect Blacks in the county. In the KFH-Redwood City service area, Blacks also have a higher cancer mortality rate than the HP2020 target. The health need is likely being impacted by health behaviors such as rates of adult smoking that surpass the Healthy People 2020 target among various county populations, including men and low-income individuals. Alcohol consumption has also been associated with a higher risk of certain cancers, and the rates of binge drinking among adults is higher in the county than in the state. Community members were particularly concerned about smoking as a cause of cancer.
6. **Cardiovascular diseases** are health needs in San Mateo County as marked by rising percentages of adults reporting high cholesterol and hypertension. In addition, mortality rates due to these diseases are higher than Healthy People 2020 targets. Heart disease was the top leading cause of death in the county, and cerebrovascular diseases were the fourth leading cause of death in the county. However, In the KFH-Redwood City service area, heart disease prevalence is lower than the state. There are rising percentages of county adults reporting high cholesterol and hypertension. Black county residents are disproportionately affected. Being overweight (or obese) is a cardiovascular risk factor. The percentage of surveyed adults in the county who are obese rose significantly between 1998 and 2013. The groups with the highest percentages of obesity are low-income residents, Latinos, and Blacks. The health need is likely being impacted by health behaviors such as poor rates of fruit and vegetable consumption, and rates of county adult smoking among men and low-income individuals that do not meet the Healthy People 2020 target. The community expressed concern about hypertension, smoking, the lack of nutrition education, and the availability of fast food in comparison to healthy/fresh food.
7. **Communicable diseases** are health needs in San Mateo County as marked by a rise in the incidence rate of tuberculosis (TB), rising numbers of deaths from pneumonia and influenza over the past decade, and rising incidence rates of chlamydia, gonorrhea, and syphilis. Pneumonia and influenza combined were the sixth leading cause of death in the county in 2013. The TB incidence rate remains higher than the state average. Disparities by ethnicity in TB incidence occur among county Asian/Pacific Islanders. Also, the incidence rates of campylobacteriosis (a communicable gastrointestinal illness) and salmonella have been trending upward in the county in recent years. Older adults in the county are vaccinated against influenza and pneumonia in smaller proportions than the Healthy People 2020 target dictates. The community expressed concern about overcrowded housing, as communicable diseases spread faster in crowded environments. Men having sex with men (MSM) comprise the main risk behavior group in the county for new cases of gonorrhea, syphilis, and HIV. The community expressed concern about STIs among teens and indicated a need for LGBTQI-specific sexual education and healthcare.
8. **Transportation and traffic** are health needs in San Mateo County because total vehicle miles of travel in the county have been rising and are correlated with motor vehicle crashes and vehicle exhaust, a factor in poor health outcomes. In the KFH-Redwood City service area, road network density are higher than the county and state overall. Latinos and Blacks in the county are more likely to be the victims of pedestrian and motor vehicle crashes than those of

other ethnic groups. Most county residents drive to work alone rather than using an alternative mode of transportation. Low-income residents, Latinos, and Blacks were more likely than other groups to cite transportation as a barrier to seeing a doctor. The coastsides communities have less access to public transit than the rest of the county. Community members expressed concerns about the impacts of excessive traffic, including stress from commuting, poor air quality from vehicular exhaust, and motor vehicle accidents resulting from speeding.

- 9. Violence and abuse** are health needs in San Mateo County because the percentage of surveyed adults who evaluate their neighborhood's safety as "fair" or "poor" has not changed over time. These results demonstrate that the community's perception has remained constant even though almost all statistical measures of abuse and violence, including violent crime, are trending down. In addition, while overall countywide levels of child abuse and domestic violence are favorable compared to the state overall, the rate of child abuse among Blacks in the county is much higher than the state average. In the KFH-Redwood City service area, Black and Native Hawaiians/Pacific Islanders have a higher homicide mortality rate than the county, state and HP2020 target. Finally, human trafficking is an emerging issue in the county. Community members felt that violence and abuse are urgent health needs. Some expressed concern about the increased potential for violence, child abuse, and trauma due to overcrowded living conditions. Certain county populations were identified by the community as particularly vulnerable, including LGBTQI individuals, elders, and victims of sexual trafficking.
- 10. Respiratory conditions** are health needs in San Mateo County as marked by a substantial increase in the proportion of surveyed adults who report being diagnosed with asthma between 1998 and 2013. Disparities exist among Blacks, younger adults, low-income residents, and those in the northern part of the county. In the KFH-Redwood City service area, asthma prevalence among adults are higher than the state figure. Asthma can be aggravated by poor air quality and the county is among the top 10 metropolitan areas with the highest short-term particle pollution. Respiratory conditions are the fifth leading cause of death in the county. With respect to respiratory conditions, the community mainly expressed concern about asthma, naming drivers of the disease such as mold and mildew, airborne particles, second-hand smoke, and smog from traffic.
- 11. Birth outcomes** are health needs in San Mateo County, as evidenced by the percentage of low birthweight babies, which is slightly worse than the state average. Blacks and Asian/Pacific Islanders in the county are disproportionately affected, with an even higher percentage of low birthweight babies than the county average. Black county residents also have higher proportions of pre-term births and infant mortality compared to county residents overall. These problems are more likely to occur when mothers do not receive early prenatal care. While this is not an issue on the countywide level, a disproportionately smaller percentage of Black women receive early prenatal care in comparison to other ethnic groups in the county. Community concerns focused on teen pregnancy, although the data show that the rate of teen births in the county is less than half that of the state. In addition, rates are also lower than the state in both the KFH-Redwood City service area.
- 12. Alzheimer's disease and dementia** are health needs in San Mateo County, as evidenced by Alzheimer's disease being the third leading cause of death in the county. The mortality rate from Alzheimer's in the county is higher than the state, perhaps related to the fact that the median age of the population in the county is higher than the state. Alzheimer's disease is the fastest-growing cause of death in California, and the number of people living with the disease is also growing rapidly. Some respondents viewed dementia and Alzheimer's disease as key unmet needs in the county.
- 13. Climate change** is a health need in San Mateo County as evidenced by the county being among the top U.S. metropolitan areas with the highest short-term particle pollution and 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. Additionally, carbon emissions in the county

have risen slightly over time. These emissions can affect climate change, which in turn impacts food security and water resources that are key to human health. Given the anticipated rise in global temperatures, access to air conditioning is of growing concern. The percentage of housing units with no air conditioning is much higher in the KFH-Redwood City service area than in the state overall. Although water consumption is trending down county-wide, which is especially crucial during drought years, more-affluent communities use disproportionately more water than less-affluent communities. Finally, San Mateo County will be the California county most affected by rising sea level.¹⁰ Community input included apprehension that air pollution from increased traffic was negatively impacting health. The community also expressed concern over access to parks in the county, noting that higher-density urban areas have fewer green spaces.

14. Unintentional injuries are health needs in San Mateo County due to the fact that they are the sixth leading cause of death in the county. Because the percentage of older adults is rising across the country and is particularly high in the county compared to the state overall, falls are becoming one of the community's biggest concerns. The overall rate of deaths due to unintentional injuries is higher than the Healthy People 2020 target for Black and White county residents. Deaths from other unintentional injuries also show disparities. For example, the rate of deaths from pedestrian accidents among Latinos and from motor vehicle accidents among Blacks both exceed their respective Healthy People 2020 targets. Also, the rate of child drownings in the county is higher than the state average for that age group. Community members expressed concern about poor health outcomes (including mobility and mortality) due to falls, which impacts the older adult population more than any other. They also were concerned about motor vehicle accidents that involve pedestrians or bicyclists due to lack of sidewalks or bike lanes.

For further details about each of these health needs, including statistical and qualitative data, please consult the Health Needs Profiles attached to this report as Appendix I.

D. Community resources potentially available to respond to the identified health needs

Community resources are listed in Appendix H.

VII. KFH-REDWOOD CITY 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2013 Implementation Strategy evaluation of impact

KFH-Redwood City's 2013 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-Redwood City's Implementation Strategy Report, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit <http://share.kaiserpermanente.org/wp-content/uploads/2013/10/IS-Report-Redwood-City.pdf>. For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH-Redwood City in the 2013 Implementation Strategy Report.

1. Behavioral Health
2. Healthy Eating Active Living
3. Access to Health Care Services
4. Broader Health Care System Needs in Our Communities

KFH-Redwood City are monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document

¹⁰ CALIFORNIA CLIMATE CHANGE CENTER. 2009. THE IMPACTS OF SEA-LEVEL RISE ON THE CALIFORNIA COAST.

the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Redwood City tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016 KFH-Redwood City had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Redwood City will continue to monitor impact for strategies implemented in 2016.

B. 2013 Implementation Strategy Evaluation Of Impact Overview

In the 2013 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

- **KFH Programs:** From 2014-2015, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:
 - **Medicaid:** Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
 - **Medical Financial Assistance:** The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.
 - **Charitable Health Coverage:** Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
 - **Workforce Training:** Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
 - **Research:** Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes
- **Grantmaking:** For 70 years, Kaiser Permanente has shown its commitment to improving Total Community Health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2014-2015, KFH-Redwood City awarded 123 grants totaling \$1,800,202 in service of 2013 health needs. Additionally, KFH in Northern California has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives within the

Redwood City service area. During 2014-2015, a portion of money managed by this foundation was used to award 34 grants totaling \$227,723 in service of 2013 health needs.

- **In-Kind Resources:** Kaiser Permanente's commitment to Total Community Health means reaching out far beyond our membership to improve the health of our communities. Volunteerism, community service, and providing technical assistance and expertise to community partners are critical components of Kaiser Permanente's approach to improving the health of all of our communities. From 2014-2015, KFH-Redwood City donated several in-kind resources in service of 2013 Implementation Strategies and health needs. An illustrative list of in-kind resources is provided in each health need section below.
- **Collaborations and Partnerships:** Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2014-2015, KFH-Redwood City engaged in several partnerships and collaborations in service of 2013 Implementation Strategies and health needs. An illustrative list of in-kind resources is provided in each health need section below.

C. 2013 Implementation Strategy Evaluation of Impact by Health Need

PRIORITY HEALTH NEED I: HEALTHY EATING/ACTIVE LIVING			
Long Term Goal:			
<ul style="list-style-type: none"> • Decrease rates of overweight and obesity among children, youth, and adults 			
Intermediate Goals:			
<ul style="list-style-type: none"> • Increase healthy eating among children, youth, and adults • Increase physical activity among children, youth, and adults 			
Grant Highlights			
<p>Summary of Impact: During 2014 and 2015, there were 51 active KFH grants totaling \$485,385 addressing Healthy Eating/Active Living in the KFH-Redwood City service area.¹¹ In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 9 grants totaling \$61,095 that address this need. These grants are denoted by asterisks (*) in the table below.</p>			
Grantee	Grant Amount	Project Description	Results to Date
Second Harvest Food Bank of Santa Clara and San Mateo Counties (SHFB)	\$40,000 over 2 years \$20,000 in 2014 & 2015 (even split with KFH-South SF)	SHFB annually distributes 12 million lbs. of healthy food to low income families. Grant supports SHFB’s work to enhance healthy lifestyles by providing nutrition education programs at food distribution and mobile produce sites and at core county agencies.	Each month, an average of 70,000 people got access to healthy food, including fresh fruits and vegetables. As a result of these 2 years of funding: Nearly 12,000 clients at produce distribution sites heard nutrition education presentations. In addition, more than 10,000 San Mateo County residents were screened for Cal-Fresh eligibility. More clients are choosing produce they are unfamiliar with after learning new ways to use them in healthy meal preparations.
Redwood City Police Activities League (PAL)	\$38,000 (2 grants in 2014) \$15,000 \$23,000	Funding supports a Thriving Schools grant at Taft Community School. The grant supports implementation of Farm to Table, including Nourish curriculum and multimedia, cooking lessons, and gardening activities, into Taft Community School’s middle school curriculum during the school year and again in the summer. It also supports implementation of PAL’s recreational fitness classes during the school year and free afterschool yoga classes for teachers.	The Thriving Schools grant reached 160 students and teachers. Farm to Table was able to demonstrate: <ul style="list-style-type: none"> • 50% increase in healthy eating and fresh from the farm knowledge test scores • 40% increase in food preference scores and vegetable consumption survey scores • Reduced waste of fruits and vegetables in the cafeteria during the summer • 40% increase in self efficacy scores The fitness program had: <ul style="list-style-type: none"> • 60 sixth graders enrolled in wheel elective class

¹¹ This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2015.

		Funding also supports PAL's afterschool Health, Sports & Fitness program, which takes place at PAL's community center, adjacent to Taft Elementary Community School.	<ul style="list-style-type: none"> • 30 seventh graders enrolled in fitness elective • 65% of participants showed improvement on physical fitness scores • 20+ teachers attended yoga class each week
San Mateo County Sheriff's Activity League (SAL)	\$40,000 over 2 years \$20,000 in 2014 & 2015	Founded in 1997 by the San Mateo County Sheriff's Office, SAL aims to reduce juvenile delinquency by positively connecting youth, the community, and law enforcement personnel. Its Healthy Kids program uses sports, dance, nutrition education, and target mentoring to promote the benefits of a healthy lifestyle.	More than 1000 youth participated in physical activity programs; 86% remained active for two hours per week during that time. SAL targeted overweight youth through a peer-to-peer mentoring program that provided an incentive for staying active and healthy. And Rethink Your Drink presentations were delivered to 250 middle school youth
*Golden Gate National Parks Conservancy	\$300,000 over 2 years \$150,000 in 2015 This grant impacts 14 KFH hospital service areas in Northern California Region	Golden Gate National Parks Conservancy and Institute at the Golden Gate will coordinate the Healthy Parks Healthy People (HPPH) Bay Area program, a collaborative of park and health agencies designed to increase the accessibility and use of parks for activities that promote health.	Expected reach is 10,000 people and expected outcomes include: <ul style="list-style-type: none"> • HPPH program leaders trained to run effective park programs that engage target populations, including low-income, ethnic minorities, high-risk youth, seniors, and those referred by health care and social service providers • to ensure long-term sustainability, at least one person at each park agency is trained as an HPPH programming trainer • all nine Bay Area public health departments/health systems actively prescribe HPPH for at-risk youth, seniors, ethnic minorities, and low-income community residents • an HPPH blueprint model/toolkit based on lessons learned in the Bay Area is created for other parts of California and the U.S.

Collaboration/Partnership Highlights

Organization/ Collaborative Name	Collaborative/ Partnership Goal	Results to Date
Get Healthy San Mateo County	Get Healthy San Mateo County works collaboratively with individuals, communities, and organizations to develop strategies that reduce and prevent obesity and other health	San Mateo Area CB Manager participates as a founding member and in an advisory capacity on a county-wide collaborative led by San Mateo County Health Department. He has played an active role in the collaborative since 2004.

	risks related to unhealthy eating and lack of physical exercise among children.	
Healthy Community Collaborative of San Mateo County (HCCSMC)	HCCSMC works with San Mateo County's Health Department and Human Services Agency, and local non-profit hospitals to conduct CHNAs to identify health needs. The CHNA helps direct resources and funding opportunities where needed and fulfills state and federal mandates.	In addition to the triennial health needs assessment, HCCSMC encourages use of the CHNA as a guide for policy and advocacy efforts and to promote collaborative efforts in the community, and develops a collaborative project based on the data, community input, and group consensus.

In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
Schools in the KFH-Redwood City service area	Kaiser Permanente Educational Theatre provided age-appropriate performances and presentations at 30 elementary, intermediate, and high schools. These health-related productions address healthy eating, active lifestyles, bullying, peer pressure, domestic violence, sexually transmitted diseases, depression, and drug and alcohol abuse. KPET is offered to audiences free of charge and is a key component of Kaiser Permanente's Community Benefit outreach.

Impact of Regional Initiatives

Parks Initiative:

The physical and mental health benefits of experiencing nature and outdoor physical activity are well-documented. Kaiser Permanente's investments in parks focus on increasing access to and use of safe parks and open spaces by low-income, underserved populations that have historically faced significant obstacles in accessing parks. By connecting people to parks, creating infrastructure enhancements in parks, and supporting policies to advance sustainability and improve culturally available services within park departments, we also aim to increase the competencies of local, regional, state, and national parks to effectively engage diverse communities. In addition to our monetary contributions, we are expanding volunteer opportunities in parks for Kaiser Permanente physicians and employees.

PRIORITY HEALTH NEED II: BEHAVIORAL HEALTH

Long Term Goals:

- Improve mental health and reduce substance abuse among San Mateo Area residents

Intermediate Goals:

- Improve self-care and coping with stress among youth and adults
- Reduce drug use and problem drinking among adults
- Increase delay of initiation of alcohol and drug use and decrease overall alcohol and drug use among youth
- Improve access to behavioral health services for youth and adults

Grant Highlights

Summary of Impact: During 2014 and 2015, there were 31 active KFH grants totaling \$381,228 addressing Behavioral Health in the KFH-

Redwood City service area.¹² In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 2 grants totaling \$13,095 that address this need. These grants are denoted by asterisks (*) in the table below.

Grantee	Grant Amount	Project Description	Results to Date
Adolescent Counseling Services (ACS)	\$30,000 over 2 years \$15,000 in 2014 & 2015	ACS's adolescent counseling-substance treatment project provides San Mateo County youth with a multi-pronged approach to ending depression, isolation, stress, and/or substance abuse.	ACS provided counseling and treatment to 755 youth; 425 clients received individual therapy and depression screenings; provided education and outreach and raised awareness of adolescent mental health and substance abuse issues for 251 youth, parents, and community members; 25 students participated in support groups; and delivered education on adolescent mental health issues to 72 teachers and mental health clinicians.
Catholic Charities	\$20,000 in 2015	Catholic Charities will provide behavioral health services to 310 San Mateo County residents through psychotherapeutic counseling, adult day services, and caregiver support and education.	Of 100 clients: <ul style="list-style-type: none"> • 95% of demonstrated positive behavior change as a result of therapy • 15 interns who are pursuing licensure were trained • 75 seniors participated in adult day services • Caregivers reported reductions in stress levels after caregiver support sessions
StarVista	\$30,000 over 2 years \$15,000 in 2014 & 2015	StarVista's Insights program provides outpatient adolescent substance abuse treatment at community outpatient clinics and targets youth 11 to 18. Insights provides counseling and education to participants and their families.	Nearly 450 adolescents received substance abuse treatment at the outpatient clinic 97% showed progress towards an identified treatment goal; and 60% showed improvement in decision-making and relationship skills.
El Centro de Libertad	\$25,000 over 2 years \$10,000 in 2014 \$15,000 in 2015	El Centro's Youth Intervention Program provides youth caught in the cycle of substance abuse (and their families) with outpatient treatment, school-based prevention education and community outreach.	More than 150 youth received counseling and outpatient treatment; 250 parents received education about substance abuse; and 320 youth received school-based instruction on the physical, psychological and social impacts of drug and alcohol abuse.
CORA (Community Overcoming Relationship Abuse)	\$30,000 in 2015	CORA's family-centered mental health program provides domestic violence (DV) victims, particularly those suffering from post-traumatic stress disorder, mental	<ul style="list-style-type: none"> • 75 domestic violence victims received direct services • 77% demonstrated a decrease in PTSD symptoms

¹² This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2015.

	health services and support to improve coping skills.	<ul style="list-style-type: none"> 100% demonstrated an increased use of coping strategies
In-Kind Resources Highlights		
Recipient	Description of Contribution and Purpose/Goals	
Schools in the KFH-Redwood City service area	Kaiser Permanente Educational Theatre provided age-appropriate performances and presentations at 30 elementary, intermediate, and high schools. These health-related productions address healthy eating, active lifestyles, bullying, peer pressure, domestic violence, sexually transmitted diseases, depression, and drug and alcohol abuse. KPET is offered to audiences free of charge and is a key component of Kaiser Permanente's Community Benefit outreach.	

PRIORITY HEALTH NEED III: ACCESS TO HEALTH CARE SERVICES		
Long Term Goal:		
<ul style="list-style-type: none"> Increase number of people who have access to appropriate health care services 		
Intermediate Goal:		
<ul style="list-style-type: none"> Reduce barriers to enrollment and increase health care coverage Improve access to culturally competent care 		
KFH-Administered Program Highlights		
KFH Program Name	KFH Program Description	Results to Date
Medicaid	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.	<ul style="list-style-type: none"> 2014: 2,814 Medi-Cal members 2015: 2,397 Medi-Cal members
Medical Financial Assistance (MFA)	MFA provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	<ul style="list-style-type: none"> 2014: KFH - Dollars Awarded By Hospital - \$ 1,740,979 2014: 1,652 applications approved 2015: KFH - Dollars Awarded By Hospital - \$1,847,124 2015: 1,408 applications approved
Charitable Health Coverage (CHC)	CHC programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.	<ul style="list-style-type: none"> 2014: 663 members receiving CHC 2015: 575 members receiving CHC

Grant Highlights

Summary of Impact: During 2015, there were 30 active KFH grants totaling \$906,706 addressing Access to Care in the KFH-Redwood City service area.¹³ In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 15 grants totaling \$93,544 that address this need. These grants are denoted by asterisks (*) in the table below.

