

# 2022 Community Health Needs Assessment



Kaiser Permanente South San Francisco Medical Center

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Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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# Kaiser Permanente South San Francisco Medical Center 2022 Community Health Needs Assessment

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# Kaiser Permanente South San Francisco Medical Center 2022 Community Health Needs Assessment

## Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente South San Francisco Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente South San Francisco Medical Center has identified the following significant health needs, in priority order:

1. Mental & behavioral health
2. Income & employment
3. Housing
4. Access to care
5. Education
6. Structural racism

To address those needs, Kaiser Permanente South San Francisco Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

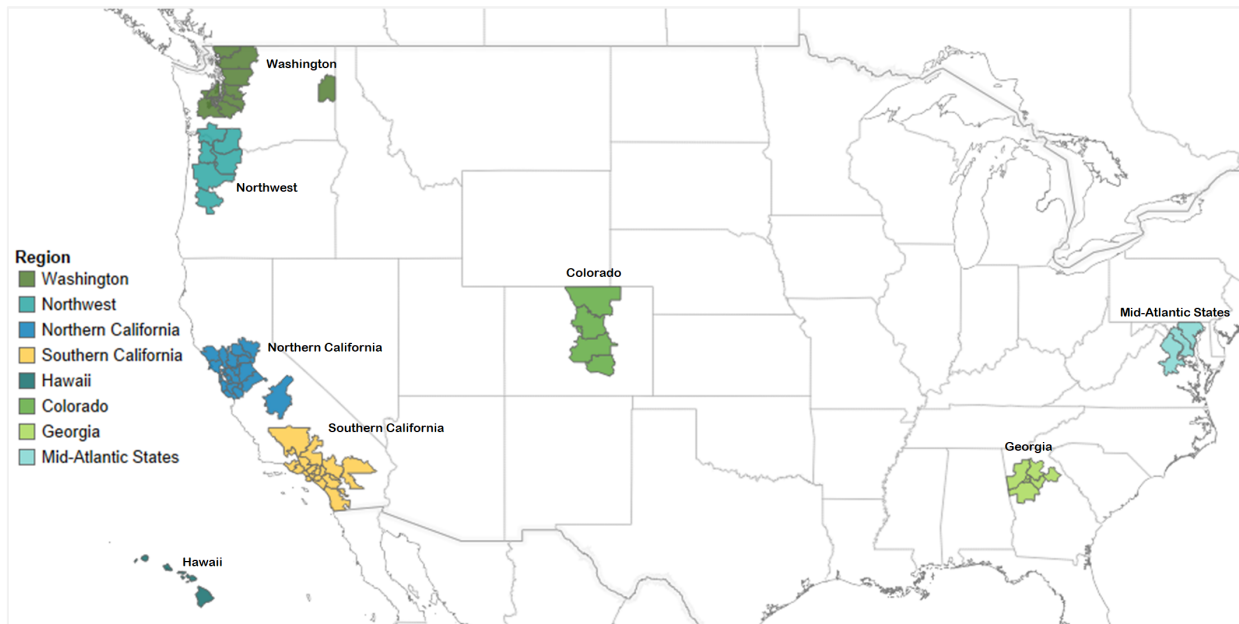
# Introduction/background

## About Kaiser Permanente

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Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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.

Kaiser Permanente regions and CHNA service areas



## About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

## Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

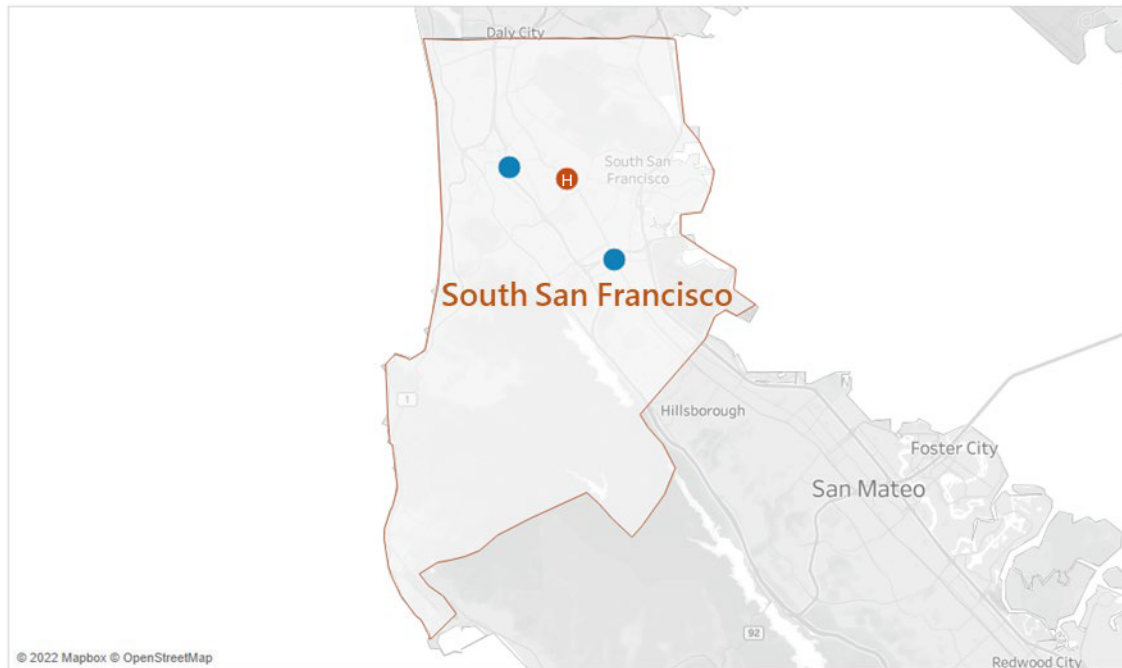
The Kaiser Permanente South San Francisco Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

## Community served

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

### South San Francisco service area

 Kaiser Permanente hospital     Kaiser Permanente medical offices



## South San Francisco service area demographic profile

Total population:	289,245
American Indian/Alaska Native	0.1%
Asian	45.7%
Black	1.8%
Hispanic	22.4%
Multiracial	3.9%
Native Hawaiian/other Pacific Islander	1.2%
Other race/ethnicity	0.4%
White	24.4%
Under age 18	17.6%
Age 65 and over	16.8%

### Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.