Grantee	Grant Amount	Project Description	Results to Date
RotaCare Coastside	\$15,000 in 2015	Rotacare's weekly medical clinic provides primary and urgent care for underserved, uninsured, undocumented, and immigrant populations in San Mateo's coastal communities (Pescadero and Half Moon Bay) who do not have a medical home.	350 patients received care at the Half Moon Bay clinic
San Mateo Medical Centers (SMMC)	\$400,000 over 2 years 199,417.40 in 2014 \$200,582.60 in 2015 This grant impacts two KFH hospital service areas in Northern California Region.	SMMC's implementation of PHASE (Prevent Heart Attacks And Strokes Everyday) will improve the care provided those at risk of cardiovascular disease. SMMC will focus on adults with uncontrolled diabetes or hypertension and expect a minimum 30% increase in the number of patients participating in PHASE. It will continue and spread PHASE by focusing on data collection and analytics, using health coaches to promote lifestyle changes, and improving identification/treatment of depression.	SMMC has 10,874 PHASE patients and outcomes include: <ul style="list-style-type: none"> • increased ability to identify and address mental health needs by incorporating a psychologist in the care team • increased team efficiency and effectiveness by developing/standardizing care protocols and guidelines • increased data literacy skills among care teams by providing training/education on data and how to use data reports in care planning
*Operation Access (OA)	\$300,000 in 2015 This grant impacts 14 KFH hospital service areas in Northern California Region.	Core support to organize OA's network of 41 medical centers and 1,400 medical professionals who donate surgical, specialty, and diagnostic services to 1,500 low-income, uninsured people residing in nine Bay Area counties.	With 1,274 staff/physician volunteers providing more than 700 services at 14 hospitals in 2015, Kaiser Permanente is the largest health system participant. A total of 105 procedures were performed on 92 low-income and uninsured patients at OA events at KFH Redwood City in 2014 & 2015.
Community Health Partnership of Santa Clara (CHP)	\$250,000 in 2015 This grant impacts four KFH hospital service areas in Northern California Region.	To complement its established clinical quality reporting processes, CHP will assess the financial-operational readiness for payment reform among community health centers (CHCs) and work with partners to identify key financial indicators, prepare baseline financial-operational	<ul style="list-style-type: none"> • by agreeing to track one common operational indicator (how long patients must wait to get an appointment) members have increased data capacity skills • increased ability to track, analyze, and use financial data across members

¹³ This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2015.

		performance profiles, and create systems to build internal monitoring reports and benchmark performance. CHP serves nine health center corporations that serve 162,938 patients.	<ul style="list-style-type: none"> • advanced member readiness for changes in payment systems; convened two payment reform meetings with local health plans, California Primary Care Association; and four member CHCs participated in CP3, a state alternative payment methodology pilot • initiated planning to share data across CHCs and with the county hospital; convened two meetings with Valley Hospital to discuss sharing of data to track total cost of care • identified potential opportunity and built data analytic platform to capture total cost of care; provided demo to six member CHCs to highlight new payer integration enhancements that can run enrollment-eligibility data for claims and cost reporting
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In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
Operation Access	KP physicians and staff volunteered over 634 hours serving low-income and uninsured patients at OA events at KFJ Redwood City in 2014 and 2015.
All PHASE Grantees	<p>To increase clinical expertise in the safety net, Quality and Operations Support (QOS), a Kaiser Permanente Northern California Region TPMG (The Permanente Medical Group) department, helped develop a PHASE data collection tool. QOS staff provided expert consultation on complex clinical data issues, such as reviewing national reporting standards, defining meaningful data, and understanding data collection methodology. This included:</p> <ul style="list-style-type: none"> • conducting clinical training webinars • wireside/webinar on PHASE clinical guidelines • presentation at convening on Kaiser Permanente’s approach to PHASE • presentation to various clinical peer groups through CHCN, SFCCC, etc. • individual consultation to staff at PHASE grantee organizations • individual consultation to Community Benefit Programs staff <p>Kaiser Permanente Northern California Region’s Regional Health Education (RHE) also provided assistance to PHASE grantees:</p> <ul style="list-style-type: none"> • conducted two seven-hour Motivating Change trainings (24 participants each) to enable clinical staff who implement (or will) PHASE to increase their skills with regard to enhancing patients’ internal motivations to make health behavior changes • provided access to patient education documents related to PHASE

Safety Net Institute (SNI)	With a goal to increase SNI's understanding of what it means to be a data-driven organization, a presentation and discussion about Kaiser Permanente's use and development of cascading score cards – a methodology leadership uses to track improvement in clinical, financial, operations, and HR – was shared with this longtime grantee.
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Impact of Regional Initiatives

PHASE:

PHASE (Prevent Heart Attacks And Strokes Everyday) is a program developed by Kaiser Permanente to advance population-based, chronic care management. Using evidence-based clinical interventions and supporting lifestyle changes, PHASE enables health care providers to provide cost-effective treatment for people at greatest risk for developing coronary vascular disease. By implementing PHASE, Kaiser Permanente has reduced heart attacks and stroke-related hospital admissions among its own members by 60%. To reach more people with this life saving program, Kaiser Permanente began sharing PHASE with the safety net health care providers in 2006. KP provides grant support and technical assistance to advance the safety net's operations and systems required to implement, sustain and spread the PHASE program. By sharing PHASE with community health providers, KP supports development of a community-wide standard of care and advances the safety net's capacity to build robust population health management systems and to collectively reduce heart attacks and strokes across the community.

PRIORITY HEALTH NEED IV: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – WORKFORCE

KFH Workforce Development Highlights

Long Term Goal:

- To address health care workforce shortages and cultural and linguistic disparities in the health care workforce

Intermediate Goal:

- Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality, culturally relevant care

Summary of Impact: During 2014 and 2015, Kaiser Foundation Hospital awarded 11 Workforce Development grants, totaling \$26,883 that served the KFH-Redwood City service area.¹⁴ In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 6 grants, totaling \$28,647 that address this need. In addition, KFH Redwood provided trainings and education for 23 residents in their Graduate Medical Education program in 2014 and 19 residents in 2015, 13 nurse practitioners or other nursing beneficiaries in 2014 and 19 in 2015, and 23 other health (non-MD) beneficiaries as well as internships for 25 high school and college students (Summer Youth, INROADS, etc) for 2014-2015.

Grant Highlights

Grantee	Grant Amount	Project Description	Results to Date
*Vision Y Compromiso	\$98,093 This grant impacts 16 KFH hospital service areas in	The Promotoras and Community Health Worker (CHW) Network will engage 40 to 60 more promotores (from the current 220); expand the Network to Fresno and Sacramento counties; provide 4 to 6	Anticipated outcomes include: <ul style="list-style-type: none"> • increased promotores leadership as measured by an increased number of promotores who participate in regional Network activities

¹⁴ This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2015.

	Northern California Region	trainings per region to build professional capacity and involve 20 to 40 workforce partners to better integrate the promotor model.	<ul style="list-style-type: none"> increased knowledge of community health issues as measured by pre- and post-surveys completed by promotores participating in training, conferences, and other activities increased knowledge of community resources, increased networking, and social support as measured by an increased number of agencies involved in the regional Networks
*San Francisco State University (SFSU) Health Equity Initiative	\$99,211 This grant impacts 13 KFH hospital service areas in Northern California Region	SFSU's Metro College Success, a school within a school, has increased graduation rates of low-income, underrepresented and/ or first-generation students by redesigning the first two years of college. Initiative will develop new health equity and career readiness content for the Metro Health Academy curriculum to diversify the health care workforce in the 10-county Bay region.	Anticipated outcomes include: <ul style="list-style-type: none"> design/implement new curricula for three core courses (health equity, social determinants of health, and history of health) for 350 Metro Health Academy students develop/disseminate video modules to train Metro faculty in the new curricula develop a webpage to share curricula with faculty from other institutions in the region
*Students Rising Above (SRA)	\$50,000 This grant impacts 15 KFH hospital service areas in Northern California Region	SRA's College2Careers program enables low-income, first-generation college students from the greater Bay Area to attain college degrees and enter careers in science, technology engineering and math (STEM) and health care through college preparation, college and financial aid application support, tutoring, health care, tuition assistance, career development, mentoring, internships, and college-to-workforce transition support.	Anticipated outcomes include <ul style="list-style-type: none"> through College2Careers' tutoring workshops and webinars, 182 youth in SRA's College and Workforce Success Program gain the job readiness skills and knowledge needed for STEM and health care careers via online webinars and informational interview videos with professionals from underserved socio-economic communities, more than 200 users of the web-based resource College2CareersHub are encouraged to consider majoring in STEM/health care fields

PRIORITY HEALTH NEED IV: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – RESEARCH

Long Term Goal:

- To increase awareness of the changing health needs of diverse communities

Intermediate Goal:

- Increase access to, and the availability of, relevant public health and clinical care data and research

Grant Highlights			
Grantee	Grant Amount	Project Description	Results to Date
UCLA Center for Health Policy Research	<p>\$2,100,000 over 4 years</p> <p>1,158,200 over 2014 & 2015</p> <p>This grant impacts all KFH hospital service areas in Northern California Region.</p>	<p>Grant funding during 2014 and 2015 has supported The California Health Interview Survey (CHIS), a survey that investigates key public health and health care policy issues, including health insurance coverage and access to health services, chronic health conditions and their prevention and management, the health of children, working age adults, and the elderly, health care reform, and cost effectiveness of health services delivery models. In addition, funding allowed CHIS to support enhancements for AskCHIS Neighborhood Edition (NE). New AskCHIS NE visualization and mapping tools will be used to demonstrate the geographic differences in health and health-related outcomes across multiple local geographic levels, allowing users to visualize the data at a sub-county level.</p>	<p>CHIS 2013-2014 was able to collect data and develop files for 48,000 households, adding Tagalog as a language option for the survey this round. In addition 10 online AskCHIS workshops were held for 200 participants across the state. As of February 2016, progress on the 2015-2016 survey included completion of the CHIS 2015 data collection that achieved the adult target of 20,890 completed interviews. CHIS 2016 data collection began on January 4, 2016 and is scheduled to end in December 2016 with a target of 20,000 completed adult interviews.</p> <p>In addition, funding has supported the AskCHIS NE tool which has allowed the Center to:</p> <ul style="list-style-type: none"> • Enhance in-house programming capacity for revising and using state-of-the-science small area estimate (SAE) methodology. • Develop and deploy AskCHIS NE. • Launch and market AskCHIS NE. • Monitor use, record user feedback, and make adjustments to AskCHIS NE as necessary.

In addition to the CHIS grants, two research programs in the Kaiser Permanente Northern California Region Community Benefit portfolio – the Division of Research (DOR) and Northern California Nursing Research (NCNR) – also conduct activities that benefit all Northern California KFH hospitals and the communities they serve.

DOR conducts, publishes, and disseminates high-quality research to improve the health and medical care of Kaiser Permanente members and the communities we serve. Through interviews, automated data, electronic health records (EHR), and clinical examinations, DOR conducts research among Kaiser Permanente’s 3.9 million members in Northern California. DOR researchers have contributed over 3,000 papers to the medical and public health literature. Its research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. Primary audiences for DOR’s research include clinicians, program leaders, practice and policy experts, other health plans, community clinics, public health departments, scientists and the public at large. Community Benefit supports the following DOR projects:

DOR Projects	Project Information
Central Research Committee (CRC)	Information on recent CRC studies can be found at: http://insidedorprod2.kp-dor.kaiser.org/sites/crc/Pages/projects.aspx
Clinical Research Unit (CCRU)	CCRU offers consultation, direction, support, and operational oversight to Kaiser Permanente Northern California clinician researchers on planning for and conducting clinical trials and other types of clinical research; and provides administrative leadership, training, and operational support to more than 40 regional clinical research coordinators. CCRU statistics include more than 420 clinical trials and more than 370 FDA-regulated clinical trials. In 2015, the CCRU expanded access to clinical trials at all 21 KPNC medical centers.
Research Program on Genes, Environment and Health (RPGEH)	RPGEH is working to develop a research resource linking the EHRs, collected bio-specimens, and questionnaire data of participating KPNC members to enable large-scale research on genetic and environmental influences on health and disease; and to utilize the resource to conduct and publish research that contributes new knowledge with the potential to improve the health of our members and communities. By the end of 2014, RPGEH had enrolled and collected specimens from more than 200,000 adult KPNC members, had received completed health and behavior questionnaires from more than 430,000 members; and had genotyped DNA samples from more than 100,000 participants, linked the genetic data with EHRs and survey data, and made it available to more than 30 research projects

A complete list of DOR's 2015 research projects is at <http://www.dor.kaiser.org/external/dorexternal/research/studies.aspx>. Here are a few highlights:

Research Project Title	Alignment with CB Priorities
Risk of Cancer among Asian Americans (2014)	Research and Scholarly Activity
Racial and Ethnic Disparities in Breastfeeding and Child Overweight and Obesity (2014)	Healthy Eating, Active Living
Transition from Healthy Families to Medi-Cal: The Behavioral Health Carve-Out and Implications for Disparities in Care (2014)	Access to Care Mental/Behavioral Health
Health Impact of Matching Latino Patients with Spanish-Speaking Primary Care Providers (2014)	Access to Care
<i>Predictors of Patient Engagement in Lifestyle Programs for Diabetes Prevention</i> – Susan Brown	Access to care
<i>Racial Disparities in Ischemic Stroke and Atherosclerotic Risk Factors in the Young</i> – Steven Sidney	Access to care
<i>Impact of the Affordable Care Act on prenatal care utilization and perinatal outcomes</i> – Monique Hedderson	Access to care
<i>Engaging At-Risk Minority Women in Health System Diabetes Prevention Programs</i> – Susan Brown	HEAL
<i>The Impact of the Affordable Care Act on Tobacco Cessation Medication Utilization</i> – Kelly Young-Wolff	HEAL
<i>Prescription Opioid Management in Chronic Pain Patients: A Patient-Centered Activation Intervention</i> – Cynthia Campbell	Mental/Behavioral Health
<i>Integrating Addiction Research in Health Systems: The Addiction Research Network</i> – Cynthia Campbell	Mental/Behavioral Health
RPGEH Project Title	Alignment with CB Priorities
Prostate Cancer in African-American Men (2014)	Access to Care Research and Scholarly Activity

RPGEH high performance computing cluster. DOR has developed an analytic pipeline to facilitate genetic analyses of the GERA (Genetic Epidemiology Research in Adult Health and Aging) cohort data. Development of the genotypic database is ongoing; in 2014, additional imputed data were added for identification of HLA serotypes. (2014)

Research and Scholarly Activity

The main audience for NCNR-supported research is Kaiser Permanente and non-Kaiser Permanente health care professionals (nurses, physicians, allied health professionals), community-based organizations, and the community-at-large. Findings are available at the Nursing Pathways NCNR website: <https://nursingpathways.kp.org/ncal/research/index.html>.

Alignment with CB Priorities	Project Title	Principal Investigator
Serve low-income, underrepresented, vulnerable populations located in the Northern California Region service area	<ol style="list-style-type: none"> 1. <i>A qualitative study: African American grandparents raising their grandchildren: A service gap analysis.</i> 2. <i>Feasibility, acceptability, and effectiveness of Pilates exercise on the Cadillac exercise machine as a therapeutic intervention for chronic low back pain and disability.</i> 	<ol style="list-style-type: none"> 1. Schola Matovu, staff RN and nursing PhD student, UCSF School of Nursing 2. Dana Stieglitz, Employee Health, KFH-Roseville; faculty, Samuel Merritt University
Reduce health disparities.	<ol style="list-style-type: none"> 1. <i>Making sense of dementia: exploring the use of the markers of assimilation of problematic experiences in dementia scale to understand how couples process a diagnosis of dementia.</i> 2. <i>MIDAS data on elder abuse reporting in KP NCAL.</i> 3. <i>Quality Improvement project to improve patient satisfaction with pain management: Using human-centered design.</i> 4. <i>Transforming health care through improving care transitions: A duty to embrace.</i> 5. <i>New trends in global childhood mortality rates.</i> 	<ol style="list-style-type: none"> 1. Kathryn Snow, neuroscience clinical nurse specialist, KFH-Redwood City 2. Jennifer Burroughs, Skilled Nursing Facility, Oakland CA 3. Tracy Trail-Mahan, et al., KFH-Santa Clara 4. Michelle Camicia, KFH-Vallejo Rehabilitation Center 5. Deborah McBride, KFH-Oakland
Promote equity in health care and the health professions.	<ol style="list-style-type: none"> 1. <i>Family needs at the bedside.</i> 2. <i>Grounded theory qualitative study to answer the question, "What behaviors and environmental factors contribute to emergency department nurse job fatigue/burnout and how pervasive is it?"</i> 3. <i>A new era of nursing in Indonesia and a vision for developing the role of the clinical nurse specialist.</i> 4. <i>Electronic and social media: The legal and ethical issues for health care.</i> 5. <i>Academic practice partnerships for unemployed new graduates in California.</i> 6. <i>Over half of U.S. infants sleep in potentially hazardous bedding.</i> 	<ol style="list-style-type: none"> 1. Mchelle Camicia, director operations KFH-Vallejo Rehabilitation Center 2. Brian E. Thomas, Informatics manager, doctorate student, KP-San Jose ED. 3. Elizabeth Scruth, critical care/sepsis clinical practice consultant, Clinical Effectiveness Team, NCAL 4. Elizabeth Scruth, et al. 5. Van et al. 6. Deborah McBride, KFH-Oakland

VIII. CONCLUSION

KFH-Redwood City worked in collaboration with its HCC partners to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a shared assessment. By gathering secondary data and carrying out new primary research as a team, the members of the HCC were able to collectively understand the community's perception of health needs. Representatives of KP-San Mateo and KP-South Bay then prioritized the health needs with an understanding of how each compares against benchmarks.

After making this CHNA publically available in 2016, each hospital will develop individual implementation plans based on this shared data.

IX. APPENDICES

- A. Secondary Data Sources and Dates
- B. List of Indicators on Which Data Were Gathered
- C. Persons Representing the Broad Interests of the Community
- D. Glossary
- E. 2016 Health Needs Prioritization Scores: Breakdown by Criteria
- F. CHNA Qualitative Data Collection Protocols
- G. Further Qualitative Data
- H. Community Assets and Resources
- I. Health Needs Profiles

Appendix A: Secondary Data Sources and Dates

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.
18. California Employment Development Department (EDD). 2015. *Monthly Labor Force Data for Counties (Report 400C), October 2015 – Revised*. <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html> Accessed January 2016.
19. California Healthcare Foundation and California Health Interview Survey (CHIS). 2014. Indicators of the impact of the Affordable Care Act. <http://www.chcf.org/aca-411> Accessed January 2016.
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.
23. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2012.
24. Centers for Disease Control & Prevention (CDC). 2009. *Behavioral Risk Factor Surveillance System (BRFSS)*.
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.
32. Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
33. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2006-2010.
34. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2010.
35. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2011.
36. Centers for Disease Control and Prevention, National Vital Statistics System. University of Wisconsin Population Health Institute, County Health Rankings. 2008-2010.
37. Centers for Disease Control and Prevention, National Vital Statistics System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012
38. Centers for Medicare and Medicaid Services. 2012.
39. Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2011-2012
40. County of San Mateo and Applied Survey Research. 2014. *San Mateo County Veterans Needs Assessment 2014*.
<http://hsa.smcgov.org/sites/hsa.smcgov.org/files/Veterans%20Needs%20Assessment%20published%20Dec2014.pdf>. Accessed December 30, 2015.
41. County of San Mateo Department of Housing HCD. 2015. *San Mateo County Housing Indicators as of September 30, 2015*,
<http://housing.smcgov.org/sites/housing.smcgov.org/files/September%202015%20Indicators-Updated%20Home%20Sales%20Data.pdf>. Accessed December 30, 2015
42. County of San Mateo Health System. 2013. *2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County* (SMC CNA), sponsored by The HCC,
<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.
46. Feeding America. 2012.
47. Insight Center for Community Economic Development. 2014. *Self-Sufficiency Standard Tool for California*.
<http://www.insightccd.org/tools-metrics/>. Accessed January 2016.
48. Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2011.
49. National Center for Education Statistics, NCES – Common Core of Data. 2012-2013.

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.
54. San Mateo County Human Services Agency, Center on Homelessness; Kate Bristol Consulting and Philliber Research Associates. 2015. *San Mateo County Homeless Census and Survey, Final Report, July 2015*.
<http://hsa.smcgov.org/sites/hsa.smcgov.org/files/2015%20SMC%20Homeless%20Count%20%20Final%20Report%20with%20Appendices.pdf>. Accessed December 30, 2015.
55. San Mateo County Human Services Agency, Center on Homelessness; Kate Bristol Consulting and Philliber Research Associates. 2013. *San Mateo County Homeless Census and Survey, Final Report, May 2013*.
56. San Mateo Department of Public Health, Policy & Planning. 2014. *San Mateo County Sexually Transmitted Disease and HIV-AIDS Surveillance Annual Report, 2014*. San Mateo Department of Public Health, Policy & Planning, San Mateo, California. http://smchealth.org/sites/default/files/docs/PHS/STD-HIV/2014_STDHIV_AR.pdf Accessed December 30, 2015.
57. State Cancer Profiles. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. 2007-2011.
58. Srebotnjak, T., Kamai, E., & Etherton, A. 2012. Senior Health in San Mateo County – Current Status and Future Trends. Accessed via http://www.sustainablesanmateo.org/wp-content/uploads/2012/12/SeniorHealth_Chap2_BasicDemographicInformation.pdf.
59. Sustainable San Mateo County. 2015. Indicators for a Sustainable San Mateo County. <http://www.sustainablesanmateo.org/home/indicators-report/>. Accessed December 30, 2015.
60. US Census Bureau, American Community Survey. 2009-2013.
61. US Census Bureau, American Housing Survey. 2011, 2013.
62. US Census Bureau, County Business Patterns. 2011.
63. US Census Bureau, County Business Patterns. 2012.
64. US Census Bureau, County Business Patterns. 2013.
65. US Census Bureau, Decennial Census. 2000-2010.
66. US Census Bureau, Decennial Census, ESRI Map Gallery. 2010.
67. US Census Bureau, Small Area Income & Poverty Estimates. 2010.
68. United States Census Bureau. 2013. *State & County QuickFacts*.
<http://quickfacts.census.gov/qfd/states/06/06081.html>. Accessed multiple times in 2015.
69. United States Department of Housing & Urban Development (HUD). 2013. HUD Exchange: PIT and HIC Data Since 2007.
70. US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2010.
71. US Department of Agriculture, Economic Research Service, USDA – Food Environment Atlas. 2011.
72. US Department of Agriculture, Economic Research Service, USDA – Child Nutrition Program. 2013.
73. US Department of Education, EDFacts. 2011-2012.
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.
78. US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015.
79. US Department of Housing and Urban Development. 2013.
80. US Department of Labor, Bureau of Labor Statistics. June 2015.
81. US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2013.
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.
87. University of Wisconsin Population Health Institute, County Health Rankings. 2014.

Appendix B: List of Indicators on Which Data Were Gathered

Notes: "County of San Mateo Health System 2013" = "2013 Community Health Needs Assessment: Health & Quality of Life in San Mateo County," sponsored by The HCC, <http://smchealth.org/sites/default/files/docs/HPP/2013FullReport%28low%29.pdf>.

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

Indicator Variable	Data Source
Access to local healthcare services is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)
Access to mental health services is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)
Affordable fresh produce access is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)
Age of population, median	County of San Mateo Health System 2013
Alzheimer's disease mortality	California Department of Public Health (CDPH), County Health Profiles 2012 and Srebotnjak et al. 2012, Senior Health in San Mateo County – Current Status and Future Trends
Arthritis or rheumatism (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)
Arthritis-only prevalence (adults)	Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS) 2009
Asthma diagnosis (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)
Asthma prevalence (child), parent self-report	County of San Mateo Health System 2013 (PRC 2012)
At risk for overweight Child Health & Disability Program 5-19 year olds	County of San Mateo Health System 2013
Binge drinking (young adults), self-report	County of San Mateo Health System 2013 (PRC 2012)
Blood cholesterol is high, self-report (told more than once that BP was high)	County of San Mateo Health System 2013 (PRC 2012)
Blood pressure, self-report (told more than once that BP was high)	County of San Mateo Health System 2013 (PRC 2012)
Breast cancer incidence	County of San Mateo Health System 2013
Breast cancer mortality	County of San Mateo Health System 2013
Breastfeeding at any time while in hospital	CDPH - Breastfeeding Statistics 2012
Carbon emissions	County of San Mateo Health System 2013
Cardiovascular disease mortality	County of San Mateo Health System 2013
Child abuse	County of San Mateo Health System 2013
Child access to medical care	County of San Mateo Health System 2013

Indicator Variable	Data Source
Child spends 2+ hours per day on screen time (TV, videos, video games), parent self-report	County of San Mateo Health System 2013 (PRC 2012)
Child walked or biked to school in past year (at all), parent self-report	County of San Mateo Health System 2013 (PRC 2012)
Chlamydia incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014
Colorectal cancer incidence	County of San Mateo Health System 2013
Colorectal cancer mortality	County of San Mateo Health System 2013
Community's lifestyle tolerance is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)
Community's racial/cultural tolerance is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)
Cost of medical care prevented doctor visit, self-report	County of San Mateo Health System 2013 (PRC 2012)
Could rely on public transportation if necessary, self-report	County of San Mateo Health System 2013 (PRC 2012)
Crime problem in their neighborhood has gotten worse in past two years, self-report	County of San Mateo Health System 2013 (PRC 2012)
Current drinker (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)
Currently have a computer at home, self-report	County of San Mateo Health System 2013 (PRC 2012)
Dental insurance coverage lacking, self-report	County of San Mateo Health System 2013 (PRC 2012)
Depression (youth), self-report	California Healthy Kids Survey (CHKS) 2009-10
Depression symptoms lasting 2+ years, self-report	County of San Mateo Health System 2013 (PRC 2012)
Diagnosed with diabetes (adults), self-report	County of San Mateo Health System 2013 (PRC 2012)
Did not receive care because they could not get an appointment	California Healthy Kids Survey (CHKS) 2014 cited by California Healthcare Foundation
Domestic violence calls for assistance	County of San Mateo Health System 2013
Drive to work alone, self-report	County of San Mateo Health System 2013 (PRC 2012)
Educational attainment	US Census Bureau American Community Survey 5-Year Estimates 2010-2014, Table S1501
Educational attainment (low)	County of San Mateo Health System 2013
English language arts/literacy standards (third grade)	California Department of Education 2015
English language arts/literacy standards (third grade)	County of San Mateo Health System 2013
Enteric disease incidence (campylobacteriosis)	County of San Mateo Health System 2013
Entry-level home affordability	Sustainable San Mateo County 2015

Indicator Variable	Data Source
Exhibit 1+ cardiovascular risk factors, self-report	County of San Mateo Health System 2013 (PRC 2012)
Exhibit healthy behaviors, self-report	County of San Mateo Health System 2013 (PRC 2012)
Express difficulty in their lives, self-report	County of San Mateo Health System 2013 (PRC 2012)
Falls deaths	Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013
Family participated in food stamps in the past year	County of San Mateo Health System 2013
Family received food from a food bank, etc. in the past year, self-report	County of San Mateo Health System 2013 (PRC 2012)
Feel "not at all" connected to community, self-report	County of San Mateo Health System 2013 (PRC 2012)
Felt worried, tense, or anxious in past month (# days), self-report	County of San Mateo Health System 2013 (PRC 2012)
First-time buyer housing affordability index	Sustainable San Mateo County 2015
Flu shot in past year (adults 65+), self-report	County of San Mateo Health System 2013 (PRC 2012)
Fruit/vegetable consumption, adequate (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)
Fruit/vegetable consumption, inadequate (youth), self-report	California Health Interview Survey (CHIS) 2009
Gonorrhea incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014 California Department of Health STD Control Branch 2014
Ground-level ozone (smog) pollution	County of San Mateo Health System 2013
Have priest, minister, rabbi, or other person for spiritual support	County of San Mateo Health System 2013 (PRC 2012)
Heart disease mortality	County of San Mateo Health System 2013
High school dropout rate	California Department of Education 2015
High school exit exam (10th graders passing)	County of San Mateo Health System 2013
High stress experienced daily, self-report	County of San Mateo Health System 2013 (PRC 2012)
History of mental or emotional problems, self-report	County of San Mateo Health System 2013 (PRC 2012)
HIV incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014
Homeless count (single night)	<p>2015 data from: San Mateo County Human Services Agency, Center on Homelessness</p> <p>2013 data from: San Mateo County Human Services Agency, Center on Homelessness, 2013 San Mateo County Homeless Census and Survey, Final Report, May 2013 and U.S. Department of Housing & Urban Development HUD Exchange: PIT and HIC Data Since 2007</p>

Indicator Variable	Data Source
Homeless households	San Mateo County Human Services Agency, Center on Homelessness 2015
Hospitalizations due to falls (adults)	Calculated based on state & county injury non-fatal hospitalization data for adults aged 50+: CDPH EpiCenter: California Injury Data Online 2014 and calculated based on state & county population projections age 50+: California Department of Finance, 2014 Projections of Population and Births, Report P-3
Income, annual median	Sustainable San Mateo County 2015
Infant mortality rate	CDC National Vital Statistics System; Accessed via CDC WONDER (CDC, Wide-Ranging Online Data for Epidemiologic Research) 2006-10
Influenza/ pneumonia deaths (trend)	County of San Mateo Health System 2013
Insurance coverage lacking (long-term), self-report	County of San Mateo Health System 2013 (PRC 2012)
Issues with access	County of San Mateo Health System 2013
Job opportunities are fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)
Juvenile felony arrests for violent offenses	County of San Mateo Health System 2013
Lack of transportation prevented medical care in past year, self-report	County of San Mateo Health System 2013 (PRC 2012)
Leading causes of death	CDPH Table 5-20, 2013
Lived with a friend/relative due to housing emergency any time in past two years, self-report	County of San Mateo Health System 2013 (PRC 2012)
Low birth-weight	CDPH Birth Profiles by ZIP Code 2011
Lung cancer incidence	County of San Mateo Health System 2013
Lung cancer mortality	County of San Mateo Health System 2013
Meet all six basic fitness standards (% of 7th grade students)	County of San Mateo Health System 2013
Motor vehicle crash deaths	University of Missouri, Center for Applied Research and Environmental Systems. CDPH Death Public Use Data 2010-12
Neighborhood safety is fair/poor, self-report	County of San Mateo Health System 2013 (PRC 2012)
Obese adults	County of San Mateo Health System 2013
Obese Child Health & Disability Program 2-4 year olds	County of San Mateo Health System 2013
Older adult proportion of population (estimated)	County of San Mateo Health System 2013
Overweight adults	County of San Mateo Health System 2013

Indicator Variable	Data Source
Overweight Child Health & Disability Program 2-4 year olds	County of San Mateo Health System 2013
Overweight Child Health & Disability program 5-19 year olds	County of San Mateo Health System 2013
Pedestrian deaths	University of Missouri, Center for Applied Research and Environmental Systems. CDPH Death Public Use Data 2010-12
Physical inactivity (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)
Pneumonia vaccine ever (adults 65+), self-report	County of San Mateo Health System 2013 (PRC 2012)
Population below 200% Federal Poverty Level	US Census Bureau American Community Survey 3-Year Estimates 2006-2008
Population below 200% Federal Poverty Level (adults), self-report	County of San Mateo Health System 2013 (PRC 2012)
Prenatal care inadequate	CDPH Birth Profiles by ZIP Code 2011
Preschool enrollment	County of San Mateo Health System 2013
Pre-term births	California Department of Public Health (CDPH), 2011 Birth Cohort File (BCF) at http://www.ipodr.org
Prostate cancer incidence	County of San Mateo Health System 2013
Prostate cancer mortality	County of San Mateo Health System 2013
Real per capita income	County of San Mateo Health System 2013
Renewable energy use	County of San Mateo Health System 2013
Rent for 1-bedroom apartment, average	County of San Mateo Health System 2013 and County of San Mateo Department of Housing HCD 2015, Housing Indicators
Rent for 2-bedroom apartment, average	County of San Mateo Health System 2013 and County of San Mateo Department of Housing HCD 2015, Housing Indicators
Respiratory disease deaths (trend)	County of San Mateo Health System 2013
Salmonella incidence	County of San Mateo Health System 2013
Self-Sufficiency Standard (California)	Insight Center for Community Economic Development 2014
Sharing housing costs with someone other than spouse/partner to limit expenses, self-report	County of San Mateo Health System 2013 (PRC 2012)
Short-term particle pollution	County of San Mateo Health System 2013
Single-family home cost, median	County of San Mateo Department of Housing HCD 2015, Housing Indicators
Smoking (adult), self-report	County of San Mateo Health System 2013 (PRC 2012)
Sought help for a mental or emotional problem, self-report	County of San Mateo Health System 2013 (PRC 2012)
Spirituality in their lives is very important, self-report	County of San Mateo Health System 2013 (PRC 2012)
Substance abuse-related hospitalizations	County of San Mateo Health System 2013

Indicator Variable	Data Source
Syphilis incidence	SMC STD and HIV/AIDS Surveillance Annual Report 2014
Teen birth rate	CDPH Birth Profiles by ZIP Code 2011
Tuberculosis incidence	County of San Mateo Health System 2013
Unemployment rate	California Employment Development Department October 2015
Unintentional drowning deaths	Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013
Unintentional injury deaths	CDPH Vital Statistics 2009
Unsheltered homeless	San Mateo County Human Services Agency, Center on Homelessness 2015
Vaccine coverage with all required immunizations among children ages 2-4 years in licensed childcare (estimated)	County of San Mateo Health System 2013
Vehicle miles of travel, total annual	County of San Mateo Health System 2013
Veteran homeless population	County of San Mateo and Applied Survey Research 2014
Veteran population	County of San Mateo and Applied Survey Research 2014
Violent crime rate	County of San Mateo Health System 2013
Visited a dentist for a routine check-up in the past year (child), parent self-report	County of San Mateo Health System 2013 (PRC 2012)
Visited a doctor for a routine check-up in the past year, self-report	County of San Mateo Health System 2013 (PRC 2012)
Water consumption	County of San Mateo Health System 2013
Would not know where to access treatment for drug-related problems if needed, self-report	County of San Mateo Health System 2013 (PRC 2012)

Appendix C: Persons Representing the Broad Interests of the Community

Sector	Organization	Title	Focus Population/ Topic/ Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
City Parks & Recreation	Redwood City Parks, Recreation and Community Services	Director	Chronic conditions (older adults), youth	Representative	3	Interview	Thu 04/09
City Parks & Recreation	South San Francisco Parks/Rec Dept.	Director	Older adults, youth	Representative	3	Interview	Tue 03/17
County Board of Directors & Commissioners	LGBTQ Commission	Co-Chair	Minority (LGBTQ)	Representative	3	Interview	Thu 05/28
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
County Government	County of San Mateo	Deputy County Manager	Local health agency (human services), victims of human trafficking	Leader	2	Interview	Fri 05/29
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
County Government	SMC Human Services Agency	Executive Director	Underserved populations (access & delivery)	Leader	3	Interview	Fri 03/20

* 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	Focus Population/ Topic/ Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
County Health	Daly City Youth Health Center (part of San Mateo Medical Center)	FNP	Youth	Representative	3	Interview	Thu 03/05
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
County Health	San Mateo County Health Department	County Health Officer	Public health	Leader	1	Interview	Fri 03/27
County Health	SMC Health System (BHRS)	Director of Behavioral Health	Behavioral health	Representative	3	Interview	Thu 03/26
County Health	SMC Health System; Aging and Adult Services	Director	Chronic disease (older adults)	Representative	3	Interview	Wed 04/08
Faith-Based	American Methodist Episcopal Zion Church	Pastor	Faith community	Representative	3	Interview	Mon 03/30
Faith-Based	Congregational Church of San Mateo	Senior Minister	Underserved, low-income	Representative	3	Interview	Tue 04/14
For-Profit Business	Home Safety Services	Founder & President	Older adults	Representative	3	Focus group	Wed 3/11
For-Profit Business	Synergy HomeCare	Director, Marketing	Older adults	Representative	3	Focus group	Wed 3/11
Nonprofit	Adolescent Counseling Services	Executive Director	Behavioral health (youth)	Representative	3	Interview	Tue 03/17
Nonprofit	Catholic Charities	Division Dir, Refugee & Immigrant Svc	Minority (immigrants)	Representative	3	Interview	Thu 06/04

Sector	Organization	Title	Focus Population/ Topic/ Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Nonprofit	Catholic Charities Adult Day Services	Case Management Coordinator	Older adults	Representative	3	Focus group	Wed 3/11
Nonprofit	Coastside Hope	Executive Director	Minority (immigrants), low-income	Representative	3	Interview	Wed 04/08
Nonprofit	Community Gatepath	Manager, Learning & Employment Campus	Older adults	Representative	3	Focus group	Wed 3/11
Nonprofit	First 5	Executive Director	Children ages 0-5 years	Representative	3	Interview	Tue 04/07
Nonprofit	InnVision – Shelter Network	Director	Low-income (homeless)	Representative	3	Interview	Fri 04/17
Nonprofit	Lesley Senior Communities	Director, Resident Services	Older adults	Representative	3	Focus group	Wed 3/11
Nonprofit	Lincoln Street Center	Recreation Program Coordinator	Minority older adults (Chinese and Filipino)	Representative	3	Interview	Tue 3/17
Nonprofit	MidPen Resident Services Corp.	Program Director, Senior Services	Older adults	Representative	3	Focus group	Wed 3/11
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
Nonprofit	Multicultural Institute	Dir., Day Laborer Program	Minority (Latino immigrants), low-income	Representative	3	Interview	Tue 04/07

Sector	Organization	Title	Focus Population/ Topic/ Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
Nonprofit	Peninsula Family Service	Director, Older Adult Services	Low-income, minority, older adults	Representative	3	Interview	Wed 04/01
Nonprofit	Peninsula Volunteers Meals on Wheels	Director, Meals on Wheels Program	Older adults	Representative	3	Focus group	Wed 3/11
Nonprofit	Puente	Executive Director	Low-income, minority, underserved (Coastside)	Representative	3	Interview	Fri 03/27
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
Nonprofit	Samaritan House	Program Manager, Your House South	Low-income (homeless)	Representative	3	Interview	Tue 03/10
Nonprofit	Samaritan House	Operations Director	Homeless (underserved)	Representative	3	Interview	Tue 03/10
Nonprofit	San Mateo Japanese-American Community Center	Executive Director	Older adults, minority (Japanese-Americans)	Representative	3	Focus group	Wed 3/11
Nonprofit	Second Harvest Food Bank	Office Manager	Older adults	Representative	3	Focus group	Wed 3/11
Nonprofit	StarVista	Director of Clinical/ Community Svc.	Children/ youth	Representative	3	Interview	Fri 03/06
N/A	Carlmont High School	N/A	Youth, medically underserved	Members (11)	3	Focus group	03/31/15

Sector	Organization	Title	Focus Population/ Topic/ Expertise	Target Group Role (Leader/ Representative/ Member)	Target Group Represented*	Consultation Method	Date Consulted (2015)
N/A	Fair Oaks Activity Center	N/A	Spanish-speaking minority (Latino), low-income	Members (11)	3	Focus group	04/02/15
N/A	Maple Street Shelter	N/A	Medically underserved, low-income, homeless	Members (8)	3	Focus group	04/09/15
N/A	El Centro de Libertad	N/A	Medically underserved, minority (Latino), low-income, youth	Members (4)	3	Focus group	04/21/15
N/A	PRIDE Initiative at Congregational Church of San Mateo	N/A	Medically underserved, minority (LGBTQI)	Members (8)	3	Focus group	05/13/15
N/A	Pacific Islander Initiative at Peninsula Conflict Resolution Center	N/A	Minority (Tongan/Samoan)	Members (8)	3	Focus group	05/20/15
N/A	Ravenswood Health Center	N/A	Medically underserved	Members (10)	3	Focus group	05/27/15
N/A	Boys & Girls Club of Half Moon Bay	N/A	Medically underserved, geographically isolated (Coastside)	Members (5)	3	Focus group	05/27/15

Appendix D: 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 E: 2016 Health Needs Prioritization Scores: Breakdown by Criteria

KFH-Redwood City Prioritization

Health Need	Rank (1 = Highest Priority)	Overall Average Score	Average Scores of Prioritization Criteria Used by Group			
			Magnitude/Scale of Need	Disparities/Inequities Exist	Prev'n/Early Interv'n Opportunity	Community Priority
Alzheimer's disease & dementia	12	1.50	2.00	1.00	1.00	2.00
Behavioral health	1	3.00	3.00	3.00	3.00	3.00
Birth outcomes	11	1.50	1.00	2.00	2.00	1.00
Cancer	5	2.50	3.00	2.00	3.00	2.00
Cardiovascular disease	6	2.50	3.00	2.00	3.00	2.00
Climate change	13	1.25	1.00	1.00	1.00	2.00
Communicable diseases	7	2.25	2.00	2.00	3.00	2.00
Economic security	3	2.75	3.00	3.00	2.00	3.00
Healthcare access & delivery	4	2.75	2.00	3.00	3.00	3.00
Healthy eating, active living	2	3.00	3.00	3.00	3.00	3.00
Respiratory conditions	10	2.00	2.00	2.00	2.00	2.00
Transportation and traffic	8	2.25	3.00	2.00	1.00	3.00
Unintentional injuries	14	1.25	1.00	1.00	1.00	2.00
Violence and abuse	9	2.25	2.00	2.00	2.00	3.00

Definitions:

- A. **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- B. **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- C. **Prevention opportunity:** This indicates that the health outcome may be improved by providing prevention or early intervention strategies.
- D. **Community priority:** The community prioritizes the issue over other issues on which it has expressed concern during the CHNA primary data collection process. ASR rated this criterion based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.

Appendix F: CHNA Qualitative Data Collection 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 your community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.

Why we're here (put on flipchart page):

- Understand your perspective on healthcare access 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 (<i>show list on flipchart page</i>). a. Any needs to add? b. Please <u>think</u> about the three (including the added needs, if any) you believe are the most important to address – <u>the needs that are not being met very well right now</u> , 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 Care
First, we would like to get your perspective on how <u>access</u> 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 <u>care</u> ? (<i>Explain if needed: Where to find a clinic, how to make an appointment, etc.</i>) b) To what extent are clients aware of how to obtain health <u>insurance</u> ? c) What barriers to access still exist? (Focus on comparison pre- and post-ACA) i. Is the same proportion still medically uninsured/under-insured?

<ul style="list-style-type: none"> 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?
<p>3. Drivers/Barriers</p>
<ul style="list-style-type: none"> a) In your experience, in what ways is the <u>physical environment</u> 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>i.e., government</i>) policies affect the physical environment? What type of policy or physical environment changes would you recommend to promote health in the community?
<p>4. Impact of new technologies – 15 min.</p>
<p>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? <i>For example...</i></p> <ul style="list-style-type: none"> 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 your community, extending beyond patients.
- Ultimately, to invest in community health strategies that will lead to better health outcomes.

Why we're here (put on flipchart page):

- Understand your perspective on healthcare access 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 (<i>show list on flipchart page</i>). [Explain definition of "unmet" health needs] c. Any needs to add? d. Please <u>think</u> about the three (including the added needs, if any) you believe are the most important to address – <u>the needs that are not being met very well right now</u> , 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 <u>your health</u> ? (<i>Prompt: physical and mental/emotional health.</i>) 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 <u>priority</u> 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.*)

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

4. Access to Care – 10 min.

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

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

5. Technology — 10 min.

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

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

For each of these -- we'll take them one at a time -- let's go around and you can tell us how often you use technology to do them, on a scale of 1 –

5 with 1 being “never or almost never” and 5 being “always or almost always”? (*Tally results for each type of health service/activity.*)

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

Those who have, what have you used it for?

Concluding Remarks

- Thanks for your time and sharing your 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
- Distribute incentives

KEY INFORMANT INTERVIEW PROTOCOL

Introduction

What the project is about:

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

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

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

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

Preamble

Our questions relate to four topics:

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

Interview questions

1. Health needs
First, we would like to get your opinion on the top health needs among those you serve. a) Which health needs do you believe are the most important to address among those you serve/your constituency – the needs that are not being met very well right now, in your opinion, here in San Mateo County? b) Are there any specific groups that have greater health needs, or special health needs? (<i>Probe if needed: Immigrants, youth, seniors, African Americans, LGBTQ, etc.</i>)
2. Access to healthcare – post-ACA
Next, we would like to get your perspective on how <u>access</u> 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 <u>care</u> ? (<i>Explain if needed: Where to find a clinic, how to make an appointment, etc.</i>) b) To what extent are clients aware of how to obtain health <u>insurance</u> ?

- 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.

- 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.
- 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

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...

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

Concluding Remarks

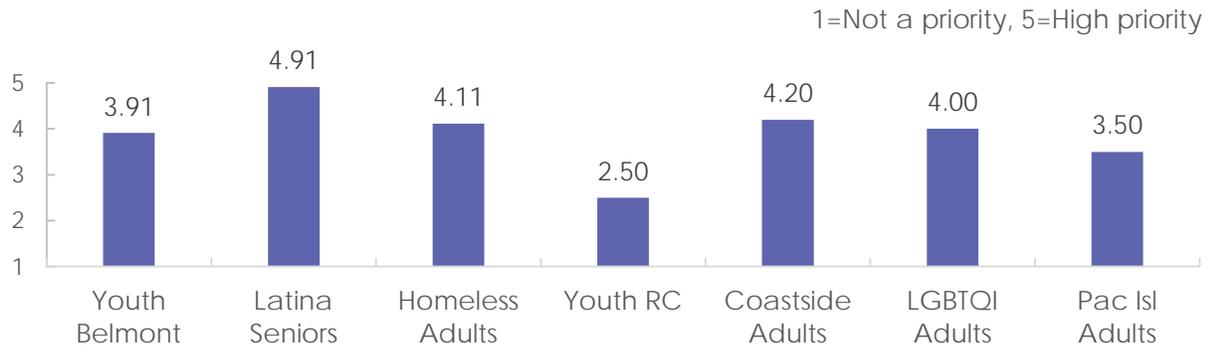
- Thanks for your time and sharing your perspective
- Confidential notes and summary of discussions to client
- Reminder about what will be done with the information
- Final The final Community Health Needs Assessment Report will be published in approximately March 2016 on all of the hospitals' websites

Appendix G: Further Qualitative Data

Views of Health as a Priority

To rate how much of a priority health was in their lives, focus group participants completed a quick survey question, with 1 being “not a priority” and 5 being a “high priority.” The overall mean across all groups was 4.02.