### Neighborhood disparities in the South San Francisco service area

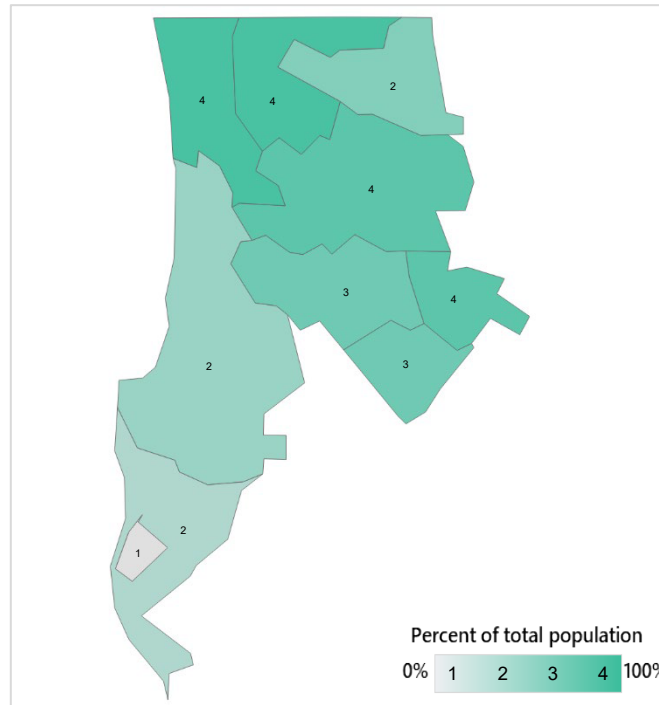
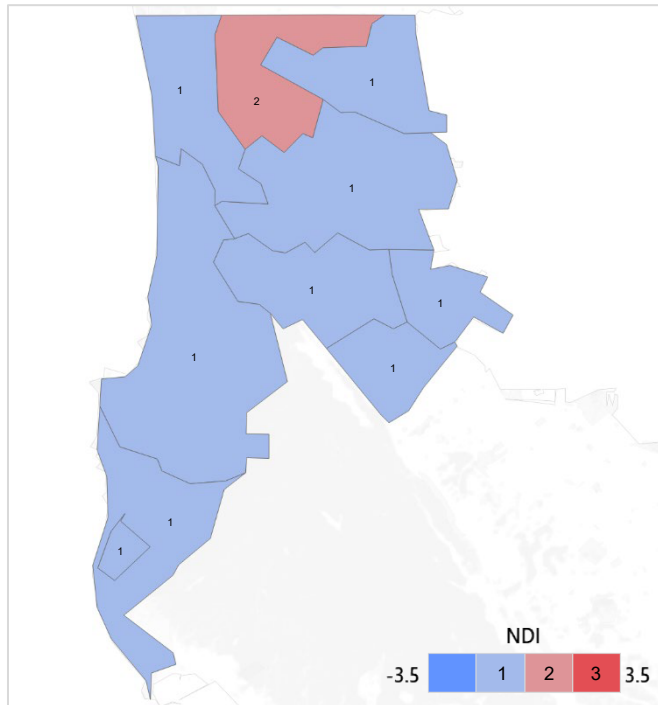
The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

The map on the left shows the NDI for ZIP codes in the South San Francisco service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

### SOUTH SAN FRANCISCO SERVICE AREA

Neighborhood Deprivation Index

People of color





## Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. 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.

## Hospitals and other partners that collaborated on the CHNA

### Hospitals

Hospitals in the Healthy Community Collaborative of San Mateo County (HCC): AHMC Seton Medical Center, AHMC Seton Medical Center Coastside, Dignity Health, Sequoia Hospital, Kaiser Permanente Redwood City, Lucile Packard Children's Hospital Stanford, Stanford Health Care, Sutter Health Menlo Park Surgical Hospital, Sutter Health Mills-Peninsula Medical Center

### Other Organizations

Partners in the HCC: Peninsula Health Care District, San Mateo County Health, Sequoia Health Care District  
Kaiser Permanente South San Francisco service area shared early findings with the Healthy Community Collaborative of San Mateo County (HCC) and incorporated feedback from the group.

## Consultants who were involved in completing the CHNA

Harder+Company Community Research (Harder+Company) is a nationally recognized leader in high quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts: including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to the CHNA processes. The firm is supporting in the following Kaiser Permanente service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, and West Los Angeles.

## Methods used to identify and prioritize needs

### Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at [kp.org/chnadata](https://kp.org/chnadata). Specific sources and dates of secondary data are listed in Appendix A.

### Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Fresno Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

### Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through [CHNA-communications@kp.org](mailto:CHNA-communications@kp.org). This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente South San Francisco Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente South San Francisco Medical Center staff.

### Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente South San Francisco Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

## Identification and prioritization of the community's health needs

### Process for identifying community needs in the South San Francisco service area

Before beginning the prioritization process, Kaiser Permanente South San Francisco Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of the pandemic on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente South San Francisco Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the top six significant health needs.

### Description of prioritized significant health needs in the South San Francisco service area

**1. Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. The South San Francisco service area fares better than state and national averages with lower rates of deaths of despair and higher rates of mental health providers. However, interviewed community leaders highlighted the need for more culturally responsive services and providers who are culturally and linguistically representative of the communities they serve. Additionally, there are disparities related to mental and behavioral health such as a higher percentage of suicidal ideation among adults identifying as bisexual or homosexual in San Mateo County compared to heterosexual adults. Interviewed community leaders also shared that the isolation, trauma, and stress of the COVID-19 pandemic has notably exacerbated the mental health of youth, seniors, families with young children and undocumented

families. They also identified strategies to address mental and behavioral health needs, such as better coordination between providers, partnering with schools to distribute mental health resources to families, and training and hiring mental health providers who are culturally and linguistically responsive to the local community.

**2. Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the South San Francisco service area, access to jobs as rated through a “job proximity” score is lower than state and national averages, especially in Coastside communities. Additionally, there are racial disparities related to income and employment such as Pacific Islander and Latinx residents earning less than a third per capita than white residents. Interviewed community leaders shared that the COVID-19 pandemic has exacerbated these disparities due to families losing jobs and being unable to afford basic needs. They also identified strategies to address income and employment needs such as workforce training, wraparound services, community partnerships and advocating for policies such as universal home visiting, universal childcare and a universal basic income.

**3. Housing:** Having a safe place to call home is essential for the health of individuals and families. American families’ greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters are more likely to live in cost-burdened households and face housing instability. In the South San Francisco service area, there is a marked shortage of affordable housing and an increase in the homeless count between 2017 and 2019. Additionally, there are disparities related to housing such as Latinx, Black and Pacific Islander families having disproportionately higher housing cost burden. Interviewed community leaders shared that the general wealth of San Mateo County often overshadows pockets of struggling low-income families that may resort to moving outside the Bay Area and bearing the burden of long commutes to work or school. They also identified strategies to address housing needs such as innovative efforts to prevent homelessness, culturally responsive wraparound services, and care coordination.

**4. Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the South San Francisco service area, access to care, further exacerbated by the COVID-19 pandemic, remains a complex need. Routine check-ups are lower in certain communities, such as Colma, San Bruno, Daly City and Brisbane, compared to San Mateo County as a whole. Additionally, there are disparities related to access to care such as life expectancy, reported usual source of care, and preventable hospitalizations disproportionately experienced among Black, Indigenous, and communities of color. Interviewed community leaders shared that access to care and social determinants of health were inextricably linked, with groups such as migrant farm workers, older adults, and undocumented communities being particularly vulnerable. They also identified strategies to address access to care such as language concordant providers, coordinated care across health care silos, and wraparound services for community members.

**5. Education:** The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Though the South San Francisco service area has a lower percentage of adults without a high school diploma than the state, specific communities such as Daly City and Colma, have higher percentages without high school diplomas than the rest of the service area. Additionally, there are racial disparities related to education such as lower rates of Latinx and Black students meeting third grade proficiency standards in math, compared to higher rates of white and Asian students. Interviewed community leaders shared that there has been a massive learning loss due to school closures during the COVID-19 pandemic and remote learning options were limited for students without reliable internet access or adults in the home that could support their education. They also identified strategies to address education needs such as redistributing resources to schools that serve low-income families, investing in universal preschool, and hiring and training teachers who are culturally representative of the students they serve.

**6. Structural racism:** Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices. Black, Indigenous, and people of color experience greater exposure to environmental injustices, reflected in stark differences in health outcomes and life expectancy. In the South San Francisco service area, Black residents are most adversely impacted by race-related health disparities and their life expectancy is lower than residents of other races. Additionally, American Indian and Pacific Islander residents report the highest rates of student homelessness in the county and Latinx residents are least likely to have health insurance coverage. Interviewed community leaders spoke to the deeply embedded, pervasive nature of structural racism and its impact on the built environment, wealth and economic opportunity, and education in communities of color. They also identified strategies to address structural racism such as investing in the leadership of community leaders of color.

## Health need profiles

Detailed descriptions of the significant health needs in the South San Francisco service area follow.

# Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indians/Alaska Natives, and the unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Across all standard indicators of mental and behavioral health, the South San Francisco service area performs better than the state:

- The South San Francisco service area has a lower rate of deaths of despair per 100,000 of the population (23.5 compared to 34.3).
- The South San Francisco service area has a higher rate of mental health providers per 100,000 of the population (375.7 compared to 352.3).
- Residents reported experiencing fewer poor mental health days per month among adults (3.1 compared to 3.7).

However, interviewed community leaders highlighted a strong need for more individualized therapy in the community. They noted that the need for individual, couple, and family therapy has shifted from mild/moderate to moderate/severe. The most prevalent diagnoses are depression, anxiety, trauma, and stress. They also suggested that treating these conditions will require training in developing coping mechanisms, not merely a prescription. The pandemic has exacerbated staff turnover among mental health workers, and even well-resourced organizations are unable to find professionals to hire. An increase in demand, combined with a workforce shortage, has led to a backlog of the mental health system of care requests and long waitlists for those seeking services.

There are also many cultural barriers to accessing mental health services. Interviewed community leaders described how some cultures consider accessing mental health as a sign of weakness. They described a high need for providers who not only speak the language, but fully understand the cultural context and the linguistic nuances of the communities they serve.

There are disparities in mental health needs in San Mateo County. Studies show that one in four residents (26 percent) experience symptoms of chronic depression with higher rates among Black (37 percent), Latinx (34 percent) and Coastside (33 percent) communities (SMCAIITogetherBetter.org). Interviewed community leaders shared observations that the number of mental health referrals from school districts has increased due to the challenges that students have faced during the pandemic. Community leaders also identified that the LGBTQ+ community has higher needs for mental health support. Data show that a higher percentage of youth identifying as gay, lesbian, or bisexual in San Mateo County have depression-related feelings and have seriously thought about committing suicide, compared to straight/heterosexual youth, as shown in the table on the next page.

The COVID-19 pandemic has notably impacted the mental health of community members. Interviewed community leaders noted youth, seniors, families with young children and undocumented families face the most severe mental health challenges, exacerbated by the isolation, trauma and stress of the pandemic.

Interviewed community leaders expressed the need for strategies like these: coordination between providers; education and advertisement about the services, programs, and resources that are currently available in the area; hiring mental health providers who are culturally and linguistically responsive to the communities they serve; partnering with schools to distribute and access mental health resources by meeting families in places they already frequent; offering crisis and respite services for families; and providing pathways to students and community members who have an interest in working in the mental health field to expand the workforce.

Interviewed community leaders also shared that there are local assets for supporting mental health: support from elected officials, partnerships between community-based organizations and mental health providers, and the availability of virtual mental health support.

I think some of the stigma around mental health is getting lifted. People are feeling a lot more comfortable discussing their issues because they see what happens when you don't. Young people are coming forward a lot more saying that they need mental health support.

– Health care leader

### STUDENTS WITH DEPRESSION-RELATED FEELINGS AND SUICIDAL IDEATION, BY SEXUAL ORIENTATION, SAN MATEO COUNTY, 2017-2019

	Gay/Lesbian/Bisexual	Straight	Not sure
Felt sad or hopeless almost every day for >=2 weeks	<b>59.7%</b>	24.3%	38.9%
Seriously considered attempting suicide	<b>44.7%</b>	13.1%	33.8%

Public-school students in grades 7, 9, 11, & non-traditional programs; previous year

Source: Kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education (Aug. 2020).

[Mental health] needs are huge. One of our problems is there is the issue of stigma but it's really more of a question of access to therapists who speak people's languages ... When you get into mental health, it really, really makes a difference to not only to speak their language but to understand the dialect.

– Health care leader



# Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy and have access to quality healthcare.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Low income Americans are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, Black, Hispanic, and American Indians are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

On several measures of economic prosperity, the South San Francisco service area performs favorably relative to state and national benchmarks. For instance, only 7 percent of children live in poverty, relative to 17 percent of Californians. However, there is room for improvement across the service area and some specific geographic areas.

- A measure called “job proximity” is an indication of access to jobs. The score of 33 in the South San Francisco service area is lower than the state (47) and national scores (48). Less access to jobs especially impacts Coastside communities.
- As of 2020, the unemployment rate for the South San Francisco service area was 15 percent, similar to the state but slightly higher than national (13 percent).
- Income inequality is worse in some Brisbane, Daly City, and Colma ZIP codes compared the South San Francisco service area as a whole.
- The percent of students eligible for free- and reduced-price lunches, an indication of low-income families residing in a neighborhood, is higher in Colma.
- There are significant racial disparities in per capita income in San Mateo County, with Pacific Islander and Latinx residents earning around \$28,000 per capita while white residents are earning \$86,000 per capita (RaceCounts.org).

Interviewed community leaders identified specific populations in the South San Francisco service area most affected by economic insecurity, such as new immigrants from the Philippines and China, as well as Latinx families. They also spoke of many families losing their jobs, working multiple jobs, and unable to pay rent or medical bills, afford food, transportation, and other basic needs due to the COVID-19 pandemic. They described how economic needs also impact educational achievement for children because low-income families may not have the technological tools needed or the time to spend helping their children succeed in school, impacting their long-term economic prospects. Many people of color work in essential jobs, putting them at higher risk of exposure to COVID-19 and exposure to others due to overcrowded housing. Community leaders recognized that the same communities of color that have been historically impacted by racism are disadvantaged in both economic and health outcomes during the COVID-19 pandemic.

I think of the South City area, I think of our coast ... we see more of our marginalized community members who are struggling more economically ... Some may not even have a health insurance or don't have transportation... someone's ZIP code does impact them in San Mateo County.

– County leader

Interviewed community leaders expressed the need to improve the economic situation for families through authentic community partnerships. They advocated for workforce training and pathways to quality, local jobs, including healthcare careers; wraparound services for job seekers; access to healthy and culturally responsive food; and capacity-building supports that lead to self-sufficiency for individuals and communities. They suggested policies such as providing universal home visiting, universal childcare, and a universal basic income. Interviewed community leaders expressed the need for system-level changes that address structural racism and its impact on communities of color with a need for tailored strategies for specific populations, like marginalized families, Asian immigrants, and those living along the coast.

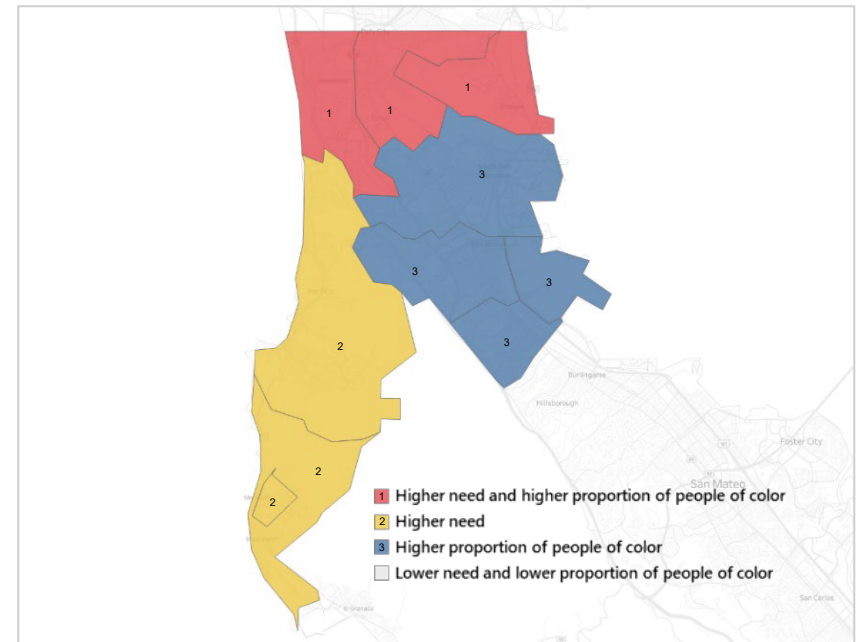
Interviewed community leaders also mentioned these assets in the South San Francisco area: many local community-based organizations that provide food, financial resources, transportation, basic needs support and more during pandemic.