Average rating of health as a priority, San Mateo resident focus group participants



Source: San Mateo County CHNA Resident Focus Groups 2015. Total N=50. n=4-11 per group.¹⁵

Those who reported that health was a high priority explained that they have experienced both good health and poor health and understand the consequences of being unhealthy. Among those who said health was not a strong priority, some said they were not worried about health since they have not seen any negative outcomes from current lifestyles, did not see a need to lose weight, “did not feel worthy” of taking care of themselves, or did not feel they had the time to practice “self-care.”

Physical Environment

Overall, residents and key informant experts (herein, “experts”) in focus groups reported that San Mateo County provides a healthy and safe environment, and that the built environment is conducive to physical activity and a good sense of well-being. Specifically, most described good availability of leisure activities and low-cost/free physical activity resources, such as community centers. However, residents’ perceptions about the health of the environment varied depending on where they lived. For example, clean air was cited as a health asset by those who live near the coast, while residents of Redwood City and North Fair Oaks said they had less proximity to parks and that the housing was very dense.

Residents and experts also noted some of the negative impacts of the environment that cause stress (e.g., the lack of affordable housing and noise from neighbors, cars, and airplanes), things that cause injuries (e.g., unsafe streets and sidewalks for pedestrians and drivers due to traffic), things that lead to poor nutrition (e.g., the availability of fast food restaurants), and dense and overcrowded housing (which is known to expose people to pests and mold, which contribute to respiratory disease). Residents and experts also identified problems related to traffic, specifically the volume of people commuting to and within San Mateo County, which they indicated was driven by the county’s lack of affordable housing and inadequate public transportation. They also connected traffic problems to stress and respiratory issues (due to air pollution).

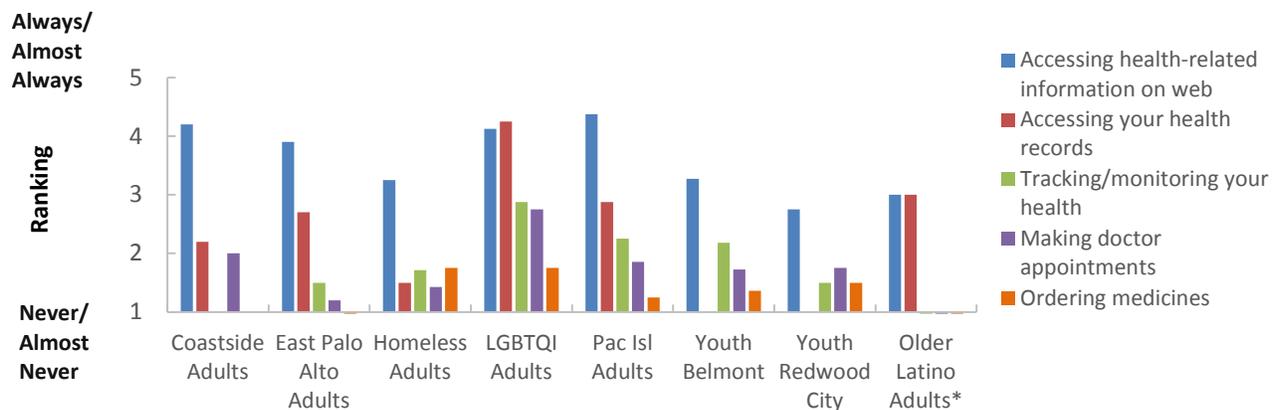
¹⁵ Health priority question was not discussed in East Palo Alto resident focus group due to lack of time.

Experts weighed in about policy changes that could improve the health in the community. They focused on affordable housing, better urban planning, and preservation of the natural environment. For example, affordable housing was the most common topic related to desired policy changes (mentioned in 11 out of 29 key informant interviews and the professionals’ focus group). The built environment was the second most common topic and included traffic abatement, pedestrian and bicycle safety, access to grocery stores with fresh produce, and urban planning. Experts cited the natural environment as an asset and stressed the importance of continuing with existing policies that provide bike trails and open spaces.

Technology

In the focus group surveys, ASR asked participants to rate their use of technology for various health activities, using a scale where 1 was “never/almost never” and 5 was “always/almost always.” The overall mean across all groups was 2.19, indicating they did not use technology often to meet their health needs.

Average Frequency of Using Technology for Health Activities, San Mateo Resident Focus Group Participants



Source: San Mateo County CHNA Focus Groups 2015. N=49, n=4-11 per group. *Two of 11 older Latino adults did not specify how often they used technology for these activities, only that they did so in general. Each column in the chart for the Older Latino Adults group only represents one person; frequency of use was not ascertained. No other participants in that group had ever used the Internet.

Overall, participants used technology including the Internet and smart phones, but did not use technology frequently for health-related activities other than accessing health-related information on the web (mean score of 3.70), followed by accessing health records (2.22), tracking/monitoring individual health (1.86), making doctor appointments (1.82), and ordering medicines (1.36). There were few differences among groups, but the LGBTQI group used technology for health activities more frequently than other groups in every category. It is worth noting that this group was diverse in age, ranging from their twenties to their fifties.

Healthcare Access

ASR asked this question with a variety of prompts, including awareness about health insurance and healthcare access, perceptions of whether more or fewer residents were now insured, costs and affordability of healthcare, sufficiency of healthcare benefits, and the use of primary versus emergency care.

Awareness about how to obtain health insurance and healthcare. The majority of residents said they are aware of how to access health insurance and healthcare, but some do not have the health systems literacy they need to navigate the system and make choices. Populations that providers reported may be less aware or have more difficulty accessing insurance are undocumented immigrants, those who do not speak English, and those with limited/no literacy. Populations who may be less aware

or have more difficulty accessing care are those with emergency Medi-Cal only and those who do not understand that care is available to them via community health clinics.

Enrollment in insurance. Experts reported that there had been an increase in the number of insured since the Affordable Care Act (ACA) was instituted in San Mateo County, and that the biggest increase has been in Medi-Cal enrollment, credited to the outreach conducted by hospitals, county, and nonprofits. The San Mateo County Health System reported that as of March 1, 2016 (based on 2014 census data), an estimated 62,000 county residents had enrolled in health insurance coverage, made possible through the ACA. This includes 28,000 enrolled in a plan offered through Covered California and 34,000 enrolled in the segment of Medi-Cal that expanded. An estimate of 50,000 adults remain uninsured in San Mateo County, approximating an uninsurance rate of 7%. **Error! Bookmark not defined.** Most resident focus group participants said they had continuous insurance coverage; seniors in particular said they had Medicare before ACA.

Difficulties affording insurance and care. Residents and experts said that ACA had not helped alleviate affordability of health insurance and healthcare for some residents; those who could not afford it before ACA still could not afford it. Residents and experts alike also reported that insurance costs have increased, even for employer-sponsored plans. Covered California (CoveredCA) mostly benefits working adults (legal residents) who did not have employer-sponsored insurance before ACA. Key informants indicated that healthcare insurance is still unaffordable for many families with children and many working adults under age 65. The cost of copays and prescriptions is still a barrier for many.

Insurance benefits or “coverage.” There were mixed responses about benefits, in that some residents said their coverage is better now while others said it was worse. Those who said it was worse reported that services that used to be covered are no longer covered (such as lab work). Residents and experts said that coverage for mental health services is still insufficient, including residential treatment and individual counseling — especially for those outside of the County Health Plan and Medi-Cal. Also, dental insurance (including Denti-Cal) still does not cover many needed services, and providers indicated that relatively few people have dental coverage.

Prevention, primary and emergency care. Experts reported that more insured people are accessing prevention services, including primary care physicians. Experts who serve Medi-Cal patients and San Mateo County “ACE” patients (participants in the Health Plan of San Mateo County’s “Access and Care for Everyone” Program) in community clinics reported that most of their patients are seeking preventative care through the clinics. Experts, however, said that some community members are unaware that they can get preventative care at the clinics, and therefore wait for conditions to become severe before they seek treatment. Some of the patients at community clinics are those who are attempting to enroll or waiting for information from Covered California, which many reported has lengthy wait times.

There were mixed responses from experts to the question about whether people are using the emergency department (ED) as primary care to the same degree as they did prior to ACA. Some experts said that fewer people are using the ED because they now have access to primary and preventative care, while others said residents have continued or increased their use of the ED because of long appointment wait times. Also, it is thought that many are still using the ED for primary care and urgent care because they are used to it and/or do not know how to utilize insurance benefits (a health systems literacy issue).

Appendix H: Community Assets and Resources

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

Alzheimer's disease and dementia

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

- Senior Day Care activities in a variety of locations through its annual grants programs

Mills-Peninsula Health Services

- Offers an Alzheimer's Day Care Resource Center, caregiver education, and a counseling and support group
- Provides Alzheimer's support groups at the Magnolia Center and at Mills Hospital
- Supports Alzheimer's Association of Northern California and Northern Nevada

Peninsula Healthcare District

- Facilitate Healthy Living Workshops
- Fund Adult Day Services at Catholic Charities
- Fund Adult Day Health at Senior Focus
- Fund Let's Live Well Program at Edgewood Center for Families
- Fund Healthy Eating Active Living Program at Community Gatepath
- Fund Seniors at Home Program at Jewish Family and Children's Services
- Fund Senior Brown Bag Program at Second Harvest Food Bank
- Fund Meals on Wheels Program at Peninsula Volunteers
- Fund Caregiver Support Program and expansion of Assisted Living Services at Kimochi
- Fund Mission Hospice House in San Mateo
- Fund In-Patient Care Support Program at Pathways Hospice and Homecare
- Fund Ombudsman of San Mateo County

Sequoia Healthcare District

- Fund Ombudsman services
- Fund Adult Day Care
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness

Sequoia Hospital

- Community lectures and collaboration with Alzheimer's Association, San Carlos Adult Day Center (Catholic Charities), Rosener House (Peninsula Volunteers, Inc.) and Family Caregiver Alliance

Stanford Health Care

- Stanford's Senior Care Clinic
- Stanford's Aging Adult Services
- The Stanford Center for Memory Disorders
- Neuropsychology Clinic
- Alzheimer's Disease clinical trials
- Access to free medical library/librarians for research/information

San Mateo County Community Partner Investments/Assets

- Alzheimer's Association of Northern California and Northern Nevada
- Local Adult Day Care Centers
- Senior Coastsiders
- South San Francisco Senior Health Day

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

- 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 Coastsid

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

Stanford Health Care

- Psychiatry and Behavioral Sciences – inpatient and outpatient clinics

San Mateo County Community Partner Investments/Assets

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

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

Cancer

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

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

Lucile Packard Children's Hospital Stanford

- Indirectly through access to care initiatives

Mills-Peninsula Health Services

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

Peninsula Health Care District

- Fund Gabriella Pastor Program at Breast Cancer Connections

Sequoia Hospital

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

Seton Medical Center/Seton Coastside

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

Stanford Health Care

- Health Initiative - Reduced Cancer Health Disparities: financial support for CBOs that serve ethnic communities for cancer education, support, services, etc.

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

San Mateo County Community Partner Investments/Assets

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

Cardiovascular disease

San Mateo County Hospitals' Investments/Assets

Kaiser Permanente San Mateo Service Area

- Both KP R.W.C. and KP S.S.F. have achieved American Heart Association and American Stroke Association "Gold Plus" standards of performance achievement
- KP has shared the protocol procedures for its PHASE program (Prevent Heart Attack and Stroke Everyday)
 - These protocols are being practiced in the County Health System's Hospital, Clinics and Ravenswood Family Health Center. (Financial assistance was provided for implementation).
- KP financially supports Pacific Stroke Association as well as provides clinical guidance and advice through physician involvement

Mills-Peninsula Health Services

- Provides annual heart health screenings through the African American Community Health Advisory Committee and in collaboration with local churches
- Bi-monthly cholesterol screenings and monthly blood pressure screenings are offered through the Senior Focus program
- Hosts Aphasia and Heart Partners support groups
- Monthly blood pressure screenings and education at the following 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

Peninsula Healthcare District

- Major supporter of Peninsula Heart Safe Program at Via Heart Project

Sequoia Healthcare District

- Manage HeartSafe Program/ places AED's
- Offers free CPR classes
- High School heart screenings
- Fund Meals on Wheels
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness

Sequoia Hospital

- Congestive Heart Failure Classes
- Stroke Center

- Monthly Community Screenings for Blood Pressure:
 - Fair Oaks Adult Activity Center
 - (Redwood City)
 - Little House– The Roslyn G. Morris Activity Center (Menlo Park)
 - San Carlos Adult Community Center
 - Twin Pines Senior and Community Center (Belmont)
 - Veterans Memorial Senior Center (Redwood City)
 - Adaptive Physical Education Center (Redwood City)
 - (Redwood City)
- Individual Cardiovascular counseling
- Cardiac Rehabilitation

Seton Medical Center/Seton Coastside

- Heart Healthy Exercise: Ongoing exercise and education programs for people with high blood pressure, high cholesterol, diabetes as well as those who are obese or sedentary (\$8 session)
- Cardiac Rehabilitation
- “Walk About” - Twice weekly walking and fitness program, and once a month “TalkAbout” , Blood pressure screening and health education presentation, which are all free
- Health Benefits Resource Center: Cal Fresh Enrollment
- Cardiac Support Group
- Health education and nutrition information provided through presentations at community centers and community programs
- Low cost cholesterol and diabetes screenings
- Health education and nutrition information provided at health focused community events and fairs

Stanford Health Care

- Improving access to care initiative (financial support for free & community-based clinics)
- Stroke education and support groups
- Comprehensive Stroke Center
- Chronic disease, self-management workshops for older adults
- Access to free, medical librarian for research/information on stroke, CVD, etc.
- Stroke Rehabilitation Program
- Heart Failure & Cardiomyopathy Clinic
- Valvular Heart Disease Clinic
- Women’s Heart Health Clinic
- Heart Surgery Clinic
- Heart Transplant Program
- Cardiac Rehabilitation
- Heart Transplant Program
- Stanford South Asian Translational Heart Initiative
- Adult Congenital Heart Program

San Mateo County Community Partner Investments/Assets

- American Heart Association
- Get Healthy San Mateo County
- Pacific Stroke Association

Climate change

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

- Indirectly through Advocacy Initiative

Communicable diseases

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

- Partners with Stanford University to fund Office of Emergency Management
- 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)
- Packard Children's Health Initiative to improve the social and emotional health of youth
 - Community Health Education Program:
 - To address drivers of substance abuse, including lack of coping skills and mental health issues.
 - Topics are determined through community needs identified by our community partners or hospital staff
 - Mobile Adolescent Health Program -Teen Van delivers services to homeless youth throughout the Bay Area
 - Partnership with Peer Health Exchange - funding to provide health education (including sexual health) to high school aged students
 - Indirectly through access to care initiatives

Mills-Peninsula Health Services

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

Peninsula Healthcare District

- Fund Preventative Health Program at Planned Parenthood Mar Monte

Sequoia Healthcare District

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

Sequoia Hospital

- Vaccination clinics

Seton Medical Center/Seton Coastside

- Vaccination Clinics

Stanford Health Care

- Infectious Disease Clinic
- 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/information

San Mateo County Community Partner Investments/Assets

- Health Connected
- San Mateo County Hepatitis B Initiative

Economic security

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford

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

Mills-Peninsula Health Services

- Provides Health Insurance counseling
- 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

Healthy eating, active living

San Mateo County Hospitals' Investments/Assets

Lucile Packard Children's Hospital Stanford (see pediatric diabetes)

- Healthy Hospital Advocacy
- Indirectly through out prevention of pediatric obesity health initiative

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

Mills-Peninsula Health Services

- Quarterly nutrition education presentations and 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 (only provides monthly blood glucose screenings and counseling)
- Hosts a Weight Loss for Bariatric Surgery support group
- Supports St. James Community Foundation
- Supports The Heal Project
- 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
- Hosts a diabetes support group

Peninsula Healthcare District

- Fund Nutrition and Physical Fitness Program at Mid-Peninsula Boys and Girls Club
- Fund Healthy Schools Initiative; Support for PE Teachers and Nutritionist
- Fund Re-Think your Drink Campaign

Sequoia Healthcare District

- Funds various fitness, diet and nutrition programs including:
 - Adaptive P.E.

- Peninsula Family Services Fitness/Nutrition Program
- Enhance Fitness with YMCA
- Living Healthy Workshops
- Fund Meals on Wheels
- Fund 70 Strong
- Fund Edgewood Healthy Kin
- Fund PFS Sr. Peers and Senior Fitness
- Fund Food pharmacy for diabetes patients with Samaritan House
- Offers Living Healthy workshops

Sequoia Hospital

- Diabetes Treatment Center and Health & Wellness Center
- Community lectures and workshops
- Glucose Screening Clinics
- Health & Wellness Center
- Senior and Community Centers
- Support Group/Individual counseling
- Free meter instruction clinic at Samaritan House Free Clinic RWC
- Bilingual “LIVE WELL with DIABETES” Classes

Seton Medical Center/Seton Coastside

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

Stanford Health Care

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

San Mateo County Community Partner Investments/Assets

- American Heart Association
- Boys and Girls Clubs
- Get Healthy San Mateo County

- Heal Project: Health Environment Agriculture Learning
- Local Parks and Recreation Departments
- Over Eaters Anonymous
- Police Athletic League
- San Mateo County Streets Alive! Parks Alive!
- Sheriff's Activity League
- St. James Community Foundation
- The Heal Project

Healthcare access and 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)
- Provides grant support to Sonrisas Community Dental Center, Half Moon Bay

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
- 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

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

- Second Careers Employment Program
- Peninsula Family Services
- Puente de la Costa Sur
- Home & Home
- San Mateo Medical Association Community Service Foundation
- The Latino Commission
- Community Gatepath
- Ravenswood Dental Program
- Provides grant support to Sonrisas Community Dental Center

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
- 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 -

- 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
- San Mateo County Oral Health Coalition

Sequoia Hospital

- Samaritan House Free Clinic Redwood City:
 - Provides mammography, lab, radiology and other out-patient services
- Enrollment Assistance for government funded program
- Free Taxi Vouchers for Sequoia discharged patients and out-patients who lack financial and transportation resources
- Serve on San Mateo County Paratransit Coordinating Council to provide oversight of Redi-wheels program
- Health Professionals Education:
 - Student training in Nursing; Paramedics; Clinical Chaplaincy; Pharmacy; Physical Therapy; Physician Assistants; Radiation Oncology; Radiology; Respiratory Therapy; Palliative Care

- Financial Assistance (Charity Care): free or discounted health care provided to persons who cannot afford to pay and who meet criteria for Dignity Health Patient Financial Assistance Policy
- Un-reimbursed costs of public health programs for low-income persons, such as Medi-Cal and Medicare
- Sequoia pays on-call physicians to serve indigent patients in the Emergency Department

Seton Medical Center/Seton Coastside

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

Stanford Health Care Health Initiative - Improve Access to Care

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

San Mateo County Community Partner Investments/Assets

- Bay Area Red Cross
- Belle Haven Clinic
- Chambers of Commerce

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

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 and 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

Unintentional injuries

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

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

Appendix I: Health Needs Profiles

- Alzheimer's disease and dementia
- Behavioral health
- Birth outcomes
- Cancer
- Cardiovascular diseases
- Climate change
- Communicable diseases
- Economic security
- Healthcare access & delivery
- Healthy eating, active living
- Respiratory conditions
- Transportation and traffic
- Unintentional injuries
- Violence and abuse



Profile of KFH-Redwood City Service Area Health Needs

ALZHEIMER'S DISEASE

How Do We Know There Is a Problem?

The mortality rate for Alzheimer's disease in the county has been climbing in recent years and it is higher than the state's overall rate. It was responsible for 301 deaths in the county in 2013, up from 269 deaths in 2010 (CA DPH Table 5-10, 2013).

"Old age" diseases like Alzheimer's are likely to be a growing problem in the county due to demographic changes. The median age of the population in San Mateo county (39.0 years) is older than that of the state (34.9 years) (SMC CNA Executive Summary 2013: 29). Likewise, San Mateo County's population of older adults (age 60+) is expected to double between the years 2000 and 2040 (SMC CNA 2013: 256).

**DEATHS DUE TO
ALZHEIMER'S RISING**

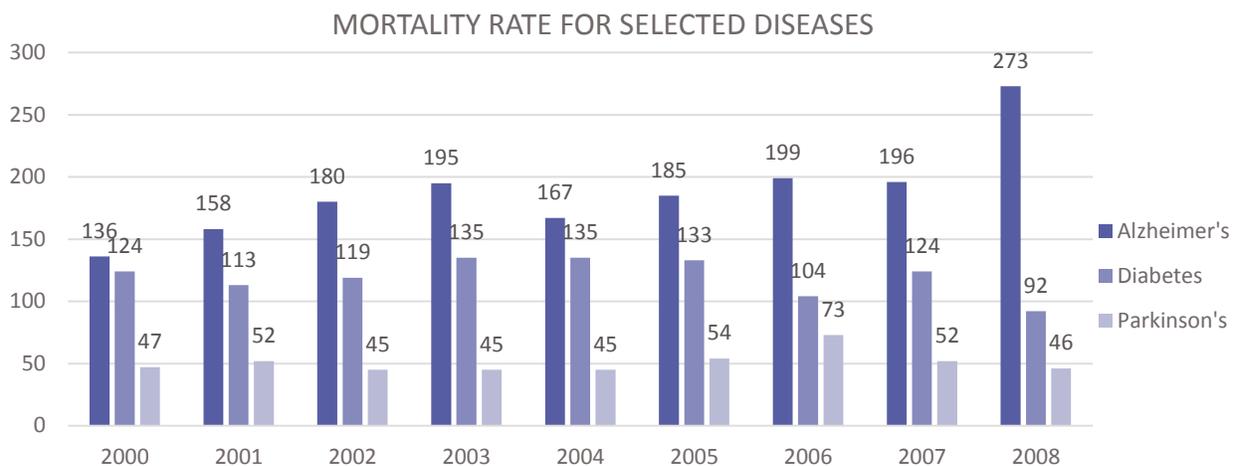
In 2012, Alzheimer's disease was the third leading cause of death in the county.