[The South San Francisco area] has experienced and does experience an extreme wealth gap ... people who have the resources and ability to get where they need to be and be insured... that's like 50 percent of our population. The other 50 percent is unemployed, living at or below SES, and navigating the system can be quite difficult ... [You lost] one job because of the pandemic, and you were scraping by before but now you're more at a disadvantage ... A lot of these individuals have kids and if they have to stay home, it just becomes really difficult. So, you have these compounding factors on people that puts them at a disadvantage even now more so than prior to COVID-19.

– Healthcare leader

### JOB PROXIMITY, SOUTH SAN FRANCISCO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with the population of people of color greater than 50% and access to job opportunities lower than the state benchmark.



Source: [Kaiser Permanente Community Health Data Platform](#)

If you want to make a big impact on every low-income family in the county, if you went through the schools and partnered with the schools to make sure that they were able to provide the services needed around housing support, accessing mental health support, accessing job training, accessing addiction care ... I think that that would just be widely more efficient and probably more successful.

– Nonprofit leader

# Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the national eviction moratorium, has made many renters' situations even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California has some of the highest real estate costs in the country. Housing in the South San Francisco service area has become increasingly expensive, especially for communities of color and households with low incomes. There is a marked shortage of affordable housing with a median rental cost of \$2,345, almost 40 percent higher than that of the state.

- 20 percent of families in the South San Francisco service area are experiencing severe housing cost burden (housing costs greater than 50 percent of income). This disproportionately impacts communities of color (as shown in the severe housing cost burden map) leaving less money for healthy food, health care and enrichment activities for children.
- Latinx, Black and Pacific Islander families in San Mateo County have disproportionately higher housing cost burden with 54-61 percent of renters spending more than 30 percent of their income on housing, compared to 41 percent of white families and 37 percent of Asian families (RaceCounts.org).
- The 2019 one-day homeless count in San Mateo County was 21 percent higher than the 2017 count driven by the increase in people living in RVs (hsa.smcgov.org).

Interviewed community leaders spoke of the general wealth of San Mateo County that often overshadows the pockets of low-income families. They identified farmworkers, Asian immigrant and Latinx communities as vulnerable to housing challenges in the South San Francisco service area. Neighborhoods east of U.S. Route 101 tend to be overcrowded and multi-generational (shown in the overcrowded housing map). Youth and parents/caregivers in Daly City and South San Francisco identified housing costs, high costs of living and lack of living wage job opportunities as some of the top community issues. (CCCS EPA & CCCS NFO-RWC Reports).

Interviewed community leaders report that another housing challenge in San Mateo County is family upheaval associated with moving outside the Bay Area but commuting in to work or school. Long commutes result in lack of sleep, higher stress, and unhealthy eating (e.g. fast food in the car).

When you've got 6, 7, 8 families who are crowded into a one family space, or you've got 30 guys who are sharing two bedrooms and sleeping in shifts, even without COVID, you already know you have a problem ... we have an awful lot of people here in this rich county that this is the only way they survive. Doubling up is easy. We're talking quadrupling, quintupling up to try and survive here.

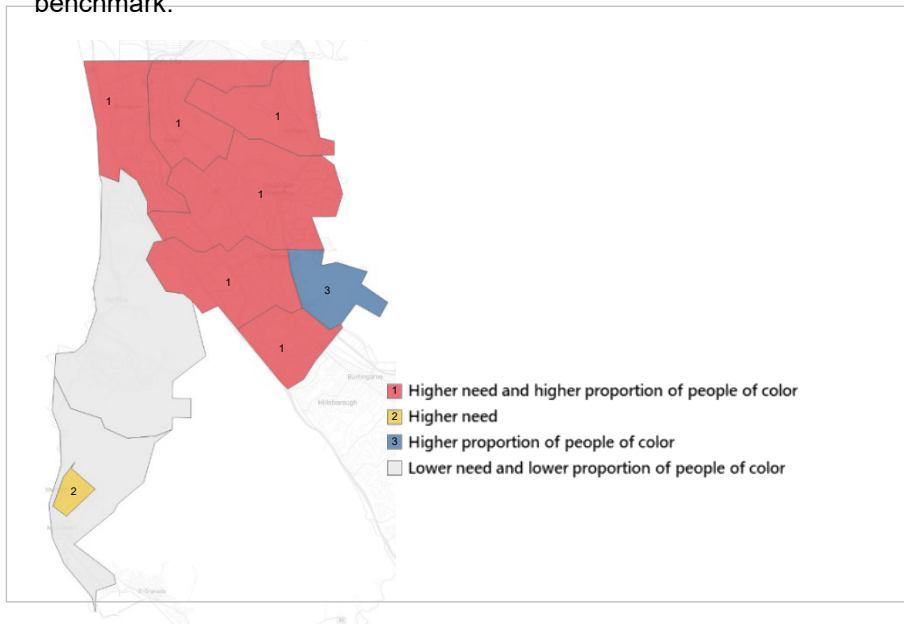
– Nonprofit leader

Interviewed community leaders expressed a need for collaborative and systems-level approaches to address the issue of housing in the South San Francisco service area. More specifically they discussed a need around enacting innovative housing strategies for high-risk populations to prevent homelessness, building pathways towards economic self-sufficiency for children and youth, culturally responsive wraparound services, care coordination and system navigation to address housing security and other needs; medical respite care for unhoused patients, making connections between health and housing for policymakers, and overall empowering community members to voice, guide and direct change.

Some the assets shared by interviewed community leaders include the existing collaboration between community and county entities, the general attitude of residents that support state housing ordinances, and the quality of housing support for veterans.

### SEVERE HOUSING COST BURDEN, SOUTH SAN FRANCISCO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with the population of people of color greater than 50% and housing cost burden that exceeds the national benchmark.



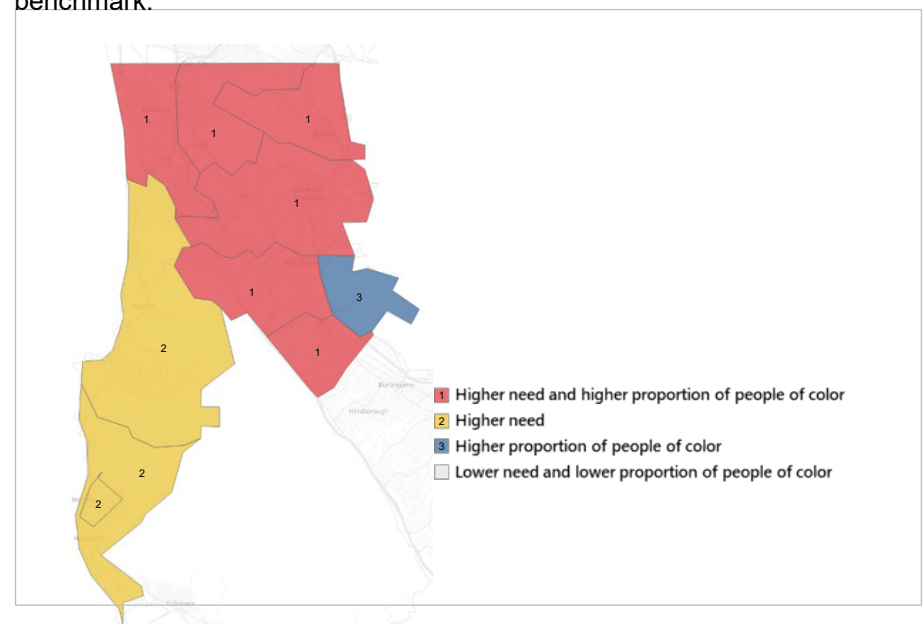
Source: [Kaiser Permanente Community Health Data Platform](#)

Housing is one of the most critical elements of economic security. The worry, the stress, the fear that comes in not having stable housing can just mess up everything from health, to healthy eating, to putting healthcare aside. If you don't have secure housing, and the ability to not be stressed about it or worried about it, it just impacts everything else ... you take very low-income people who are just getting by, and you put them in a housing situation that is affordable to them, and suddenly the income that they are making becomes a livable wage... Once you have the housing, other elements can start building into that.

– Housing nonprofit leader

### OVERCROWDED HOUSING, SOUTH SAN FRANCISCO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with the population of people of color greater than 50% and overcrowded housing rates that exceed the national benchmark.



Source: [Kaiser Permanente Community Health Data Platform](#)

# Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Compared to the state of California, the South San Francisco service area performed better across some access to care indicators: more dentists and primary care physicians per 100,000 population, fewer pre-term births, and fewer residents uninsured. Nearly 100 percent of children have health insurance, outperforming the county, state, and national measures (SMCAITogetherBetter.org).

However, disparities in access to care persist across the South San Francisco service area:

- Routine check-ups in Colma (70 percent), South San Francisco (71 percent), San Bruno (71 percent), Daly City (72 percent), and Brisbane (72 percent) are about the same as San Mateo county as a whole (72 percent), but lower than ideal (SMCAITogetherBetter.org).
- Black residents of San Mateo County have a shorter expected lifespan, averaging 11, 9, and 4 years less than Asian, Latinx, and white residents, respectively (RaceCounts.org).
- Latinx residents are less likely to have a usual source of care, 7 percent less than white residents in the county (RaceCounts.org).
- Black residents have high rates of preventable hospitalizations, with 549 more preventable deaths per 100,000 people than Latinx residents in San Mateo County (RaceCounts.org).
- Black residents of San Mateo County have the highest rate of low birthweight births (RaceCounts.org).

Interviewed community leaders said that migrant farm workers, older adults, and undocumented residents experience inequities in access to care. Interviewees said Asian residents (particularly Filipino, Chinese, and Southeast Asian) and Latinx communities have higher health needs in northern San Mateo County. Interviewees described gaps in economic security, education, mental health, housing, food security, and oral health resulting from a lack of access to care.

I think that the county does an unbelievably good job taking care of basic healthcare needs ... There's a wait for a doctor appointment, but if it's urgent, it gets taken care of. What doesn't get taken care of is if you're a poor family and the kid's got [dental needs], or a 40-year-old needs a hearing aid, or someone loses their eyeglasses, and it takes them four months to save for a new pair. All those needs go unmet more than a visit to a general practitioner.

– Community member



The COVID-19 pandemic continued to affect the ways communities engage in services and exacerbated the health inequities already present. Despite organizational responses to COVID-19 through ongoing education, testing, and vaccination services, interviewed community leaders expressed how many families experienced greater hesitancy going into healthcare facilities to receive care. They also described the challenges among their organizations and communities while pivoting services, resources, and programs to best meet the needs of families.

Interviewed community leaders also emphasized how the political climate over the past several years served as a barrier to health care services from various vulnerable communities, particularly for people who are undocumented and their family members. They also named provider bias and community distrust of the healthcare system as challenges to accessing care for marginalized communities – and especially communities of color. Interviewed community leaders explicitly named racism at individual, structural, and policy-levels as real barriers to healthcare access.

Interviewed community leaders mentioned the need for culturally competent, humble, and relevant services. They specifically spoke about how health care providers should speak the languages of the communities they serve. These interviewed community leaders also mentioned a lack of technological knowledge and/or access as detrimental for families seeking to access health services. Additionally, they highlighted various needs in areas including access to care for children through schools, coordination and infrastructure across health care and wraparound services, investment in community relationships and access to transportation.

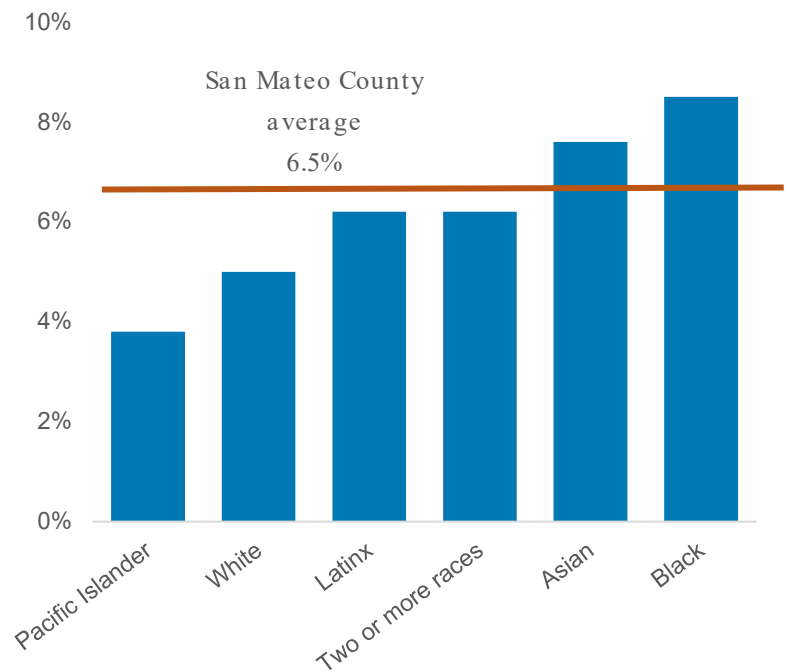
Providing access in a manner that people don't get put in a line where it takes them months to be seen, or especially for like a behavioral health need, it's going to be and it continues to be critical.

– Community leader

I'm like, wow, I can talk to somebody in my native tongue. She knows sort of the cultural nuances. And it's just, when you see people that you trust and are from your community, it makes it easier. So I think the powers to be at various healthcare organizations are starting to understand that they're going to have to deliver healthcare a little differently than they have.

– Community leader

### LOW BIRTHWEIGHT BIRTHS, SAN MATEO COUNTY, 2016-2019



Source: RaceCounts.org

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of children from low-income households do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low-income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Across many standard indicators of education, the South San Francisco service area is doing better than state and national averages. However, education disparities exist across some populations and geographies:

- The South San Francisco service area has a lower percentage of adults without a high school diploma compared to the state (11 percent compared to 18 percent). However, in the Daly City and Colma areas, the percentage of adults without a high school diploma is 18 percent.
- In the South San Francisco service area, 88 percent of students completed high school on time, compared to the 84 percent of students statewide. Despite this high area-wide percentage, recent data shows that high school graduation rates differ among race/ethnicities in San Mateo County. Over 96 percent of Asian students graduated high school, compared to 92 percent of white students, 83 percent of Black students, and 80 percent of Latinx students (RaceCounts.org).
- Black youth in San Mateo County had an 8 percent suspension rate (compared to 1 percent for Asian students, 2 percent for white students, and 5 percent for Latinx students) (RaceCounts.org).
- While 85 percent of Asian students and 80 percent of white students in San Mateo County are proficient in third-grade math, only 40 percent of Latinx students and 31 percent of Black students meet third-grade proficiency (RaceCounts.org).