ALZHEIMER'S DISEASE MORTALITY

Indicator	San Mateo County	State
Cause of death due to Alzheimer's	#3 cause	#5 cause
Alzheimer's mortality rate (per 100,000)	29.7	28.2

Sources: CA DPH Table 5-10, 2013; Senior Health in San Mateo County – Current Status and Future Trends 2012 :39

The mortality rate for Alzheimer's has been growing, while the mortality rate for other "old age" diseases is shrinking (see chart below).



Source: Senior Health in San Mateo County – Current Status and Future Trends 2012

Who is Most Affected?

Increases in the older adult population are expected to be especially large among the **Latino** and **Asian** populations in the county (SMC CNA 2013: 256).

What Does the Community Say?

- Two key informants and two focus groups identified dementia and/or Alzheimer's disease as an unmet need in the county.
- One key informant expressed specific concern about alcohol abuse-related dementia.



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BEHAVIORAL HEALTH

How Do We Know There Is a Problem?

There are some indications that mental health and substance use problems are worsening in the county. The percentage of surveyed adults self-reporting a history of mental or emotional problems has been rising over time, from 5% in 1998 to 8% in 2013 (SMC CNA 2013: 349); similarly, the percentage of adults reporting they had sought help for a mental or emotional problem was the highest of all years surveyed, 29% (SMC CNA 2013: 353). Behavioral health problems are particularly acute in certain populations, including those that are less educated and lower income, and among certain ethnicities and age groups.

3 IN 10 ADULTS SEEK MENTAL HEALTH HELP

The percentage seeking help for a mental or emotional health problem was highest in 2013 than in all other years surveyed.

- About 7% of surveyed adults reported a daily experience of high stress (SMC CNA 2013: 350).
- Surveyed adults report feeling worried, tense, or anxious about 12% of the time (an average of 3.7 days in the preceding month) (SMC CNA 2013: 351).
- 24% of surveyed adults reported experiencing symptoms of depression lasting two years or more (SMC CNA 2013: 350).
- 31% of San Mateo County middle school and high school students reported having depressive symptoms (which is similar to the state) (CHKS 2011-13).
- Of all surveyed adults, 12% feel “not at all connected” to their community, and this percentage rose over the survey period from 2001 to 2013 (SMC CNA 2013: 91).
- There has been a decrease in the perceived importance of spirituality among surveyed adults from 2001 to 2013 (SMC CNA 2013: 146) and a smaller proportion had a priest, minister, rabbi, or other person for spiritual support in 2013 (51%) than in 2001 (62%) (SMC CNA 2013: 147).
- Among surveyed adults, difficulty with feeling satisfied with one’s life and with relationships to family members has been rising, i.e., getting worse, between 2001 (40% and 29%, respectively) and 2013 (46% and 34%, respectively) (SMC CNA 2013: 146).
- Chronic liver disease/cirrhosis, a complication from alcoholism, was the ninth leading cause of death (accounting for 80 deaths) in 2013 (CA DPH Table 5-10, 2013).

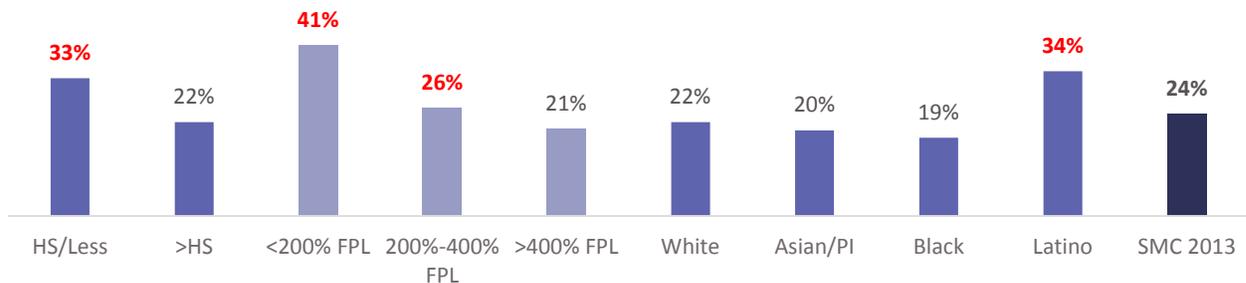
- Approximately 44% of surveyed adults indicated they would not know where to access treatment for drug-related problems if needed on behalf of themselves or others; this proportion rose significantly between 1998 and 2013 (SMC CNA 2013: 346-7).
- Self-reported excessive consumption of alcohol by adults is higher in the **KFH-Redwood City service area** (20.7%) than it is in the state (17.2%) (CDC BRFSS 2006-12).
- Alcohol expenditures (as a percentage of total household expenditures) are higher in the **KFH-Redwood City service area** (15.2%) than in the state (12.9%) (Nielsen SiteReports 2014).
- However, the trends on some behavioral health indicators were positive.
 - ➔ Suicide was the tenth leading cause of death (54 in 2013) down from #9 in 2010 (70 suicides) (CA DPH Table 5-10, 2013).
 - ➔ The percentage of adults self-reporting a need for mental health care in 2013-14 was lower for the county than the state (11.2% vs. 15.9%) (CHIS 2013-14).
 - ➔ The percentage of surveyed adults who are current drinkers has been decreasing, from 67% in 1998 to 59% in 2013 (SMC CNA 2013: 340).
 - ➔ Substance abuse-related hospitalizations in the county peaked in 2001-2005, but have been declining since; this was mainly driven by a sharp reduction in rates for Blacks, from 165 per 10,000 in the population in the mid-1990s to 108 in the late 2000s (SMC CNA 2013: 344).
 - ➔ Difficulty with being able to feel close to others and with controlling anger/violence has been dropping, i.e., getting better, between 2001 and 2013 (27% and 26%, respectively) (SMC CNA 2013: 146).

Who is Most Affected?

- **Blacks**
 - ➔ Reported daily experience of high stress most often (10% versus 7% in the county overall) (SMC CNA 2013: 350).
 - ➔ Reported a greater amount of time in the past month that they felt worried, tense, or anxious (4.2 days versus 3.7 days for the county overall) (SMC CNA 2013:351)
 - ➔ In the **KFH-Redwood City service area** disproportionately reported needing mental health care (32.2% versus 11.2% in the service area overall) (CHIS 2013-14)
- **Latinos**
 - ➔ Reported a greater amount of time in the past month that they felt worried, tense, or anxious (5.1 days versus 3.7 days for the county overall) (SMC CAN 2013:351)
 - ➔ Were more likely to have experienced depression lasting at least two years (see chart on next page).

- ➔ Have seen a rise in substance abuse hospitalization rates between the mid-1990s and the late 2000s (from 55 per 10,000 in the population to 81) (SMC CNA 2013: 344).

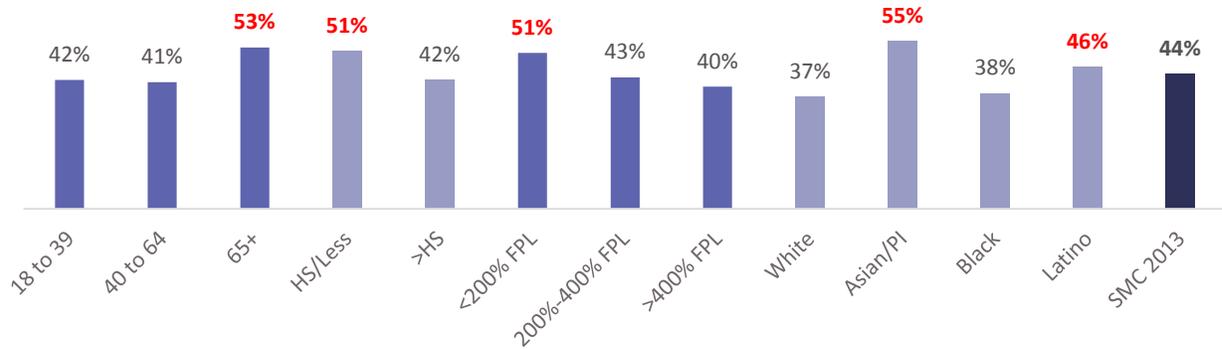
PERCENT WHO EXPERIENCED SYMPTOMS OF DEPRESSION
LASTING 2 YEARS OR MORE, SAN MATEO COUNTY



Source: SMC CNA 2013

- **Low income** residents (with incomes at/less than 200% of federal poverty level)
 - ➔ Reported a greater amount of time in the past month that they felt worried, tense, or anxious (5.0 days versus 3.7 days for the county overall) (SMC CNA 2013:351)
 - ➔ Were more likely to have experienced depression lasting at least two years (see chart above).
 - ➔ Were less likely to know where to access drug treatment (see chart on next page).
- **Less educated** residents (high school or less)
 - ➔ Were more likely to have experienced depression lasting at least two years (see chart above).
 - ➔ Were less likely to know where to access drug treatment (see chart on next page).
- **Whites**
 - ➔ Have a higher suicide rate. In the 2010-12 period, suicide among Whites in the county was 11.6 per 100,000, which is higher than county overall (8.3) and the Healthy People 2020 target of 10.2 (CDPH Death Public Use Data, 2010-2012).
 - ➔ Have seen a rise in substance abuse hospitalization rates between the mid-1990s and the late 2000s (from 94 per 10,000 in the population to 112) (SMC CNA 2013: 344).

PERCENT WHO WOULD NOT KNOW WHERE TO ACCESS TREATMENT FOR DRUG-RELATED PROBLEMS IF NEEDED, SAN MATEO COUNTY



Source: SMC CNA 2013

- **Asian/Pacific Islanders** were less likely to know where to access drug treatment (see chart above).
- **Young adult males** (ages 18-24) have experienced an increase in binge drinking of alcohol in the county, from 24% in 1998 to 39% in 2013 (SMC CNA 2013: 342).
- **Middle-aged adults** reported a greater amount of time in the past month that they felt worried, tense, or anxious (4.0 days versus 3.7 days for all county residents surveyed) (SMC CNA 2013:351).
- **Older adults** were less likely to know where to access drug treatment (see chart above).
- **Women** reported a greater amount of time in the past month that they felt worried, tense, or anxious (4.3 days versus 3.7 days for all county residents surveyed) (SMC CNA 2013:351).

What Does the Community Say?

- Several key informants noted that although more people might be insured now than in the past, most insurance (except for Medi-Cal) still does not cover mental health and/or substance abuse treatment, and there are not enough providers to address the need.
- Several key informants noted that the level of stigma associated with behavioral health issues may make it harder for individuals with such issues to seek and obtain help, and that these individuals are often discriminated against in their communities and in health care settings. While this stigma can be experienced by anyone, one key informant felt it was particularly problematic for those from certain racial or ethnic backgrounds (e.g., Latinos, Filipinos).
- Residents and key informants expressed concern over substance abuse, noting that those waiting for care or unable to access care may turn to substance use as another way to medicate.

- Community concerns about behavioral health covered all ages, from teen substance abuse and suicide, to PTSD, alcoholism, and other serious behavioral health conditions among adults and older adults. One key informant expressed frustration over needing to hospitalize actively suicidal teens since there are no other treatment resources, while another mentioned certain dementias affecting older adults are related to alcohol abuse.
- One key informant said food insecurity increases the likelihood of mental health issues by 14%.
- Another informant mentioned that adult clients with long histories of alcohol and substance use often have severe dental problems and other physical conditions as a result.
- Yet another noted sexual trafficking victims are particularly vulnerable to mental health issues.
- As stated by a County Health Officer, “A large portion of our inmate population is mentally ill, substance abusers, or both. Both of these conditions are now known to be diseases of the brain. We have chosen, as a matter of ingrained public policy, to incarcerate as ‘treatment’ for these conditions instead of employing evidence-based mental health and substance use treatments. This public policy will ultimately fail.”
- Many community members mentioned concerns about care/services for those with “lower-level,” “simpler” mental health issues not being covered by insurance, e.g., stress, worry, sub-clinical anxiety, grief, family conflict, academic pressure, adjustment issues, etc.
- Community members also felt there were too few counselors to handle these well-being related issues, especially school-based counselors; a key informant noted there were long wait times for the therapists who are available.
- The community identified a variety of factors that cause stress and thus have a negative impact on well-being, including lack of affordable housing (which can result in homelessness or overcrowded living conditions [frequently mentioned], both of which are stressful), lack of green spaces, commuting long distances, dealing with traffic and parking, experiencing food insecurity, being unemployed or under-employed (anxiety over money) or having multiple jobs (feeling too busy), living in an unsafe neighborhood, facing family conflict up to and including domestic violence, having undocumented status (fear/anxiety around deportation), experiencing economic disparities, and being the subject of racism, sexism, or gender inequality.
- Residents in concentrated urban areas expressed feeling stress and anxiety around sirens, loud vehicles backfiring, loud music, and the sound of gunshots, some of which was related back to PTSD or more general fears around neighborhood safety.
- Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex participants mentioned issues affecting well-being such as anxiety around neighborhood safety, familial stress, experiencing micro-aggression, anxiety and depression around lack of public gender-neutral restrooms, having providers who are not educated about or sensitive to their issues, and lack of support/resources in rural areas (especially for youth).

- Key informants described social isolation and loneliness experienced by older homebound adults, especially those without family nearby who can care for them; by the undocumented, who fear going out in public and who may also experience linguistic isolation; by victims of sexual trafficking, who are moved frequently and so cannot sustain community connections; by rural and suburban individuals who use cars to get everywhere and are thus socially isolated; by those who rely mainly on technology for connection, failing to have meaningful face-to-face contact; and by parents, who feel isolated, alone, and depressed (including but not limited to maternal depression).



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Profile of KHF-Redwood City Service Area Health Needs

BIRTH OUTCOMES

How Do We Know There Is a Problem?

Data indicate that birth outcomes are generally good in the county overall, but there are disparities in infant mortality, low birthweight, and breastfeeding outcomes based on ethnicity and geographic area.

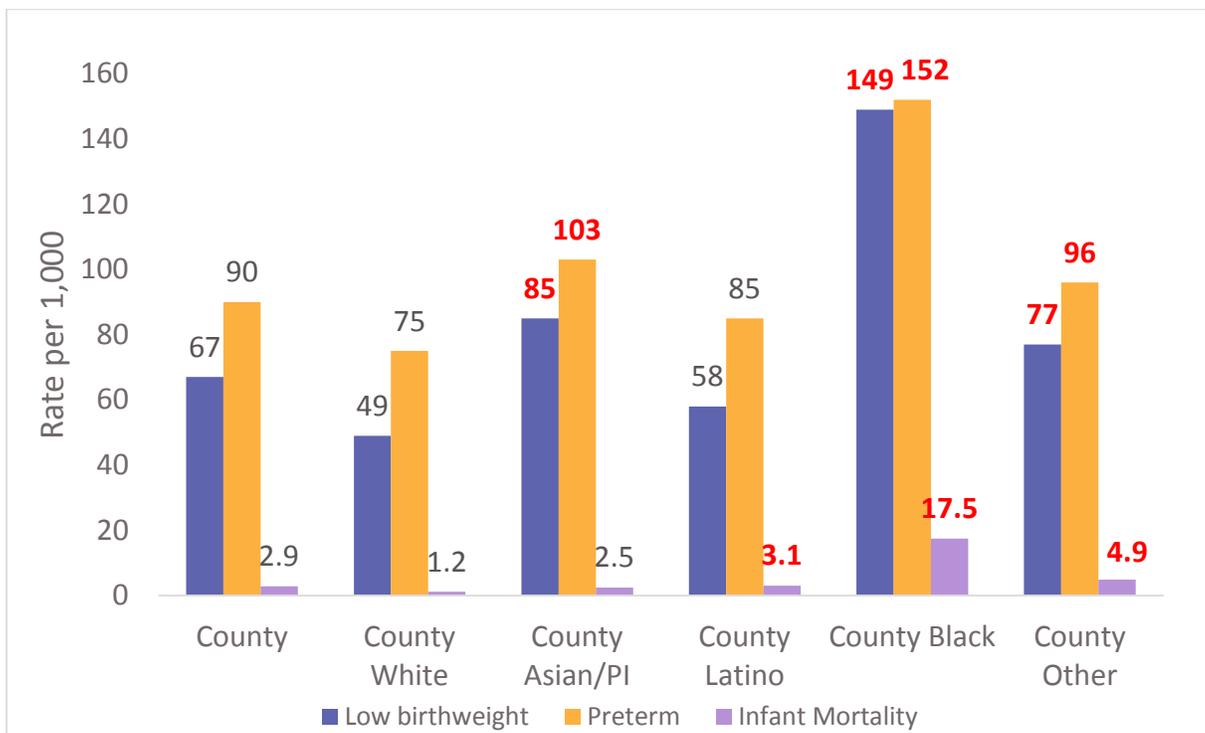
Low birthweight is the main predictor of infant mortality (CDC). Risks for preterm births are likely increased by high blood pressure, diabetes, overweight, and stressful life events (Mayo Clinic).

- Overall, **KFH-Redwood City service area** infants fare better or the same as infants in the state overall, including measures of low birthweight, preterm births, infant mortality, and the percentages of mothers who breastfeed their children at any time after birth.
- As shown in the chart below, ethnic disparities are seen in birth outcome measures.

POORER OUTCOMES FOR BLACK INFANTS

Babies born to Black mothers are most likely to be born low birthweight and to die in infancy.

SAN MATEO COUNTY BIRTH OUTCOMES RATES PER 1,000 BIRTHS, BY ETHNICITY, 2011



Source: CDPH. 2011. Birth Cohort Files.

Who is Most Affected?

- About 12% of **Black infants** in the county are born at low birthweight, which fails to meet the 7.8% Healthy People 2020 (HP2020) target, and their infant mortality rate is almost three times as high as the HP2020 target of 6.0 (see chart on previous page).
- **Asian/Pacific Islander babies** in the county are more likely to be born low birthweight (8.5% versus 7.8% of all county babies) (CDPH Birth Profiles 2011).
- **Black mothers** in the **KFH-Redwood City service area** are less likely to breastfeed their children during their post-partum hospital stay than Californian mothers and compared to mothers of other ethnicities in the service area (CDPH Breastfeeding Statistics 2012).

What Does the Community Say?

Youth mentioned concerns about the frequency of teen pregnancy and teen parenting. However, the rate of births to teen mothers in San Mateo County (4.12 per 1,000 teen females) are actually much better (i.e., lower) than that of the state (8.46) (CDPH Birth Profiles by Zip Code 2011). Likewise, rates are also lower than the state in the **KFH-Redwood City service area** (3.95).



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Profile of KFH-Redwood City Service Area Health Needs CANCER

How Do We Know There Is a Problem?

Cancer is the second leading cause of death in San Mateo County. Although the incidence rates for most cancers are lower than the state and Healthy People 2020 targets, the incidence rate of colorectal cancer and the mortality rate of female breast cancer in the county are higher than the objectives. There are also ethnic disparities in incidence rates for nearly all cancer types.

CANCER SECOND LEADING CAUSE OF DEATH

One-quarter of deaths in San Mateo County were due to cancer in 2013.

CANCER INCIDENCE AND MORTALITY RATES

Rates (per 100,000 population)	KFH-Redwood City	State or Healthy People 2020
Overall cancer mortality rate	140.5	161.4 (HP2020)
Female breast cancer incidence	135.1	122.4 (state)
Cervical cancer incidence	6.1	7.8 (state)
Colorectal cancer incidence	42.2	39.9 (HP2020)
Lung cancer incidence	47.2	49.5 (state)
Prostate cancer incidence	152.2	136.4 (state)

Source: CDPH Death Public Use Data 2010-12; NIH State Cancer Profiles 2007-11.

Additional Data:

- Cancer was the second leading cause of death in San Mateo County in 2013 (1,139 or 25% of deaths) (CA DPH Table 5-10, 2013)
- San Mateo County breast cancer mortality rate is 21.1 per 100,000, slightly higher than the Healthy People 2020 target of 20.7. (KFH service area data are not available.)

Who is Most Affected?

Blacks and Whites in the KFH-Redwood City service area were most affected by cancer. The following chart displays cancer incidence and mortality rates which fail a state benchmark or Healthy People 2020 target.

CANCER INCIDENCE FOR BLACKS AND WHITES

Rate (per 100,000 population)	KFH-Redwood City Blacks	KFH-Redwood City Whites	State or Healthy People 2020
Overall cancer mortality	205.3	159.02	160.6 (HP2020)
Cervical cancer incidence	7.1	7.5	7.1 (HP2020)
Colorectal cancer incidence	52.6	43.2	38.7 (HP2020)
Lung cancer incidence	64.7	51.8	49.5 (state)
Prostate cancer incidence	215.2	152.9	136.4 (state)

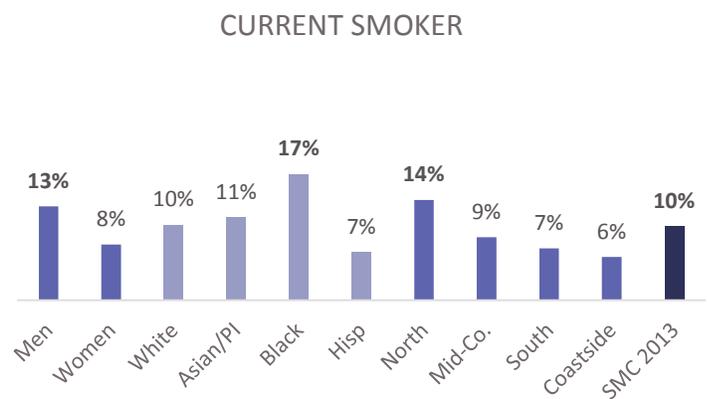
Source: CDPH Death Public Use Data 2010-12; NIH State Cancer Profiles 2007-11.

- **Hispanic/Latinos** have a higher cervical cancer incidence rate in the KFH-Redwood City service area (10.8 versus 6.1 for all) and their rate is higher than the HP 2020 target (7.1).
- **Native Hawaiians/Pacific Islanders** have a higher cancer mortality rate in the KFH-Redwood City service area (256.5 versus 140.5 in the service area overall) and their rate is higher than the HP2020 target (160.6) (CDPH Death Public Use Data 2010-12).

What Else Contributes to the Health Need?