Many interviewed community leaders emphasized that there has been a massive learning loss due to school closures during the COVID-19 pandemic. They noted that remote learning options were very limited for students without reliable internet access, particularly low-income families. One interviewee mentioned that some parents don't have access to, or knowledge of, technology to be able to support their children's education at home. Even as students were able to return to campus, there were many challenges for low-income schools in the area, including a lack of testing and upgraded ventilation systems. Community leaders also expressed concern about the long-term impacts of the disparity between students' ability to engage in school during the pandemic.

The way schools are funded directly affects how much resources there are for testing at schools. That's the number of school nurses, the quality of distance learning that's available, safety prevention measures, and the ventilation. All of that show huge disparities from one school to the next in what seems to be a pretty uniformly, pretty wealthy county.

– Public health department leader



Access to early learning opportunities is limited for some children in the South San Francisco service area, as 41 percent of children ages 3-5 are not enrolled in preschool (although this percentage is slightly better than the 49 percent reported statewide). Interviewed community leaders noted that there is a lack of trained staff for education positions, particularly preschool teachers. The cost of affordable childcare and lack of adequate spots is reported as a challenge for many parents.

Many interviewed community leaders noted that immigrant families and families living in poverty are particularly disadvantaged. They often have limited English or literacy skills that may impact their ability to support their children in school. They also described geographic disparities in available educational resources, noting discrepancies in the amount of resources lower-income areas have for their schools, compared to wealthier areas.

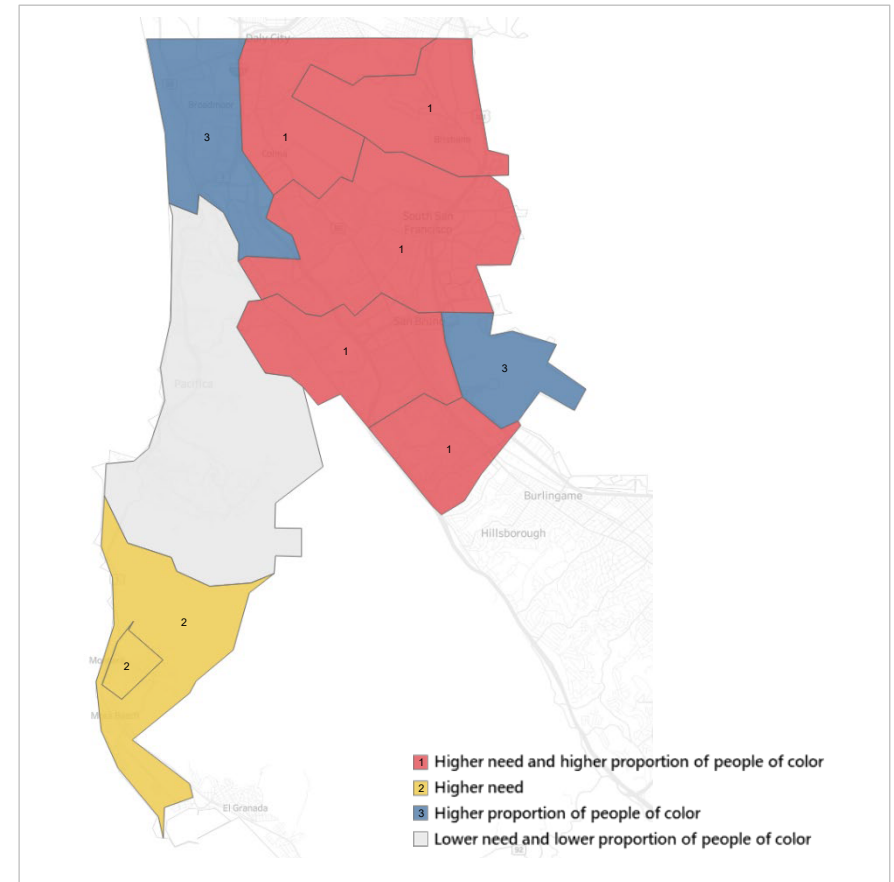
Community leaders expressed the need for strategies to improve the education system in their community, such as through re-distributing resources to schools, especially those that serve families with low-income; providing sustainability support such as financial literacy, access to low-cost loans, and job training to families; investing in universal preschool to ensure all children have access to quality early education; and hiring highly-trained teachers that are culturally-representative of the students that they serve. Community leaders also mentioned the need for health literacy and health promotion strategies to educate communities about culturally responsive healthy lifestyles.

In education when we're trying to address disparities, we really have embraced the understanding of the importance of a strong start for children zero to five. If an organization was really going to invest in community health, it would be great if it could be around prenatal support, parent support, and early learning or early start resources for 0 to 5 [year-olds].

– Education sector leader

### PERCENT OF ADULTS WITH SOME COLLEGE EDUCATION, SOUTH SAN FRANCISCO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with the population of people of color over 25% and a lower percentage of adults with some college education than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities.

Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, Indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

More than ever before, community members persist in the work of reimagining broken community structures in light of the uprisings of 2020 that occurred after the murder of George Floyd. Structural racism remains a daunting threat to the flourishing of all communities, particularly communities of color. The three largest groups by race/ethnicity in the South San Francisco service area are Asian, Latinx, and white. Yet, Black residents are most impacted by racial disparities in San Mateo County (RaceCounts.org). As a result of historic and present-day policies and practices, race-related health disparities and inequities continue to impact the South San Francisco service area and San Mateo County:

- Major disparities by homeownership persist by race, with Black and Latinx communities reporting 27 percent and 28 percent lower homeownership rates than white residents (RaceCounts.org)
- Median household income data shows similar disparities. Black, Native American and Latinx households earn just over half that of white and Asian households in San Mateo County, as shown in the graph on the next page (SMCAIITogetherBetter.org)
- Within South San Francisco, Daly City and Colma neighborhood has both the largest proportion of residents of color and highest neighborhood deprivation score
- Black residents in San Mateo County are the most adversely impacted. They are least likely to possess access to the internet and most likely to experience preventable hospitalizations. Black residents’ life expectancy is 11 years less than Asian residents who experience the longest life expectancy (RaceCounts.org)
- Native American and Pacific Islander residents of San Mateo County reported the highest rates of student homelessness (RaceCounts.org).
- Latinx residents are least likely to have health insurance coverage. They are also more likely to live in proximity to a hazardous site compared to Asian and white residents., (RaceCounts.org; SMCAIITogetherBetter.org).

So, the elephant in the room is the system wasn't built for us or by us ... So, the whole social justice issue, it's impacted everything, it's impacted our education system, generational wealth. When you talk about red lining and insurance and being able to buy a home in certain areas and not being able to buy certain homes and areas just all those aspects have impacted and completely into the disparities that we now are facing.

– Community leader

Interviewed community leaders spoke to the deeply embedded, pervasive nature of structural racism and its impact on the built environment, wealth and economic opportunity, and education in communities of color.