Alcohol and tobacco use (both separately and together) have been associated with increased risk of certain cancers, including oral, pharyngeal, and esophageal cancers (Community Commons).

- In the KFH-Redwood City service area self-reported excessive consumption of alcohol by adults (20.7%) is higher than it is in the state (17.2%) (CDC BRFSS 2006-12), and alcohol expenditures (15.2% of total household expenditures) are higher than in the state (12.9%) (Nielsen SiteReports 2014).
- The HP2020 target for adult smoking, a driver of lung cancer, is 12%. This is surpassed by male, Black, and North County residents (SMC CNA 2013: 275).
- The county is among the top ten metropolitan areas with the highest short-term particle pollution (SMC CNA 2013: 160) which has also been also linked to lung cancer.



Source: San Mateo County Health Department. 2013. Healthy & Quality of



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Conclusion

Cancer is a health need in San Mateo County because it was the county's second leading cause of death in 2013. In addition, the county has rising breast cancer incidence rates, and rates of colorectal cancer incidence and breast cancer mortality that are higher than Healthy People 2020 targets. Breast, colorectal, and lung cancer all disproportionately affect Blacks in the county. In the Redwood City service area, Blacks also have a higher cancer mortality rate than the HP2020 target. The health need is likely being impacted by health behaviors such as rates of adult smoking that surpass the Healthy People 2020 target among various county populations, including men and low-income individuals. Alcohol consumption has also been associated with a higher risk of certain cancers, and the rates of binge drinking among adults is higher in the county than in the state. Community members were particularly concerned about smoking as a cause of cancer.



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Profile of KFH-Redwood City Service Area Health Needs

HEART DISEASE & STROKE

How Do We Know There Is a Problem?

Heart disease and stroke are two of the leading causes of death in San Mateo County. Together, heart diseases and cerebrovascular diseases were the cause of 30% of all deaths in the county (CDPH Death Statistics, Table 5-10, 2013). Cardiovascular risk factors, such as smoking, heavy drinking, obesity, and high blood pressure and cholesterol are also of concern among certain populations in the county.

HEART DISEASE
#1 CAUSE OF DEATH

Heart disease was the cause of 25% of deaths in San Mateo in 2013.

- Heart disease prevalence in the **KFH-Redwood City service area** overall (4.8%) is not as high as the state (6.3%) (CHIS 2011-12), but it was the leading cause of death in San Mateo County in 2013 (1,158 or 25% of deaths) (CDPH Death Statistics, Table 5-10, 2013).
- Cerebrovascular diseases (stroke) were the fourth leading cause of death in San Mateo County in 2013 (230 or 5% of deaths) (CDPH Death Statistics, Table 5-10, 2013).
- Although both are declining over time, the heart disease and cerebrovascular disease mortality rates in San Mateo County are still above the Healthy People 2020 targets (SMC CNA 2013: 286-287).
- The rate of mortality from ischemic heart disease is higher in the **KFH-Redwood City service area** than the Healthy People 2020 target rate (see table below).

HEART DISEASE AND STROKE MORTALITY

Mortality rates (per 100,000 population)	KFH-Redwood City Service Area	Healthy People 2020
Heart disease mortality	110.7	100.8
Stroke mortality	25.8	34.8

Source: CDPH Death Public Use Data 2010-12.

Who is Most Affected?

- **Non-Hispanic Whites**
 - ➔ Have a higher percentage of heart disease in the **KFH-Redwood City service area** (7.3%) than the state (6.3%) (CHIS 2011-12).
 - ➔ Have a higher rate of mortality from ischemic heart disease in the **KFH-Redwood City service area** (141.9 versus 110.7 of all service area residents) (CDPH Death Public Use Data 2010-12)

- **Blacks**

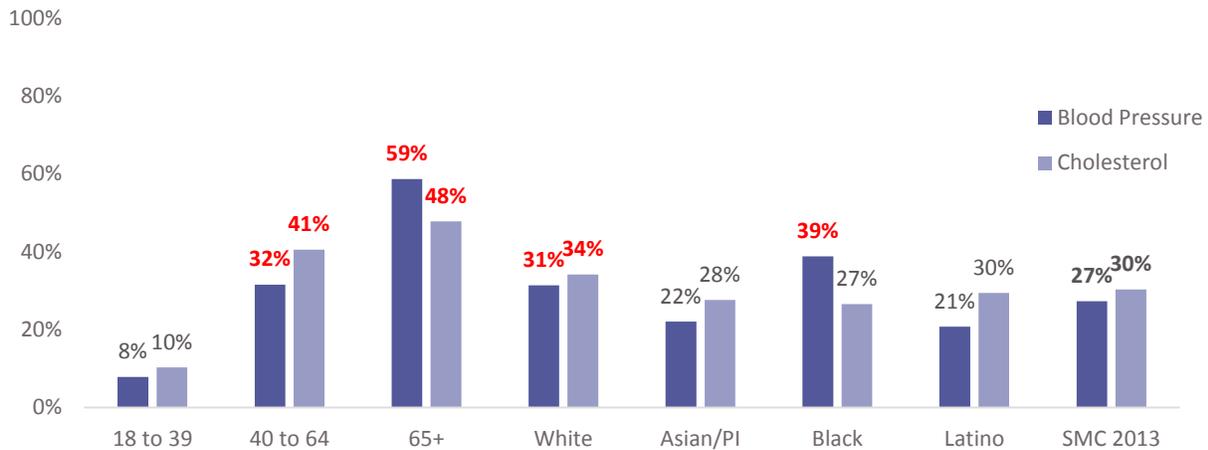
- ↳ Have higher mortality rates than other ethnic groups in the county for heart disease (191.2 versus 129.7 for all county residents) and cerebrovascular disease (56.4 versus 35.9 for all county residents) (SMC CNA 2013: 286-287).
- ↳ Have a higher rate of mortality from ischemic heart disease in **the KFH-Redwood City service area** (186.3 versus 110.7 for all service area residents) (CDPH Death Public Use Data 2010-12).
- ↳ Have a higher rate of mortality from stroke in **the KFH-Redwood City service area** (45.4 versus 25.8 for all service area residents) (CDPH Death Public Use Data 2010-12).

- **Native Hawaiians/Pacific Islanders and Native American/Alaskan Natives** have a higher rate of mortality from stroke in **the KFH-Redwood City service area** (48.8 and 34.6 respectively, versus 25.8 for all service area residents) (CDPH Death Public Use Data 2010-12).

What Else Contributes to the Health Need?

- Among surveyed adults in 2013, 85% exhibit one or more cardiovascular risk factors (smoking, no regular physical activity, high blood pressure, high cholesterol, being overweight); this percentage has not changed since 2001, but is significantly higher than in 1998 (when it was 80%) (SMC CNA 2013: 288).
- Heavy drinking is also linked to heart disease and stroke.
 - ↳ Overall, self-reported excessive consumption of alcohol by adults is higher in the **KFH-Redwood City service area** (20.7%) than it is in the state (17.2%) (CDC BRFSS 2006-12).
 - ↳ Alcohol expenditures (as a percentage of total household expenditures) are higher in the **KFH-Redwood City service area** (15.2%) than in the state (12.9%) (Nielsen SiteReports 2014).
- High blood pressure is a significant cardiovascular risk factor. Over time, we see rising percentages of surveyed adults who report having been told more than once that their blood pressure was high (18% in 1998 vs. 27% in 2013)
 - ↳ Groups that have disproportionately higher percentages of high blood pressure are older adults and African Americans (see chart on next page).
- Similarly, there are rising percentages of surveyed adults who report having been told more than once that their blood cholesterol was high (18% in 1998 vs. 30% in 2013), another risk factor for heart disease and stroke.
 - ↳ Groups with disproportionately higher percentages of high blood cholesterol are older and middle-aged adults and Whites (see chart on next page).

PERCENT REPORTING HIGH BLOOD PRESSURE/CHOLESTEROL, 2013



Source: San Mateo County Health Department. 2013. Health & Quality of Life Survey.

- Smoking tobacco is also a risk factor for heart disease. Although the percentage of adults surveyed who currently smoke tobacco has been dropping over time (from 17% in 1998 to 10% in 2013), there are still disparities:
 - In 2013, percentages of current smokers were higher among Blacks (17%), North County residents (14%), those with less than a high school education (13%), and low-income populations (13%) (SMC CNA 2013: 276).
- Being overweight (or obese) is also a cardiovascular risk factor, and this is a problem for many youth in the county (CDE Fitnessgram Physical Testing 2013-14).
 - Although in the **KFH-Redwood City service area** the overall percentage of youth in grades 5, 7, and 9 who are overweight is not worse than the state (15.0% vs. 19.3%), there are disparities; greater percentages of Hispanic/Latino youth (21.3%) and Black youth (20.4%) in the service area are overweight compared to all state youth.
 - Similarly, while overall youth obesity in **KFH-Redwood City service area** is not worse than the state (12.1% vs. 19.0%), a larger percentage of non-Hispanic, Black youth (23.8%) and Hispanic/Latino youth (23.3%) in the service area are obese compared to all state youth.

What Does the Community Say?

- Several key informants expressed concern over hypertension.
- One key informant felt that there were few doctors to treat chronic conditions such as hypertension.
- Another key informant identified congestive heart failure as a community health need.



Data found in this health profile was collected during the 2016 Community Health Needs Assessment. Kaiser Foundation Hospital implementation strategy reports describe the investments made in the community. Visit <http://share.kaiserpermanente.org/article/community-health-needs-assessments> to access these reports.

- Participants generally identified drivers of heart disease and stroke (e.g., poor diet/nutrition, lack of fitness, obesity) as of greater concern than the conditions themselves.



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CLIMATE CHANGE

How Do We Know There Is a Problem?

Climate change and related environmental hazards can affect health in a variety of ways. Poor air quality triggers respiratory problems, and ground-level ozone damages plants and ecosystems on which human health depends (SMC CNA 2013: 160). Climate change may be a particular challenge for those without access to air conditioners or who disproportionately suffer from problems aggravated by environmental hazards.

AIR QUALITY IS POOR IN SAN MATEO COUNTY

The county has some of the highest levels of air pollution and ground-level ozone in the country.

- San Mateo County is among the top ten percent of U.S. metropolitan areas with the highest short-term particle pollution. The American Lung Association considers these small particles to be a greater health risk than other air pollutants because they lodge deep in the lungs where they can remain embedded for long periods of time and can possibly enter the blood stream (SMC CNA 2013: 160-61).
 - ➔ Asthma prevalence, which is linked to air pollution, among adults in the **KFH-Redwood City service area** is slightly higher than the state figure (15.2% vs. 14.2%) (CDC BRFSS 2011-12).
 - ➔ A greater proportion of children of surveyed adults in San Mateo County overall were also reported to have asthma in 2013 (14%) compared to 2001 (11%), although the 2013 figure was down slightly from 2008 (15%) (SMC CNA 2013: 299-300).
- The county is also in the top 15% of U.S. metropolitan areas most polluted by ground-level ozone (SMC CNA 2013: 160-61).
- Given the anticipated rise in global temperatures, access to air conditioning is of growing concern. The percentage of housing units with no air conditioning is much higher in the **KFH-Redwood City service area** (80.3%) than in the state overall (33.8%) (American Housing Survey 2011, 2013).
- Birthweight is related to the temperature of the birth month. Researchers have found that extremely hot weather conditions inhibit both fetal growth and gestation (Lin, 2011). Climate change will increase the intensity and frequencies of extreme weather, and therefore is likely to adversely affect birth outcomes. This is important to consider given that **Black and Asian/Pacific Islander** babies in the county are more likely to be low birthweight (SMC CNA: 235).

What Else Contributes to the Health Need?

- Carbon emissions (i.e., greenhouse gas) levels in San Mateo County have risen slightly between 2001 and 2009; these emissions can affect global warming, which in turn impacts “food security and water resources” that are key to human health (SMC CNA 2013: 161-62).

- The total number of road miles per acre of land (road network density) contributes to increased use of vehicles and related poor air quality. Road network density in the county is much higher than in the state (3.66 vs. 2.02). In the **KFH-Redwood City service area**, road network density is 5.1 (EPA Smart Location Database 2011).
- The percentage of the population living within one-half mile of a GTFS or fixed-guide way transit stop in the county overall is smaller than in the state (13.4% vs. 15.5%) (EPA Smart Location Database 2011). Encouraging more active transportation as a means for reducing greenhouse gas emissions and improving health quality can also increase physical fitness, a key factor in a number of health needs (SMC CNA Executive Summary 2013: 51).
- Although water consumption is trending down countywide (which is especially crucial during drought years), more-affluent communities use disproportionately more water than less-affluent communities (SMC CNA 2013: 164).
- More than 110,000 people in San Mateo County are at risk of a 100 year flood event (based on the 2009 population) due to an expected 1.4 meter sea-level rise, making San Mateo one of the most impacted counties in California (California Climate Change Center 2009).
- On a positive note, renewable energy use is trending up comprising nearly 18% of the county's energy in 2010 compared to less than 12% of the state's energy in 2009 (SMC CNA 2013: 168).

What Does the Community Say?

- Community members and key informants felt air pollution and stress from increased traffic was negatively impacting their physical and mental health.
- The community expressed concern over access to parks in the county, noting that higher-density urban areas have fewer green spaces.
- Both Pacific Islander residents and a key informant mentioned the drought and concerns over the impact on food supply.
- Both East Palo Alto residents and a key informant discussed the issue of dumping (e.g., changing car's oil in the street or abandoning automobiles both can introduce toxins into the immediate environment).
- Homeless residents and several key informants mentioned that climate change/global warming has a key impact on human health, and some suggested policy changes such as a carbon tax to reduce energy consumption.





Profile of KFH-Redwood City Service Area Health Needs

COMMUNICABLE DISEASES

How Do We Know There Is a Problem?

The incidence rates of several communicable diseases (including sexually transmitted infections) have been climbing in San Mateo County (SMC) in the last 20 years. Low levels of screening for HIV and vaccinations for influenza and pneumonia are also of concern in the county, as are ethnic disparities in disease prevalence.

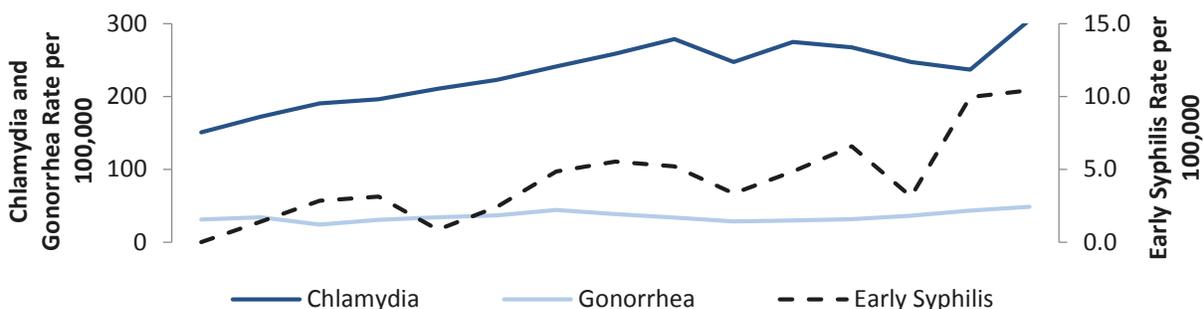
DISEASE INCIDENCE RATES RISING

Incidence rates of tuberculosis (TB), campylobacteriosis, salmonella, chlamydia, gonorrhea, and syphilis are all trending upward in the county.

Sexually Transmitted Infections (STIs)

- In 2014, SMC chlamydia, gonorrhea, and syphilis rates were the highest reported since the year 2000. For males and females, chlamydia and gonorrhea rates increased the most from 2013 to 2014. However, SMC chlamydia, gonorrhea, and syphilis rates remain below California rates for both males and females (SMC STD and HIV/AIDS Surveillance Annual Report, 2014).
- Most SMC female **chlamydia** cases in 2014 occurred in Latinas (451 cases total, rate: 474 per 100,000 women), but rates were highest for African-American (723 per 100,000 women) and Pacific Islander women (712 per 100,000 women).
- While the **gonorrhea** rate increased in both males and females from 2013 to 2014, the increase was much steeper in males. The majority of male gonorrhea infections in 2014 (42%) were reported from extra-genital sites (throat and rectum), reflecting disease in men who have sex with men (MSM).
- In 2014, 97% of SMC early **syphilis** cases were diagnosed in men and 66% of men interviewed were MSM. The majority of 2014 syphilis cases were in Whites (41%) and Latinos (31%) (SMC Health Department).

STI RATES BY YEAR IN SAN MATEO COUNTY, 2000-2014



Source: San Mateo Health Department, compiled from California Reportable Disease Information Exchange (CalREDIE) and Automated Vital Statistics System (ASVSS). Note: Early Syphilis is defined as primary, secondary, and early latent syphilis stages of disease. Note difference in scale for Early Syphilis.

- Among newly identified **HIV** cases in 2014:
 - ↳ The vast majority (89%) occur in men. MSM comprises the main risk behavior group reported for new HIV cases in 2014 (81%).
 - ↳ Latinos make up the highest number of new HIV cases based on race/ethnicity in 2014 (38%). For females, white women are the only race/ethnic group who report acquiring HIV through injection drug use (31%) between 2005 through 2014.
- **Blacks** have a much higher HIV prevalence than those of other ethnicities in the service area. **In the KFH-Redwood City service area in 2010**, Black residents' HIV prevalence rate was 1,142.1, much higher than the state rate (363.0) (US DHHS Health Indicators Warehouse 2010).
- The percentage of **adults ages 18-70** who were not screened for HIV is higher in the **KFH-Redwood City service area** (62.7%) than the state average (60.8%) (CDC BRFSS 2011-12).
- The proportion of people living with AIDS in San Mateo County who are women has increased (from 10% in 1990 to 15% in 2010), although the overall number of new AIDS cases diagnosed annually has been dropping over time in the county (SMC CNA 2013: 304-305).

Non-STI Communicable Diseases

- The incidence rate of **tuberculosis** (TB) rose from 8.7 per 100,000 in 2000-04 to 10.0 in 2006-10, and it remains higher than the state average (SMC CNA 2013: 314-15).
- The incidence rate of **campylobacteriosis** (a communicable gastrointestinal illness) increased from 161 cases in 2006 to 247 cases in 2011 after a period of decline from mid-1990s highs (SMC CNA 2013: 321).
- **Salmonella** incidence, after declining from 1993-97 highs, has plateaued. The county rate of 15.2 per 100,000 in 2007-11 is higher than the Healthy People 2020 (HP2020) target of 11.4 (SMC CNA 2013: 322).
- Deaths from **pneumonia/influenza** have been on the rise since 1990, and these two illnesses combined represent the sixth-leading cause of death in the county (SMC CNA 2013: 261).
- Among older adults aged 65 and older, **vaccinations** for influenza (in the prior year) and for pneumonia (at any time) were lower in the county than the HP2020 targets (SMC CNA 2013: 257; CDC BRFSS via US DHHS Health Indicators Warehouse 2006-12).
- On a relatively positive note, estimated vaccine coverage with all required immunizations among children ages 2-4 years in licensed childcare in the county was nearly 95% in 2007-08, slightly higher than the state average (94%) (SMC CNA 2013: 240), although it should be mentioned that vaccination has come under increasing attack recently.

Who is Most Affected by Non-STI Communicable Diseases

- **Asian/Pacific Islanders** have a higher TB incidence rate (26.0 per 100,000 versus 10.0 for all county residents), and it is suggested that “foreign-born persons account for rising annual case counts in San Mateo County in recent years” (SMC CNA 2013: 316-17).

VACCINATION AND SCREENING DATA

Indicator	KFH-Redwood City Service Area	State or Healthy People 2020
Percent of older adults who got flu vaccine	76%*	90% (HP2020)
Percent of adults 65+ who got pneumonia vaccine	64.1%	63.4% (state)
Percent of adults who were <u>not</u> screened for HIV	62.7%	60.8% (state)

Source: CDC BRFSS via US DHHS Health Indicators Warehouse 2006-12; SMC CNA: 257, 261.

*No service area data available for this indicator, so county data reported instead.

What Does the Community Say?

- The community expressed concern about overcrowding in homes/apartments, as communicable diseases spread faster in crowded environments.
- One key informant also noted that homes are harder to keep clean with so many people in them, which can also contribute to the spread of disease.
- The community expressed concern about STIs among teens and indicated a need for LGBTQI-specific sexual education and health care.



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Profile of KFH-Redwood City Service Area Health Needs

ECONOMIC SECURITY

How Do We Know There Is a Problem?

San Mateo County has high per capita earnings and low unemployment, but also has high housing costs and an expensive cost of living. Low income, less educated, and ethnic minority populations are particularly affected by the county's high cost of living. The resulting stress that these populations experience adversely impacts their mental and physical health.

HOUSING COSTS DRIVING ECONOMIC INSECURITY

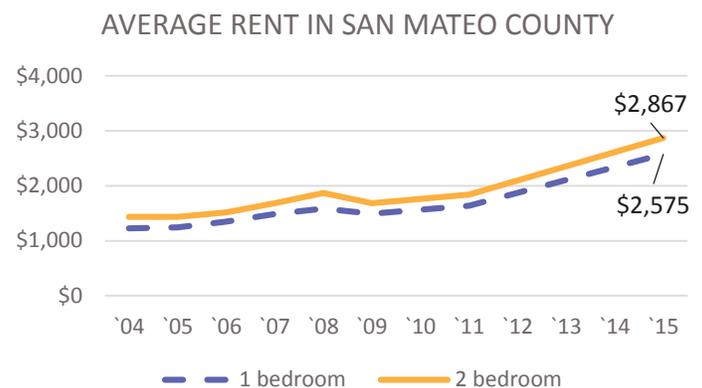
The increased cost of living means worse access to basic needs for low-income residents, such as food and housing.

Income & Employment

- Per capita earnings are \$45,659, 57% higher than in California at \$29,103 (ACS 2013).
- County unemployment is 3.2% which is lower than the state at 5.7% (CA EDD 2015).
- Annual median income in 2013 was \$106,000, about \$48,000 less than that needed for a median-priced single-family home (Sustainable SMC 2015).
- The percentage of the population living below 200% of the federal poverty level (FPL) in the **KFH-Redwood City service area** (19.6%) is lower than the state (35.9%) (ACS 2009-2013).
- The percentages of children who are in families living below 100% FPL in the **KFH-Redwood City service area** (9.3%) are lower than the percentage of children below 100% FPL statewide (22.2%) (ACS 2009-13).

Housing

- Average rent for a 1-bedroom apartment in the county in 2015 was \$2,575 (up \$937 from 2011). Average rent for a 2-bedroom apartment in 2015 was \$2,867 (up \$1,029 from 2011) (see adjacent chart).
- The median single family home cost in September 2015 was \$1,269,000, an 85% increase since 2011 (\$685,000) (SMC and SMC Housing Indicators Report, September 2015).
- Just over one-third (34%) of households in San Mateo County can afford an entry-level home, lagging behind the rest of the Bay Area (45%) (Sustainable SMC 2015).



Source: County of San Mateo Department of Housing HCD. 2015. San Mateo County Housing Indicators as of September 30, 2015,

- The percentage of surveyed adults who share housing costs with someone other than a spouse or partner to limit expenses increased from 15% in 1998 to 18% in 2013 (SMC CNA 2013: 158).
- 6.5% of residents reported living with family or friends due to a housing emergency in the previous year (higher than in 2004, when it was 4%) (SMC CNA 2013: 150-151).
- In 2015, there were 1,772 homeless people in San Mateo County, a 24% decrease from 2,281 in 2013. (SMC Homeless Census and Survey 2015).

Who is Most Affected?

- **Veterans** are disproportionately represented in the homeless population; although veterans make up only 6% of the population in the county, an estimated 13% of unsheltered people are veterans, and 19% are homeless but sheltered (SMC Veterans Needs Assessment 2014, SMC Homeless Census and Survey 2015).
- While the majority of the homeless population are **White** (53%), **Blacks and Latinos** are disproportionately affected by homelessness. Blacks make up 3% of the overall county population, but 21% of the homeless population and nearly one-third (32%) of all homeless are Latino, even though they make up a quarter (25%) of the county population. (SMC Homeless Census and Survey 2015).
- **Non-Whites** are more likely to share housing costs with someone other than a spouse or partner to limit expenses (24-26% versus 18% of all surveyed residents in the county) (SMC CNA 2013: 158).
- **Blacks** and those of “**Other Race**” are more likely to live below the FPL in the **KFH-Redwood City service area** (16% each, versus 8% of all service area residents) (ACS 2009-13).

How Education Contributes to This Health Need

The 2013 San Mateo County Community Needs Assessment linked early educational gaps to later income and employment disparities and recommended earlier interventions, including on the policy level. Educational indicators (high school exit exam performance, educational attainment, dropout rates) are more favorable in the county compared to the state. However, ethnic disparities are seen in educational outcomes:

- Head Start programs provide childcare and preschool for children aged 0-5 from low-income families. The **KFH-Redwood City service area** has fewer facilities per 10,000 children aged 0-5 than in the state (with 3.20 facilities compared to 6.34) (US DHHS for Children & Families 2014).
- The county overall has higher educational attainment than the state; 2014 estimates indicate that 72% of residents aged 25 and over had been to college or earned a degree, compared to 61% for the state (US Census Bureau 2014). However, 43% of Latino and 25% of Native American adults aged 25 or older had never attended college (SMC CNA 2013).

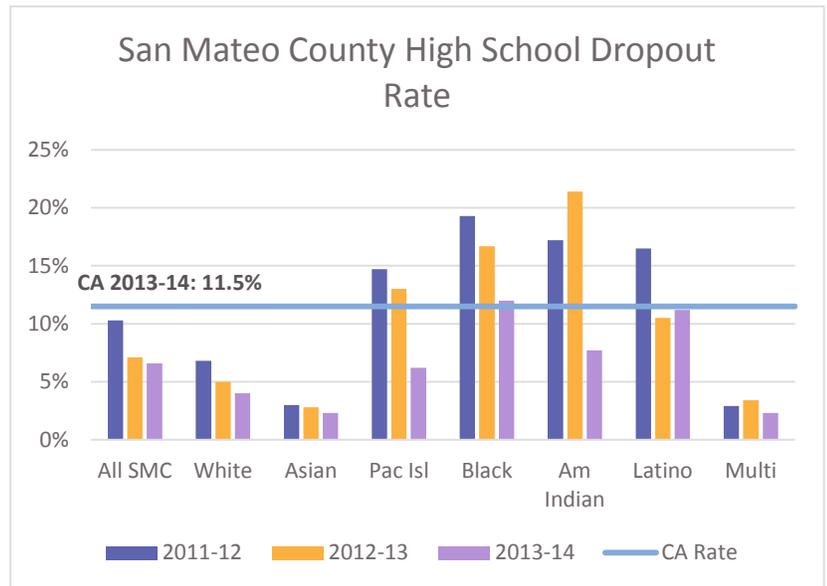


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- A smaller proportion of San Mateo County students dropped out in 2013-14 (6.6%) compared to the state (11.5%). However, 11% of Black students and 11% for Latino students drop out compared to 7% of all students (see chart below).

- In the **KFH-Redwood City service area**, the percentage of adults without a high school diploma is higher than the overall state figure among some ethnic groups (ACS 2009-13).

- ➔ Native Hawaiian/Pacific Islanders (22.6%)
- ➔ Native American/Alaskan Natives (25.8%)
- ➔ Hispanic/Latinos (37.3%)
- ➔ Those of “some other” race (43.7%)



Source: California Department of Education. 2014. California Longitudinal Pupil Achievement Data System (CALPADS).

What Does the Community Say?

- Unemployment and lack of income creates stress and causes people to feel powerless.
- Economic disparities continue to grow in the county and are stressful to families. Some study participants shared the sentiment expressed by one resident who said, “We’re becoming a county of haves and have nots, and that gap is widening.”
- For low-income residents, (in addition to the challenges of access to healthcare) feedback indicated that low-income residents have worse health outcomes for a variety of reasons:
 - ➔ Low-income neighborhoods may not have sidewalks/bike lanes, so they are more likely to have accidents.
 - ➔ Low-income neighborhoods have fewer parks and fewer places to exercise.
 - ➔ Many people work multiple jobs to make ends meet and cannot get time off to go to the doctor.
- Older buildings and buildings designed for seasonal habitation (such as those built for farmworkers) may be detrimental to health due to mold and pests and lack of accessibility; many people with low/fixed income live in such homes.
- There is lack of LGBTQ-friendly housing and a need for a county-wide database or roommate finder.



HEALTHCARE ACCESS & DELIVERY

How Do We Know There Is a Problem?

Access to healthcare has generally been worsening and is particularly problematic for certain populations in the county. Accessing physical, mental, and dental healthcare is particularly a challenge for low-income and less educated populations, as well as for some age groups and ethnicities.

- Healthcare access has been worsening over time for some populations:
 - ➔ A greater proportion of surveyed adults under the age of 65 had been without health insurance coverage for more than five years in 2013 (30%) than in 2001 (15%) (SMC CNA 2013: 218). Adults aged 18-64 had the worst rates, with 12.3% of the population uninsured, an increase from 8.5% in 1998.
 - ➔ A smaller proportion of surveyed adults visited a doctor for a routine checkup in 2013 (72%) than in 2004 (81%) (SMC CNA 2013: 208).
 - ➔ Access to mental health services, in particular, has been getting worse over time; in 1998, 28% of surveyed adults rated such access as “fair/poor”, while in 2013, 36% rated it as “fair/poor” (SMC CNA 2013: 216).
 - ➔ The proportion of surveyed adults who lack dental insurance coverage has been increasing over time, from 27% in 1998 to 32% in 2013 (SMC CNA 2013: 211).
 - ➔ The percentage of surveyed adults who reported visiting a dentist for a routine check-up within the past year has been trending down from 81% in 1998 to only 77% in 2013. This is a large decrease (SMC CNA 2013: 210).
- On the other hand, some trends in healthcare access are positive:
 - ➔ The percentage of uninsured individuals among the overall population is lower in the county than in the state (10.7% vs. 17.8%) (US Census ACS 2009-13).
 - ➔ Similarly, the percentage of the population without a usual place to go when sick is lower in the county than in the state (10.6% vs. 14.4%) (CHIS 2012).
 - ➔ Furthermore, "Because of good policy design and implementation there is almost universal **childhood** access to health care in San Mateo County, unlike almost any other county in the country." (SMC CNA Executive Summary 2013: 43).
 - ➔ Finally, the proportion of parents who reported taking their child to a dentist for a routine check-up within the past year was greater in 2013 (84%) than in 2008 (76%) (SMC CNA 2013: 210).

CHALLENGES REMAIN DESPITE POLICY CHANGE

Despite high rates of insured, some groups are less likely to access care due to other barriers, including cost.

Who is Most Affected?

- The percentage of surveyed adults who reported visiting a dentist for a routine check-up within the past year were lowest among low-income, less-educated, Black, Latino, and young adult (18-39) respondents (see chart below).
- The **uninsured** have greater issues with healthcare access than those with insurance (SMC CNA 2013: 225), and lacking insurance is more likely among certain populations:
 - ➔ In the **KFH-Redwood City service area**, percentages of uninsured individuals are higher than the state (16.7%) among the following populations: Hispanic/Latino (22.6%), Native Hawaiian/Pacific Islander (24.0%), Native American/Alaskan Native (27.4%), and those of “Some Other Race” (26.7%) (US Census ACS 2009-13).
- **Men** are less likely to get a routine medical check-up (63% of men versus 80% of women and 72% in the county overall) (SMC CNA 2013: 208).
- **Adults aged 18-39** are less likely to get routine check-ups than their older counterparts (SMC CNA 2013: 208-210):
 - ➔ Recent medical checkups: 64% versus 73% of those aged 40-64, and 87% of those aged 65 years and older
 - ➔ Recent dental check-ups: 70% versus 83% of those aged 40-64, and 75% of those aged 65 years and older
 - ➔ Took their children aged 1-17 to the dentist: 79% versus 89% of parents aged 40-64.

PERCENT WHO HAD A ROUTINE DENTAL CHECKUP IN PREVIOUS YEAR, 2013



- **Older adults** are less likely to have dental insurance (57% lack insurance versus 32% in the county overall) (SMC CNA 2013: 211).
- **Asian/Pacific Islanders** are less likely to get a routine medical check-up (66% versus 72% in the county overall) (SMC CNA 2013: 208).

- **Hispanics/Latinos**

- ➔ Are more likely to lack a consistent source of primary care in **KFH-Redwood City service area** (16.6%) than those of other ethnicities (CHIS 2011-12).
- ➔ Gave the lowest ratings when surveyed about their health care access; almost a quarter (24%) rated it as fair or poor (see chart on next page).
- ➔ Are less likely to have dental insurance (41% lack insurance versus 32% in the county overall) (SMC CNA 2013: 211).
- ➔ Are less likely to get a routine dental check-up (see chart on previous page).
- ➔ Are more likely to have not had a recent dental exam in the **KFH-Redwood City service area**; the percentages of Hispanic/Latino youth 2-13 who did not have a recent dental exam are much higher than the state (51.8% versus 18.5%) (CHIS 2013-14).

- **Blacks**

- ➔ Are less likely to get a routine dental check-up (see chart on previous page).
- ➔ Are less likely to take their child to the dentist (77% versus 84% in the county overall) (SMC CNA 2013: 210).

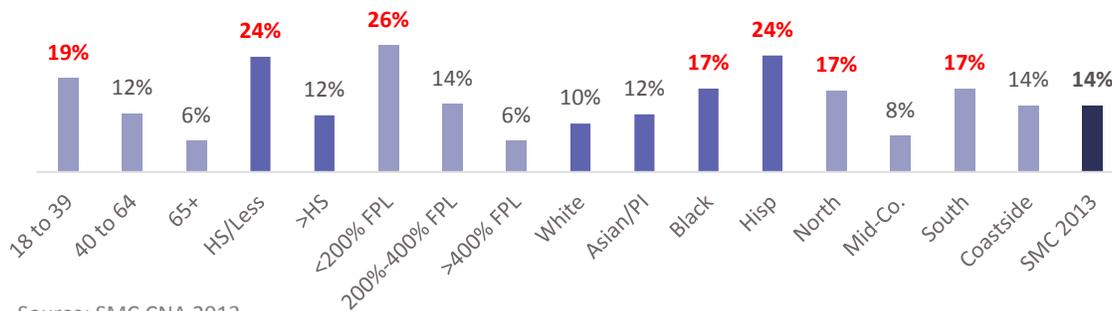
- **Less educated** populations (high school or less)

- ➔ Are more likely to have been without health insurance (23% versus 10% of those with more than a high school diploma). (SMC CNA 2013: 219).
- ➔ Are less likely to get a routine dental check-up (see chart on previous page).

- **Low income** populations (<200% of Federal poverty level)

- ➔ Are more likely to have been without health insurance (34% versus 30% in the county overall) (SMC CNA 2013: 218).
- ➔ Are less likely to have dental insurance (62% lack insurance versus 32% in the county overall) (SMC CNA 2013: 211).
- ➔ Gave the lowest ratings when surveyed about their health care access (see chart on next page).
- ➔ Are less likely to have dental insurance (62% lack insurance versus 32% in the county overall) (SMC CNA 2013: 211).
- ➔ Are less likely to get a routine dental check-up (see chart on previous page).
- ➔ Are less likely to take their child to a dentist (79%) (SMC CNA 2013: 210).
- ➔ Gave the lowest ratings when surveyed about their health care access (see chart on next page).

PERCENT WHO RATED ACCESS TO LOCAL HEALTH SERVICES AS FAIR OR POOR, SAN MATEO COUNTY, 2013



Source: SMC CNA 2013

What Else Contributes to the Health Need?

- **Cost** of medical care has been rising. Greater percentages of surveyed adults in 2013 (9%) than in 1998 (6%) reported that the cost of medical care prevented them from visiting a physician at least once in the prior year (SMC CNA 2013: 222).
- **Lack of transportation**, including transportation to medical appointments, remains an access issue for approximately 5% of surveyed adults in the county (SMC CNA 2013: 223).

What Does the Community Say?

- Awareness of how to obtain insurance is not an issue except among:
 - ➔ Less-populous, monolingual groups (e.g., Russian, Korean, Japanese, Farsi, Mayan).
 - ➔ Undocumented, including day laborers, and victims of domestic and/or sexual trafficking.
 - ➔ Those with mental health disorders.
 - ➔ Older adults with dementia.
- Certain populations need help navigating the healthcare system:
 - ➔ Those with language/literacy barriers have more difficulty accessing care and need advocates: “We need more than a translator; we need someone that helps us explain what we need and how we feel”.
 - ➔ The system is still “quite complicated;” people must “jump through hoops” and be their own advocates; not everyone is “appropriately educated” to get healthcare.



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- ↳ “New parents don’t know how to [cut] the red tape” when child needs expedited care.
- ↳ Undocumented fear deportation, so they do not access services.
- ↳ When changing counties, patients feel they have to start over and need assistance getting re-connected to healthcare.
- ↳ Youth need to learn how to manage their own health and navigate the system (including things like filling prescriptions, getting lab tests, appointment etiquette, etc.); transitioning from pediatric to adult services and getting medical histories transferred as youth age out of the pediatrics department can be difficult.
- Clinics worried about the availability of medical staff; they are competing with hospitals who pay their staff more and find it difficult to retain qualified staff because of the expense.
- More patients are enrolled in insurance, but are still using the ER or clinics.
 - ↳ Some are even using non-certified/unlicensed doctors because there are not enough qualified doctors to handle the higher demand and not enough doctors have flexible hours.
 - ↳ Many felt frustration with long wait times to get a PCP appointment (three to six months) and even longer waits (up to a year) to obtain an appointment with a specialty care doctor.
 - ↳ There was concern that specialty care doctors are few and far between (e.g., mental health, including few counselors in schools; dental, including for Coastside, for day laborers, and for children; not many geriatricians, neurologists, orthopedists, dermatologists; few treatment options for those with addictions or substance use needs; transgender health care clinics are not local; few labs and chemotherapy providers on the Coastside).
 - ↳ Not enough doctors take Medi-Cal, Denti-Cal, or Covered California plans: “No one takes my insurance.”
 - ↳ Some providers are relying on nurse practitioners or physician assistants to deliver care; providers are “close to capacity to provide care for new patients”. There is a lack of PCPs overall, but particularly on the coast and in other rural areas and few take Medi-Cal.
 - ↳ Employers do not want to give laborers time off to seek treatment.
 - ↳ Even those with insurance still use clinics because they are open late.
- Affordability is still an issue; low- and even middle-income (especially those on fixed income) have trouble paying, which means they stay away from the doctor unless absolutely necessary.
 - ↳ Out-of-pocket costs have increased.
 - ↳ Co-pays are high.
 - ↳ Costs of prescriptions and tests are high.
 - ↳ Coverage for those with insurance has been reduced (e.g., certain things are no longer 100% covered).

- ↳ Some are less likely to access preventative services because of uncertainty about cost; they wait until their health has declined.
 - ↳ While care in the county is excellent, people cannot afford to live here and utilize it.
- Transportation still an issue.
 - ↳ It is needed by older adults who do not drive.
 - ↳ It is an issue for those not near convenient public transit, or who access services where there are no public transit stops nearby (especially Coastside).
 - ↳ Transit is not frequent enough and does not run late enough (especially Coastside).
- Cultural competence is still a problem.
 - ↳ Transgender individuals may delay accessing health care when they don't feel included (e.g., inclusivity in medical record & paperwork, images in facility). When they do access care, providers are not educated/equipped to address Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex (LGBTQI) issues and LGBTQI patients can experience discrimination and substandard medical care; the community also had concerns about sensitivity toward LGBTQI patients in long-term care/assisted living.
 - ↳ Clinics have few/no translators or multi-lingual staff and materials are not available in patients' first languages; youth sometimes help monolingual family members access care, but this can be problematic when issues are sensitive (e.g., mental health) and/or the family member is embarrassed. It can also be challenging for family/friends to translate medical terminology.
 - ↳ Different cultures need messages delivered in different ways (e.g., avoiding direct eye contact with Chinese older adults).
 - ↳ People find it easier to identify with others like themselves, so having a diverse staff is important.
 - ↳ Those with mental health issues experience stigma not just in the community, but "in middle class health care settings and whether they are welcome to seek treatment is questionable"; stigma keeps them from seeking treatment.
- Other delivery issues, including:
 - ↳ Doctors who don't believe the patient is sick, give a misdiagnosis, and/or give bad advice.
 - ↳ Help/advice lines that do not give helpful advice.
 - ↳ Poorer level of care in the county healthcare system compared to the private.
 - ↳ Patients experience rushed appointments and described appointments with nurses/physician assistants as "not what I paid for."
 - ↳ Lengthy waits and/or appointments cancelled without notification.

- ➔ Doctors breaking confidentiality with youth patients; this was especially frustrating/upsetting when youth are not a danger to themselves or others and problematic when youths' issues relate to LGBTQI and the family.
- ➔ Physicians dismissing health concerns due to "old age" rather than addressing gerontological issues.
- ➔ Need better integration of behavioral health with primary care.
- ➔ Providers giving low-income patients with Covered California "a very, very hard time".
- ➔ Providers not paying attention to medication interactions/conflicts, especially for older adult patients; they need better training on medication management.
- ➔ Patients feel doctors are not paying attention; "de-humanization of doctor-patient relationship" due to Electronic Health Records; doctors are "focused on the device and not the patient and makes them feel unimportant".
- ➔ Need help managing co-morbid conditions like diabetes, hypertension, COPD, and asthma.
- ➔ Lack of providers practicing complementary care (i.e., Eastern medicine).
- ➔ Pediatricians not always doing routine developmental screening for children 0-5.
- ➔ Complicated to reach patients who have disposable cell phones/unstable mobile phone access, and the system makes it hard to send text messages.
- ➔ Need to address issues of sexual harassment in the healthcare workplace (staff to staff).
- ➔ Doctors and nurses lack training on recognizing mental health and substance use issues and lack training on identifying victims of human trafficking (especially needed for ER providers).
- The largest issue related to dental health is access to insurance, and therefore preventative dental care is lacking for many.
- Even when dental insurance is available, it often does not cover anything but the basics (e.g., only covers extractions).



HEALTHY EATING/ACTIVE LIVING

How Do We Know There Is a Problem?

According to data on healthy eating and active living (HEAL), San Mateo County children and adults struggle to maintain healthy behaviors and ward off associated health issues, such as obesity and diabetes. These problems are a particular concern among older, low-income, less educated, and ethnic minority populations.

ONE IN 10 ADULTS IS DIABETIC

The percent of adults with diabetes in San Mateo County is higher than the Healthy People 2020 target (8%).

- Trend data demonstrate that healthy behaviors, obesity, and diabetes, have not changed or are worsening in the county:
 - ➔ About half as many surveyed adults exhibited healthy behaviors (did not smoke, were not overweight, exercised adequately, and ate adequate amounts of fruits & vegetables) in 2013 (5.4%) as in 2001 (9.2%) (SMC CNA 2013: 195).
 - ➔ Between 1998 and 2013, there was virtually no change in the amounts of time per day San Mateo County children watched television or videos, and/or played video games (SMC CNA 2013: 244).
 - ➔ Although food insecurity does not appear to have changed significantly over time, of surveyed adults, more than twice as many (4.4%) received food from a food bank, church, or other organization in 2013 than in 1998 (2%), and the number of participants in Food Stamps increased from 2006 to 2010 (SMC CNA 2013: 133-134).
 - ➔ The percentage of seventh-grade students meeting all six of the basic fitness standards has decreased over time (41% in 2008-09 versus 36% in 2010-11); (SMC CNA 2013: 243).
- In addition, San Mateo County residents fare worse than Californians generally according to several healthy eating/active living indicators:
 - ➔ There are fewer WIC-authorized food stores per 100,000 people in the **KFH-Redwood City service area** (10.3) than in the state (15.8) (USDA Food Environment Atlas 2011).
 - ➔ Although the percentage of youth who were physically inactive was not worse in the **KFH-Redwood City service area** (20.7%) compared to the state (35.9%) (CDE FITNESSGRAM Physical Testing 2013-14), a smaller percentage of children age 5-17 walk, skate, or bike to school (see table on next page).
- Youth obesity and overweight statistics in the county are also of concern:
 - ➔ Statistics provided by San Mateo County's Child Health and Disability Prevention (CHDP) program, which provides services to low-income children ages 2 through 19, indicate that a slightly greater

proportion of CHDP 2-4 year olds in the county are overweight (18%) or obese (18%) compared to the state (16% and 17%, respectively).