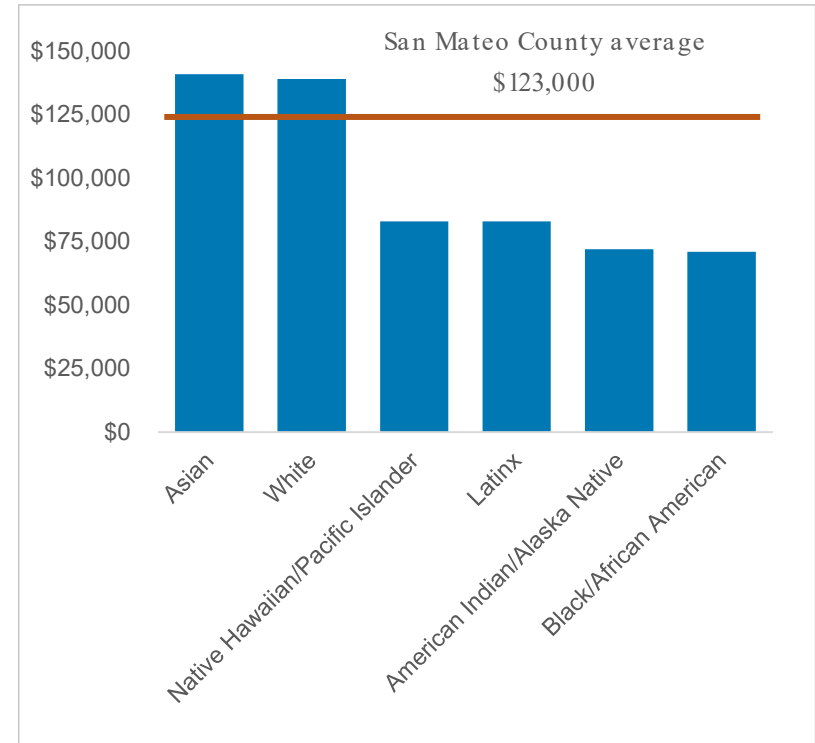
Interviewed community leaders often explicitly named racism and elevated disparities. They called for policy changes, early childhood education, addressing police violence, and improving Black maternal health. They voiced a concern for local community safety and not feeling safe, particularly for Asian American communities during the COVID-19 pandemic.

Across primary and secondary data sources, structural racism emerged as a visible, visceral health need in the South San Francisco service area. Community leaders emphasized the need to invest in and follow the leadership of community leaders of color to dismantle structural racism.

For social determinants, food insecurity, healthcare access delivery, housing, homelessness, neighborhood, and... social and community context, I think I would just be more specific about discrimination and racism. I think [both] are very relevant, both interpersonal racism and structural racism, how we allow our neighborhoods and schools to be... and [show] wildly disparate conditions basically by race and wealth.

– Community leader

MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY, SAN MATEO COUNTY, 2015-2019



Source: San Mateo County All Together Better

### Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The South San Francisco service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Examples of key resources available to respond to the identified health needs of the community are listed in Appendix C.

## Kaiser Permanente South San Francisco Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente South San Francisco Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

### Kaiser Permanente South San Francisco Medical Center 2019 Implementation Strategy priority health needs

1. Health Care Access and Delivery
2. Mental Health and Well-being
3. Health Eating/Active Living
4. Economic Security (including Housing and Homelessness)

### 2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente South San Francisco Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente South San Francisco Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 11 grants totaling \$1,086,574 in service of 2019 IS health needs in the South San Francisco service area.

One example of a key accomplishment in response to our 2019 IS includes a \$100,000, 24-month grant to Daly City Youth Health Center to address behavioral health. The program is expected to reach 4,000 students at Jefferson Union High School District with a focus on low-income, immigrant, at-risk youth. The goal of the grant is to improve resiliency and help-seeking for students struggling with their mental health and to deliver trauma-informed training to teachers and staff as part of a broader school district strategic plan for resilience in school environments.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated \$124,750 in the South San Francisco service area to deploy grassroots strategies to increase uptake in COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. With its \$95,000 grant, Coastside Hope held 17 pop-up clinics, which provided 1,004 vaccinations to San Mateo County’s semi-rural and isolated Coastside residents.

## Kaiser Permanente South San Francisco Medical Center 2019 IS priority health needs and strategies

### Health Care Access and Delivery

**Care and coverage:** Kaiser Permanente South San Francisco Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	4,709	5,996	\$6,423,917	\$4,501,578
Charitable Health Coverage	31	28	N/A	\$150
Medical Financial Assistance	3,949	3,041	\$4,526,181	\$4,651,667
<b>Total care &amp; coverage</b>	<b>8,689</b>	<b>9,065</b>	<b>\$10,950,098</b>	<b>\$9,153,395</b>

**Other health care access and delivery strategies:** During 2020-2021, 18 grants were awarded to community organizations, for a total investment of \$494,975 to address health care access and delivery in the South San Francisco service area.

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*Examples and outcomes of most impactful other strategies*

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**COVID-19 Vaccine Equity**

The City of South San Francisco was awarded \$29,750 over 6 months to increase vaccination rates among the communities hardest hit by the pandemic and address inequitable access barriers that prevent timely vaccination. This program/partnership is expected to reach 6,400 by increasing the rate of vaccinations in the Old Town/Downtown areas of South San Francisco, areas that are predominately Latinx, multigenerational households.

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**Core Support to Expand Health Services**

Clinic by the Bay was awarded \$25,000 to expand health care services for uninsured individuals, including adding dental care and a free pharmacy as well as more clinical hours, mental health supports, health coaching, and specialty care services. This program/partnership is expected to serve 1,500 low-income, uninsured adults who are primarily immigrants and non-English speakers.

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**Mental Health and Well-being**

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During 2020-2021, 15 grants were awarded to community organizations, for a total investment of \$383,281 to address mental health and wellbeing in the South San Francisco service area.

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*Examples and outcomes of most impactful strategies*

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**Thriving Schools**

Boys & Girls Clubs of North San Mateo County was awarded \$25,000 over 8 months to support school and district adoption of KP Thriving Schools resources and initiatives. The program/partnership is expected to serve 250 students that are supported through programming that enhances social-emotional skills and is trauma-informed.

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Daly City Youth Health Center was awarded \$100,000 over 24 months to implement Thriving Schools RISE tools with Jefferson Union High School District to build a holistic approach to mental health wellness and resiliency focused on community building, trauma-informed practice and social-emotional skill-building. This program/partnership is expected to reach leadership at all five schools in the district and 4,000 students with a focus on low-income, immigrant and at-risk youth.

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**Social and Emotional Learning**

Mid-Peninsula Boys & Girls Club was awarded \$25,000 over 8 months to provide a safe, trauma-sensitive space for the behavioral development and emotional resilience of its low-income club members. This program/partnership is expected to serve 140 staff members and youth by training dedicated staff to introduce meditation and regulation activities in safe space classrooms.

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## Healthy Eating/Active Living

During 2020-2021, 10 grants were awarded to community organizations, for a total investment of \$93,447 to address healthy eating and active living in the South San Francisco service area.

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### *Examples and outcomes of most impactful strategies*

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#### Food Distribution with Schools

Second Harvest of Silicon Valley was awarded \$150,000 to provide free, nutritious food to low-income, food-insecure residents throughout Santa Clara and San Mateo counties. The program is expected to partner with about 40 school partners and serve about 48,000 children, youth, and families.

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#### Increasing Purchasing Power

Fresh Approach was awarded \$25,000 over 8 months to support increased purchasing power and nutrition distribution in low-income and low-access communities in San Mateo County. The partnership is expected to serve about 4110 low-income residents, increasing their access to healthy food options and food security by removing barriers to applying for government food benefits and using the benefits at local farmers markets.

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## Economic Security (Housing and Homelessness)

During 2020-2021, 10 grants were awarded to community organizations, for a total investment of \$786,093 to address economic security (housing and homelessness) in the South San Francisco service area.

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### *Examples and outcomes of most impactful strategies*

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#### Job Readiness

Abundant Grace Coastside Worker was awarded \$25,000 over 8 months to provide job training programs to grow and harvest fresh produce, clean beaches and Coastal Trails, and related wraparound services to individuals experiencing homelessness or at risk of homelessness on the Coastside. The partnership is expected to serve about 80-90 individuals to receive training, meaningful work, and cash payment as well as case management and wraparound care. An additional 4,000 economically at-risk individuals will receive freshly harvested produce and prepared meals through the program.

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#### Housing and Services for Former Foster Youth

Star Vista was awarded \$25,000 over 8 months to strengthen the provision of care within health care and social services safety net for young people experiencing homelessness or formerly homeless. The partnership is expected to serve about 61 former foster youth ages 18-24 to identify stable and positive housing, improve their educational status, increase their earned income, establish stable and positive relationships with adults, have an identified health care provider, and know how to access community resources.

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#### Unhoused on the Coast Outreach

Pacifica Resource Center was awarded \$25,000 over 8 months to maintain stable housing through outreach and engagement and housing focused case management. The partnership is expected to serve about 75 unhoused individuals in Pacifica and along the coast through Half Moon Bay by building trusting relationships, identifying barriers to stable housing, developing client centered housing plans, and providing other core services to reduce food insecurity and increase overall health, wellness, and connection to others.

## Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

## Appendix A: Secondary data sources

### Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

### Additional secondary data sources

	<b>Source</b>	<b>Dates</b>
1.	Community Collaboration for Children’s Success, Daly City Neighborhood Action Plan	2019
2.	Community Collaboration for Children’s Success, South San Francisco Neighborhood Action Plan	2019
3.	Advancement Project California; RACE COUNTS	2017 - 2019
4.	San Mateo County All Together Better Community Dashboard	2014 - 2020
5.	San Mateo County Human Services Agency; One Day Homeless Count	2019
6.	Get Healthy San Mateo County; Healthy Neighborhoods Data	2012 - 2016

## Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Bay Area Community Health Advisory Council	1	African American and diverse communities	Leader	08/17/21
2	Key informant interview	Boys & Girls Club – Mid-Peninsula	1	Low income, minority, youth	Leader	08/24/21
3	Key informant interview	Daly City Youth Health Center	1	Medically underserved, youth	Leader	08/11/21
4	Key informant interview	First 5 San Mateo County	1	Children 0-5, low income, communities of color	Leader	08/31/21
5	Key informant interview	LifeMoves	1	Individuals experiencing homelessness, low income, veterans	Leader	09/01/21
6	Key informant interview	Peninsula Family Service Agency	1	Low income, children 0-5, older adults, communities of color	Leader	08/17/21
7	Key informant interview	Heart of SMC	1	Low income, communities of color, housing	Leader	08/24/21
8	Key informant interview	Samaritan House	1	Low income, medically underserved, individuals experiencing homelessness	Leader	08/23/21
9	Key informant interview	San Mateo County Behavioral Health and Recovery Services	1	Low income, medically underserved, behavioral health	Leader	07/30/21
10	Key informant interview	San Mateo Public Health Department	1	Public health	Leader	09/15/21
11	Key informant interview	San Mateo County Office of Education	1	Low income, communities of color, students	Leader	08/30/21
12	Key informant interview	Kaiser Permanente Greater San Francisco	1	Low income, medically underserved	Leader	08/03/21

## Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Community coalitions	There are several community coalitions serving the South San Francisco service area such as Umoja Health North County, LIBRE, and New Beginning Coalition
	Nonprofit social service organizations	Core service agencies such as Pacifica Resource Center and Daly City Partnership, YMCA Community Resource Center. Several nonprofit organizations and others convene as part of Thrive, the Alliance of Nonprofits for San Mateo County.
	Philanthropy	The South San Francisco service area has a number of foundations with a local health focus such as Atkinson Foundation, Chan Zuckerberg Initiative, The David and Lucile Packard Foundation, Genentech Foundation, Silicon Valley Community Foundation, Sobrato Family Foundation
Mental & behavioral health  Access to care	San Mateo County Health, Community Health Centers, and Free Clinics	San Mateo County Health administers public health programs and provides clinical and supportive services to the community. It includes San Mateo Medical Center hospital and clinics with locations in Daly City, Half Moon Bay, Redwood City, San Mateo and South San Francisco.  Community health centers and free clinics serving the South San Francisco service area include Clinic By the Bay, Daly City Youth Health Center, Rotacare Clinic, NEMS, and Samaritan House Free Clinic.
	Nonprofit community hospitals	Dignity Health Sequoia Hospital, Lucile Packard Children’s Hospital Stanford, Seton Medical Center and Seton Coastside, Stanford Health Care, Sutter Health Menlo Park Surgical Hospital and Sutter Health Mills-Peninsula Medical Center offer in-and out-patient services for low-income vulnerable populations including charity care, financial assistance programs and participation in Medi-Cal. They also provide hospital health education, screening and early intervention programs, as well as community health programs and grants
	NAMI San Mateo County	NAMI offers support, education, compassion and practical experience to anyone needing to educate themselves about mental illness and treatment for themselves or a loved one. They provide education classes, presentations, support groups and general meetings for the public.

Identified need	Resource provider name	Summary description
Income & employment	San Mateo County Economic Development Association	SAMCEDA promotes business issues that enhance and sustain the economic prosperity of the region and local communities through being an influential voice, having direct access and relationships with political leaders and regional partners, and conducting up to date economic research.
	JobTrain	JobTrain is a nonprofit educational and training institution that helps community members reclaim their lives from poverty and unemployment by preparing them for successful, sustainable careers in high demand and emerging fields.
	Second Harvest of Silicon Valley	Second Harvest partners with over 300 organizations to support with CalFresh enrollment and distribute nutritious food across San Mateo and Santa Clara counties so families don't have to choose between eating healthy food or paying off bills.
Housing	San Mateo County Center on Homelessness	San Mateo County partners with community-based organizations for homeless outreach, emergency shelter and transitional housing, rapid re-housing, permanent re-housing and homeless prevention programs. Partners include Life Moves, WeHope, Community Overcoming Relationship Abuse, Star Vista and more.
	21 Elements	21 Elements is a collaboration across all San Mateo County jurisdictions focused on local housing policies and programs. It includes an equity advisory group with partners from organizations like Housing Choices, Nuestra Casa, Pilipino Bayanihan Resource Center and more.
	MidPen Housing	MidPen Housing is one of the largest most trusted nonprofit developers, owners and managers of high-quality affordable housing and seeks to provide safe, affordable housing of high quality to those in need and to establish stability and opportunity in the lives of residents.
Education	County Office and Education and School Districts	San Mateo County Office of Education supports local school districts by implementing new standards, staff development and training programs, designing business and personnel systems, and other services to meet the needs of local districts.
	San Mateo County Community College District	SMCCCD seeks to sustain access for students and be responsive to community needs by providing a range of educational opportunities and experiences, leadership in aligning education programs with other institutions, and conducting research that supports the evaluation and improvement of programs, services and student outcomes. The district includes College of San Mateo in San Mateo, Cañada College in Redwood City, and Skyline College in San Bruno.
	Boys and Girls Clubs of the Peninsula	Boys and Girls Clubs of the Peninsula provide support to young people to build self-esteem and real-world skills through after school, college prep, and food distribution programs.
Structural racism	San Mateo County Health Office of Diversity & Equity	Office of Diversity & Equity - San Mateo County Health ( <a href="http://smchealth.org">smchealth.org</a> ) Advances health equity in behavioral health outcomes of marginalized communities throughout San Mateo County