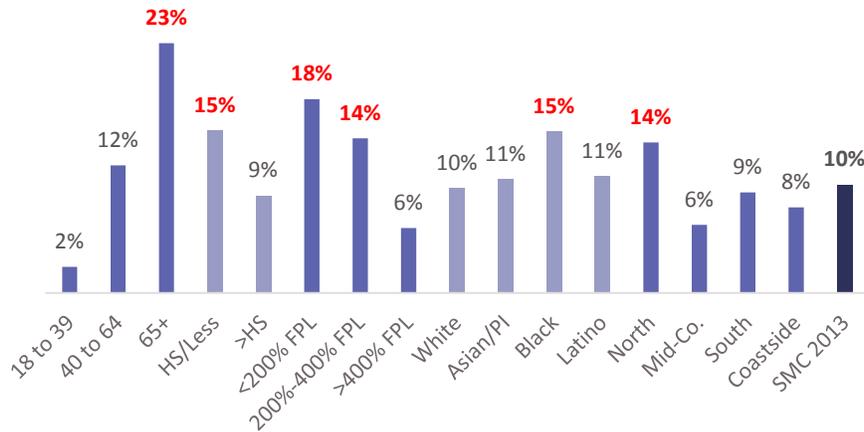
HEALTHY EATING/ACTIVE LIVING DATA FOR CHILDREN AND YOUTH

Indicator	KFH-Redwood City Service Area	State
Percent of children 2-13 with <u>low consumption</u> of fruits/vegetables	51.7%	47.4%
Percent of children 5-17 who walk, bike, or skate to school	31.5%	43.0%
Percent of overweight youth (in 5 th , 7 th , and 9 th grade)	15.0%	19.3%

Sources: CHIS 2011-12; CDE FITNESSGRAM Physical Testing 2013-14.

- Diabetes is also a significant problem in the county:
 - The percentage of surveyed adults in the county reporting that they are diabetic is rising over time, from 4% in 1998 to 10% in 2013 (SMC CNA 2013: 296). This is higher than the Healthy People 2020 (HP2020) target of 8% (SMC CNA 2013: 295). Diabetes is the eighth leading cause of death in San Mateo County (111 or 2% of deaths) (CA DPH Table 5-10, 2013).

PERCENT DIAGNOSED WITH DIABETES, SAN MATEO COUNTY, 2013



Source: SMC CAN 2013

- The percentage of Medicare enrollees with diabetes who are managing their disease, based on annual Hemoglobin A1c tests, is slightly lower in the **KFH-Redwood City service area** (80.1%) than the state (81.5%) (Dartmouth Atlas of Health Care 2012).



Who is Most Affected?

- Access to and consumption of healthy foods and maintaining active lifestyles are more challenging for certain populations, leading to higher rates of obesity and diabetes. The following populations are most at-risk:

- **Low-income residents**

- ➔ Are more likely to be physically inactive (63-67% versus 54% of all county residents) (SMC CNA 2013: 201).
- ➔ Are more likely to rate their access to affordable fresh produce as “fair/poor” (see adjacent chart).
- ➔ Have higher rates of diabetes (see chart on page two).

PERCENT WHO RATED ACCESS TO AFFORDABLE FRESH PRODUCE IS "FAIR/POOR"



Source: SMC CNA 2013

- **Less-educated residents**

- ➔ Are more likely to be physically inactive (61% versus 54% of all county residents) (SMC CNA 2013: 201).
- ➔ Are more likely to rate their access to affordable fresh produce as “fair/poor” (see chart above).
- ➔ Have higher rates of diabetes (see chart on page two).

- **Older adults**

- ➔ Are more likely to be physically inactive (73% versus 54% of all county residents) (SMC CNA 2013: 201).
- ➔ Have higher rates of diabetes (see chart on page two).

- **Black adults and children**

- ➔ Adults are more likely to rate their access to affordable fresh produce as “fair/poor” (see chart above).
- ➔ Adults have higher rates of diabetes (see chart on page two).
- ➔ Children were less likely to walk, skate, or bike to school in the **KFH-Redwood City service area** (12% versus 31.5% for all service area children) (CHIS 2011-12).
- ➔ Youth in the **KFH-Redwood City service area** were more likely to be physically inactive (40.5%) compared to counterparts of other ethnicities, though the percent of all youth in this area that were physically inactive was not worse than the state (20.7% versus 35.9% in the state) (CDE FITNESSGRAM Physical Testing 2013-14).

- ➔ Youth in 7th grade were less likely to meet all six basic fitness standards in 2010-11 (26% versus 36.2% of all county 7th grade youth) (SMC CNA 2013: 243).
- ➔ Youth in grades 5, 7, and 9 in the **KFH-Redwood City service area** were more likely to be overweight (20.4%) and obese as well (23.8%), though the percentage of youth who are overweight in the area is not worse than the state (15.0% vs. 19.3% in the state) nor is the general youth obesity rate (12.1% vs. 19.0% in the state) (CDE FITNESSGRAM Physical Testing 2013-14).
- **Latino**
 - ➔ Adults are more likely to rate their access to affordable fresh produce as “fair/poor” (see chart on previous page).
 - ➔ Youth in the **KFH-Redwood City service area** were more likely to be physically inactive (36.6% versus 20.7% in the service area overall) (CDE FITNESSGRAM Physical Testing 2013-14).
 - ➔ Youth in 7th grade were less likely to meet all six basic fitness standards in 2010-11 (20% versus 36.2% for all county 7th grade youth) (SMC CNA 2013: 243).
 - ➔ Youth in grades 5, 7, and 9 in the **KFH-Redwood City service area** were more likely to be overweight (21.3% versus 15.0% of youth in these grades, in the service area) and more likely to be obese as well (23.3% versus 12.1% of youth in these grades, in the service area) (CDE FITNESSGRAM Physical Testing 2013-14).
- **Non-Hispanic “Other”**
 - ➔ Children are less likely to walk, skate, or bike to school in the **KFH-Redwood City service area** (27.7% versus 31.5% of all children in the service area) (CHIS 2011-12).
 - ➔ Children 2-13 are more likely to report low consumption of fruits/vegetables in the **KFH-Redwood City service area** (66.2% versus 51.7% of all children in the service area) (CHIS 2011-12).
- **American Indian** youth in 7th grade were less likely to meet all six basic fitness standards in 2013 (31% versus 36.2% of all county 7th grade youth) (SMC CNA 2013: 243).

What Does the Community Say?

- Several focus groups identified the ubiquity of sugar (in candy, snacks, sodas, etc.) as a big problem in the community, especially for youth.
- Youth expressed concern about eating disorders.
- Residents were concerned about lack of access to groceries for older adults.
- Key informants identified healthy food as being more expensive and thus harder to access for seniors (who are on fixed incomes) and for low-income communities where there are limited grocery stores or farmers’ markets (i.e., “food deserts”) and more fast food restaurants.



- Youth felt there were too many fast food restaurants in their community.
- Key informants agreed that easier access to unhealthy nutrition options (compared to access to healthy/fresh foods) was a driver of childhood obesity.
- Key informants mentioned that while there are food banks, CalFresh open markets are much less accessible (infrequently open, sometimes not open at time/location advertised), and for seniors there are not enough Meals on Wheels providers or congregate meal sites.
- Many participants felt the lack of nutrition education (including how to make healthy meals) was an issue in the community for all, but especially for children, parents, and grandparents.
- One key informant expressed concerns about food insecurity in the community; another mentioned that in homes with multiple families, sometimes the nutritional challenge is that one family steals another family's food.
- In the Pacific Islander focus group, residents suggested there was a focus on "feeding" rather than prioritizing healthy foods.
- Several key informants saw the lack of accessible community gardens as an issue; one noted this was complicated by the fact that California is in a drought (as gardens need water).
- Youth and one key informant focused on the expense of gyms such as "pay-to-play" programs and the lack of low-cost fitness options, while other key informants praised the access to more affordable gyms, beach and bike trails, and other physical activity resources for various groups including seniors and youth.
- There was discussion about addiction to electronics and the associated sedentary lifestyle.
- One key informant indicated that children from Latino and low-income populations often have family responsibilities that keep them from playtime and other activities and noted that when multiple families live together, there is often no space for recreation.
- The community noted that neighborhoods with a lack of access to safe parks, trails, and other safe places to recreate (including the north-central area of the county) are more likely to see a lack of physical activity among their residents than neighborhoods with better access to safe parks/recreation spaces.
- Concerns were expressed about the complications that can result from diabetes.
- There is an increased need for education about chronic health conditions such as diabetes and access to appropriate care to manage chronic health conditions.
- Lack of nutritious food is a contributing factor to diabetes.

- One key informant indicated that farmers are a county subpopulation who are experiencing higher rates of diabetes than the general population.
- There are more people who suffer and die from chronic conditions, like diabetes, than acute conditions.
- More doctors and caregivers are needed to treat chronic conditions such as diabetes.



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RESPIRATORY CONDITIONS

How Do We Know There Is a Problem?

Respiratory disease was the third leading cause of death in San Mateo County, and the number of deaths attributable to it has increased since 1990 (SMC CNA 2013: 261). Asthma, in particular, is a growing problem in San Mateo County, and it is likely worsened by the county's poor air quality.

ASTHMA PREVALENCE DOUBLED SINCE 1998

The percentage of adults in the county with asthma has increased from 9% in 1998 to 18% in 2013.

- The percentage of surveyed adults in the county who report having been diagnosed with asthma doubled between 1998 and 2013 (9% in 1998, 18% in 2013) (SMC CNA 2013: 297).
- A greater proportion of children also were reported to have asthma in 2013 (14%) compared to 2001 (11%), although the 2013 figure was down slightly from 2008 (15%) (SMC CNA 2013: 299-300).
- Asthma prevalence among adults in the **KFH-Redwood City service area** (15.2%) is slightly higher than the state figure (14.2%) (CDC BRFSS 2011-12).

Who is Most Affected?¹

- **Black** residents (26%)
- **Adult residents age 18-39** (23%)
- **Low-income** residents (21%)
- Residents of **North County** (20%) (versus 18% of all county residents)

What Else Contributes to the Health Need?

- Asthma can be aggravated by poor air quality; the county is among the top ten metropolitan areas with the highest short-term particle pollution (SMC CNA 2013: 160).

What Does the Community Say?

- The community mainly expressed concern about asthma rather than other respiratory conditions; just one key informant mentioned chronic obstructive pulmonary disease (COPD) and emphysema, exacerbated by smoking. There was a recommendation for smoking cessation services.
- One key informant was particularly concerned about asthma among the homeless population, while another mentioned it among the older adult population.

¹ SMC CNA 2013: 297

- Drivers of respiratory conditions named by the community included mold and mildew (especially in older buildings), pollen allergies, pesticides, airborne dirt/dust/particles (including from rodents/pests in crowded housing), secondhand smoke, and increased traffic leading to increased smog.



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TRANSPORTATION & TRAFFIC

How Do We Know There Is a Problem?

Traffic is particularly heavy in San Mateo County and few residents utilize public transit, a pattern that contributes to poor air quality. A lack of transportation can also be a health problem when it prevents residents from accessing healthcare; this problem disproportionately impacts minority, low-income, and less-educated populations.

MOST RESIDENTS DRIVE TO WORK ALONE
Nearly three-quarters drive alone to work rather than car-pooling, taking public transit, or using another mode of transportation.

- Although total vehicle miles of travel in San Mateo County hit a low in 2006, it was on the rise in the years after, reaching nearly 18 million miles for the year 2010 (SMC CNA 2013:176).
- Most residents (71%) drive to work alone rather than car-pooling, taking public transit, or using another mode of transportation (SMC CNA 2013:177).
- The total number of road miles per acre of land (road network density) contributes to increased use of vehicles and related poor air quality. Road network density in the **KFH-Redwood City service area** (5.1) is higher than the county (3.66) and state (2.02) (EPA Smart Location Database 2011) (see table below). As a comparison, the road density in neighboring Santa Clara County is 5.23.

TRAFFIC DATA

Indicator	KFH-Redwood City service area	State
Road network density	5.1	2.02
Percent living within half-mile of transit stop	15.7%	15.5%

Source: EPA Smart Location Database 2011.

Who is Most Affected?

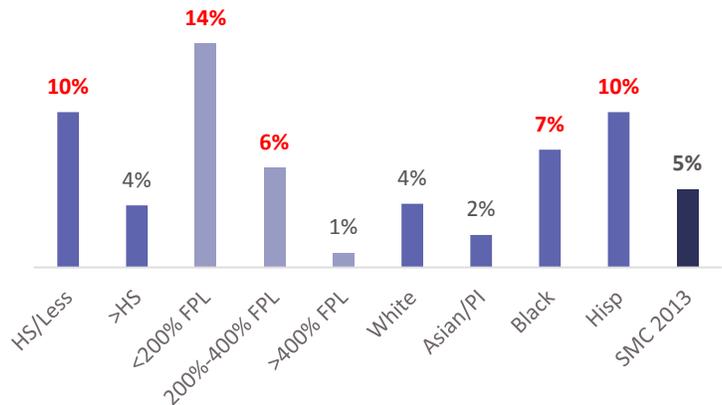
- Although only 4.8% of surveyed adults reported that “a lack of transportation made it difficult or prevented them from seeing a doctor or making a medical appointment in the past year,” **low-income, less-educated, Latino, and Black** respondents were disproportionately affected by the lack of transportation (see chart on next page).

- **Coastside** residents were least likely to say they could depend on public transit if needed (50% versus 65% in the county overall). Focus group participants said that very few buses travel from the coast to the central part of the county (SMC CNA: 179).

What Does the Community Say?

- Drivers feel stress from excessive traffic and long hours spent commuting.
- Residents expressed concern about the amount of air pollution being generated by the traffic.
- Excessive speeding in neighborhoods is contributing to motor vehicle accidents involving bicyclists and pedestrians (mentioned specifically in East Palo Alto).
- Many mentioned the lack of transportation to health care, school, and recreation locations as an element that makes it much harder to engage in related activities (i.e., medical appointments, after-school programs, fitness activities at gyms or in parks).
- The absence (or near-absence) of transit-oriented city design was a concern to some; some saw it as a driver of social isolation.

PERCENT FOR WHOM LACK OF TRANSPORTATION WAS A BARRIER TO CARE, 2013



Source: San Mateo Health Department. 2013. Health & Quality of Life Survey.



Profile of KFH-Redwood City Service Area Health Needs

UNINTENTIONAL INJURIES

How Do We Know There Is a Problem?

While San Mateo County's overall unintentional injury rates are generally not higher than the state's or the Healthy People 2020 (HP2020) target, there are disparities based on ethnicity and age. Deaths due to injuries disproportionately affect older adults and deaths due to accidents are more likely among Latino and African American residents.

DEATHS DUE TO FALLS HIGHEST AMONG 85+

Older adults aged 85+ are four times more likely to die from a fall than those aged 65-85.

- Hospitalization rate among adults age 50+ due to falls in San Mateo County is 672.5 per 100,000, not higher than the state average rate of 779.7 (Calculated based on state and county hospitalization data from CDPH EpiCenter Injury Data and state and county population data from the California Department of Finance Report).
- Emergency department (ED) visits for falls have been rising over time (SVHAP 2007-2011). In 2014, there were 4,512 older adults who visited the ED due to a fall (CDPH Epicenter).

Who is Most Affected?

- **Black residents** have a higher death rate due to unintentional injuries (46.5 per 100,000) than the HP2020 target of 36 deaths per 100,000 (CDPH Vital Statistics 2009).
- **Black residents** in the **KFH-Redwood City service area** have a higher death rate due to motor vehicle accidents (6.5 per 100,000) than the state average of 5.2 per 100,000 (CDPH Death Public Use Data 2010-12).
- **Latinos** in the **KFH-Redwood City service area** have a higher death rate from pedestrian accidents (1.95 per 100,000) than the HP2020 goal of 1.3 per 100,000 (CDPH Death Public Use Data 2010-12).
- **White residents'** death rate due to unintended injuries (38.5 per 100,000 people) exceeds the HP2020 target of 36 (CDPH Vital Statistics 2009).
- The rate of 4.7 unintentional **falls deaths** in San Mateo County per 100,000 people does not exceed the HP2020 target of 7.0 per 100,000 people (Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013), but **adults aged 85+** are disproportionately more likely to die from a fall (138.8 per 100,000 in San Mateo County) than adults aged 65-84 (20.0 per 100,000 in San Mateo County) (Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013).
- In 2014, 1,437 older adults aged 65 and older were **hospitalized** due to falls (CDPH Epicenter). The 2013 hospitalization rate among adults aged **50+** due to falls in San Mateo County was 672.5 per 100,000, which is not higher than the state average rate of 779.7 per 100,000 (CDPH, CA DOF).

- In San Mateo County, the **adult drownings rate** of 1.5 (per 100,000 adults age 24 and older) exceeds the state average for adults (1.1). (The child/youth rate is 0.0.) (Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013).

What Else Contributes to the Health Need?

- Alcohol use contributes to unintentional injuries, particularly motor vehicle accidents, and there are high rates of alcohol consumption in the service area compared to the state in terms of self-reported excessive consumption of alcohol and alcohol expenditures (as a percentage of total household expenditures) (see table below).

ALCOHOL CONSUMPTION

Indicator	KFH-Redwood City Service area	State
Excessive alcohol consumption	20.7%	17.2%
Percent of household expenditures spent on alcohol	15.2%	12.9%

Sources: CDC BRFSS 2006-2012; Nielsen SiteReports 2014.

What Does the Community Say?

- The community indicated that the older adult population has issues related to frailty and higher susceptibility for accidents and falls.
- In San Mateo County, the community also expressed concern about motor vehicle accidents that involve pedestrians or bicyclists due to lack of sidewalks or bike lanes.
- One San Mateo County key informant stated that chiropractors are treating greater numbers of kids with neck pain/injuries because of continuously looking down at electronics (phones, tablets, etc.).
- Another San Mateo County key informant mentioned concerns about repetitive stress injuries.



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Profile of KFH-Redwood City Service Area Health Needs

VIOLENCE & ABUSE

How Do We Know There Is a Problem?

Violence and abuse have been trending downward in the county, but there is still great concern among residents about neighborhood safety. The percentage of surveyed adults who evaluate their neighborhood's safety as "fair/poor" has stayed the same between 1998 and 2013 (12% in each of those years) (SMC CNA 2013: 192-3), while the percentage who believe the problem of crime in their neighborhood has gotten worse has increased over time (10% in 1994, 19% in 2013). There are also racial disparities in the homicide rate and child abuse rate, with Blacks disproportionately affected by both.

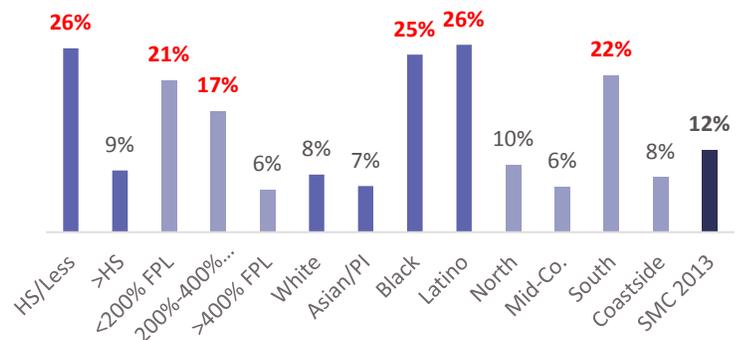
CONCERN ABOUT CRIME HAS INCREASED

Close to one in five residents believes crime in their neighborhood has worsened.

Who is Most Affected?

- As shown in the chart, differences are seen between groups when it comes to whether or not they rate their neighborhood safety as fair or poor.
- About one in ten of San Mateo County residents rated safety as "fair/poor," while larger proportions of Latinos, Blacks, low-income residents, less educated residents, and South County residents rated their neighborhood safety as "fair/poor" (see chart).

PERCENT WHO RATED NEIGHBORHOOD SAFETY FAIR OR POOR



- Black residents**

- ➔ More likely to rate their neighborhood safety as "fair/poor" (see chart).
- ➔ Are victims of homicide more often than their counterparts; the homicide mortality rate for Blacks in the **KFH-Redwood City service area** (31.7 per 100,000 population) is higher compared to 3.32 in the county, 5.15 in the state, and the HP2020 target of 5.5 (CDPH Death Public Use Data, 2010-12).
- ➔ Children are more likely to be referred for possible child abuse or neglect (107 per 1,000 children versus 25 per 1,000 in the county overall in 2009). The rate of substantiated cases of child abuse per 1,000 children aged 5-17 have been decreasing in the county over time, to 2.5 per in 2009, and are much better than the state (10.0) (SMC CNA 2016: 139-140).

- **Native Hawaiians/Pacific Islanders** have a higher homicide mortality rate in the **KFH-Redwood City service area** (6.0 per 100,000 population) (compared to 3.32 in county, 5.15 in state, and the HP2020 target of 5.5) (CDPH Death Public Use Data 2010-12).

What Else Contributes to the Health Need?

- Alcohol use correlates with violence and abuse. Self-reported excessive consumption of alcohol by adults and alcohol expenditures (as a percentage of total household expenditures) are higher in the **KFH-Redwood City service area** than in the state (see table below).

ALCOHOL CONSUMPTION

Indicator	KFH-Redwood City Service Area	State
Excessive alcohol consumption	20.7%	17.2%
Percent of household expenditures spent on alcohol	15.2%	12.9%

Sources: CDC BRFSS 2006-2012; Nielsen SiteReports 2014.

- Maternal incarceration also correlates with later juvenile delinquency in the county and “more than one-half of the pretrial women and one-third of the sentenced women housed in the San Mateo County Jail are responsible for young children under the age of 18. Numerous studies on female offenders and their children document that the separation of mothers from their children contributes to five to six times higher delinquency rates among their children” (SMC CNA 2013: 190-191).

What Does the Community Say?

- Several groups who participated in focus groups (including older adult providers, LGBTQI residents, Pacific Islander residents, and homeless residents) specifically called out abuse/violence as an urgent health need in the community.
- Key informants expressed concern about child abuse, including long-term health issues associated with such abuse, and the increased potential for violence, child abuse, and trauma associated with overcrowded living conditions.
- Key informants also specifically spoke about elder abuse (including emotional and financial abuse of elders), bullying and domestic violence against LGBTQI individuals, and sexual assault on both lesbians and those who are being sexually trafficked.
- The East Palo Alto focus group called out teen violence and gun violence as community issues.



Data found in this health profile was collected during the 2016 Community Health Needs Assessment. Kaiser Foundation Hospital implementation strategy reports describe the investments made in the community. Visit <http://share.kaiserpermanente.org/article/community-health-needs-assessments> to access these reports.